

European Innovation Partnership on Active and Healthy Ageing

European Parliament resolution of 6 February 2013 on the European Innovation Partnership on Active and Healthy Ageing (2012/2258(INI))

The European Parliament,

- having regard to the Commission communication of 29 February 2012, ‘Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing’ (COM(2012)0083),
 - having regard to the Madrid International Plan of Action on Ageing of April 2002,
 - having regard to Decision No 940/2011/EU of the European Parliament and of the Council of 14 September 2011 on the European Year for Active Ageing and Solidarity between Generations,
 - having regard to the Strategic Implementation Plan for the European Innovation Partnership on Active and Healthy Ageing of 17 November 2011,
 - having regard to the opinion of the Committee of the Regions on ‘Active Ageing: innovation – smart care – better lives’ of May 2012¹,
 - having regard to the opinion of the European Economic and Social Committee on ‘Horizon 2020: Road maps for ageing’ of May 2012²,
 - having regard to Rule 48 of its Rules of Procedure,
 - having regard to the report of the Committee on Environment, Public Health and Food Safety and the opinion of the Committee on Employment and Social Affairs (A7-0029/2013),
1. Welcomes the Commission’s proposal for a European Innovation Partnership which promotes a new paradigm viewing ageing as an opportunity for the future rather than a burden on society; furthermore emphasises that this opportunity should not be limited to technical (ICT) innovations and their potential for the internal market, for EU industries and enterprises, since ICT solutions should be user-friendly as well as end-user-oriented, particularly towards older persons; believes it should also include a clear and unambiguous strategy with social objectives which promote and formally recognise the role of older people, and the value of their experience and of their contribution to society and the economy, free from stigmas and discrimination;
 2. Notes that this strategy should also include research into new forms of occupation suitable and appropriate for older people; believes that the potential and added value of employing older persons should be researched in more detail, so as to develop guidelines including solutions applicable for and acceptable to all; stresses the scope for gaining great societal

¹ OJ C 225, 27.7.2012, p. 46.

² OJ C 229, 31.7.2012, p. 13.

value from the demographic dividend of older generations;

3. Invites the Commission to formally include a gender dimension as well as an age dimension, and, therefore, to incorporate the work-life balance issue in its strategy for active and healthy ageing;
4. Notes that the ageing society is attributable to demographic change (declining birth rates);
5. Points out that the elderly are the fastest-growing age group in Europe; hopes, in that context and with a view to developing, as quickly as possible, infrastructure, services and instruments that are able to respond to this social transition, that the Commission will continue to involve national governments, local authorities, the WHO and the highest possible number of stakeholders in implementing awareness-raising measures on this issue;
6. Points out the very different demographic makeup of Member States and the significant national, political and cultural differences in perceptions of the demographic challenge and, especially, of ways of facing it and planning for it; notes the constant rise in life expectancy in every Member State and the significant increase in the numbers of people continuing to work after retirement, with employment rates among those aged 65-74 having risen by 15 % in the period 2006-2011;
7. Stresses the need to listen to elderly people in terms of providing companionship through social programmes through which young people would engage with elderly people and receive in return their values and experience; believes that civil society support for the EIP is necessary in terms of offering a more significant level of care through different foundations and associations;
8. Stresses that participation on equal terms is also a fundamental right of older members of society;
9. Points out that employment and voluntary work opportunities, as well as social protection measures, are essential to ensure active and healthy ageing;
10. Stresses that elderly people need different forms of support, and care and that services and solutions must therefore always be people-oriented and demand-driven;
11. Stresses the need to fight age discrimination in employment in order to ensure that older workers can keep their jobs or have access to job opportunities;
12. Underlines the important role of local and regional actors in modernising, improving and rationalising the delivery of health and social care services with a view to producing models that achieve better results for individuals on the labour market;
13. Stresses the need to create the appropriate framework conditions to enable people to participate in the labour market and remain productive, both by improving labour market flexibility through the introduction of lifetime time accounts and part-time possibilities and by making provision for different forms of employment contracts suitable for older workers, as well as flexible arrangements for retirement, for example by means of partial pensions or bonus years, taking care to ensure that there is always adequate social protection in place;
14. Endorses the Commission's proposal to adopt the definition of active and healthy ageing as

formulated by the WHO; emphasises that active and healthy ageing encompasses the entire lifespan and that the particularities of the EU context should be part of the definition, including, more specifically, the EU priorities regarding healthy and ecologically sustainable environmental conditions, health awareness, health prevention and early screening followed by appropriate diagnosis and effective treatment, health literacy, eHealth, physical exercise, food safety and adequate nutrition, gender equality, social security systems (including healthcare and health insurance), and social protection schemes; notes that old age is not linked to disease and illness by default, and is therefore not to be associated or equated with dependence and handicap;

15. Supports the Commission's proposal to increase the average number of HLY (Healthy Life Years) by two years as part of the objectives of Horizon 2020, and welcomes medical progress which helps to increase life expectancy; however, emphasises that to achieve this ambitious goal a life-course perspective should be applied; stresses that access to prevention and primary care should be prioritised and that appropriate mechanisms should be developed to tackle the detrimental impact of chronic disease on active and healthy ageing over the entire life span;
16. Encourages the Commission and the Member States to consider health as a horizontal issue, by incorporating health issues into all relevant EU policies, including social security and social protection, employment and economic policy, gender equality, and anti-discrimination/non-discrimination policies;
17. Invites the Commission to monitor and provide evidence-based, complete, and open-access data on the incidence and prevalence of illness and (chronic) disease, and to incorporate those data into strategies and guidelines regarding best practice active and healthy ageing;
18. Urges Member States to develop efficient trajectories to assess and monitor elder abuse as well as its impact on victims' health and well-being, and to develop accessible procedures to assist and protect victims;
19. Stresses that health issues are to be integrated into all European Union policies including social security and social protection, employment and economic policies, gender equality and discrimination;
20. Encourages the Commission to further emphasize that increasing the average number of healthy life years of our citizens by two is the main objective and that all selected actions should measurably contribute to this objective;
21. Encourages the Commission's proposal to act as a facilitator and coordinator of the EIP-AHA, engaging with stakeholders representing both the demand and supply sides; points out that the Commission should ensure that the EIP benefits all EU citizens, notably those who are under-represented or at risk of exclusion; welcomes here the recognition in communication COM(2012)0083 of the role of the EIP in meeting the objectives of the Innovation Union, the Digital Agenda, the New Skills for New Jobs initiative, the European Platform against Poverty and Social Exclusion and the EU Health Strategy, inter alia, in terms of achieving the objectives of the Europe 2020 flagships;
22. Calls on the Commission to develop indicators that can provide data on chronic diseases and ageing which are comparable, comprehensive and easy to access, in order to develop more effective strategies and enable the sharing of best practice at both EU and national

level;

23. Endorses the Commission's proposal to increase older people's participation in decision- and policy-making and to stimulate regional and local governance; stresses, however, that a bottom-up participatory approach in addition to their ongoing participation in social and cultural life requires more in-depth baseline assessments and regular monitoring of the actual and future needs and demands of older people and their informal and formal care providers;
24. Stresses that information and data collected at local level and through a bottom-up participatory approach will provide policy-makers with the knowledge required to formulate policies that are acceptable and appropriate to local communities; invites the Commission, therefore, to set as a requirement the use of a bottom-up participatory research approach, as well as the further development of relevant indicators and indexes, in order to map out and monitor the current needs for effective policies, programmes and services;
25. Reminds the Commission that the restrictions and limitations in regard to healthcare, care services, social protection and social security adopted and implemented by the Commission and/or the Member States in an effort to make financial and budgetary savings and cuts in public (health and social) expenditure in the wake of the current economic and financial crisis should in no way interfere with or negatively affect basic human needs and dignity; stresses that such savings and cuts, unless combined with carefully considered, patient-oriented reforms, may aggravate health and social inequalities and lead to social exclusion; stresses that such savings and cuts will aggravate overall health outcomes, health inequalities, social inequalities and social exclusion, consequently putting at risk inter- and intra-generational solidarity; invites the Member States, therefore, to develop a Generation Pact including a clear and unambiguous strategy to safeguard social cohesion, improve overall health outcomes and tackle health inequalities; emphasises that such a strategy should aim for optimal affordability, availability and accessibility of health and social care schemes;
26. Stresses, in this context, the need for adequate funding at local, regional, national and EU level to support SMEs and social enterprises; questions the sufficiency of the available resources of the partnership EIP-AHA originating in stakeholders and encourages the Commission to make the necessary funding available; welcomes the foreseen alignment of EU funding instruments to optimise the impact of funding, and encourages the take-up and continuation of projects such as CASA, 'More Years, Better Life' and others promoting the interoperability and exchange of knowledge, data and best practice; believes that the decision to identify 'Innovation for healthy living and active ageing' as a priority theme for the Knowledge and Innovation Communities (KICs) wave in 2014-2015 of the European Institute of Innovation and Technology (EIT) is a step in the right direction which needs to be complemented with concrete financial instruments, for example funding under the Multiannual Financial Framework for 2014-2020, including the ESF, the ERDF, the EPSCI programme, the programme for research and innovation and Horizon 2020;
27. Is convinced that various financial instruments, such as the Social Entrepreneurship Fund, the European Venture Fund and the European Angels Fund (EAF), are necessary to improve access for social enterprises to the financial markets;
28. Expects the Member States, when using the Structural Funds, to devote more attention to the living and working conditions of the older generation, to jointly create a generation-

friendly Europe by 2020, and to expand their social infrastructure so that they can combat poverty among older people;

Pillar 1: Prevention, screening and early diagnosis

29. Welcomes the Commission's approach with regard to prevention of frailty and functional decline; encourages the Commission to apply a holistic approach in regard to prevention; points out the systematic correlation between socio-economic status and health outcomes throughout life; invites the Commission and the Member States to tackle structural issues, including health illiteracy and to address socio-economic inequalities (which lead to health inequalities); further, while accepting that individual responsibility has a role to play in improving health status, challenges the pressure put on individuals to improve their health status without appropriately tackling structural issues; therefore invites the Commission and the Member States to create structural conditions which tackle structural and health inequalities, including health illiteracy, and to provide the necessary funding for further research into the role local communities can play in dealing with these inequalities;
30. Invites the Commission and the competent authorities in the Member States to acknowledge, promote and fund all forms of prevention, i.e. the promotion of a healthy lifestyle, regular screening for illnesses, early intervention to delay or reverse the progression of disease in the early stages, and development of preventive measures aimed at slowing down deterioration for patients affected with chronic diseases;
31. Points out that intellectual mobility can be increased by access to lifelong learning (LLL) in later life also, thereby helping to combat dementia;
32. Supports the Commission's approach with regard to health promotion through integrated programmes; stresses, however, that these programmes should be evidence-based (reflecting the actual and future needs of the ageing population); furthermore, emphasises that they should incorporate an appropriate approach in regard to issues that are not (entirely or directly) linked to individual behaviour, such as environmental conditions (air quality, water quality, noise reduction, waste management), health and safety at work (age management) and consumer protection (marketing and advertising standards, food safety, consumer rights);
33. Supports the Commission's approach in regard to increasing physical activity levels of the population in order to improve active and healthy ageing, recalling that lack of regular exercise gives rise to a number of health problems which, according to the WHO, constitute the fourth most common risk factor causing death; is concerned that most EU citizens fall short of the recommended daily amount of exercise;
34. Encourages the closer linking of healthy ageing with a broader take-up of physical exercise within education programmes; stresses the importance of daily choices (physical exercise, diet, etc) in preventing health problems; calls on the Commission and the competent authorities in the Member States to take action to encourage people of all ages to take more physical exercise as a means of improving their individual health which will translate into an increased number of years spent in good health, as well as into considerable benefits for society in the form of overall public health and financial outcomes;
35. Welcomes the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing, and especially its focus on cooperation between the

Commission, the Member States, industry and business, public and private stakeholders, health and care professionals, and organisations representing older people and patients, on the exchange and transfer of good ideas and best practice (e.g. the digitally-based 'Marketplace' platform), and on the optimisation of existing funding instruments; emphasises the need to view ageing as an opportunity rather than a burden, and to recognise and promote the value of older people, their experiences and their ongoing contribution to society; welcomes the Commission's approach, which is clearly geared to promoting the vitality and dignity of older people in Europe by means of innovations of relevance to them, reinforcing a 'culture of active ageing' in a generation-friendly Europe and guiding this process jointly with recognised partners in the world of research and in civil society;

36. Recalls the need for fuller recognition of older workers' informal and non-formal education, notably where obtained through voluntary work or informal care;
37. Calls on the Commission to give priority to factors that may influence how people in Europe age, such as high rates of alcohol and tobacco consumption;

Pillar 2: Care and cure

38. Supports the Commission's objective to further develop integrated care and cure systems; taking into account the appropriateness of existing, preferred and future care and cure systems in relation to their further development and having due regard to the subsidiarity principle in the field of public health, invites Member States and competent authorities to develop national, regional and local care and cure systems that incorporate a holistic and integrated approach to the management of age-related diseases; invites the Commission to assist Member States in this regard, while respecting regional and local differences in citizens' expectations, norms and values; encourages the Commission to make use of the European Medicines Agency's work on medicines in older people and to integrate it in order to improve access to safe and adequate medicines for older patients;
39. Welcomes the Commission's intention to implement individual case management schemes and care plans; however, while acknowledging that a client/patient-centred approach is necessary, believes that the costs of such an approach in terms of deploying trained care providers and utilising appropriate 'tools' should not be met solely by the individual but should be considered as a societal responsibility, guaranteeing inter- and intra-generational solidarity; believes consideration should be given to new forms of solidarity which lie hidden in the potential of the older generation and which should be incorporated into solutions for care- and cure-related issues;
40. Encourages the Commission's ambition in regard to eHealth, in terms of making it a significant and substantial aspect of future care and cure systems; recognises, however, that eHealth solutions, whilst beneficial, may not significantly improve health outcomes, including psychological well-being, if they replace human interaction rather than being integrated with a face-to-face approach between patients and healthcare professionals; believes that eHealth technology should not diminish the trusting relationship between older people and healthcare professionals;
41. Acknowledges the Commission's intention to contribute to making care and cure systems more cost-efficient; emphasises, however, that the continuous increase in overall healthcare and social support costs cannot be attributed to an ageing population alone; acknowledges that the increasing prevalence of chronic diseases play a substantial role in rising healthcare

and social support costs, however, notes that where the burden of healthcare costs is increasingly borne by the individual this is likely to create a vicious circle whereby people's health and wellbeing are put at risk as they might be compelled to reallocate their often limited resources or when they have to postpone, abandon or even refrain from treatment, assistance and adequate nutrition, which in turn might lead to ever greater healthcare and social support costs both to the individual and to the society;

42. Acknowledges the Commission's objective of dealing with legal and regulatory uncertainties and market fragmentation, but stresses that all necessary market reforms should take into account the importance of keeping healthcare affordable for citizens, and that the competences of national and regional governments and local authorities with regard to health and social protection should be recognised, respected and complied with, without compromising the need to invest in community-based care schemes;
43. Maintains that further reforms of pension systems are necessary in order to keep them adequate, sustainable and secure, with special attention to reducing the gender pay gap in work and consequently in pensions, and that pension levels must also remain predictable for future generations; to this end, calls for more coherence to be established between the effective retirement age, the official retirement age and life expectancy; calls on those Member States which have raised the statutory retirement age, or will be doing so, to encourage the employment of older people, e.g. through tax and social security exemptions;
44. Invites the Commission to carry out an overall analysis of Europe's healthcare potential in relation to the national potential in the Member States, in view of the severe shortage of healthcare workers in some Member States owing to the fact that working conditions are more attractive in other European countries;
45. Invites the Commission to draw up a strategy aimed at achieving equal opportunities for all European citizens in the field of healthcare, in order to create a system of cooperation between European countries which are losing large numbers of healthcare workers and those benefiting from their services;
46. Maintains that policies to balance family and working life enable women to cope better with ageing, taking into account the fact that work improves quality of life; believes that such policies also enable women to avoid the pay gap and, accordingly, the risk of poverty in later life in cases where, in order to balance family and working life, women have to choose part-time, occasional or atypical work, given that this has repercussions for the amounts paid in pension contributions;
47. Considers it necessary to reinforce the adequacy of pensions by combating gender discrimination on the labour market, especially by reducing the career and pay gaps;
48. Stresses the need for personal responsibility, bearing in mind that individuals also need to think about what they can do to secure their pension age; stresses also the crucial role of family and intergenerational solidarity;

Pillar 3: Active ageing and independent living

49. Welcomes the Commission's approach in regard to active ageing and independent living, and more specifically, its comprehensive view of the role and importance of 'place in ageing', as the radius or perimeter in which people live their lives increasingly contracts as

they age, and as older people tend to prefer to live independently for as long as possible while staying active in their community; stresses the need to encourage older people to live independently in their own homes for as long as is viable, if they wish to so in order, to reduce disturbance of their normal routine in both physical and mental terms; furthermore stresses that the solution is not just old people's homes, but also inter-generationally and comprehensively active neighbourhoods; considers that the AAL JP (Ambient Assisted Living Joint Programme) is an important instrument for the deployment of technical resources to facilitate daily life;

50. Encourages the Commission, in its assessment of Independent Living solutions, to consider the problems presented by the gap that exists in many Member States between average healthy life expectancy and pension age, potentially leaving many people with a period in which they are no longer able to work but are not yet eligible to receive their full pension entitlement;
51. Recalls that elderly citizens are an asset to our societies, and that it is essential to benefit from their knowledge and experience in all walks of life and support them in living independently as long as possible;
52. Believes it is crucial to fight information isolation among the older generation, and that access to and use of new technologies constitute one of the essential tools for active and healthy ageing and the social inclusion of seniors;
53. Calls on the Commission to promote accessible and affordable physical surroundings and the adaptation of elderly people's homes with a view to facilitating their independence; stresses that home conversion is the best means of preventing domestic accidents which can cause serious disability, resulting in heavy costs to public services and families and making it harder to ensure active ageing in good health;
54. Supports the Commission's aim of creating age-friendly environments, so as to avoid older people's potential and (remaining) capacities being hindered by their surroundings and help them retain their physical and cognitive capabilities for as long as possible, and live in familiar and safe environments while also preventing social isolation; invites the Commission, however, to encourage the creation of 'design for all' environments, and stresses that these environments should be understood in a broad context, not only incorporating the built urban and rural environment with comfortable, safe and accessible houses, pavements, cities, etc, but also the social, psychological, ecological, cultural and natural environment, offering various forms of activity and giving each individual opportunities for personal fulfilment and shared motivation; stresses that this urban environment should guarantee older persons greater accessibility to the benefits of living in a densely populated area by virtue of easier access to vital amenities, and points out that, despite ongoing urbanisation, many people still live in the countryside, where innovative solutions are also required ;
55. Stresses, furthermore, the importance of adapting the indoor environment of older people's homes in order to better prevent domestic accidents and falls and prolong independent living; encourages Member States to ensure that older people are eligible for funding for home conversion; supports measures that will avoid the isolation of older and/or home-bound people and break the stigma associated with diseases, age-related or not;
56. Stresses the need for balance between rural and urban areas in terms of care for elderly

persons; believes that technological innovations through ICTs should address the challenges of mobility faced by older people living in rural areas;

57. Stresses the need to pay special attention to the inclusion of ageing people living in remote areas or with multiple disadvantages;
58. Supports the Commission's efforts to create age-friendly environments to ensure that the potential (and residual) capacities of older people are not obstructed by their environment; stresses that these environments must be seen in a broad context, relating not only to the built environment but also to the social, psychological, cultural and natural environment; encourages the Commission, in this context, also to propose a European Accessibility Law;
59. Calls on the Commission to review available solutions and best practice relating to a new approach to active ageing and to the creation of a comprehensive and compatible active ageing system in all Member States;
60. Proposes that the EU policies under Title XII of the Treaty on the Functioning of the European Union concerning education and sport should include a section on active ageing;
61. Stresses that the removal of architectural barriers for people with disabilities also has a positive effect on the mobility of the elderly, helping them to live independent and active lives for longer; considers it important, therefore, that these barriers be removed in small towns, too, where a large number of older people live;
62. Proposes that measures be taken to encourage retirement combined with some form of activity;
63. Calls on the Commission to submit proposals for combating discrimination against older people in access to the labour market, in the workplace and in the performance of work, with a view to achieving a consistently generation-friendly world of work;
64. Calls on employers, where necessary, to step up their efforts to adapt working conditions to the state of health and abilities of older workers and to encourage a more positive image of senior citizens in the workplace;
65. Points out that ageing does not only mean challenges but offers possibilities as well, especially innovation opportunities which, in the long run, could contribute to job creation and enhance economic wellbeing in Europe;

Horizontal issues

66. Welcomes the Commission's approach in regard to funding instruments, standardisation processes, repository development, synergies and cooperation facilitation and the sharing of best practices among Member States; emphasises, however, that it is a prerequisite to link these objectives to actual needs and demands (i.e. to ensure that policies, programmes and services are evidence-based and are thus backed up by representative assessment and regular monitoring, so as to facilitate and speed up the creation of an age-friendly EU); invites the Commission, therefore, to initiate the development of standardised assessment and monitoring tools to provide the necessary data with regard to evidence-based policy recommendations, programme development and (health/care) service provision;

67. Supports the Commission's approach with regard to age-friendly innovations; invites the Commission, however, to ensure that these innovations are user-oriented and user-friendly and to actively incorporate their potential; calls on the Commission, accordingly, to develop a methodology through which the current and future needs of older people can be evaluated, and to further involve end-users in its policies and funding programmes; recalls that features adapted to older people's needs are proven to be generally to the advantage of all generations;
68. Feels that better coordination between the different levels involved in developing solutions for active and healthy ageing is necessary, and highlights the need for multi-level governance in this area; believes that regional and local authorities should not be seen as merely implementing authorities, but should be involved in the entire decision-making and assessment process;
69. Underlines the important role of local and regional actors in modernising, improving and rationalising the delivery of health and social care services, with a view to producing models that achieve better results for individuals on the labour market;
70. Welcomes the existing initiatives on accessibility, such as the Access City Awards; calls on the Commission to adopt an ambitious European Accessibility Act to develop the market in accessible goods and services;
71. Encourages the idea of offering informal training to members of younger generations with a view to providing common forms of service care for elderly people;
72. Stresses the essential role of increased investment and spending in the field of education, training and further training, giving priority to lifelong learning and the promotion of healthy lifestyles, in order to establish a generation-friendly world of work and enable older workers to hold their own in a changing technological environment; in this light, urges a strong focus on lifelong learning within the 'Erasmus for all' programme, which constitutes an effective tool for fostering education and continuous professional development for Union citizens of all ages;
73. Stresses the need for a holistic approach to ageing and for comprehensive development and reform, not only in the fields of lifelong learning and the labour market but also as regards access to them, including such factors as transport, infrastructure and buildings;
74. Stresses the need to establish support systems for family carers;
75. Supports the Commission's approach with regard to promoting the creation of age-friendly environments, the latter to be understood as a crucial contributor to active and healthy ageing across the entire lifespan; points out, however, that merely promoting the creation of age-friendly environments will not be sufficient to ensure an actual improvement with regard to issues such as people's mobility, neighbourhoods' walkability or communities' social participation facilities, as well as access to qualitative and affordable health and care services and to appropriate and affordable housing;
76. Welcomes the objective of promoting age-friendly environments as an essential tool for supporting older workers and jobseekers and promoting inclusive societies that offer equal opportunities to all;

77. Underlines the importance of ensuring health and safety at work as a prerequisite for a sustainable working life and for active ageing, notably for workers with disabilities or chronic conditions; points out that ICT and machines could play a key role by easing physical tasks for our ageing workforce; calls on the Commission and the Member States to promote such technologies where appropriate; welcomes the recognition of the significance of prevention in the first pillar of the Strategic Implementation Plan; is convinced that prevention also plays a key role at work, by improving occupational health and consequently, reducing pressure on health and long-term care systems;
78. Is convinced that comprehensive reforms are necessary in order to prevent and avoid serious shortcomings in access to labour markets which would result in a further economic slowdown and a threat to the level of prosperity in Europe; stresses, in this regard, the need to develop a broad perspective that takes account of issues such as economic policy, employment, social security, social protection, gender equality and discrimination;
79. Welcomes the current initiatives in the field of standardisation, such as the mandates on ‘Design for All’ and accessibility of ICT and the built environment; notes the commitment made by the Commission to launch similar initiatives for European standards on eHealth and independent living; calls on the Commission and the standardisation bodies to further involve users in these initiatives in order to address their needs properly;
80. Invites the Commission and the Member States to launch campaigns to improve public perceptions concerning the contribution and productivity of older workers, especially those with disabilities or chronic conditions;
81. Considers that older people need to have adequate income levels, housing, access to all health, social and cultural services, and strong social networks in order to enhance their quality of life, and also that they need opportunities to continue contributing on the labour market, if so they wish, without restrictions arising from age discrimination;
82. Stresses the importance of supporting and facilitating older volunteers and intergenerational volunteering; believes that volunteering and ‘old people for old people’ initiatives for the ageing population could both offer a means of inclusion and make a reasonable contribution to the sustainability of long-term care systems; therefore encourages development and innovation in this field;

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83. Instructs its President to forward this resolution to the Council and Commission.