

Questionnaire of the Independent Expert on the enjoyment of all human rights by older persons on best practices in the implementation of existing law related to the promotion and protection of the rights of older persons

The Human Rights Council, in its resolution 24/20, requested the Independent Expert on the enjoyment of all human rights by older persons, Ms. Rosa Kornfeld-Matte, to assess the implementation of existing international instruments with regard to older persons while identifying best practices and gaps in the implementation of existing law related to the promotion and protection of the rights of older persons and gaps in the implementation of existing law. Pursuant to this request, the Independent Expert has prepared this questionnaire to identify best/good practices. The responses to the questionnaire, as well as the country visits undertaken will contribute to the comprehensive report of the Independent Expert that will be presented to the Human Rights Council in September 2016.

In order to enable the Independent Expert to consider the submissions in good time for the report, all stakeholders are encouraged to submit the responses to the questionnaire at their earliest convenience and no later than 18 December 2015.

Kindly indicate whether you have any objection for the responses provided to be made available on the OHCHR webpage of the Independent Expert on the enjoyment of all human rights by older persons.

Definition of good/best practices

The term “best practices” is defined broadly in order to include different situations that could be considered positive and successful in a country and could inspire others. Therefore, practice is understood in a comprehensive way, including legislations, policies, strategies, statute, national plans, regulatory and institutional frameworks, data collection, indicators, case law, administrative practices, and projects among others. The practice could be implemented by different actors, State, regional and local authorities, public and private providers, civil society organisations, private sector, academia, national human rights institutions, or international organisations. To be a good/best practice, the practice should integrate a human rights based approach when implementing existing international instruments related to the promotion and protection of the rights of older persons.

The questionnaire should preferably be completed in English, French or Spanish. The responses to the questionnaire can be transmitted electronically to the Independent Expert, Ms. Rosa Kornfeld-Matte and to be sent to olderpersons@ohchr.org, with copy to Mr. Khaled Hassine, khasine@ohchr.org by 18 December 2015. 2

Please include in your submissions the name of the State/organization submitting the practice, as well as contact details. Feel free to attach additional pages if you have several good/best practices to share.

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The Independent Expert would like to thank you for your support!

For more information on the mandate of the Independent Expert, please visit:
<http://www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/IEOlderPersons.aspx>

Relevant practices by the European Union

The **European Union** is an economic and political partnership between 28 European countries.

The EU is based on the rule of law: everything that it does is founded on treaties, voluntarily and democratically agreed by all member countries. These binding agreements set out the EU's goals and competences in its many areas of activity. One of the EU's main goals is to promote human rights both internally and around the world. Human dignity, freedom, democracy, equality, the rule of law and respect for human rights: these are the core values of the EU. Since the Lisbon Treaty's entry in force in 2009, the EU's Charter of Fundamental Rights brings all these rights together in a single document. The EU's institutions are legally bound to uphold them, as are EU governments whenever they apply EU law. The **EU's Charter of Fundamental Rights** prohibits discrimination on any ground, such as age. The Charter contains a specific Article (art25) on the Rights of the elderly. The European Union shares responsibilities and competences with its Member States when it comes to the promotion and protection of the rights of older persons. Many of the policies and related implementation instruments are in the direct remit of the Member States. In a number of areas the EU has its own responsibilities and actions, often to support the action of its Member States. In this consolidated reply to the questionnaire are a number of those relevant EU actions shortly described. This is not an exhaustive overview of all relevant EU action in this area, but rather a selection of actions and experiences that may be useful to share with other countries, in addition to the many interesting examples of actions carried out by individual EU members (see their respective replies).

Practice 1

1. Name of the practice:

The **European Innovation Partnership on Active and Healthy Ageing**

2. Area concerned:

- Discrimination (e.g. legal/institutional framework, access to facilities and services, etc.)
- Violence and abuse
- Adequate standard of living (e.g. resource availability, housing, etc.)
- Independence and autonomy (e.g. legal guardianship, accessibility, etc.)
- Participation
- Social protection (e.g. social security, incl. pension)
- Education, training and lifelong learning
- Care (home, family or institutional care, long-term care, palliative care, geriatric services, quality of care and availability of services, care workers, etc.)

3. Type of practice:

- Legal (Constitution, law, etc.)
- Policy/Programme/Strategy/Action Plan on Ageing
- Institution
- Regulation
- Administrative practice
- Case law/jurisprudence
- Disaggregated statistical data by age/gender
- Training programme
- Other (please specify):.....

4. Level of implementation:

- National
- Local (Sub-national, community, urban/rural area)
- Other (please specify): Pan-European

5. Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope.

a) The European Innovation Partnership on Active and Healthy Ageing tackles the challenge of an ageing population and aims to “transform demographic change into an opportunity to build a more inclusive society for Europe”.

It set a target of increasing the healthy lifespan of EU citizens by 2 years by 2020, and aims to pursue a triple win for Europe by

- Improving the health and quality of life of Europeans with a focus on older people;
- Supporting the long-term sustainability and efficiency of health and social care systems;
- Enhancing the competitiveness of EU industry through business and expansion in new markets.

As a coalition of the willing, the partnership works in six Action Groups and is coordinated by partners in cooperation with the European Commission's Directorates General for Collaboration Networks, Content and Technology (DG CONNECT) and Health and Food Safety (DG SANTE). A European Innovation Partnership is a voluntary collaboration model, it receives no direct funding. However, Coordination and Support Actions as well as Thematic Networks funded under the European Union's Framework Programmes for Research and Innovation (Horizon 2020, 7th Framework Programme, Competitiveness and Innovation Framework Programme) contribute to the functioning of the partnership.

b) The Partnership was created in 2011.

c) The first Action Plans of the partnership's Action Groups covered the period 2012-15. They are currently being renewed to cover the period until the end of 2018.

d) Partners in the EIP are mainly from European Union Member States.

6. Which actors are involved in the development and implementation of such practice? For instance, national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others.

The partnership brings together all relevant actors at EU, national and regional levels: local and regional authorities, business partners including SMEs, researchers, civil society organisations.

Action Groups commit to working on

- Finding innovative ways to ensure that patients follow their prescriptions and treatments
- Finding innovative solutions to better manage our own health and prevent falls
- Helping to prevent functional decline and frailty
- Promoting integrated care models for chronic diseases, including the use of remote monitoring
- Deploying ICT solutions to help older people stay independent and more active for longer
- Promoting innovation for age-friendly and accessible building, cities and environments.

In addition, reference sites across Europe provide the partnership with examples of comprehensive and innovation-based approaches to active and healthy ageing. They are coalitions of regions, cities, health providers and care organisations that are able to give evidence of their impact on citizens and systems.

7. Which rights of older persons does the practice promote and protect?

- Social inclusion, participation
- Health, coordination of health care systems
- Accessibility of goods and services
- Independence
- Dignity

The EIP aims at social and public infrastructures on which people, including an ageing population, can rely.

8. How does the practice promote or protect such rights?

The EIP-AHA is a joint effort that covers commitments and targets in fields as diverse as

- Independent living
- Smart homes
- Health and wellbeing
- Tourism
- Skilling / Life-long learning
- Autonomous vehicles
- Robotics
- Specialised medical devices and treatments
- Age-friendly smart cities

9. What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), **if any, particularly benefit from the practice?**

The European Innovation Partnership aims at improving the lives of all citizens in Europe's ageing populations, and it does not single out particular groups of older persons.

10. How has the practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any.

Action Groups report on progress regarding commitments and individual Action Plans on a yearly basis. Reports are presented at an annual conference of partners. They feed back into updated Action Plans to allow for flexible adaption of commitments and activities supporting the overall goals of the partnership.

An Independent Expert Group produced a report on initial findings on European Innovation Partnerships as an innovative way of collaboration among diverse stakeholders:

http://ec.europa.eu/research/innovation-union/pdf/outriders_for_european_competitiveness_eip.pdf

11. What lessons do you believe could be learnt from this practice? How could it be improved?

A major lesson to be learned is the need for an adequate monitoring and assessment framework for the activities in a large-scale initiative like this. The European Commission's Joint Research Centre has developed such a framework for the assessment and monitoring of progress towards the triple win the partnership has committed to.

Monitoring and Assessment Framework for the European Innovation Partnership on Active and Healthy Ageing: <http://is.jrc.ec.europa.eu/pages/TFS/MAFEIP.html>

Practice 2

1. Name of the practice:

The **Active-Ageing Index**

2. Area concerned:

- Discrimination (e.g. legal/institutional framework, access to facilities and services, etc.)
- Violence and abuse
- Adequate standard of living (e.g. resource availability, housing, etc.)
- Independence and autonomy (e.g. legal guardianship, accessibility, etc.)
- Participation
- Social protection (e.g. social security, incl. pension)
- Education, training and lifelong learning
- Care (home, family or institutional care, long-term care, palliative care, geriatric services, quality of care and availability of services, care workers, etc.)

3. Type of practice:

- Legal (Constitution, law, etc.)
- Policy/Programme/Strategy/Action Plan on Ageing
- Institution
- Regulation
- Administrative practice
- Case law/jurisprudence
- Disaggregated statistical data by age/gender
- Training programme
- Other (please specify):.....

4. Level of implementation:

- National
- Local (Sub-national, community, urban/rural area)
- Other (please specify):

5. Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope.

This is a composite index, for communication and monitoring. It was launched in 2012 and it has now been done in three rounds on the 28 EU Member states.

6. Which actors are involved in the development and implementation of such practice? For instance, national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others.

The European Commission and UNECE, currently supported by a contract with the University of Southampton.

7. Which rights of older persons does the practice promote and protect?

This practice is about creating environments that enable older people to be active and independent.

8. How does the practice promote or protect such rights?

By allowing comparisons across areas and over time. For full details see:
<http://www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home>

9. What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), **if any, particularly benefit from the practice?**

It aims at all older persons without focussing on a specific subgroup.

10. How has the practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any.

The AAI is all about data. We are also starting to collect evidence of AAI use for informed policy-making.

11. What lessons do you believe could be learnt from this practice? How could it be improved?

Active-ageing is mainly about policies at local and regional levels and that's where the AAI needs to be implemented in the first place.

12. How could this practice be a model for other countries?

In a 2015 seminar involving researchers, attempts were made at computing the AAI outside the EU. These are continuing, formally and informally, also in the context of the MIPAA review of UNECE.

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Practice 3

1. Name of the practice:

General framework for equal treatment in employment and occupation.

2. Area concerned:

- Discrimination (e.g. legal/institutional framework, access to facilities and services, etc.)
- Violence and abuse
- Adequate standard of living (e.g. resource availability, housing, etc.)
- Independence and autonomy (e.g. legal guardianship, accessibility, etc.)
- Participation
- Social protection (e.g. social security, incl. pension)
- Education, training and lifelong learning
- Care (home, family or institutional care, long-term care, palliative care, geriatric services, quality of care and availability of services, care workers, etc.)

3. Type of practice:

- Legal (Constitution, law, etc.)
- Policy/Programme/Strategy/Action Plan on Ageing
- Institution
- Regulation
- Administrative practice
- Case law/jurisprudence
- Disaggregated statistical data by age/gender
- Training programme
- Other (please specify):.....

4. Level of implementation:

- National
- Local (Sub-national, community, urban/rural area)
- Other (please specify):

5. Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope.

The EU Employment Equality Directive (Directive 2000/78/EC) prohibits discrimination on grounds of religion or belief, disability, age and sexual orientation, in the field of employment and vocational training. It prohibits various forms of discrimination: direct and indirect discrimination, harassment, instruction to discriminate and victimisation. The Directive was adopted in 2000 and has been transposed in the national law of all EU Member States.

6. Which actors are involved in the development and implementation of such practice? For instance, national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others.

The law is binding for all employers both in the public and private sectors, including public bodies, in relation to the rights listed under 7.

7. Which rights of older persons does the practice promote and protect?

Discrimination is prohibited in relation to:

- (a) conditions for access to employment, to self-employment or to occupation, including selection criteria and recruitment conditions, whatever the branch of activity and at all levels of the professional hierarchy, including promotion;
- (b) access to all types and to all levels of vocational guidance, vocational training, advanced vocational training and retraining, including practical work experience;
- (c) employment and working conditions, including dismissals and pay;
- (d) membership of, and involvement in, an organisation of workers or employers, or any organisation whose members carry on a particular profession, including the benefits provided for by such organisations.

Certain differences of treatment on grounds of age may be justified and shall not constitute discrimination, if, within the context of national law, they are objectively and reasonably justified by a legitimate aim, including legitimate employment policy, labour market and vocational training objectives, and if the means of achieving that aim are appropriate and necessary.

8. How does the practice promote or protect such rights?

It gives individuals legal recourse if they consider to be the victim of discrimination.

9. What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), **if any, particularly benefit from the practice?**

The protection applies to the ground of age, not to specific groups.

10. How has the practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any.

The European Commission has reported on the implementation of the directive in 2014 (see: http://ec.europa.eu/justice/discrimination/files/com_2014_2_en.pdf). The report has a special focus on age discrimination and contains in Annex (III) an overview of provisions on age discrimination in employment and occupation in the EU Member States.

11. What lessons do you believe could be learnt from this practice? How could it be improved?

There is still a gap of protection from discrimination in EU law, since the Directive prohibits discrimination on the grounds of age only in employment and vocational training. This has been recognised by the European Commission when it proposed in 2008 a horizontal Equal Treatment Directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation outside the labour market. This proposal has been subject of long negotiations with the EU Member States since 2008 and the Commission is doing its utmost to get the draft law adopted by them; it requires unanimous adoption.

12. How could this practice be a model for other countries?

The EU has since 15 years acquired substantial experience with the concept of age discrimination in employment and occupation. Before then it was new in many Member States and required a change in the employers' approach to age-related issues. Age discrimination towards older people in employment is becoming increasingly relevant due to the demographic changes happening in many countries.

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Practice 4

1. Name of the practice:

Individual Assessment of Victims of a Crime to identify Specific Protection Needs according to Article 22 of the EU Directive 2012/29/EU

2. Area concerned:

- Discrimination (e.g. legal/institutional framework, access to facilities and services, etc.)
- Violence and abuse
- Adequate standard of living (e.g. resource availability, housing, etc.)
- Independence and autonomy (e.g. legal guardianship, accessibility, etc.)
- Participation
- Social protection (e.g. social security, incl. pension)
- Education, training and lifelong learning
- Care (home, family or institutional care, long-term care, palliative care, geriatric services, quality of care and availability of services, care workers, etc.)

3. Type of practice:

- Legal (Constitution, law, etc.)
- Policy/Programme/Strategy/Action Plan on Ageing
- Institution
- Regulation
- Administrative practice
- Case law/jurisprudence
- Disaggregated statistical data by age/gender
- Training programme
- Other (please specify):.....

4. Level of implementation:

- National
- Local (Sub-national, community, urban/rural area)
- Other (please specify):

5. Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope.

The European Union Directive 2012/29/EU establishes minimum standards on the rights, support and protection of victims of crime to ensure that they:

- are recognised and treated with respect and dignity;
- are protected from further victimisation and intimidation from the offender and further distress when they take part in the criminal justice process;
- receive appropriate support throughout proceedings and have access to justice;
- have appropriate access to compensation.

The Directive was adopted in 2012 and had to be transposed by the 28 EU Member States into their national legislation by 16 November 2015.

The purpose of individual assessment is to determine whether a victim is particularly vulnerable to secondary and repeat victimisation, to intimidation and to retaliation during criminal proceedings. In practice, it means that the competent authorities (such as police, prosecutor and/or specially trained staff) will assess the individual needs of every victim, and

identify the victims who are the most vulnerable. The assessment implies a two-step process (which could be combined): (1) to determine whether a victim has specific protection needs against the criteria listed in paragraph 2 of article 22 of the Directive (the personal characteristics of the victim- among others the age of the victim- the type or nature of the crime, the relationship between the victim and the offender and the circumstances of the crime); and, if so, (2) to determine if special protection measures should be applied, and what these should be according to Article 23 of the Directive.

If, as result of the individual assessment, the person is found vulnerable to a further harm, the following specific protection measures may be applied to that person during criminal investigations : that the interviews are being carried out in premises designed or adapted for that purpose , carried out by professionals trained for that purpose or by the same person. During court proceedings such victim may be protected by any of the following: measures that avoid visual contact between victims and offenders including during the giving of evidence, by appropriate means including the use of communication technology; measures to ensure that the victim may be heard in the courtroom without being present, in particular through the use of appropriate communication technology; measures to avoid unnecessary questioning concerning the victim's private life not related to the criminal offence; and measures allowing a hearing take place without the presence of the public.

See also: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:315:0057:0073:EN:PDF>

6. Which actors are involved in the development and implementation of such practice? For instance, national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others.

Member States need to determine the authority or entity responsible at national level to perform the individual assessment of victims - be it law enforcement (police) authorities, judicial authorities, victims' support organisations or another body. The competent authority or entity may differ according to the stage of criminal proceedings (pre-trial or trial stage); the assessment may be also performed repeatedly during various stages, if appropriate in the individual case.

7. Which rights of older persons does the practice promote and protect?

Right to protection from secondary and repeat victimisation, of intimidation and of retaliation by the offender in the context of the criminal proceedings.

8. How does the practice promote or protect such rights?

It is possible that the risk of secondary and repeat victimisation, of intimidation and of retaliation by the offender during criminal proceedings derives from the personal characteristics of the victim or the type e.g its older age or disability resulting from age. Through individual assessments, carried out at the earliest opportunity, such a risk can be effectively identified and, with appropriate specific measures, mitigated.

9. What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), **if any, particularly benefit from the practice?**

All older persons who are identified as particularly vulnerable victims in the context of criminal proceedings.

10. How has the practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any.

The Directive 2012/29/EU is fully applicable only since 16 November 2015 and more precise data will become available in the coming years, in particular in view of the Commission report on application of the Directive due in November 2017. Up to date, the Commission has funded projects that may help in the implementation of the provisions on individual assessment: EVVI project http://www.justice.gouv.fr/publication/evvi_guide_en.pdf

That resulted in developing a handbook for practitioners to encourage effective application of the individual victim's assessment throughout the EU. This can be achieved through the use of an individual assessment template questionnaire, aimed at identifying the specific protection needs of victims and whether (and/or to what extent), they would benefit from special measures in the course of criminal proceedings.

11. What lessons do you believe could be learnt from this practice? How could it be improved?

The first implementation report on the Directive will be due in November 2017. It will provide an overview of how the Directive has been transposed and implemented by the EU Member States. Shortcomings in the transposition will be identified.

12. How could this practice be a model for other countries?

The EU is willing to share its relevant experiences and supporting tools with the governments of third countries aiming to improve the protection of particularly vulnerable victims of a crime.

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1. Name of the practice:

The **Ageing Report** (sustainability of public expenditure) and **Pension Adequacy Report** (pensions' capacity to shelter older people from poverty)

2. Area concerned:

- Discrimination (e.g. legal/institutional framework, access to facilities and services, etc.)
- Violence and abuse
- Adequate standard of living (e.g. resource availability, housing, etc.)
- Independence and autonomy (e.g. legal guardianship, accessibility, etc.)
- Participation
- Social protection (e.g. social security, incl. pension)
- Education, training and lifelong learning
- Care (home, family or institutional care, long-term care, palliative care, geriatric services, quality of care and availability of services, care workers, etc.)

3. Type of practice:

- Legal (Constitution, law, etc.)
- Policy/Programme/Strategy/Action Plan on Ageing
- Institution
- Regulation
- Administrative practice
- Case law/jurisprudence
- Disaggregated statistical data by age/gender
- Training programme
- Other (please specify):.....

4. Level of implementation:

- National
- Local (Sub-national, community, urban/rural area)
- Other (please specify):

5. Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope.

Medium-term projections (to 2050-2060) of the suitability of pension systems to continue supporting older people. The expenditure projections also cover Health and Long Term Care. In 2015 the fifth EU Ageing Report was published. Used for medium-term assessment of new policies and as policy advocacy tool. For instance, national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others.

6. Which actors are involved in the development and implementation of such practice?

For instance, national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others. The European Commission coordinates with inputs from the EU Member States.

7. Which rights of older persons does the practice promote and protect?

The right to an adequate support for a dignified life in older age.

8. How does the practice promote or protect such rights?

By assessing the expected medium-term outcome of recent policy reforms; the projections may highlight areas requiring further changes.

9. What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), **if any, particularly benefit from the practice?**

The practice covers all older persons, without specific focus or exclusions.

10. How has the practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any.

This EU level examination started in 2009 and since then most Member States reformed their pension systems to make them more sustainable.

11. What lessons do you believe could be learnt from this practice? How could it be improved?

It is an effective tool and it helps Member States to make better comparisons to define and argue for policies.

12. How could this practice be a model for other countries?

The geographical coverage could be extended to non-EU countries for a wider comparison

See also:

http://ec.europa.eu/economy_finance/publications/european_economy/ageing_report/index_en.htm

and

http://europa.eu/rapid/press-release_MEMO-15-5770_en.htm

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Practice 6

1. Name of the practice:

Joint **EU-OECD work on longer working lives**

2. Area concerned:

- Discrimination (e.g. legal/institutional framework, access to facilities and services, etc.)
- Violence and abuse
- Adequate standard of living (e.g. resource availability, housing, etc.)
- Independence and autonomy (e.g. legal guardianship, accessibility, etc.)
- Participation
- Social protection (e.g. social security, incl. pension)
- Education, training and lifelong learning
- Care (home, family or institutional care, long-term care, palliative care, geriatric services, quality of care and availability of services, care workers, etc.)

3. Type of practice:

- Legal (Constitution, law, etc.)
- Policy/Programme/Strategy/Action Plan on Ageing
- Institution
- Regulation
- Administrative practice
- Case law/jurisprudence
- Disaggregated statistical data by age/gender
- Training programme
- Other (please specify):.....

4. Level of implementation:

- National
- Local (Sub-national, community, urban/rural area)
- Other (please specify):

5. Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope.

Joint study on incentives and conducive environments that allow people to extend their working lives in view of an ageing society.

6. Which actors are involved in the development and implementation of such practice? For instance, national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others.

European Commission and the OECD

7. Which rights of older persons does the practice promote and protect?

The right to working up to and beyond the pensionable age, and to an inclusive labour market for older people.

8. How does the practice promote or protect such rights?

By assessing the changes that need to be made in regulations, tax, training, company environments to promote and allow working among older people.

9. What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), **if any, particularly benefit from the practice?**

It focuses mainly on the age group 60-75.

10. How has the practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any.

The EU is constantly monitoring the employment rate of older workers. It has steadily increased over the recent years.

11. What lessons do you believe could be learnt from this practice? How could it be improved?

There is a need for a closer involvement of employers.

12. How could this practice be a model for other countries?

The study is disseminated widely; recommendations are available.

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1. Name of the practice:

The ENNHRI **Older Persons and Long-term Care Project**, funded by the European Commission

2. Area concerned:

- Discrimination (e.g. legal/institutional framework, access to facilities and services, etc.)
- Violence and abuse
- Adequate standard of living (e.g. resource availability, housing, etc.)
- Independence and autonomy (e.g. legal guardianship, accessibility, etc.)
- Participation
- Social protection (e.g. social security, incl. pension)
- Education, training and lifelong learning
- Care (home, family or institutional care, long-term care, palliative care, geriatric services, quality of care and availability of services, care workers, etc.)

3. Type of practice:

- Legal (Constitution, law, etc.)
- Policy/Programme/Strategy/Action Plan on Ageing
- Institution
- Regulation
- Administrative practice
- Case law/jurisprudence
- Disaggregated statistical data by age/gender
- Training programme
- Other (please specify): project

4. Level of implementation:

- National
- Local (Sub-national, community, urban/rural area)
- Other (please specify):

5. Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope.

The project aims to improve the human rights protection of older persons in long-term care, with particular emphasis on residential care. It will run from January 2015 to June 2017.

6. Which actors are involved in the development and implementation of such practice? For instance, national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others.

European Commission and ENNHRI (European Network of National Human Rights Institutions)

7. Which rights of older persons does the practice promote and protect?

Adequate standard of living, dignity, privacy, equal access to health services for all persons, choice of LTC service, discrimination and equality, access to justice, freedom of movement, choice, autonomy, participation.

8. How does the practice promote or protect such rights?

Increasing awareness of the human rights of older persons living in or seeking access to LTC in Europe, particularly in relation to residential care. Developing and strengthening the capacity of National Human Rights Institutions to monitor and support human rights based policies in the area.

9. What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), **if any, particularly benefit from the practice?**

All older persons living in or seeking access to LTC in Europe.

10. How has the practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any.

The project is ongoing.

One of the key aspects of the project is pilot monitoring work, in which six National Human Rights Institutions (Belgium, Croatia, Germany, Hungary, Lithuania and Romania) will investigate how well the human rights of older persons in receipt of or seeking access to LTC in their jurisdictions are upheld. They will do so through visits to care homes and interviews with government officials with responsibility for LTC policy and other stakeholders. This will help to provide meaningful, comparative data, qualitative, on how human rights in LTC are taken into account in policy and practice throughout Europe.

11. What lessons do you believe could be learnt from this practice? How could it be improved?

The specific objectives of the project are to introduce human rights standards and a human rights based approach to long-term care of older persons; increase awareness of the human rights of older persons living in or seeking access to long-term care in Europe, particularly in relation to residential care and develop or strengthen the capacity of National Human Rights Institutions to monitor and support human rights based policies in this area.

12. How could this practice be a model for other countries?

The knowledge and expertise gained throughout the project could be spread to other countries. In particular, it is anticipated that the resources developed from the project will help government officials and care providers to protect and promote the human rights of all older persons living in or seeking access to LTC in Europe. It is also hoped that the outcomes of the pilot monitoring work will be used to develop guidance for other National Human Rights Institutions to monitor human rights in long-term care settings for older persons, thus raising awareness of the need to protect and promote human rights amongst care providers at the local level.