EMPOWERING MARGINALIZED ELDERS

GRUNDTVIG PARTNERSHIP 2011-13

PARTICIPATING COUNTRIES – PARTNERS

- CYPRUS - ORGANIZATION FOR PROMOTION OF EUROPEAN ISSUES
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- GERMANY - ASSOCIATION FOR THE SUPPORT OF APPLIED GERONTOLOGY
- ROMANIA - Asociatia EDUNET
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PREAMBLE

In the following we would like to represent the main outcome of our project, the Empowering Marginalized Elders Guide (hereafter referred as EME). The aim of this guide is to summarise the situation of elders in each participating country, highlight the main causes of marginalization and to provide examples of best practices that can reduce marginalization.

The European Social Charter states that *"every elderly person has the right to social protection"* which implies that EU member states must ensure a decent life for elderly people.

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INTRODUCTION

When countries with different cultural and economical background - not to mention the geographical distances - decide to design an intervention program which is naturally different in each country but has the same theoretical bases, the first thing that may arise is that there are more differences than common features. Thus, the question that it might arise is how it would be possible to execute such program. In order to avoid such ambiguity the participating countries decided to settle the clear definitions of the notions used and show maximum respect to the characteristics of the other countries. During this work when theoretical backgrounds and justifications were collected and presented to each other the tendency that the countries had more in common than had been expected was surprising. It turned out that the process of marginalization in each country shows the same features although the circumstances and conditions are different. Besides, the efforts of each country were to aim the same target: help the elderly to be active again.

In the following we would like to introduce the short summary of the chapters of the EME guides compiled by each country. These chapters are the followings:

- the 1st chapter deals with the definition of marginalized elders, the major obstacles that they face and the opportunities available for them.
- the second chapter introduces the situation in each country regarding marginalized elders.
- the 3rd chapter shows the methods and approaches complied by the participating countries.
- the 4th chapter deals with applied actions in each country.
- the chapter 5 deals with the different practises and sharing the experiences.
- the chapter 6 introduces the recommendations and suggestions for further projects.

CHAPTER 1
DEFINITION OF EME

All the participating countries have agreed that the phenomenon of marginalization among elderly people does exist in all of our countries. Naturally, the broadness and the types of marginalization may differ but some common features can be found in all countries. As an example we can mention the economic situation; which is a common factor that affects the access of elders to social services, health care facilities and it has an impact on the quality of their life. The limited access to social resources, such as family relations and friends can also contribute to marginalization.

The participating countries all agreed on that being marginalized means being left outside of the protective net of the society and regarding the elderly this should be treated more seriously since they are in need of the support from the society more than many other social groups. The deteriorating financial, social and health situation of elders; in combination with the limited social and public care results to the relegation of elders in the margins of the society.

CHAPTER 2
THE SITUATION IN EACH COUNTRY

Beside the theoretical background the participating countries also found it useful to get familiar with the specific situation of the marginalized elders in each country. As it could be predicted there are lots of differences that can be mentioned but gathering experience was the aim of the consortium from the very beginning.

In Cyprus there are groups of elders that face marginalization or isolation. Nowadays, with the economic crisis and the high unemployment rate the society in Cyprus is facing an unprecedented social and economic change. The people who are close to retirement age have a difficulty to find a new job and adapt to labour market changes as the unemployment rate is more than 15%. Traditionally, Cypriot families support their elder parents at the later stage of their life but as the financial capacity of the Cypriot households is reduced the families with low income are increasingly becoming unable to look after the elderly family members. This situation is worst at rural areas, where there is a limited access to health care, social and cultural activities. However, there are general initiatives mainly through Adult Education Centers - AEC that provide opportunities for elders to participate in educational and social activities.

The ministry of education in Cyprus operates the AECs which provide general programs including cooking gardening, foreign languages, etc where seniors can participate free of charge. The AEC programmes are composed of afternoon courses on different topics at different levels at a very low cost that everyone can apply and participate in the area of his interest.

The local authorities/municipalities in the rural areas are taking into consideration the general needs and requests of elder people in rural areas. The focus of their needs in rural areas is usually their health, access to services the mobility to the cities and other general social issues. The local authority deals with their needs and it organizes several activities that can keep them active in the society. In certain cases, there are small medical units to serve basic health needs, small Senior Citizens' Centres and certain areas where seniors can meet and socialize.

In Spain the state of the marginalized elders is also affected by the common factors, such as lack of income or exclusion of services for utility reasons and lack of health services. Since the Spanish partner would like to focus on marginalized elderly living under institutional conditions, e.g. nursery homes, more emphasis was put on these people. The relationship of institutionalized elderly with their family is very poor and with low quality. The main characteristic in them is their lost of interest for everything and dissapointment is common. They suffer from social isolation, lack of social networks, marginalization, uprooted, might relate to "being alone", but the real loneliness is related to "feeling alone" (homesickness, sadness, yearning). Although institutionalisation rates in Spain are lower than in other European countries, among those aged 85 and over, they are almost four times higher than among the total elderly population and depend on variables such as sex, socio-economic position, family characteristics and health.

The elderly people living in nursery homes had to leave their homes, their environment and family that lived with, most of their belongings, daily activities, habits, and they must cope with a new transition time in their lives, normally linked with losses of capacities and associated diseases to aging, and at the same time, adaptation to the institutionalised new life. The relationship of institutionalized elderly with their family is very poor and with low quality. Elders in the Spanish society suffer from various types of abuse, among which the emotional one has the strongest impact and is the most frequently exerted.

The economic situation is the main reason leading to elder abuse. It was furthermore depicted that abuse can have a tremendous effect on the psychological health of the elder. Abuse also affects the family and the society since it weakens family bonds, and increases the gap between society members.

In Germany the factors that contribute to the process of marginalization are diverse and can be characterised regarding income or social problems here we would like to put emphasis on the migrants since the target group of the project in Germany is the elderly migrant social class.

Migrant groups are – under certain circumstances – at a higher risk for poor health (stress, trauma) due to unique combination of migration biography and post – migration experiences. Ethnic minorities face particular social disadvantages such as lack of family in proximity, language difficulties, racial and religious discrimination, etc. There is wide variation in standardised mortality ratios for older suicides among different migrant groups. Migrant suicide is related to their country of origin, circumstances and process of migration and the host country. Risk of depression is also higher due to poor family support, loneliness, inadequate access to community services and inability to return home. Family support is the main buffer against depression, but others like religious practices and reliance on peers also seem to afford some "protection".

Migrants face special risks. The risk of poverty of foreigners is with 32% significantly higher than of Germans with a migration background (22%). The risk of poverty was different according to the time they had lived in Germany. The shorter the time of stay the higher is the risk. Migrants often live in a strained relationship between the images of old age in their region of origin, which they have internalised, and the pattern of old age in their actual environment.

Furthermore there are quite practical problems, like linguistic, cultural, and social problems of understanding each other, insufficient information and lacking possibilities of information. Also the separation not only from the family but also from friends in their home country, and social exclusion can contribute to a bad health as well as the lacking access to health services due to linguistic and cultural barriers.

In Romania the situation of the elderly people shows almost the same characteristics as in the countries mentioned above. Among the major problems loneliness, poor financial situation of elderly protection, health care, gaps in health insurance system and lack of income should be mentioned besides homelessness. But unfortunately not only financial problems need to be referred. In Romania the insufficient home care service contributes to the marginalization of the elderly people.

In the case of **Hungary** differences and similarities to the other contributing country can also be found. The elderly population in Hungary – like everywhere in Europe - is constantly growing. The proportion of 60 years and older in 1930 was only 9.8 per cent in 1960, 13.8 percent, 19.0 percent in 1990. The current fertility and mortality in 2020 is expected to reach around 25.0 per cent and in 2050 to around 31.0 percent. One of the causes of the growth of the elderly population is that the mortality improvement in the average life expectancy at birth - becomes longer. The people tend to think that this is the only due to aging. In fact, this is a less important reason. The effect of aging is now also reduced, because the mortality rate among men. The aging population is associated with social and demographic problems in the past decades have become the center of interest around the world. According the United Nations' World's "Aging population - 1950 to 2050" published in 2000 36-37 % of the population are the people above 60. This should effect the economic development, labor markets and the generational transfers. In addition, other social impacts should be taken into account, like family composition, the coexistence of forms, health care, and public life and political behavior (eg, elections, evolution) because they will not left untouched. It can be said that, in the older age groups, the number and proportion of long-term growth directly affects the co-generation, which is the basis of the functioning of the society.

The general characteristic of the aging process in Europe is also common in Hungary. In the recent years within the about 10 million population the 14 years old and younger age groups are continuously reducing and the proportion of older working age is increasing but the rate of the 60 years or older are increasing in even higher quantities. These rates are resulting from the number of births and deaths, the role of external migration - at least until now - in Hungary was not important. Looking back fifty years the youngest and oldest age

groups shifted significantly, the aging index (the relative proportion of the 65 years and older and the 14-year-old youths) has increased greatly. While the aging population and the deterioration of the age structure have negative social effects, the phenomenon of longer life is very positive. This is especially true for those countries - which include, unfortunately, Hungary - where the average life expectancy at birth is low, overall, slightly more than 70 years and it is below 70 years for men. In Hungary, those men who have their 60th birthday can expect only slightly more than 15 years, meanwhile the similar aged women may expect about 20 more years, and this very bad mortality has only modestly increased in the last twenty years (for men and 0.71, the women, 1.72 years). However, over the last twenty years, since 1980, about 600 thousand people were added to the number of people aged 60 and older.

CHAPTER 3
METHODS AND APPROACHES

There are different approaches and methods that aim to support marginalized elders. The participating countries all agreed to execute a literature review of the relevant professional information and analyze the current situation in each country.

Governmental initiatives that support local communities and municipalities are common in several EU countries. Activities at local level are of utmost importance for the active engagement of elders in social and cultural life. For this reason, local authorities recognize the importance of keeping elders active and encourage participation in social and cultural activities. It is commonly recognised that a growing number of citizens feel excluded from mainstream politics and societal debates. At the same time, in some countries civil society has been constantly growing and is today widely represented by non-governmental organisations and community-based groups. These various civil society representatives constitute a new and fundamental part of democracy and enable citizens to express views about societal issues and influence decision-making processes at all levels. Self-advocacy organisations representing older people also tend to be actively involved in policy development processes in order to express concerns and issues affecting older people.

The direct voice of ordinary older people is more than ever necessary in this time of accelerated population ageing and the deterioration of the overall social context due to the crisis. A broad civil dialogue between citizens of all ages, public authorities and relevant stakeholders – whose decisions impact on people's daily lives – will be crucial in order to respond to demographic change. Older people's experience and knowledge must be used when shaping political decisions – not only with regard to topics directly related to old age but also in a wider context, for instance in relation to education, employment, services of general interest etc.

The participating countries aimed to fulfil the life quality of the elderly people therefore the followings goals enjoy higher priority:
1. To study the dependence of old people and looks for methods to obstruct the isolation and loneliness, the specific age diseases (to relieve isolation and loneliness).
2. To help elders to remain independent for as long as possible and maintain their physical and mental health with physical activities and adapted exercises.
3. To improve lives through social interaction.
4. To improve caring interactions between and among children, youth, adults, families and elders.
5. To look for signs of neglect or abuse of elders and help identify appropriate services for victims, in the context of the families and homes for the elderly.
6. To advocate through community networks that focus on low-income elderly populations.
7. To provide training sessions for volunteers regularly and monitor partnering in order to maximize the benefits of the intergenerational relationship.
8. Create a favourable image of the elderly for the public opinion through mass media.

CHAPTER 4
APPLIED ACTIONS IN EACH COUNTRY

As it has already mentioned above in order to achieve the main aim of the project, namely finding a solution to reduce the process of marginalization and offer a way out to the elderly people, the participating countries - due to the differences and possibilities - decided to execute unique program in each country. Hereafter we would like to briefly summarise the different activities of the participating countries.

In Cyprus, two kinds of actions took place. The first one was to inform elder people about the possibilities offered in the Adult Education Centers, and help English speaking people to fill in the applications for Greek language lessons. Since our organization is involved with local communities in the rural area of Paphos and cooperates with the main city- Multicenter for elder people, we have helped to disseminate information on Adult Educational Centers, a governmental initiative that provides educational programs on different issues. Our members have also helped English speaking residents of Cyprus to fill in the applications and attend Greek language lessons; which can help them towards social inclusion.

The second action was to renovate a building where elder people can use their free time in the afternoon when the local multicenter is closed. With the financial support of our organization and the assistance of local elders, we have created a meeting place for afternoon activities. The building is located next to the local day care- Multicenter for elders and the aim is to fill in the gap of the afternoon; when the multicenter is closed. In the fall of 2012, social activities were designed to get elder people together and to organize excursions and cultural events having our afternoon center as the starting point of the activities.

In Spain the participants will be institutionalized elder, with priority for inclusion for those that are facing the following situations:
• Loneliness (don't receive family/friends visits)
• Dependence
• With psycho-emotional problems
• Institutional Abuse

The partner's aim was to find the needs and demands of the institutionalised elderly in nursing homes in Almeria province and explore the quality of care that is received by the elderly that are in nursing homes, and the relationships with their families. Beside, assess prevalence of inappropriate behaviours to elaborate strategies of preventive actions or support to the elderly and to caregivers (to reduce or eradicate risk practices for the elderly).

Their additional aims were to help elders remain independent for as long as possible and to reduce isolation and loneliness among low- income, shut-in elders by pairing them with younger volunteers who provide companionship, outreach, and advocacy. These intergenerational relationships are key to the program's success.

In Germany cooperating partner started to develop the sealed and neglected open space next the housing-estate Pallasseum (Pallasstraße Berlin -Schöneberg) into a cross cultural "Garden of Arts" run by the local residents.

This open space had been a former car park that was converted into a stony sealed playground not used by the people, who considered it to be very ugly and too dangerous for the children to play. It had become a costant apple of discord within the environment.

The residents living around are mainly immigrants. Those who had participated in the decision making of planning the playground were especially frustrated about the result, because their understanding of what was drawn on the plans was the complete opposite of the reality.

When they learned that the only way out of the dilemma would be to get active and do it themselves the way they want it, the initiators gathered laughter and distrust. But by the time it was possible to pique their curiosity as well and the cooperation began.

As many of the residents, especially the elderly who could not speak German it needed some special action to integrate them.

A method had to be developed to reach them. What could be a strong compensation for the lack of emotional appeal to their spatial environment which was not boosted with own memories and experiences, that creates a feeling of affiliation and integration? Is there any common manner to express such appeals, suitable to be responsive to them? The project group decided that poetry could be an answer and began to organize public poetry readings in their languages happening in their residential environment.

This turned out to be very succesfull in getting the desired contacts and confidence. With a small budget of financial help from the neighbourhood-management it was started to transform the this formerly ugly space into a community garden with 21 gardens run individually by residents of 13 nationalities, a jointly run herbal garden used for the apprenticeship of a nearby cooking school and café, common beds of flowers and last not least a large sandy ground with a new playground equipment built by the public authorities.

As the open space is not very big in relation to the many people living there it was started to develop it as a cross cultural "Garden of Arts" and cultural events like further poetry readings from the countries and in the particular language of the residents around as well as music and/or dancing events were organized.

And as there are many Palestinian families living around the project initiators also started a Palestinian-Israelian-German theatre group for youngsters to develop and rehearse one play a year, each of which deals with the special subject of entente cordiale and is performed in the garden.

These events are very important for the elderlies as they are their only chance to directly participate in culture. To express their belonging to it the elderly migrants contribute lovely food of their countries of origin for a small price.

Another low-threshold service of the garden is the offer and attraction of a long table where neighbours, especially elderly ones, can take their seat and have a drink or salad and particularly have social contacts without paying a lot or paying at all.

The garden project works cross-cultural and intergenerational and the particular skills of the elderly migrants are questioned in different ways.
• In their families they are the experts for gardening, an ability the next generations are lacking.
• They are contemporary witnesses of the history and gardening culture of their countries of origin.
• They are adepts in poetry, songs or rhymes on gardens/nature from their countries of origin which can load up the open space with own memories and feelings.

On the other side the garden helps the elderly to overcome loneliness. Especially female migrants are confined indoors throughout their lives and are mostly not allowed to date someone publicly. The garden, being part of their residential environment, opens up the chance for social contacts and participation in social and cultural events.

In Romania the program can be diveded into two parts:

I. Socialization activities
The social activities aimed at effective protection of major needs: to be useful, to be active, to have social recognition, to express the experience and authority, to interact and to establish social relationships.

Types of organized social activities:
a) Activities with the group
- group communication activities, the knowledge of new people, share life experiences;
- playing group games: beneficiaries participating in games for cognitive stimulation.
- open discussion: religious, medical etc.
- organization of leisure activities;
- consultation and discussion group of media and topics of general interest ;
- thematic film screenings as appropriate age-specific or related to the major holidays ;
- celebrating birthdays and birthdays.

b) Activities of information:
- read the press, magazines / books, viewing TV programs, films and documentaries;
- information: about facilities / gratuity that can benefit their rights as consumers of services in the home for the elderly;
- information about activities taking place in the community.

c) Activities in community :
- participation in cultural events: theater trips, excursions, listening to music;
- inviting notable people of society to communicate elders valuable things they meant to bring them hope, encouragement, appreciation;
- assisting to the artistic programs organized by schools in the occasion of Christmas, Easter, 1st and 8th March days.

II. Maintenance and rehabilitation of physical and intellectual capacities. Based on the concept of active aging, we have organized activities that can keep elders involved in the life of the community they belong.

a. Practical occupational activities:
- crafts: crochet objects, making ornaments for decorating living spaces, relaxing and rooms where meals are served;
- activities of painting, embroidery, knitting, sewing items with children and young people. The products of the elderly were offered employees, partners and sponsors.
- learning and repetition of Christmas carols
- gardening and landscaping arrangements activities in the courtyard of the home;

b. Using computers
Edunet proposed to organise a series of workshops where elders could learn how to use computers. The target group, elders from the Complex "Saint Mary" are people with disabilities, especially with neurological problems. There will be made a study visit in Cyprus where is intended to be visited a local Elders' center, which uses a software focused on elders developed in a pilot European research program (www.longlastingmemories.eu). Then, we will use the learning-model to improve the learning of elders, disabled people in special.

In Hungary, since the participating partner is a higer education institute with its facilities the Hungarian partner decided to introduce one these facilities to the eldelry, focusing on elderly women living alone. With the help pf physical therapesits and PE teachers who work for the College so-called PE lessons were organised.

During these classes with professionnal help the elderly women had the chance to re-learn and experinece the joy of doing exeprcies again and at the same time they learnt how to do exercises at home. This knowledge gathered contribute to the well-being of the elderly and tehse classes offered a platform to the elderly where they can meet.

As a secondray target, the Hungarian partner wanted to open the gates of the College and show to the elderly that the facilities can be used by the public, mostly for free of charge, so they have a chance to meet and do exercises or work out together. By offering a meeting place which can be used for PE purposes the isolation process can be reduced and may offer the feeling of belonging to somewhere.

CHAPTER 5
REFLECTION OF DIFFERENT PRACTISES AND EXCHANGE OF BEST PRACTISES

As it could be seen from the above there are many differences in each participating countries regarding the different practises of the elderly people. Several methods can be mentioned, governmental support, official initiatives and voluntary movements are used to improve the life conditions of the elderly people. The European Social Charter states that "every elderly person has the right to social protection" which implies that EU member states must ensure a decent life for elderly people.

Since the participating countries are dealing with marginalized elders on different points of view the practises they found useful are very colourful. Given a high degree of social, regional, cultural and cohort-specific heterogeneity among Europe's elderly population, it can be assumed that the risk of social exclusion or isolation is not equally distributed for which the member states have different answers. In the following the different practises are collected and described.

In searching for measures to promote the social inclusion of the older population, EU policies give special attention to encouraging volunteering. In the context of the European Year of Volunteering in 2011, the EU wants to 'encourage and support – notably through the exchange of experience and good practices – the efforts of the Community, the Member States, local and regional authorities to create the conditions for civil society conducive to volunteering in the European Union (EU) and to increase the visibility of voluntary activities in the EU' (European Commission, 2009).

The main objectives are the creation of suitable general conditions for voluntary work as an important part of civic participation as well as the empowerment of volunteer organisations.Volunteering in all generations plays an important role in the political agenda of the European Union and the Member States and is regarded as crucial for the cohesion of societies.

But other organizations, communities at large and older adults can help to prevent social isolation. Nursing care must assist residents in increasing the awareness of opportunities for nurturing. Older people can continue to provide nurturing for other people. Regarding the Spanish reseaches competence and self-esteem appear to be important for vitality. Nursing staff should therefore pay attention to the importance to verifying the residents' selfesteem in daily practice. This can be done by giving residents the opportunity to influence choices and utilize their own resources in the activities of daily living and daily routine and by respecting the residents' attitudes and values in decision-making.

In Germany the governmental support for different projects us worth mentioning. In the frame of the project "Active Ageing of Migrant Elders across Europe" (AAMEE) by the Ministry for Intergenerational Affairs, Family, Women and Integration of the State of North Rhine-Westphalia from 01.12.2007 to 30.11.2009 (The "Active Ageing of Migrant Elders across Europe" project is promoted by the Ministry of Intergenerational Affairs, Family, Women and Integration of the State of North Rhine- Westphalia, Germany (MGFFI) and the Directorate General for Employment, Social Affairs and Equal Opportunities of the European Commission (DG EMPL) via the ENEA Programme (VS/ 2007/0652) two competitions for voluntary organisations as well as for local and regional authorities and non-governmental organisations (Good Practice Competition) in the field of active ageing and social, cultural and economic integration of migrant elders in Europe was held (Ministry for Intergenerational Affairs, Family, Women and Integration of the State of North Rhine-Westphalia, 2009, p.18).

It is known that older migrants do not visit courses when they read information in newspapers or they get a flyer. They have to be addressed personally, preferably at a group or a place where they normally gather.

Activation, participation and strengthening of self-help potentials are essential aspects regarding sustainability. In long lasting processes, social contacts are reinforced and the participants are supported in implementing their own ideas and creating networks, but also to participate in existing social and cultural offers.

CHAPTER 6
RECOMMENDATION AND SUGGESTIONS FOR IMPROVEMENT OF EXISTING PRACTISES

From the beginning it is very important to know which aims shall be reached with a project and to define the necessary working steps for these aims. The aims and action steps have to be adapted continuously and flexibly according to the needs of the elderly. Patience and endurance might be necessary to reach these goals. In case for example the elderly migrants and their groups should be included in the planning and organisation process. Altogether it should be noted that investing a lot of time is necessary in building new relationships.

Elderly people need participation: getting involved, staying active and taking part in the community; being consulted and having one's views considered by government. Involve seniors in planning, implementing and evaluating the programs and policies that affect them. Seniors know what is relevant and meaningful in their lives, the circumstances that could place some seniors at risk for social isolation, and have ideas about how to promote social inclusion. Increasing social activity leads to better physical, mental and emotional health and lower utilization of health care services.

In order to increase their self-esteem and the perception that they are not cut off from community activities it is recommended their involvement in social programs such as participation in cultural events, theatre listening to music, trips, excursions, meeting with the important people from the society or even involvement in the activity organized by the organizations from the community. Enhancing social support helps protect people from the negative impact of stressful life events; is associated with reduced risk for poor health, depression and alcoholism; contributes to higher quality of life, increased life satisfaction and better mental, emotional and physical well-being.

At the retirement stage of life, elders might feel a deterioration of their role in life institutionalized elders become unable to gain other roles or maintaining their current roles. That might involve their household maintenance, relationships with friends who are still alive or in the neighbourhood. The institution undertakes to acquire roles that the elders can hardly adapt and control. The institutionalized elders are also affected because their involvement in the social life is limited. Institutionalization, whatever her reasons, is perceived by the elderly as isolation from the rest of the community where his residence is in another town and stigmatization. Some practices are recommended for elderly people; including organizing information campaigns on the rights of the elderly, maintaining or personal skills and abilities which improve their autonomy, integrated socio-medical approach to elderly care, participation of elders in the activities of socialization, involving elderly people in community life, promoting a healthier attitude towards own ageing.