



**CREATION** *Pop*

**A creative social  
prescription approach:  
promoting well-being of  
persons of older age  
through creativity-based  
intergenerational activities**

*R.1: Report on understanding the  
needs of persons in older age and  
how to support their social inclusion*

*Compiled by DCU in collaboration with GERI, EC  
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# Summary of the Project

Social participation is regarded as an important and effective factor influencing older adults' welfare and health as well as a key issue in relation to the rights of older adults. Several studies indicate that diseases, mortality, and quality of life of older adults are related to social participation, thus, paying attention to the concept of social participation in society of older adults is of particular importance. One of the crucial ideas developed within descriptions of successful ageing - often mentioned in literature- concerns older adults' desire to feel included and useful. In order to achieve this, societies have to provide a supportive context for older adults with positive social relationships, engagement and inclusion. The Creation POP project aims to offer specific avenues for meeting this purpose.

The objective of this project is to provide innovative ways of social inclusion for older adults through creative arts such as theatre thus raising awareness among younger and older generations. Older adults have a lot of experience that can be shared with younger generations; their voices are important and should be heard. Since it is increasingly acknowledged that participation in the creative arts can be beneficial for well-being and health, participation of older persons in arts have resulted in health and social benefits, we wish - with this project- to develop theatre activities that produce a safe space for expressing and challenging age-related stereotypes, finding commonalities and accepting differences. This type of activities will raise awareness on social issues experienced and voiced by the vulnerable groups themselves and enabling them to provide ideas to educators/intergenerational and lifelong activities providers (and to decision-makers as well) on how to tackle them. With this project's activities and results, we want to improve the competences of educators and other adult education staff, increasing the availability of high-quality learning opportunities for adults that will, at the same time, enable them to foster greater social inclusion.

In order to achieve the objectives of the project, a needs analysis of the population of older adults in all partner countries will be carried out, followed by a study of intergenerational learning. Based on the outcomes, a more tailor-made Creation POP methodology and toolkit will be designed. These will focus on approaches inspired by participatory methodology as the basis for theatrical activities that will create connections between different age generations, while also allowing intergenerational learning and exposure of social issues such as exclusion of older adults from the society. The generation of reports, the development of a methodology and toolkit will contribute to the understanding of the importance of social inclusion of older persons. To achieve the set objectives, project partners will implement activities which will enable educators/ intergenerational or lifelong activity providers/facilitators to gain practical knowledge and know how to organise creative arts activities with social impact. Pilot workshops will be conducted by each project partner to test the developed Creation POP methodology and toolkit. Then, in order to present and promote the project results, multiplier events will be organized in each project partner country.

# Executive summary

The Creation POP “Report on understanding the needs of persons in older age and how to support their social inclusion” dialogues with the current European social demographic scenario and the related changes in the societal level. It brings a literature review on the broad concept of older adults’ well-being and active ageing, illuminating the forms of support for older adults (including intergenerational support), creativity as social prescription benefiting older adults, the knowledge and wisdom of older adults, and ageism. Furthermore, the active ageing contexts in all partner countries are described, where contrasts and similarities in policy and practice are highlighted.

Through the harmonic relation between intrinsic capacities and the environment (both home and community) active ageing is fully realised. If active ageing leads to a higher quality of life, formal and non-formal health systems can benefit from social prescribing initiatives, as the latter provides -inter alia- a fruitful medium for the flourishing and maintenance of social connections, therefore improving health. Within such a context, using creativity as a medium to materialise programs, interventions and initiatives concerned with the stimulation of mental activity is of great relevance. Besides facilitating social interaction and avoiding stress and anxiety, creativity can act as a contemplative tool for self-development, building up confidence, self-esteem, problem-solving and coping skills. It has been identified as playing a major role for the arts in the prevention of ill health, promotion of health, and management and treatment of illness across the lifespan. This Creation POP report emphasises the importance of developing care models and support services based around the needs of older adults.

Finland, Ireland, Slovenia and at some extent Spain are equipped with a policy framework to promote active ageing in their respective contexts. Italy, however, still lacks a nationally coordinated active ageing strategy, which overloads the municipalities and/or regions as to the provision of active ageing/social prescribing programmes. The partner countries have non-discrimination legislation in place, which addresses ageism, and offers a pool of active ageing/social prescribing initiatives for older adults. Among the models analysed, the Finnish social prescribing example is based on the holistic understanding of “cultural well-being”, demonstrating a more solid, resourceful active ageing framework. In spite of comprehensive efforts towards active ageing, the Irish and Slovenian contexts reveal that the process of implementing social prescribing initiatives have started but can be further improved, which highlights similarities with the Italian and Spanish contexts in terms of unrealised potential. Despite having social prescribing initiatives in place, Italy and Spain can benefit from more governmental support in incorporating social prescribing to their active ageing policy and practice universe. It is key that the partner countries increase the provision of opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities.

# 1. Literature Review

## 1.1 Introduction

Aligned with the premises laid out by the World Health Organization (WHO), the CREATION-POP literature review provides a conceptualisation of the following themes: older adults' well-being, active ageing and the related support for older adults (including intergenerational support), creativity as social prescription benefiting older adults, the knowledge and wisdom of older adults, combating ageism, and social exclusion. Furthermore, the active ageing contexts in all partner countries are described, where contrasts and similarities in policy and practice are highlighted.

## 1.2 Older adults' well-being

One experiences active, healthy ageing if their social, mental and physical needs are met. Older adults must adopt a healthy lifestyle, including proper diet and recommended amounts of physical activity. Pivotal, older adults should also establish and keep heterogeneous social networks, as the attributes of a given neighbourhood and age-friendly spaces have been reported to influence older adults' levels of social activity (Bowling & Stafford, 2007). Furthermore, governmental and non-governmental support must be available in order to avoid isolation. Active ageing also involves addressing ageism in the legislation and within the educational, community and organisational milieus, boosting awareness about older adults, their humaneness and capabilities. The use of creativity within social prescribing initiatives may play a key role to address the above mentioned issues.

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Walker & Maltby (2012) claim that society must re-think its understanding of life course in order to facilitate an inclusive approach to active ageing. The authors resort to the work of Reday-Mulvey (2005) and Riley & Riley (1986), moving from the “traditional paradigm” to the “age-integrated paradigm”, as displayed in Figure 1 below.

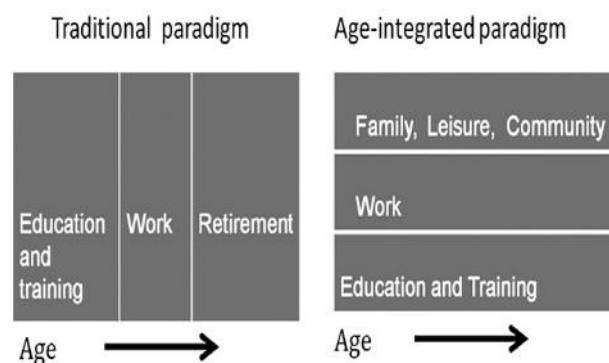


Figure 1. Paradigms of ageing.  
Sources: Reday-Mulvey (2005) and Riley & Riley (1986).

In this way, the three different phases of the lifecycle (education and training, work and retirement) give space to a horizontally framed model, where a more heterogeneous, flexible and zestful life is encouraged. The age-integrated paradigm is consonant with creativity-based social prescribing initiatives, which in turn is associated with the idea of active, healthy ageing, as endorsed by the WHO through the promotion of the “Decade of Healthy Ageing” (WHO, 2017).

## 1.3 Active ageing

The ageing of European populations and the related economic consequences of an inevitable demographic transition have been put at the centre of policy and scholarly debates over the last 20 years (WHO, 2017). Such concerns are justified. The European Union (EU) population is expected to grow, and 30% will be aged 65 or older by 2060. Changes occurring in the societal level of industrialised nations, such as increasing life expectancy and quality of life directly reverberate in the workplace, as people may be working for longer. At present, ageing is not only a medical, but also a social demographic issue (MacLeod et al. 2018).

The term “active ageing” is, first of all, a way to counter the stereotypical idea of passivity in later stages of life. Walker & Maltby (2012) point out to the expected (and compulsory) disengagement from formal economic activity at fixed ages, where pension replaces wages. In older age, apart from the experienced economic disassociation, processes of social and political exclusion follow, which is itself troublesome outcome. The authors believe that such an exclusion “contributed to the popular perception of older people as being socially, politically and economically inactive” (ibid, p.118).

Given the vast array of meanings implied in one being “active”, it is important to shed light on the two main “models” for policy discourse within the European context, as exposed by Walker & Maltby (2012). The first one is delineated as an outcome of the Lisbon Treaty, and follows the premise of increasing the European knowledge economy’s competitiveness. Such model focuses on the shift from underlining older adults’ protective inactivity to a new emphasis on employment in later life (European Council, 2010). This relates to active ageing from a relevant albeit utilitarian perspective. On the other hand, the second model embodied by the WHO expands and refines the understanding of ageing as a natural process in all its ambiguity, dignity and complexity, which guides this literature review.

If active ageing relates to “the adoption of healthy lifestyles throughout the lifespan” (Costa et al., 2021, p.2), the consideration of the development and maintenance of one’s functional ability is key (Michel & Sadana, 2017; Fallon & Karlawish, 2019). Functional ability is understood as the capability of people to be who they want to be and to do what they want to do (Beard et al., 2016; Rudnicka et al., 2020), which includes: to be mobile, to build and maintain relationships, to learn to grow and make decisions, and to contribute to society (Michel & Sadana, 2017; WHO, 2017; Fallon & Karlawish, 2019). Functional ability is not only directly related to intrinsic capacities but also to the characteristics of a given environment – encompassing home, community and society more broadly (WHO, 2017).

As in any other, the later stage of one’s life can be fully experienced if their needs, often of a non-medical nature (MacLeod et al., 2018), are met. It is relevant to observe, however, the interconnectedness of medical and non-medical issues. Analysing 4,648 individuals aged 65+, Thomas et al. (2021) concluded that social isolation is a risk factor for morbidity and mortality as much as smoking, hypertension and a sedentary lifestyle. Beyond the correlation between social isolation and mental health issues, socially isolated older adults present high levels of biological markers interleukin-6 (I-6) and C-reactive protein (CRP), which are related to chronic inflammation. High levels of these markers indicate the building up of materials that adhere to arteries, causing cardiovascular and cerebrovascular diseases. The idea is then to modify the “trajectory of social isolation”, therefore improving health (ibid). Altering such unwanted trajectories would require the availability of support for older adults who may experience isolation, as examined below.

## 1.4 Supports for older adults

Social inclusion of older adults is a major concern for older Europe. According to Hrast et al. (2013), Eastern European older adults are significantly more excluded than the rest of the European population, with material deprivation, health, and interpersonal exclusion as the most concerning areas. More recently, data from the European Social Survey (Lee, 2021) indicates significant regional differences in the social exclusion and subjective well-being of older Europeans. While the Nordic nations display higher degrees of social inclusion, Central and Eastern Europeans reported lower levels of subjective well-being and higher levels of social exclusion. General health, happiness and life satisfaction were interlinked with the availability of, and access to, material resources and basic services (ibid).

Considering that good health is *inter-alia* correlated to the degree of available support for older adults, it is pivotal to put in place an orchestrated, committed response to ageing (Kalache, 1999). Support for older adults is available through a range of governmental and non-governmental initiatives, such as adult day-care centres, assisted living facilities, meal delivery as well as educational and religious spaces. Moreover, following the current processes of digitalisation of society, online support communities, such as “seniornet.org” (Pfeil et al., 2011) are also available to the wider community. Whether face-to-face or online, those services can provide positive social support, helping older adults to meet their needs and alleviate the usually serious, unpleasant consequences of loneliness and isolation.

In the UK, for example, addressing the unmet needs of older adults has become a public health priority due to over-challenged formal and informal health care systems (Abdi et al., 2019). The needs of older adults consist of social activities (including relationships), general psychological health, activities related to mobility, self-care and domestic life. However, lack of professional advice on self-care strategies, poor communication and coordination of services, and lack of information on the latter constitute environmental factors that may hinder one’s efforts to experience active and healthy ageing (ibid).

Abdi et al.’s (2019) findings are closely related to Bowling’s (2008), who collected and identified older adults’ perceptions of active ageing in Britain (337 interviewees aged 65+). The study shows that the participants’ perceptions of active ageing were related to maintaining “physical health and functioning (43%), leisure and social activities (34%), mental functioning and activity (18%) and social relationships and contacts (15%)” (Bowling, 2008, p.293). These findings were consonant with models presenting quality of life as the “end-point of active ageing” (ibid). Abdi et al. (2019), Bowling’s (2008) and Bowling & Stafford (2007) highlight the significance of creating care frameworks and support services based on the needs of older adults. It is then worthwhile to highlight that the kinds of support available could benefit from intergenerational interactions, as discussed below.

### 1.4.1 Intergenerational support for older adults

Intergenerational learning can be defined as “a mutual learning relationship and interaction between the young and the old” (Simándi, 2018, p.63). As observed by Kooland (2008), intergenerational learning involves communicative learning (learning together), interdisciplinary learning, and dialogical learning (learning from each other). According to Corrigan (2011), intergeneration learning has evolved from the field of gerontology, which has increased the former’s potential of contribution within work, community and education contexts. Regardless of their nature, intergenerational programs bring a series of benefits for those involved, acting not only as a tool to fight social isolation in older age, but also as a catalyst for lifelong learning. Hatton-Yeo (2007) observes that intergenerational initiatives should become the focus of policy making given the many benefits they provide both at individual and societal level. Such as a cultural shift where older adults are highly valued, and the development of positive attitudes among generations is of paramount importance. In this sense, the interaction among people of



different generations directly contributes to social inclusion, social cohesion and to a greater degree of solidarity across generations.

Rupčić (2018) discusses intergenerational knowledge transfer practices and methods of developing “learning agility” in all generations through community building. From a “continuous learning and knowledge sharing perspective”, the implementation of such initiatives can benefit all stakeholders – not only the younger or the older. The author highlights the potential of intergenerational knowledge transfer and learning to lessen intergenerational conflict and stress, therefore increasing organisational cohesion and well-being. Equivalently, both formal and non-formal learning environments offer a wide range of health and education related benefits when younger and older adults interact (Simándi, 2018). In such interactions, older adults can be seen as a “source” of knowledge and wisdom, as it will be addressed in the next section of this report.

## 1.5 The knowledge and wisdom of older adults

In many cultures in the “pre-Gutenberg world”, wisdom (in the form of myths, stories, songs) was passed on from one generation to the next, thus leading to a cultural and social appreciation of the elders. Economy ran at a slower pace and older adults’ practical experience and institutional knowledge remained relevant to the young for longer. Technological developments, however, have brought complexity to the current scenario by accelerating the pace of change. Yet, given the many different generations inhabiting workplaces, older adults have still a lot to offer to those who are younger than them (Conley 2018).

Influenced by Putman’s (2000) idea of social capital, Simándi (2018) highlights the importance of intergenerational relationships based on wisdom and cooperation beyond work contexts and encompassing reading circles, support groups, and study circles. In such spaces, older adults mentor the young ones, while the latter teaches the former how to use new technological devices. However, the main focus of the interaction across generations is the time spent together and the social activity organised and experienced around a common goal rather than on the activity itself. Furthermore, Conley (2018, p.31) imagines eldership as offering a higher form of leadership, as “gray heads are generally wiser”. The author then wonders whether

*(...) there a way for us to be integrated into cultivating young brains like farmer elders of the past were able to cultivate young grains.*

*And ponders:*

*What if there was a new, modern archetype of elderhood, one that was worn as a badge of honor, not cloaked in shame?*

*What if we could tap into our know-how and know-who to be an asset in the workplace rather than a liability?*

*(...) What if Modern Elders were the secret ingredient for the visionary businesses of tomorrow? (Conley, 2018, p.30-31).*

Advanced age is not a synonym for wisdom, but some people can gather wisdom as they age. Experiments on wisdom, led by University of Texas’ psychologist Dr. Worthy, revealed that older adults were much better at making decisions that led to long-term, strategic gains, while younger adults tended to make decision that led to more immediate rewards. Moreover, Prof. Robert Sutton observes that system thinking may be positively related with older age, as “the longer you’ve been on this planet, the more patterns you’ve seen and can recognize” (Conley, 2018, p.33).

Beyond knowledge and wisdom, older adults contribute to the well-being of younger generations, both their children and grandchildren, in distinct ways. Trinity College Dublin's 2017 report "Health and Wellbeing: Active Ageing for Older Adults in Ireland – Evidence from The Irish Longitudinal Study on Ageing" offers a series of interesting findings assessing the degree of support provided by older adults in Ireland. Irish older adults (48%) provide monetary assistance to their children and informal childcare to their grandchildren. Almost half of Irish older adults performed voluntary activities – with 17% doing so on a weekly basis. Similarly, a large proportion of older adults participate in organised clubs and groups (47%), and also partake in active and social activities (60%). The array of activities performed by Irish older adults is associated with better quality of life, therefore the report demonstrates the shift away from a mainly medical framing of ageing to conceptualising older age according to a more holistic approach (Baska et al., 2021; Ward & McGarrigle, 2017), such as social prescribing.

## 1.6 Creativity as social prescribing benefiting older adults

In spite of the multitude of definitions (Baska et al., 2021), social prescribing relates to the idea of non-clinical interventions that positively affects one's health, holistically responding to their needs (Minary et al. 2019). It is "an innovative strategy" (Costal et al. 2021) that consists of health promotion, motivation, and "empowerment of patients", producing positive outcomes for the latter, community actors as well as for health professionals and services (ibid). Ideally, prior to the potentially laborious implementation of social prescribing initiatives, an evaluation of the intricacies of each context would be required. According to Baska et al. (2021), social prescribing is indeed an element of a wider effort that illustrates a shift from a more traditional top-down health care model to "a non-medical, more networked" approach, where the patient occupies a central position. Furthermore, social prescribing gives space to a multidisciplinary care, reducing the gap between the awareness of health risks and the adaptation to a healthier lifestyle (ibid).

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Despite the increasing need for further research on the consequences of social prescribing for older adults, this approach is a promising step towards active ageing related behaviours (Baska et al., 2021; Bickerdike et al. 2017; Minary et al., 2019; Fancourt & Finn, 2019). To illustrate this point, Visanich & Attard (2021) analyse the potential of the arts on promoting well-being in Malta by evaluating all national funded community-based arts projects between 2014 and 2018. Furthermore, Costa et al.'s (2019) study found that social prescribing was well received in Portugal, reinforcing its potential not only in promoting active and healthy ageing, but also in contributing to the optimal management of community resources.

Baska et al. (2021) investigate the current stage of social prescribing in England, Wales, Northern Ireland, Catalonia, Poland and Italy, highlighting the key elements that need to be in place for such initiatives. These include, as follows.

- easy referral from all local agencies;
- workforce development;
- common outcomes framework;
- support for community groups;
- collaborative commissioning and partnership working;
- creation of a personalised plan

From a social prescribing standpoint, using creativity as a tool to materialise programs, interventions and initiatives concerned with the stimulation of mental activity appears to be highly welcome. If "creativity in a fuller sense is a key locus for self-expression" (Lorenzi & White, 2019, p.191), its relationship with social prescribing (and therefore active ageing) is of an enriching nature. With a sample of 47,924 people throughout Britain, and commissioned by

BBC Arts and BBC Learning, University College London’s senior researcher Dr. Fancourt conducted “The Great British Creativity Test” (2018). The findings suggest that creativity can benefit people in the following three distinct ways: “a) as distraction, using creativity to avoid stress and anxiety; b) as contemplation, creativity as a tool to create space in the mind to reassess problems and make plans; c) as a means of self-development, building up confidence, self-esteem, problem-solving and coping skills” (BBC, 2019). Moreover, a 2019 WHO Report shows that results from over 3,000 studies identified a major role for the arts in the prevention of ill health, promotion of health, and management and treatment of illness across the lifespan (Fancourt & Finn, 2019).

Non-governmental organisations, such as Arts Well (arts-well.com) illustrate the successful association between social prescribing and the use of creativity. As a provider of services aimed at improving health and well-being of individuals, groups and communities, Arts Well focuses on delivering participatory creative activities, such as printmaking, collage, Willow lantern making, chocolate truffle making, clay work (making pots and small plates), and printing and sewing bunting (AW, 2022). It is understood that spending (even a small amount of) time engaging with creativity can help one cope with modern life (BBC, 2019).

## 1.7 Combating ageism

Similar to the experience of isolation and loneliness, ageism negatively affects older adults’ health and well-being. The act of discriminating someone because of their age can bring nefarious consequences for the victims as well as for societies more broadly. According to the 2021 WHO “Global Report on Ageism”, the latter “arises when age is used to categorize and divide people in ways that lead to harm, disadvantage and injustice and erode solidarity across generations” (WHO, 2021, p.xv). Fernández-Ballesteros et al. (2020) observe how age stereotypes affect older adults’ behaviours, generating adverse long-term effects on their health. Furthermore, citing the work of Levy et al. (2019), Fernández-Ballesteros et al. (2020) highlight the relationship between a positive aging self-perception and predicted self-reported functional health and longevity.

Actively combating ageism is therefore key, as there are still many older adults who suffer ageism but do not report their experienced discrimination (WHO 2021). Evidence shows that interventions that nurture intergenerational interaction are one of the most effective efforts to reduce ageism, acting on the way one thinks, feels and acts. Intergeneration initiatives also seem to be affordable and relatively unproblematic to implement (WHO, 2021). Moreover, educational initiatives, awareness campaigns, and anti-discrimination legislation also help addressing ageism. In Ireland, the Employment Equality Acts (IHREC, 2015) frames ageism as a legal offence, while in Spain it is considered a hate crime with aggravating circumstances from a legal point of view.

# 1.8 Contrasts and similarities: the context of active ageing in the partner countries

In what follows, the active ageing policy & practice contexts in all partner countries are compared and contrasted.

## *1.8.1 Contrasts and similarities: the active ageing policy context in the partner countries*

To a greater or lesser degree, the partner countries are equipped with a range of policy responses to population ageing. They are aligned with the World Health Organization's priorities to reach the objectives of the Decade of Healthy Ageing (2020–2030), which in turn is based on the Madrid International Plan of Action on Ageing (MIPAA), developed in 2002 by the United Nations, and on the WHO Global Strategy on Ageing and Health, established in 2016. Despite the fact that active ageing has become a policy and community concern in all national contexts, it is clear that the partner countries would benefit from working towards the constant improvement in both policy and practice spheres, such as through the augmented offer of evidence-based, improved support services with a wider coverage.

**Ireland, Italy, Slovenia, Finland** and **Spain** focus on integrated active ageing efforts within the national context, where municipalities and regions may support one another. In all countries, however, the government is seen as the key actor in providing conditions for setting active ageing initiatives.

In **Ireland**, under the Health Service Executive (HSE), the National Positive Ageing Strategy (DH, 2013) has furnished the country's approach to active ageing over the last years. More recently, the Minister of State for Mental Health and Older People, Mary Butler TD, and the Minister of State for Local Government and Planning, Peter Burke TD, have launched a new programme which is aimed at supporting older adults to remain living in their own homes and communities (Gov.ie, 2021).

Following the Nordic Welfare State model, **Finland** considers the rights of older adults to adequate social and health services as particularly fundamental ones. Apart from an array of related national legislation, the country's National Programme on Ageing 2030 guides a series of actions for developing, evaluating and implementing active ageing/support services for older adults.

**Slovenia** adopted the Strategy of Long-Lived Society. It sets key points on the concept of active aging, which emphasises activity and creativity in all stages of life, health care, and intergenerational cooperation and solidarity.

**Spain** has a strong piece of legislation concerned with the well-being of older adults (i.e., Spanish Constitution), highlighting a recent legislative development in this field: Law 39, enacted on December 14, 2006, on the Promotion of Personal Autonomy and Care for Persons in a Situation of Dependency. The country has followed the National Strategy for Active Aging and Well-Being of Older Persons 2018-2021.

In contrast to the above-mentioned countries, **Italy** does not offer a nationally coordinated action plan to promote social inclusion and active ageing. Despite the need for a more cohesive approach to active ageing, relevant policy examples in the local level are 1) the Lazio Regional Law n.11 / 2016, article 13, promoting the socialisation and simplification of access to cultural, recreational, and sports services for older adults, and 2) the Autonomous Region of Friuli Venezia Giulia's approval of a Regional Law for the promotion of active aging in 2014, which was followed

by two Triennial Programs (2016-2018 and 2019-2021). In 2019, the Italian government launched a national coordination initiative under the responsibility of the Presidency of the Council of Ministers (Department for Family Policies), aimed at establishing a shared and participatory model of intervention for the promotion of active ageing. The project is also aligned with the Italian National Sustainable Development Strategy (NSDS) 2017–2030 and can become a more solid piece of legislation in the future.

### *1.8.1.1 Anti-discrimination legislation*

Legal protection is pivotal to ensure the well-being of older adults. As to the existence of anti-discrimination legislation focused on older adults, the partner countries are essentially aligned in guarantying the former's equal human rights and fundamental freedoms.

In **Ireland**, there are nine grounds on which discrimination is outlawed by the Employment Equality Acts (IHREC, 2015), as follows: age, gender, sexual orientation, disability, civil status, family status, religious beliefs, race (colour, nationality, ethnic or national origin), and membership of the Traveller community. The Employment Equality Acts include the Employment Equality Act 1998, the Equality Act 2004, the Civil Law Act 2011, and the Equality Act 2015, addressing the issue of ageism in the workplace.

Similarly, in **Spain**, the objective of the Law on Equal Treatment and Non-Discrimination (19/2020) is to enforce the right to equal treatment and non-discrimination, also on the grounds of age. In addition, the Statute of Autonomy of Catalonia of 2006, Article 18 states that “Older persons have the right to live in dignity, free from exploitation and abuse, without being discriminated against because of their age.”

In **Finland**, besides legal protection guaranteed by the Constitution, the Human Rights Centre promotes the rights of older persons as its own priority area, highlighting the Non-Discrimination Act and the Act on the Ombudsman for Older People. Beyond the legislation tailored for older adults, The Ombudsman for Older People cooperates with various authorities and organisations in the field of active ageing in order to hear (and satisfy) the demands from Finnish older adults.

As for the legal framework concerning anti-discrimination policies in **Italy**, a general principle of equality is laid down in Article 3 of the Italian Constitution, while Article 37 safeguards equal treatment and mentions age only as a minimum limit for salaried workers. The Statuto dei Lavoratori initially prohibited discrimination on grounds of political orientation, religion, race, language and sex. Subsequently, it was amended with the introduction of provisions of non-discrimination on grounds of age, disability, sexual orientation and personal beliefs by Legislative Decree no. 216/2003 (Rymkevitch & Villosio, 2007).

In **Slovenia**, discrimination is prohibited by Article 14 of the Constitution (equality before the law), and by the Article 6 of the Labour Relations Act. In addition, the Protection Against Discrimination Act provides for the protection of every individual against discrimination regardless of sex, nationality, race or ethnic origin, language, religion or belief, disability, age, sexual orientation, sexual identity and sexual expression, social status, financial status, education or any other personal circumstance in various areas of social life. The third pillar of the Strategy of Long-Lived Society also addresses age discrimination.

As for the legal framework concerning anti-discrimination policies, a general principle of equality is laid down in Article 3 of the Italian Constitution, whilst Article 37 safeguards equal treatment and mentions age only as a minimum limit for salaried workers. This general principle is enshrined in two ordinary laws, namely in the Statuto dei lavoratori (Worker Statute - Act no. 300/1970, Article 15) and Legislative Decree no. 216 of 9 July 2003 transposing the European Directive 2000/78/EC which establishes a general framework for equal treatment in employment and occupation.

The Statuto dei lavoratori initially prohibited discrimination on grounds of political orientation, religion, race, language and sex, and later it was amended with the introduction of provisions of non-discrimination on grounds of age, disability, sexual orientation and personal beliefs by Legislative Decree no. 216/20.

### *1.8.2 Contrasts and similarities: examples of good practice in the partner countries*

The partner countries offer a pool of governmental and non-governmental initiatives, programmes and interventions that fall under the umbrella of active ageing. The related examples are displayed below.

In **Italy**, the health authorities manage the programme *PASSI d'Argento*, a surveillance system with the aim of monitoring the state of health of the population over the age of 65. As to social prescription initiatives, one example is Città di Torino's *Essere Anziani a Mirafiori Sud: bisogni risorse opportunità per vivere meglio in una comunità solidale*, which provides older adults with support and accompaniment in the path of active ageing and autonomous life at the neighbourhood level. Another example is the initiative *Mobility Scouts* (Lunaria Associazione Di Promozione Sociale e Impresa Sociale), where mobility scouts bring older citizens, local authorities and service providers together to cooperate in the development of age-friendly environments and services. Moreover, Università Cattolica del Sacro Cuore offers a programme to promote physical exercise in frail older adults.

In the area of creativity-based programmes, the Italian organisation Accademia Teatro Dimitri aims to develop mental health, physical well-being and socio-cultural participation of older adults through theatre – in a clear consonance with the aims of the Creation POP project. Similarly, the project *MUSICA* (Società della Salute delle zone Amiata Grossetana) seeks to reduce the phenomenon of social isolation, apathy and marginalisation among older adults via music, therefore increasing inter-relational skills.

Italian programmes against ageism include *TSITOUR – Training on Social Inclusion in Tourism* (Centro per lo Sviluppo Creativo Danilo Dolci), which includes older adults as local storytellers for the tourism industry – and *WiseLife* (Istituto per Servizi di Ricovero e Assistenza agli Anziani). Moreover, the project *BEST FRIENDS against Ageism* consists of intergenerational workshops between older adults and children to break the isolation of the former, supporting social inclusion (Centro per lo Sviluppo Creativo Danilo Dolci). Yet, the project *Intergenerazionale* (Cooperativa Unicoop) promotes a modern intergenerational centre in Piacenza, a social, cultural and educational meeting place. The goal is to create a place within the new intergenerational Facsal Centre, a reference for the daily involvement for older adults, children, family members, operators, and volunteers, offering an opportunity to breathe solidarity, mutuality, sense of social belonging and to rediscover intergenerational ties. The privileged areas of interest for the activities include environment and nature (gardening, free activities in the garden, trips to discover the "homes" of older adults, moments for snacks), painting, and graphic arts.

In **Finland**, both the government and NGO's actively participate in promoting active ageing in the community level. Established in 1949, the VTKL (The Finnish Association for the Welfare of Older People) is associated with 320 NGO's working for the benefit of older adults. Furthermore, The Union for Senior Services (VALLI) is an NGO that brings 60 member associations under its umbrella, serving about 20,000 older adults with 2,000 professionals involved. The goal of those organisations is to work towards a welfare society where everyone can develop in harmony and with intergenerational contact. Universities also participate in active ageing efforts, such as Turku University of Applied Sciences (Taikusydan) and Laurea University of Applied Sciences, articulating a new perspective on services for older adults and bringing together social and health care students and professionals interested in the former's cultural well-being. In Finland, older adults also thrive after their own interest themselves. EETU is a collaborative organisation for the Finnish political associations of pensioners and works to improve the economic and social benefits and rights of pensioners and older adults. As a collaborative organisation, it is able to effectively participate in the societal debate and advocate for the issue of retirees. EETU member organisations have more than 1,200 local associations, 70 regional associations and 300,000 personal members all over the country.

The Finnish understanding of social prescription is quite interesting, as it is more broadly framed as "cultural prescription". In recent years, cultural well-being plans have been made in several areas, being integrated into various regional and municipal strategies and plans. As part of the National Programme on Ageing 2030, the *IKO Cultural Well-being for the Older Adults (2021-2022)* is highlighted. The project is funded by the Ministry of Education and Science and is implemented in cooperation with the Centre for the Promotion of the Arts, the Theatre Centre and its members communities, the Culture for All Service, and the Aili network. The *IKO-project* combines cultural well-being services implemented by the Theatre Centre's member communities, aiming specifically at older adults living at home or partly at those living in service houses and centres. According to *IKO-project*, tailor-made cultural well-being services are inclusive and experiential, where interaction and meeting others are part of an older adult's daily life. The project ensures the continuity of operations by developing service paths and operating models that promote the accessibility and long-term operation of the arts. It is relevant to observe that the involvement of older adults in creative activities is often organised in municipalities (this type of work is called "kuva"). Municipalities organise cultural work for older adults according to their own interests and resources, where often the focus is just on their basic needs, such as hygiene and medication. They define cultural work for older adults (kulttuurinen vanhustyö) as the integration of art, artistic activity, creativity and culture into their work and their development in various ways.

In **Spain**, the implementation of social prescription activities poses challenges as to the lack of a strategic approach, reluctance from decision-makers and health professionals, staff turnover, financial resources, lack of a comprehensive approach, among other aspects. Yet, initiatives such as *EsSalud's* (Social Health Insurance) and *CAMs* (Senior Center) are an asset for social prescription, which in turn are expected to be linked to health services and other initiatives within the community, allowing older adults to have access to various services in order to improve their well-being.

There are eight autonomous communities developing social prescription programmes (adapted to the local context and with different nomenclatures). In Catalonia, the *Social Prescription and Health Program* uses the "Actius i Salut" website for the mapping of assets in the community. The registration and evaluation of social prescription are incorporated into the clinical history of primary care. The evaluation consists of the assessment of improvements in emotional well-being and social support to people who have attended the recommended activity. The *Social Prescription and Health Program* involves various agents that may be common to the development of a community health strategy in a territory, such as territorial public health services, town councils, associations and organisations. Examples of active ageing programmes with social prescription elements are the *Activate Project*, which seeks to introduce social prescription for the improvement of health and well-being – and The *SiforAGE Project*, assembling scientists, end-users, civil society, public administrations and companies with a view to improving the competitiveness of the European Union in promoting research and innovative products for longer and healthier lives.

In **Slovenia**, the Slovenian University for the Third Age was the first to perceive the great needs of older adults as to personal development, learning, functioning, public access, equal participation and contribution to social life. Also, the Network Slovenian University for the Third Age (SUTŽO) is intended for education and the active development of older adults. Its activities include retirees, unemployed older adults, and the ones preparing for retirement. From its foundation in 1984 until today, SUTŽO has grown into a national network of 56 universities in 54 places across the country.

Gradually, especially in the last two or three decades, many other organised opportunities for active involvement of older adults have been developed in Slovenia: daily activity centres for older adults, intergenerational and multigenerational centres, programs of the Anton Trstenjak Institute for Gerontology and Intergenerational Relations, programs of the Gerontological Society of Slovenia, and programs of people's universities and andragogical institutes, such as Sopotniki Institute's project *Active Day*. In addition, pensioners' associations have modernised and expanded their role, particularly in consolidating the social role of older adults and intergenerational integration, providing a number of programs via cultural institutions (i.e., libraries, museums, cultural centres, special sports activities).

Furthermore, the Association of Societies for Social Gerontology of Slovenia (ZDSGS) connects the national network of 450 groups of older adults for self-help, led by 754 volunteers who are trained to lead the groups. ZDSGS is an umbrella organisation that unites 19 intergenerational societies and 23 other societies, institutions and organisations from all over Slovenia. Group meetings are held weekly and are attended by over 4,000 members. This is one of the most important, extensive programmes in the field of meeting the intangible needs of older adults in the country. Other examples are *The Older Adults for Older Adults* programme (providing assistance for older adults who desire to stay as long as possible in their home environment). This programme was implemented by 286 pensioners' associations throughout the country, in which over 5,500 volunteers have participated so far, covering around 198,000 seniors from 164 municipalities; in 2017, the European Parliament awarded the program with the European Citizen Prize.

As to active ageing programmes with intergenerational elements, some good illustrations are: the *Daily Activity Centres for Older Adults* (DCA), and the *Companionship for Older Adults Training Programme* (managed by the Andragogy Centre of Slovenia and funded by the Ministry of Labour, Family and Social Affairs)

In **Ireland**, rather than being characterised by decline and increased dependency, older adults continue to make valuable contributions to society. Irish older adults are identified by active citizenship and participation in the lives of their families and their communities (Ward & McGarrigle, 2017). It is considered that the National Positive Ageing Strategy (DH, 2013) has guided the development of many active ageing initiatives in relation to economic, social, and cultural elements, community and family life, and solidarity between generations. It has also provided an important orientation towards future active ageing policy directions (Ward & McGarrigle, 2017).

Ireland offers a considerable pool of organisations that support older adults in distinct forms (see <https://www.hse.ie/eng/services/list/4/olderpeople/>). Irish civil society is now determined to place older adults at the centre of government policy, a demand that has been articulated by Age Action and Active Retirement Ireland, the country's leading organisations for older adults with a combined membership of approximately 30,000 people (Age Action 2020). CEO of Active Retirement Ireland Maureen Kavanagh observes that: "As part of the Ageing Better campaign, we are calling for a dedicated Minister for Older People to be appointed who can be a strong voice for older adults at the cabinet table" (ibid).

As a great example of digital citizenship and active ageing, more than 35,000 Irish people have benefited from Age Action's "Getting Started Computer Training Programme", which provides training in computers, smartphones and the Internet for people over the age of 55 all over Ireland (Age Action 2020). As part of Age Action's "Getting



Started” digital umbrella, the “Keep In Touch KIT” was developed in response to COVID-19. This remote national learning initiative helps older adults improve their digital literacy skills, so they are more connected, informed and supported specifically during periods of social distancing. Using a specially developed curriculum of eight “How to... guides”, Age Action offers up to five hours tutoring, by phone, to anyone who feels that they need support with using their smart device. Covering topics, such as how to set up an email, how to download an app, and how to use video to see family and friends, learners are matched with a volunteer tutor who will cover the topics they choose, at their pace. Age Action also sends learners a 40-page learning booklet with smart images to help with tutoring sessions (ibid).

Furthermore, in the educational milieu, Dublin City University’s assistant professor Dr. Trudy Corrigan recently presented her latest research entitled “The Benefits of Intergenerational Learning for Older and Younger People in Health, Education, Economic and Cultural Contexts in Our Global World” at the third conference “Engaging Ageing ’21: The Future of Ageing and the Silver Economy”, hosted by the Age Friendly University (AFU) (2021). The conference offered an excellent opportunity to understand this emerging area of increased opportunities while helping to shape the concepts of the business opportunities relating to Future Ageing and the Silver Economy. It highlighted the opportunities of industry-academia partnerships and research commercialisation to learn and develop prospects, hear new ideas and develop new thinking on ageing. Moreover, the Dublin City University’s (DCU) Intergenerational Learning Programme was one of the first DCU initiatives/flagships which has now developed into the DCU Age Friendly University Global networks. Dr. Corrigan was the vice-chair who, together with the President and colleagues from DCU, Arizona State University (ASU) and the University of Strathclyde, were the first three universities to develop the 10 Principles of an Age-Friendly University in 2012. These principles have now been developed by 51 colleges worldwide.

In Ireland, social prescribing is a free, Health Service Executive’s service, which helps one to link with sources of support and social activities within their community. These include physical activity, reading groups, books for health, self-help programmes (such as the Stress Control Programme), Men’s Sheds, community gardening, arts and creativity. The first Irish social prescribing project started in Donegal (Cleary, 2019). According to a social worker of the project, “(...) for the project to work, it is essential for general practitioners’ practices and other health professionals to refer participants who they think would benefit”, which could work effectively in rural Ireland as well as inner city Dublin. Although an *All-Ireland Social Prescribing Network* is still in its infancy (<https://allirelandsocialprescribing.ie>), the development of social prescribing initiatives has a place in the Irish agenda. As reported in *The Irish Times*, Consultant geriatrician and co-chair David Robinson met Minister of State Catherine Byrne in February 2019 to discuss such a potential. There are smaller social prescribing projects in Castlebar, Mayo, Kerry, Dún Laoghaire, and Bray (Cleary, 2019). In Waterford, the Waterford Healing Arts Trust (WHAT) is one of the leading arts and health organisations in the country, delivering multidisciplinary programmes as to contemporary arts exhibitions, live music performances in wards and outpatient clinics, artists in residence initiatives, and art and music making workshops (Grehan, 2012).

Another great example of social prescribing is the *Dublin 8 Social Prescribing Project*, set up in February 2017 and funded by the Health Service Executive’s Social Inclusion Unit. An average of two people a week have walked into the project’s premisses since then with a referral from their doctor, and more than 60 people from 170 referrals still take part in programmes in the community centre. The functioning of the initiative is straightforward: community workers get the prescriptions by email from doctors. According to the staff of the project, it “gives people a sense of connection and belonging and that can be of enormous benefit to their physical health” (Cleary, 2019).

Rialto’s general practitioner Martin Rourke explains that “the thing is if you’re suffering with low self-esteem or motivation or at the lowest ebb in your life, how would you have the organisational skills to research the number or to turn up to a class? Patients find that hard”, which illustrates the enormous potential of social prescribing becoming an element of the formal health system (Cleary, 2019). Rourke continues: “if there was a medicine that could reduce hospital and GP (general practitioners) visits by 25 per cent and save another 25 per cent off unplanned hospital admissions, wouldn’t we jump at it?”. The doctor believes that “we live in a two-tier system”, where patients with

private health insurance wait much less than public patients for medical services, a scenario that could improve with the implementation of more social prescribing initiatives (ibid).

**Finland, Ireland, Slovenia** and to some extent **Spain** are furnished with a policy framework to promote active ageing in their respective contexts. **Italy**, however, still lacks a nationally coordinated active ageing strategy, which overloads the municipalities and/or regions as to the provision of active ageing/social prescribing programmes. The partner countries have non-discrimination legislation in place, which addresses ageism, and offer a pool of social prescribing initiatives for older adults. The Finnish social prescribing context is based on the holistic understanding of “cultural well-being”, demonstrating a more solid, resourceful active ageing framework. Despite a comprehensive active ageing support framework, the Irish and Slovenian contexts reveal that the process of implementing social prescribing initiatives have started but can be further improved, which brings similarities with the Italian and Spanish contexts. Albeit having social prescribing initiatives in place, Italy and Spain can benefit from more governmental support in incorporating social prescribing to their active ageing policy and practice universe.

## 1.9 Conclusion

European societies are experiencing the effects of demographic and social changes. Currently a matter of policy concern for European states, active ageing relates to the adoption of healthy lifestyles throughout one’s lifespan (Costa et al., 2021, p.2), highlighting the importance of the development and maintenance of one’s functional ability: to be who they want to be and to do what they want to do (Michel & Sadana, 2017; Fallon & Karlawish, 2019). It is through the harmonic relation between intrinsic capacities and the environment (both home and community) that active ageing is fully realised (WHO, 2017).

If active ageing leads to a higher quality of life, formal and non-formal health systems can benefit from social prescribing initiatives, as the latter provides inter alia a fruitful medium for the flourishing and maintenance of social connections, therefore improving health. Within such a context, using creativity as a tool to materialise programs, interventions and initiatives concerned with the stimulation of mental activity is of great relevance (Lorenzi & White, 2019). Besides facilitating social interaction and avoiding stress and anxiety, creativity can act as a contemplative tool for self-development, building up confidence, self-esteem, problem-solving and coping skills (BBC, 2019). Moreover, a 2019 WHO Report shows that results from over 3,000 studies identified a major role for the arts in the prevention of ill health, promotion of health, and management and treatment of illness across the lifespan (Fancourt & Finn, 2019). This Creation POP report emphasises the importance of developing care models and support services based around the needs of older adults. Addressing the unmet care and support needs of an ageing population, and designing services and solutions centred around what older adults need or want, is a public health priority.

To a greater or lesser degree, the partner countries are equipped with a range of policy responses to population ageing. Essentially, they are aligned with the World Health Organisation’s priorities to reach the objectives of the Decade of Healthy Ageing (2020–2030) and are active in guarantying older adults’ equal human rights and fundamental freedoms by addressing ageism in the legislation. The partner countries offer a pool of governmental and non-governmental initiatives, programmes and interventions that fall under the umbrella of active ageing. Although the government is seen as the key actor to move the social prescribing agenda forward, the role of the community is key in this process, as the Finnish case shows.

Despite implementing initiatives such as Accademia Teatro Dimitri’s projects to develop mental and physical health (using theatre as a creativity-based social prescribing initiative), overall Italy still approaches the needs of older adults from a “protective inactivity” perspective (European Council, 2010) – or medical approach (Ward & McGarrigle, 2017). Spain also experiences barriers for implementing social prescribing activities due to a lack of a

strategic approach, reluctance from decision-makers and health professionals, staff turnover, financial resources, and as much as Italy, due to a lack of a national, comprehensive approach to active ageing. On the other hand, Slovenia, Ireland and Finland have established a growing and promising active ageing/social prescribing framework guided by a more holistic approach (Ward & McGarrigle, 2017) – or “age-integrated paradigm” (Reday-Mulvey, 2005 apud Walker & Maltby, 2012). The Finnish comprehensive framework of active ageing, which understands social prescribing as “cultural well-being” demonstrates the importance of continuing the shift away from a predominantly medical framing of ageing to a more holistic approach that relates to the broader characteristics of the ageing European populations and their peculiarities. Moving forward, the key is to strategically and operationally set favourable, orchestrated conditions for older adults to be active, full-fledged community actors; as they see fit.

# 2. Survey findings

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## 2.1 Methodology

Data were collected in 5 countries (Finland, Ireland, Italy, Slovenia, Spain) utilising a survey. 24 participants responded in Italy, 26 in Ireland, 27 in Spain, 55 in Slovenia and 57 in Finland. Due to the different size of participant cohorts in the different partner countries, percentage data are presented.

Participants were recruited using different approaches. In Ireland, Spain, Slovenia and Finland participants were recruited primarily through adult groups and organisations that had already established links with the partner institutions. In Italy the recruitment took the form of an on-the-spot-street interview. Participants were also recruited in Nursing Homes in Italy and Slovenia.

A questionnaire with a mix of close and open ended questions was initially in English devised and translated in the partners' languages. While in Finland the questionnaire was entirely completed online, in all other partner countries it was filled in face to face settings by volunteers who facilitated the collection of answers by interviewing participants and filling the questionnaire for those who had difficulties. Those participants who were more self-sufficient were supported by clarifying questions.

Partners produced national reports derived from the analysis of their data. Data were then collated for the purposes of this questionnaire, which presents trends and salient points which have emerged from the analysis of all data.

## 2.2 Participants Biographical information

73% of participants were female and 27% male with only minor local variations such as Italy where genders were represented in equal measure and Ireland where mostly women (88.5%) took part in the data collection. 81% of respondents live in urban areas, with only some geographical minor variations (only in Ireland all respondents live in an urban area).

While all age group bands are represented, the majority of participants falls in the bands 60-75 year olds, which account for 69.2 % of the respondents.

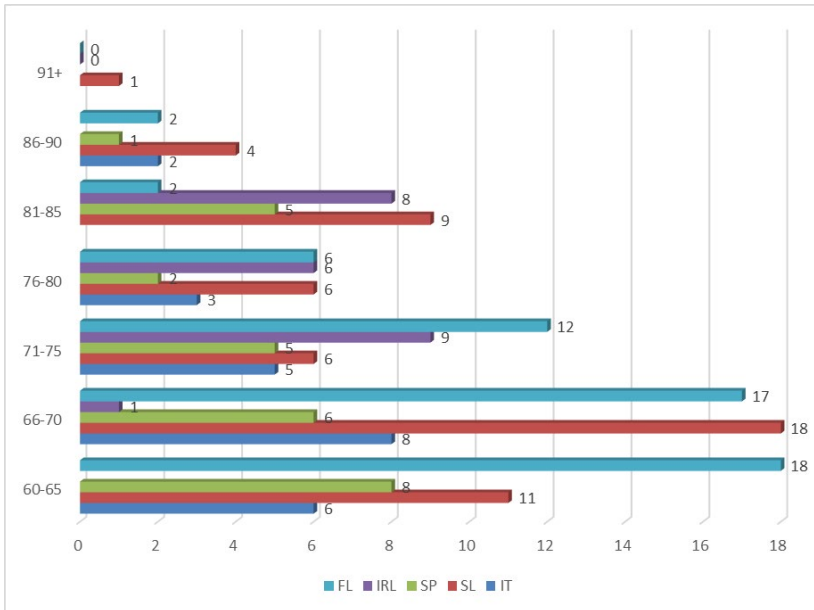


Figure 1: Age Profile of participants

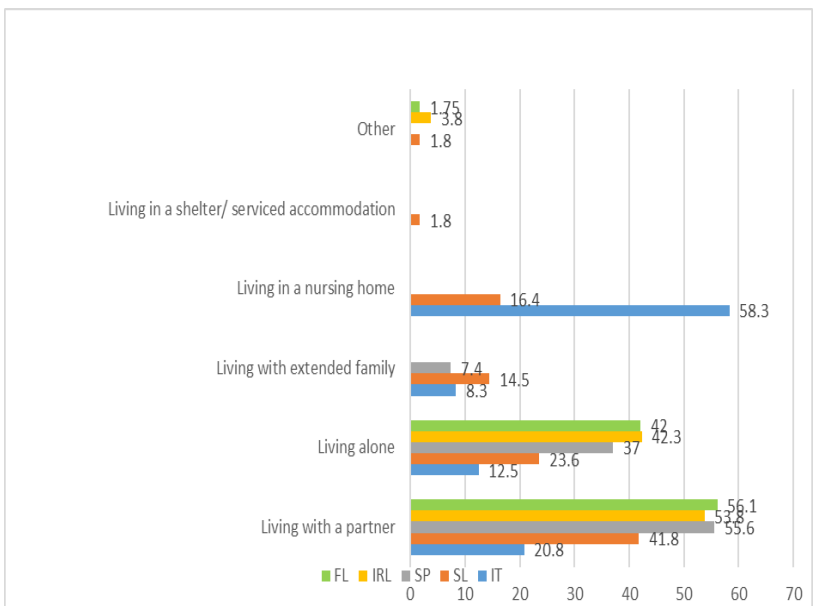


Figure 2: Living status

The majority of respondents either live with a partner or alone. There appears a North/South divide in terms of older adults living with the extended family as data show that this type of arrangement is only present in Slovenia, Italy and Spain and not in either Ireland or Finland. As data were collected in Nursing Homes in Italy and Slovenia, this is perhaps an under-represented group in the analysis.

## 2.3 Older age and self-perception

On the whole respondents to the questionnaire are satisfied with life with the majority of respondents scoring their satisfaction with life between 7 and 10.

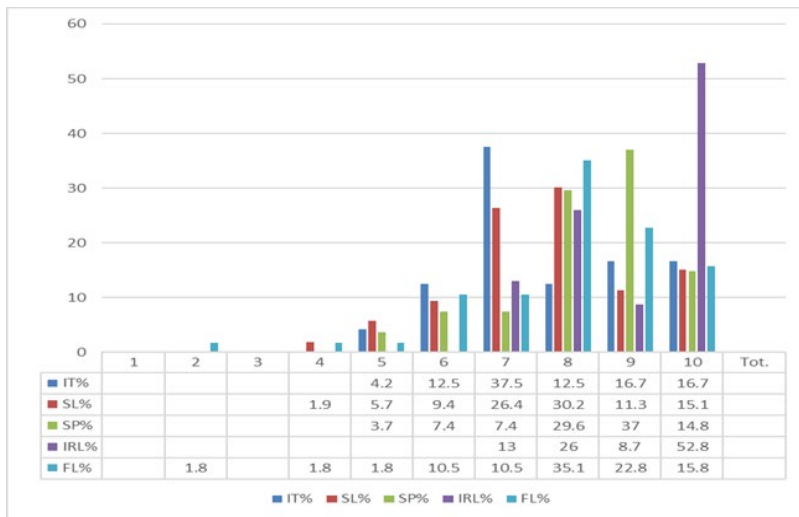


Figure 3: Satisfaction with life

*I don't have to say much more. Thank God I have had a good life and I am well, so are my daughters and grandchildren. It is true that life can sometimes be tough and all of us should pass through it, but my life has nevertheless been good.*

*I am happy with my current life.*

*I am a satisfied elderly person. I value life, I strive to do the right thing. However, as a human being, I make mistakes. I will try to apologize and correct what I can.*

While respondents don't feel old

*Yes, I consider myself older but not old or finished.*

*Years are just numbers.*

*I am young older person.*

*Active, youthful, curious about new stuff.*

*I fall but I get up. I don't feel old.*

When asked to identify the age at which they felt old the majority indicated an age between 70 and 80. While the majority of respondents scored both their Physical and Mental activity between 7-10,

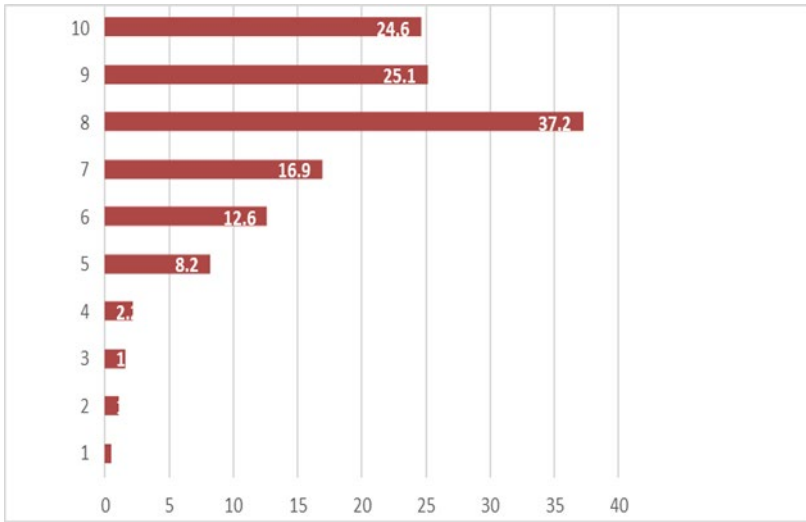


Figure 4: Mental activity -self-scoring

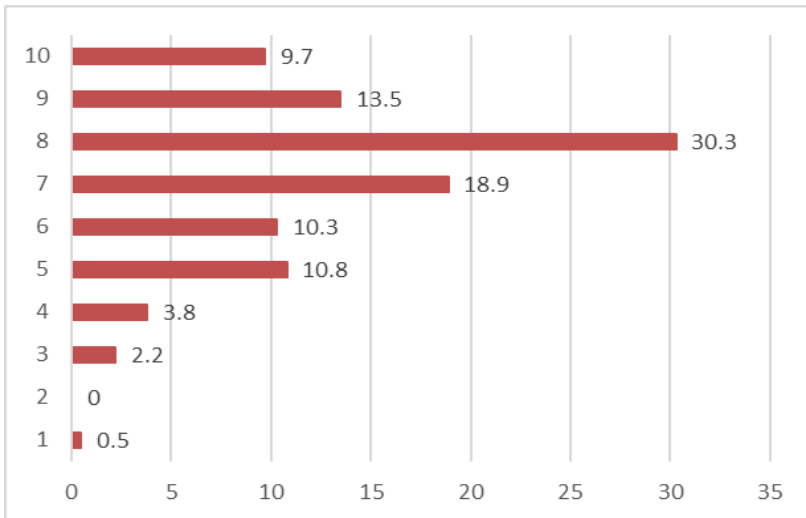


Figure 5: Physical activity -self-scoring

Older age is associated with physical decline and to a lesser extent to memory loss.

*Did not feel old but my joints do*

*I felt old when I didn't have the energy to do physical activities*

*My body doesn't correspond to my mind, I feel young even though I am not*

*I still practice my profession and am usually the oldest of the assembled. There are back problems, shortness of breath.*

*When there are no ailments and you can move, aging is not a problem.*

Major life events such as the death of a partner are also mentioned. Retirement on the other hand does not appear to be a factor in terms of aging and self-perception. On the contrary retirement does not seem to be associated with aging.

*Retirement is still a new thing and in my own senior house I am a bump. I look forward to seeing how I will think a few years from old age and aging. At the beginning, I said that I felt old at a fairly young age and sometimes today I feel even younger than I did then. Life events play a role in this, which is why the experience of old age is so diverse.*

Survey respondents do consider themselves wiser, they repeatedly mention the value of experience acquired

*Age brings wisdom. When people see that I'm old they give me more respect.  
I lived a life of sacrifice and I have so much to tell.  
It's because of my experiences, mistakes made and understood.  
Because life experiences always taught something.*

With experience, respondents also highlight a better capacity for reasoned decision-making and in general more measured interactions with others.

*I am wrong and if I can correct it, I correct it.  
I have seen how words cause problems. I listen more and talk less.  
I don't rush into things, weigh them up before acting.*

While the majority of respondents are to some extent comfortable being older, a reflection on one's own mortality also emerges from the comments. While one respondent humorously comments that being older is "*better than the alternative*", others emphasise their awareness of coming to the end of life and a concern regarding what the future might hold.

*Not exactly comfortable, but life inevitably moves towards getting older. I accept that.  
What made me think I was older is understanding that no one is eternal in life and feeling this knowledge.  
When I was young I felt immortal and now I realize I am not.*

The survey also asked participants to choose the term they felt best described their age group. While the majority of respondents chose the term "older person", the term "seniors" proved popular among respondents in Ireland and Finland. This term is often included in denomination of older groups and societies in Ireland and this might have prompted respondents to favour this term.

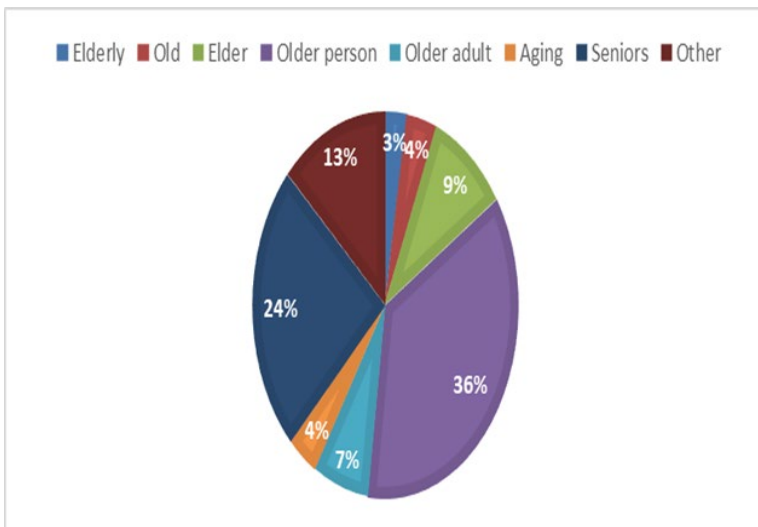
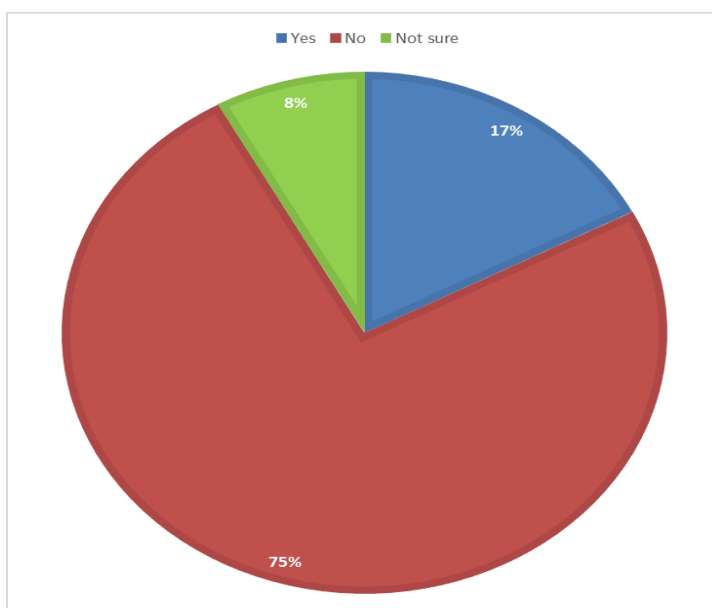


Figure 6: Preferred term



## 2.4 Older age: societal perception and experiences of discrimination

Older respondents when asked if they had experienced discrimination based on their age, highlighted that they did not experience discrimination based on their age. 75% of the older adults surveyed did not believe that they had experienced age discrimination. Yet 17% did state that they experienced age discrimination. The diagram below indicates that the majority of respondents believed that they had experienced little or no discrimination based on age.



*Figure 7: Older adults' attitudes towards experiencing discrimination.*

For the older adults who had experienced discrimination based on age, some comments referred to by them related to age discrimination as being very much present in the media. This was in particular where older adults were frequently represented in a negative way. This was especially related to the fact that ageing and older adults were represented in the media as a burden or a cost to the economy. In contrast, the contribution of older adults within their families and in their communities was not as frequently highlighted either in print or online. Some of the older adults surveyed said that there was not as much representation in the media about their valuable contribution or they were not represented as a resource to their families or the wider community. In contrast, some of the participants believed that the negative representation of older adults was more widely used within the media. One older participant commented that older adults:

*'..... should not be talked about in the media as an expense but as a resource.'*

Some of the solutions provided to address the negative representations of older adults, included promoting the perception that ageing can be a positive time in a person's life. It was suggested that a very effective way to address ageism was 'with education in schools. This is to promote educational programmes in schools which highlight ageing as a positive time in a person's life. In this way, the response from some participants highlighted that issues related to stereotypes on ageing can be addressed with a younger cohort of the population in the earlier stages of their life. Another solution was creating awareness to the valuable role of older adults in volunteering within their communities. One participant said that older adults participate abundantly in various volunteer and association work.' In this way the solution provided to address ageism was perceived to be in the promotion of educational programmes in schools which support positive ageing and in the creation of awareness of the role which older adults make in volunteering in their communities.

## 2.5 Meeting the expressed needs of older adults

The majority of the participants who participated in this survey believed that their needs had changed. For example, in Finland, 70.2% of older adult respondents reported that their needs had changed as they got older, while 22.8 % did not think that their needs had changed. Only 4% of respondents could not say if their needs had changed or not changed.

Some of the comments here related to the expressed needs of older adults included a 'more rest and peaceful lifestyle' and 'the freedom to be yourself.'

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*Your own things are important, your own space, the freedom to be yourself.*

*I need more rest and a peaceful lifestyle than when I was younger.*

Other comments expressed by the older adults included their need to be social and to enjoy another person's company, while for other older adults what was important was solitude.

*For solitude, I would like more company from time to time.*

*Although I am social and enjoy being with my loved ones/friends, I also miss being alone when I can read and be with my own thoughts.*

In terms of meeting the expressed needs of some of the older adults interviewed this was evaluated as meeting their physical and medical needs. For some participants there was a clear need for help with physical symptoms, while others did not recognize their needs to have changed much with aging:

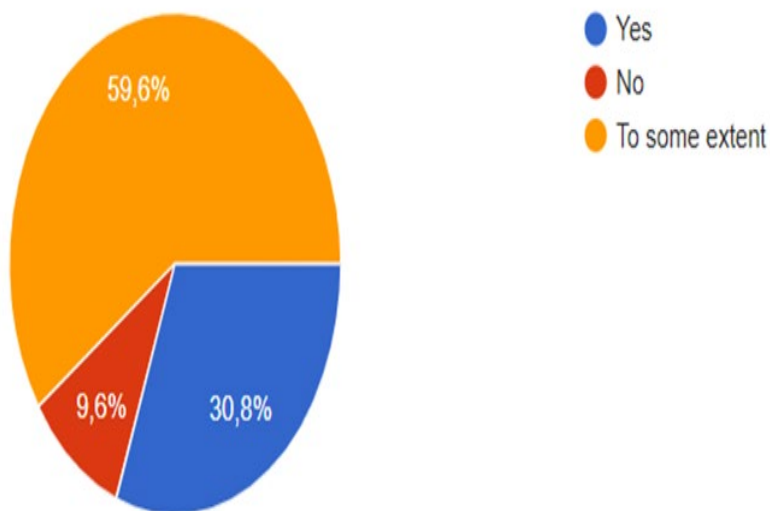
*Joints and vision are worse.*

*More medical services.*

*I actually don't really need anything special after I retired. The need for vitamins may have increased.*

Some of the respondents considered that they had less needs and different needs than when they were young. This was also equated with having less worries and that these were less demanding with age. It was even considered that life was easier as people aged since there was less spending needed for clothes, jewellery, kitchen accessories and body care. Some of the respondents believed that they had become a little slower, more prudent and less active in the field of personal health, healthy diet, healthy lifestyle and transportation. There was greater concern for close people in one's own social network. It was also acknowledged that some of the respondents needs for more social contacts, more peace and attention of relatives had increased as they aged. Some of these needs were evidenced because of the changed life circumstances due to the death of a partner for example or due to some of the respondents travelling more frequently. Some of the respondents noted that they had more time for themselves and more time to devote themselves to spirituality.

When stating whether the company of others addresses their needs, 60% of the respondents are of the opinion that this does address their needs to some extent while 31% that it provides them with their needs, and 10% that it does not.



*Figure 8: Older adults' attitudes towards if their needs are met through the company of others.*

## 2.6 Older adults and social relations

Respondents were asked about whether they are part of society and how they are in contact with others . The survey confirms that respondents feel socially included and that they have people who provide them with necessary emotional support through communication.

82% of respondents who have grandchildren feel that grandparenting has a positive effect on them. Grandchildren keep them healthy, young, giving them joy, happiness, satisfaction, a new lease of life and a sense of usefulness.

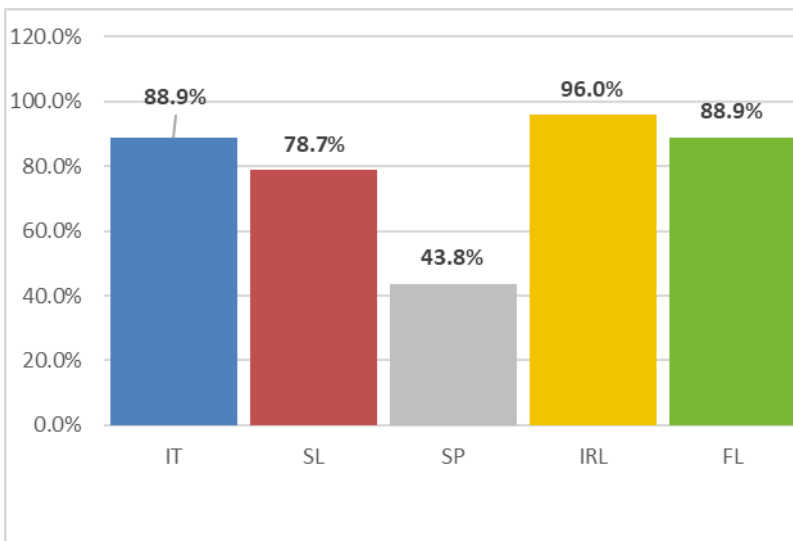
*Much joy and a big satisfaction.*

*Really gave me a new lease of life.*

*They keep you healthy and young.*

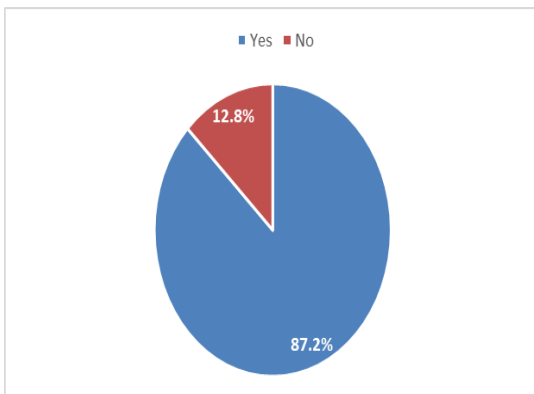
*Made me a very needed person.*

On the other hand, 18% of respondents see a negative effect of grandparenting, where more than half of the respondents felt that there were downsides on becoming a grandparent.



*Figure 9: Positive effect of grandparenting*

During their active age, the majority of respondents perceived their important contribution to society. They showed their contribution through innovation, creativity, productivity and progress. Some of them still feel that way even now in retirement.



*Figure 10: Valuable contribution to society*

The majority of respondents have friends with whom they can discuss intimate and important matters, which is an important part of their social inclusion. Here, it is important that they have the opportunity to talk often enough. 42,1% have conversations most days of the week, and 28% at least once a week. That shows that 70% of respondents have friends with whom they have the opportunity to have important conversations at least once a week. However, there are differences in the frequency of conversations between countries, especially in Slovenia and Finland respondents don't have intimate and important conversations with friends as often as in other three countries.

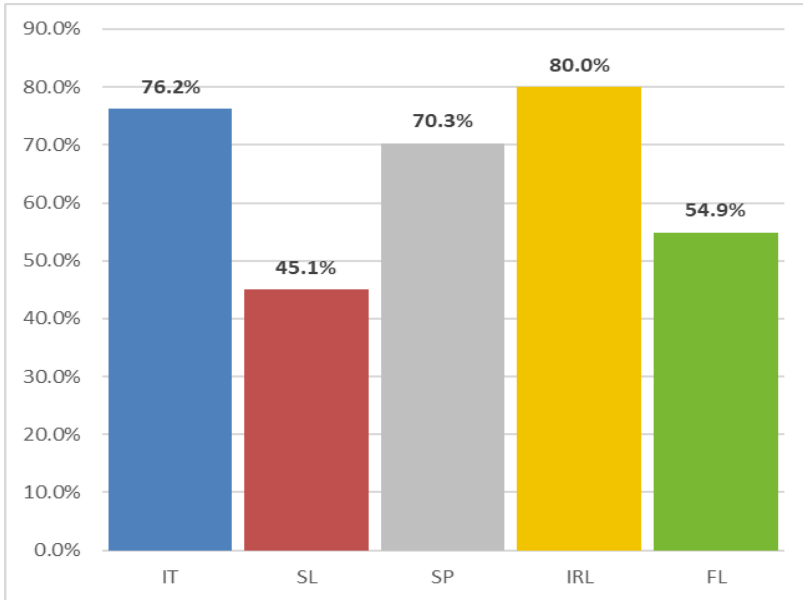


Figure 11: Communication with friends at least once a week

Older adults can also achieve social inclusion through involvement in various activities, so we asked respondents if they are involved in any group activities. We can see that the majority of respondents are involved in group activities. They mentioned mainly sports, music, writing, dancing, cooking and social theatre.

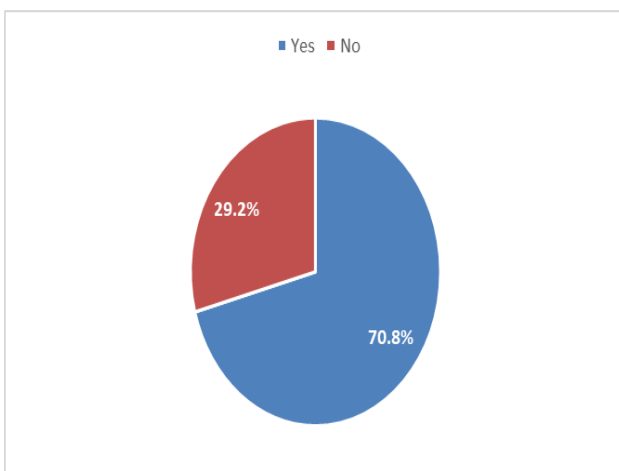


Figure 11: Engaged in group activities

## 2.7 Older adults and creativity

Participants were asked whether they considered themselves creative. While over 64% considered themselves creative, a sizeable portion of respondents (22%) stated that they were not sure.

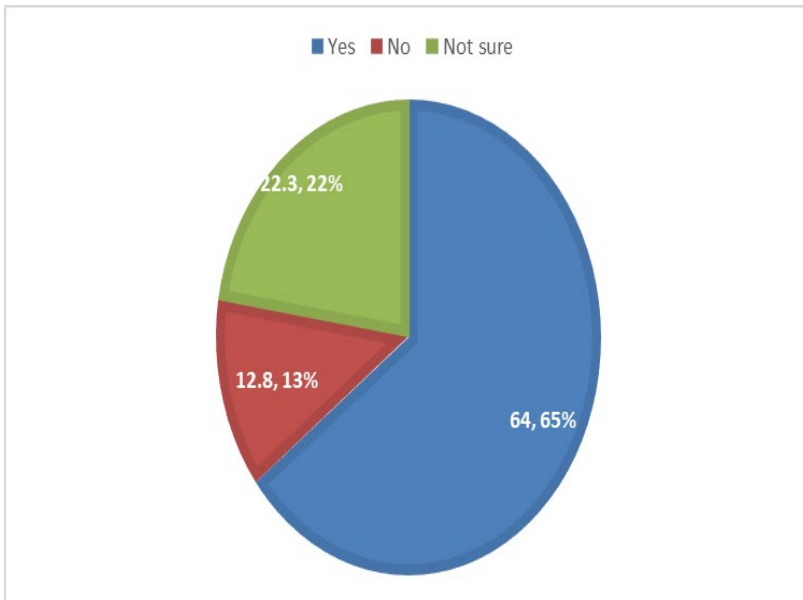


Figure 12: Being creative- self-perception (%)

A sizeable portion of respondents (22%) were not sure as to whether they should describe themselves as creative and this might be due to misconceptions on what constitutes creativity. Also some of respondents mentioned not having time and opportunities for engaging in creative activities, while others mentioned illness as an obstacle.

However, those who elaborated further on their self-perception as creative, suggest an awareness of creativity that goes beyond popularly held views of creativity as equating to arts and encompasses a broader concept as “thinking outside the box” or demonstrating flair in everyday activities in addition to more traditional creative enterprises.

*I am an internet explorer of new content.*

*I do different work.*

*I make with hands, create, knit.*

*I fulfil my wife's ideas.*

*I participate in creation activities and give some initiatives.*

*I try to find something interesting in everything.*

*I am interested in various activities.*

*I have that "something".*

*I always try something new and adapt quickly.*

*I put my products on display at exhibitions*

*I try to solve problems with creativity.*

*I have initiative to do things.*

*I like to do a lot of activities that involve a good dose of imagination.*

Participants are engaged in a range of hobbies, many of which require a certain degree of creativity either as a spectator or as an active participant. While reading appears to be the most popular activity, music (both listening and playing), gardening, cooking and theatre emerge as popular activities among participants with no significant variations in the partner countries.

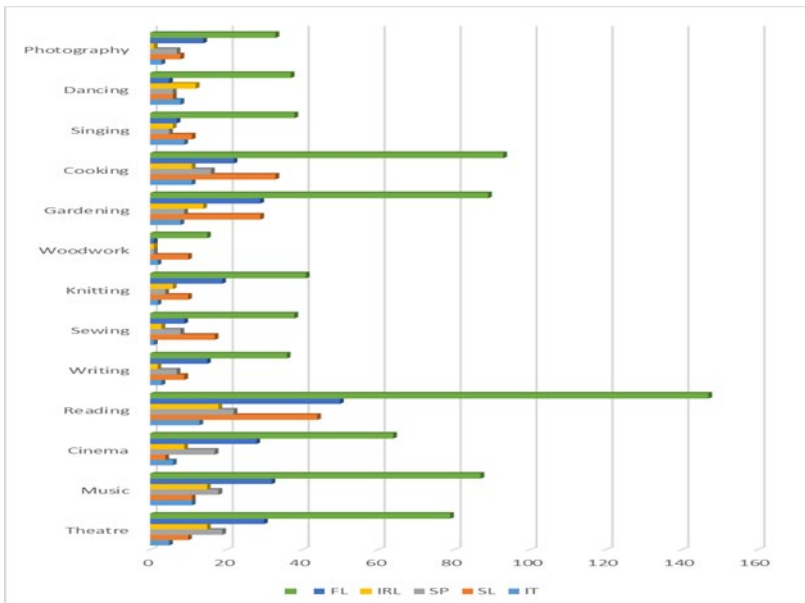


Figure 13: Hobbies (N)

While the majority of respondents in all partner countries considers creativity to be beneficial to older age, participants offered mixed views when asked whether they wished to engage in more creative activities. While in Finland this question was met with an overwhelmingly positive response in other partner countries opinions appear to be divided and lack of time and previously arranged commitments are mentioned as a possible obstacle to engaging in further activities. A diversification of activities which takes into account the specific needs of older adults is signalled by the following comment.

*I already participate in several creative group activities. Maybe discussion groups on different themes would be what I miss the most. Social discussion in particular is largely on social media... it in no way replaces face-to-face discussion groups.*

## 2.8 Summary of findings

In a survey on understanding the needs of persons in older age and how to support their social inclusion we included 189 respondents from Finland, Ireland, Italy, Slovenia and Spain. It was conducted between May and July 2022, some of the respondents were interviewed face to face, some completed questionnaires online. Most of the respondents were female, live in urban area and are between 60 and 75 years old.

The survey result shows that most of the older adults don't feel old yet and are satisfied with their lives. Majority of respondents rated Physical and Mental activity between 7-10. Respondents mostly didn't associate retirement with ageing, but mainly with their state of health.

With this survey we wanted to find out the term that respondents think would be the most appropriate for their age group. The majority of respondents chose the term "older person", only in Ireland and Finland they preferred the term "seniors".

The survey shows that the respondents didn't experience age discrimination, except for some Finnish respondent. The need for awareness on ageing can be promoted and disseminated through educational programmes in schools which support positive ageing and create awareness to the role which older adults make in volunteering in their communities. This is also important for older adults to feel valued in today's society.

The research points out that the needs of the respondents have changed as they got older, they had less needs and different needs when they were young. It was also acknowledged that respondents become a little slower, more prudent and less active in the field of personal health, healthy diet, healthy lifestyle and transportation. That being said, they want more social contacts, more peace and attention from relatives. Most of the respondents are of the opinion that society addresses their needs to some extent.

We thought it important for social inclusion that the majority of respondents have friends to whom they can discuss intimate and important matters, and most of them confirmed seeing them at least once a week. The majority of respondents are also delighted by their grandchildren, who keep them healthy, youthful and active.

It is also important that most of the respondents are involved in group activities that are crucial for maintaining their social inclusion. For most, these are activities such as sports, music, writing, dancing, cooking and social theatre.

According to the project results, we also focused on creativity, where a slight majority consider themselves to be creative. Respondents are involved in a range of creative activities such as reading, cooking, theatre, music, gardening. The majority considers creativity to be beneficial to older age and they are willing to take part in group activities with younger people.



## 2.9 Recommendations

While the vast majority of participants did not experience social exclusion, this was chiefly attributed to solid networks such as family and friends. This network, together with the participation of older adults in groups which were designed to address their needs, helped many of the older adults to stay socially included instead of feeling socially excluded or disconnected. It should be noted that the vast majority of respondents who participated in our questionnaire were aged between 60-75 and this was at the younger end of our chosen population. Our findings note that the older age group aged 76-100 for example were not well represented in our research. More studies will need to be undertaken to highlight the needs of this cohort of the ageing population. It is also important to note that when activities are planned these should be inclusive and accessible to the older ageing population. This is an older population who might also have issues in terms of physical and cognitive well-being and their needs should be addressed similar to the needs outlined in this research for the 60-75 age group.

Our project objectives highlight how it is both interesting and necessary to involve older adults in activities which are multicultural and intergenerational in their design and implementation. This is to develop and promote authentic understanding and exchange in terms of dialogue between younger and older adults. It is fundamental to understand each other's needs and hopes and in the process to provide an opportunity for both older and younger people to come to know each other. This is especially relevant in our communities across Europe where older and younger people from different cultures, languages and backgrounds do not have an opportunity to come to know and understand each other in their local communities.

Our findings highlighted that there was a large number of older adults who are not sure if they can consider themselves creative. This project believes that creativity can be understood in the wider context of engaging in creative tasks such as cooking, gardening, and a wide variety of creativity experienced for example through drama, singing, arts and crafts and a variety of creative opportunities. Creativity is a way for people of all ages to come to know and understand each other. It is therefore important to build on developing opportunities for both older and younger people to be engaged in creative opportunities together. This is to help them to build confidence and trust in their ability to be creative. At the same time it affords them the opportunity to be socially engaged and to come to know people of different age groups through dialogue together. These creative opportunities provide an opportunity for older adults to continue to be both mentally and physically active. It also enables them to see their valuable contribution not regardless of but because of their age and life experiences.

In terms of the willingness and opportunities for older adults to engage in creative opportunities, this currently varies across countries in terms of what creative opportunities are available to them to participate in contrast to what creative opportunities are not available to them at all. The challenge for us within this project is to make creative activities available to a diversity of older adults. These are creative activities which are also inclusive of younger people. The key aim is to create these opportunities which are appealing to older adults. This is to tap into their own creative talents and in the process to enable them to stay active in terms of physical and mental stimulation. In the process, it is to provide an opportunity for them to meet with younger people. In this way it is to develop their confidence and sense of self-efficacy and self-worth in their own communities. The findings of our research will be beneficial to policy makers and to a wider cohorts of our ageing populations across Europe. This is to research the benefits of the engagement of older and younger people in creative activities together. This is relevant to their understanding of each other and in the process, it is relevant to their overall health and well-being.

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