

Bundesarbeits-  
gemeinschaft der  
Seniorenorganisationen



bagso

Position Paper

# Now more than ever!

Improving the living conditions  
of older persons

## Overview of key demands

- 1.** Germany has to be better prepared for crisis and emergency situations. The special living conditions of older persons must be taken into account.
- 2.** Gaps in the provision of municipal public services have to be closed. Senior citizen's work and care services for older persons require a binding legal basis.
- 3.** Health has to be established as a guiding principle in all policy areas. Access to health promotion and prevention must be ensured even in times of crisis.
- 4.** Engagement and participation need reliable structures to ensure that they will not be left to chance even in times of crisis.
- 5.** In- and outpatient care is not sufficiently prepared for times of crisis. The care system must be fundamentally reformed.
- 6.** Dying with dignity must be possible in all care structures, even in times of an epidemic.
- 7.** The provision of access to the Internet is a part of public services. Germany needs a "Digital pact for older age".
- 8.** Older persons must not be patronised. Their voice and engagement are indispensable.
- 9.** Legal protection of older people must be improved.
- 10.** Germany needs to pioneer sustainable development in order to prevent future crises. All generations are called upon to make their contribution.

The COVID-19 pandemic is affecting people of all generations, in all countries worldwide.

Since March 2020, BAGSO, the German National Association of Senior Citizens' Organisations, has repeatedly expressed its views on the effects on older people in Germany, identifying problems, putting forward proposals and formulating demands – and thereby contributing to overcoming the crisis.

The global infection figures – including the development in Germany and other European countries – make unmistakably clear that the pandemic is not yet over. Only the sought-after vaccines will possibly provide the necessary protection. But that will take time. When it comes to the approval of vaccines and medicines, solidity and diligence take precedence over speed.

But simply waiting and seeing is not a viable option. Some lessons can already be drawn from the course of the pandemic in our country to date, or at least searched for – to help us handle the on-going COVID-19 situation and possible future crises as well. The starting point for our considerations is the following:

All generations are jointly responsible for reasonably managing the risk of being infected themselves and infecting others. Personal protection and consideration for the health of others must determine our behaviour.

The vast majority of people in Germany are behaving responsibly by being rational and considerate. Especially persons with pre-existing conditions, including many older people, are aware of their own vulnerability. Accordingly, they are acting cautiously, also bearing in mind the protection of others. They are showing calm and solidarity in the face of this threat. In a video statement at the beginning of July 2020, German Chancellor Angela Merkel therefore quite rightly expressly thanked older people for their stance.

The coronavirus pandemic has cast a spotlight on the living situation of older people and made existing ills visible to all. It has accelerated developments and revealed the areas where reforms in ageing policy are urgently needed in order to sustainably improve the living conditions of older people and to be better prepared for future crises.

**1. Germany has to be better prepared for crisis and emergency situations. The special living conditions of older persons must be taken into account.**

Thinking through crisis and emergency situations and drawing up pandemic plans is not sufficient. It is crucial that precautionary measures are laid down in law and implemented accordingly: the creation of medical and pharmacological supply capacities, the provision of protective equipment and other materials, and the planning of additional workforce support in sensitive areas.

Such crisis preparedness planning must exist at the national, regional and local levels. For this purpose, a coordination office has to be set up in each urban and rural district. An exchange of knowledge and experience at the national level and, if possible, also at the international level must be ensured. The current crisis has also made clear that the public health service, especially the health offices, urgently needs better staffing and equipment.

In general, older people are particularly hard-hit by the implications of a crisis and disaster situation, especially if they live alone or in precarious conditions or if their ability to act is limited due to illness, disability or need for care. The German disaster control systems must be adapted to the special needs of these target groups – also in view of the large number of vulnerable persons. Those in charge of crisis management and stakeholders in the health and care sectors must receive appropriate training. It is crucial that both areas are more closely interlinked in order to improve the ability to respond to crisis situations. Thus, responsible persons from the care sector should, on principle, be assigned to the local coordination offices.<sup>1</sup>

The coronavirus pandemic has clearly shown that in a crisis, nursing homes, outpatient care services and family carers need to be provided with all the necessary supplies just as quickly as hospitals, given the particular vulnerability of people in need of care. As part of crisis preparedness planning, they

must be taken into account with special consideration. Moreover, particularly in times of crisis, external quality audits in nursing homes, including inspections by the Medical Service of the Health Funds (*Medizinischer Dienst der Krankenkassen, MDK*) and the state home supervisory authority, are tasks of crucial importance. These must be ensured at all times.

**2. Gaps in the provision of municipal public services have to be closed. Senior citizen's work and care services for older persons require a binding legal basis.**

Older people are particularly dependent on a functioning infrastructure within their municipality. This concerns the supply of necessary goods and services as well as all offers that contribute to a healthy and active lifestyle. Age-friendly structures such as accessible buildings and neighbourhoods, accessibility of necessary infrastructure and offers for maintaining social contacts also promote solidarity and benefit all generations.

Such structures are to be designed to promote the health, well-being, and social participation of older people. To this end and as part of their local senior citizens' policy, local authorities must take up initiatives in order to network local players and give greater weight to outreach work in terms of support, health promotion and prevention.

<sup>1</sup> Cf. Institute for Work and Technology of the University of Applied Sciences Gelsenkirchen, ad hoc study, 2020: <https://www.iat.eu/presse/2020/altenpflege-und-corona-pandemie-10072020.html>.

To enable activating ageing policy at the local level aimed at maintaining independence and participation, a nationwide binding regulation is indispensable. The legal protection of senior citizens' work as a municipal statutory duty, as already called for in the 7th Government Report on Older People, must be implemented and the municipalities be provided with the necessary resources. In BAGSO's view, this is an absolute prerequisite for the creation of equivalent living conditions.

The active inclusion and political participation of older people, e.g. through the involvement of senior citizens' representatives and advisory councils or the establishment of other forms of participation, is vital for municipal senior citizens' policy to be successful. What is more, such policy at the local level is a task that requires interdepartmental cooperation. This is especially true in times of crisis.

**3. Health has to be established as a guiding principle in all policy areas. Access to health promotion and prevention must be ensured even in times of crisis.**

During the coronavirus crisis, it has become evident that individual health literacy is essential in order to be able to take health-promoting action during the pandemic. Health literacy includes the ability to inform oneself about health and illness in everyday life and to make decisions that are beneficial to health. This must be improved

through appropriate health promotion and prevention measures.

Even before the COVID-19 crisis, health promotion and prevention services were inadequate and far from being available to all older people across the country. During the pandemic, many projects were scaled back or discontinued altogether – despite increased health risks. This also affected preventive medical check-ups as older people made less or no use of them – in part out of fear of infection.

In line with the World Health Organization's call for health to be taken into account as a guiding principle in all policy areas ("Health in all policies"), it is essential that living, working and environmental conditions be designed to promote health. In order to grow older in good health, a health supportive living environment is needed.

In addition, it is imperative to create nation-wide services that make it as easy as possible for older people to "choose health". What is needed are offers of physical exercise, healthy nutrition and psychosocial well-being that take into account the different life situations of older people. Special concepts must be developed to address vulnerable groups, such as persons with low educational opportunities and older migrants who are more frequently affected by illness. Instead of temporary projects, long-term structures need to be put in place.

In times of crisis, the local coordination offices (cf. point 1) must be responsible

for maintaining health promotion and prevention services or creating new, tailored ones in cooperation with all relevant local players such as sports clubs. In addition, it must be ensured that older people, and in particular those in need of care, have access to medical, dental and therapeutic care, regardless of the form of housing they live in.

#### **4. Engagement and participation need reliable structures to ensure that they will not be left to chance even in times of crisis.**

Experience from the COVID-19 crisis has shown how important social participation is for all age groups. Personal networks of relatives and friends, including the immediate neighbourhood, are a particularly precious resource for crisis management. During the period of restricted contact, the numerous spontaneously organised offers of help and support in the neighbourhood have shown how systemically relevant civil-society engagement is for society as a whole. In places where voluntary structures had received long-term support, help could be organised particularly quickly and reliably.

A large part of the supporting offers in institutions, homes, projects and initiatives depends on the engagement of older people. Without it, the risk of isolation increases for all those involved. Concepts are needed to ensure that engagement can be practised or resumed despite the state of crisis.

The opportunity to get involved should not be tied to one's chronological age. This applies to both paid and unpaid activities. A vibrant civil society cannot do without active and engaged people in their post-work phase.

Local authorities are tasked with promoting the participation of older people and encouraging them to represent their interests in a self-determined way. This also includes educational opportunities. A particular challenge is to also involve those who are impossible or difficult to reach with the usual means of address. This includes, for example, older people with physical or mental disabilities, with low income or poor educational opportunities. Older migrants and people who suffer from loneliness have also been given too little attention so far.

Furthermore, conditions must be established to ensure that contact, networking and activation are made possible by digital means as well. Institutions, associations and initiatives need both appropriate digital equipment and the skills to use and impart skills to others. Covering the basic food needs of people – as seen during the coronavirus crisis – and enabling their social participation must not be dependent on the coincidental existence of individual projects or creative offers from committed individuals. As part of an activating local senior citizens' policy, which also builds on the potential offered by older people, the promotion of engagement, neighbourly help and self-help plays a central role. Every municipality should provide a sustainably financed, full-time contact point for

the coordination and support of civic engagement, to ensure social participation for all ages and to coordinate engagement even in times of crisis. Established partners could include local senior citizens' offices, voluntary agencies, multi-generation houses, senior citizens' representatives and advisory councils.

A key task of the German Foundation for Civic Engagement and Volunteer Work (*Deutsche Stiftung für Engagement und Ehrenamt*) should be to support the municipalities in this task, in order to strengthen local structures or – where these are still completely lacking – to establish them through initial funding.

**5. In- and outpatient care is not sufficiently prepared for times of crisis. The care system must be fundamentally reformed.**

The COVID-19 crisis has exposed the existing shortcomings in the care system and highlighted the fundamental need for reform. It has become apparent that both home and inpatient care are not sufficiently prepared for situations of crisis. The following aspects and demands should therefore be rapidly introduced into legislation together with the further decisions of the "Concerted Action on Nursing" scheme (*Konzertierte Aktion Pflege, KAP*):

**a. Family carers need more recognition and support.**

Of the 3.4 million people who depend on care in Germany, 2.6 million are cared for at home, most of them by their relatives only. For the most part, this work is done by women. Since the beginning of the coronavirus pandemic, the closure of day care and short-term care facilities and the departure of foreign support staff, amongst other things, has led to the loss of respite care services. Family carers have often been left to their own resources. First studies confirm that they were under considerable strain during the pandemic and that in many cases the care situation deteriorated.<sup>2</sup> This also includes the increase in conflicts between those in need of care and caring relatives.

The pandemic has again highlighted that family carers need much more public recognition and political support. The reconciliation of care responsibilities and professional life is in urgent need of improvement. The cornerstone here must be a care leave similar to parental leave. Against the background of the high psychosocial strain on family carers, all municipalities need well-integrated counselling and support services that can take immediate action when urgently needed (e.g. "emergency aid teams"). These should also provide care households with free household-related services such

<sup>2</sup> Cf. Vincent Horn, Cornelia Schweppe, Häusliche Altenpflege in Zeiten von Corona: Erste Studienergebnisse [Home care in times of COVID-19: First study results], Johannes Gutenberg University 2020: [https://www.sozialpaedagogik.fb02.uni-mainz.de/files/2020/07/Studie\\_JGU\\_H%C3%A4usliche-Pflege-unter-Corona.pdf](https://www.sozialpaedagogik.fb02.uni-mainz.de/files/2020/07/Studie_JGU_H%C3%A4usliche-Pflege-unter-Corona.pdf). Cf. Zentrum für Qualität in der Pflege, Pflegende Angehörige in der COVID-19 Krise: <https://www.zqp.de/wp-content/uploads/ZQP-Analyse-Angeh%C3%B6rigeCOVID19.pdf>.

as shopping assistance. It should also be examined to what extent the flexibility of services provided during the COVID-19 crisis can be maintained in the long term. In the event of a future epidemic, all care households must be provided with sufficient protective supplies as quickly as possible.

**b. Fundamental rights must be respected in times of crisis as well.**

Restrictions on leaving and visiting nursing homes have been and still are considerable encroachments on the fundamental rights of those affected. There has not always been and is not always an adequate legal basis for these measures.<sup>3</sup> In addition, some facilities temporarily prohibited contact between residents and their stay outside of their own rooms. Even after the number of infections had fallen significantly, protection against infection was often given absolute priority over the needs for social proximity, freedom of movement and self-determination of those affected. Too little attention was paid to the negative effects of isolation on residents' health.

Politicians have either not taken any responsibility for the risks involved in preventing people from becoming mentally ill or even "dying of loneliness", or have been very reluctant to do so. For a long time, and in some cases to this day, they have instead left it to the discretion of the facility management to decide to what extent residents may receive visits from their

relatives or else from volunteers. In this situation, many of those in charge opted for rigid infection protection and against the residents' rights of freedom – also with a view to possible criminal liability. Even though in many facilities the staff have made a great deal possible, this has led to an untenable situation for the majority of those affected and their relatives that was detrimental to their health and persisted for weeks and months on end. Residents, their relatives and the home advisory boards have rarely been involved in such decisions, which are fundamental to the quality of life. In order to ensure a proportionate approach in the future, there is an urgent need to clarify to what extent restrictions on movement and visits to nursing homes are permissible and who is entitled to decide upon them. In addition, it is crucial that residents are involved in the concrete implementation of the legal requirements on site through their representatives.

**c. The situation in inpatient care must meet the needs of the residents.**

The lessons learned in inpatient facilities during the coronavirus crisis call for the further development of care concepts and the promotion of more diverse forms of housing.

The majority of older persons wishes to remain integrated into their social environment even if they need care. In recent years, many nursing homes have

<sup>3</sup> Cf. Friedhelm Hufen, Verfassungsrechtliche Grenzen der Isolation von Bewohnern in Alten- und Pflegeeinrichtungen [Constitutional limits to the isolation of residents in nursing homes and care facilities], *Gesundheit und Pflege (GuP)* 2020, p. 93 ff.



already opened up to the neighbourhood and are cooperating with local institutions. During the COVID-19 crisis, this has led to supporting activities in some places. In order to promote the integration of nursing homes into the social space, embedding these in municipal structures should become a legal obligation for operators of care facilities for older persons.

The coronavirus pandemic has brought to light a development in nursing homes that has been noticeably gaining in importance for some years now: Increasingly, people in need of care are only admitted to an inpatient facility once a higher need for care has been reached. This places particularly intense demands on the nursing staff, which is all the more true when residents in need of long-term care develop cognitive weaknesses or even dementia. During the pandemic, it was and still is very difficult or impossible to convey to this group of residents, why protective measures, ranging from physical distancing to voluntary quarantine are necessary. This group in particular needs special attention and care in nursing homes, under normal conditions as well. This includes offers for cultural and social participation, which require adequate staffing.

Experience at both national and international level shows that alternative forms of housing and care, such as assisted living and innovative care models, for example on a farm, can be a suitable way of enabling older people in need of care and with different support needs to live together. The COVID-19 crisis calls for more consideration of promoting such inclusive

and small-scale forms of housing. The aim must be to better meet the individual needs of older people and those in need of care, to promote interaction and thus improve the quality of life.

**d. The working conditions in professional care must now finally be improved.**

The coronavirus crisis has demonstrated yet again that good nursing care can only be guaranteed with sufficient and skilled nursing staff. Even under normal conditions, the workload in care is already very high and has been even higher during the pandemic, due to the implementation of necessary protective measures. In view of the risk of infection, nursing staff also work under high psychological pressure. The services provided by them during the pandemic cannot be appreciated highly enough.

“Working at the limit” cannot be the rule. In addition to more nursing staff, appropriate working conditions are required to make the caring profession more attractive. Important factors include the introduction of flexible working time models and demand-oriented staffing ratios, organisational and personnel development (e.g. new distribution of tasks between doctors, qualified nurses and nursing assistants) and digital equipment, especially with assistive technologies already available. Such improvements can make a significant contribution to ensuring staff continuity in all forms of care provision.

One-off bonus payments like those made during the pandemic are not enough to give financial recognition to professional

care work. Instead, it is essential to pay appropriate wages on the basis of binding collective agreements without further increasing the personal contributions by those in need of care. A sustainable reform of the nursing care insurance system is therefore urgently called for.

### **6. Dying with dignity must be possible in all care structures, even in times of an epidemic.**

The crisis has highlighted how poorly our health and care system is prepared for dignified dying. This became most apparent when people had to die alone because relatives were denied access to the hospital or nursing home. In many places, voluntary hospice services and contact with pastoral workers were not possible either. As a result, people were left alone in a phase when they were in special need of protection and support.

To prevent such a scenario in the future, nursing homes and hospitals – where this has not yet happened – must develop a culture of dying and bidding farewell. This includes appropriate space and personnel conditions for a death with dignity. For hospitalisation in the last days of life, the will of the patient is decisive. The aim must always be to allow individuals to die where they are adequately cared for and accompanied according to their wishes.

In view of the increased number of residents with high needs for care and short remaining life expectancy, nursing homes must be supported in the establishment of structures that enable intensive end-of-

life assistance based on the experience of the hospice movement. This must be firmly anchored as part of the care and support mission of nursing homes.

Palliative medical and nursing care must be urgently expanded throughout Germany in order to improve the quality of life and self-determination of persons in their final phase of life. This includes the need to implement the statutory right to specialised outpatient palliative care (*Spezialisierte Ambulante Palliativversorgung, SAPV*) in a standardised way in all German federal states. Hospice and palliative care staff must be deployed to a greater extent than in the past to accompany the dying in inpatient facilities and as outpatients in their own homes. A stronger networking of the stakeholders will then make it easier to cope with supply bottlenecks in times of crisis.

### **7. The provision of access to the Internet is a part of public services. Germany needs a "Digital pact for older age".**

Those with access to the digital world and the ability to navigate the Internet competently had greater opportunities to maintain contacts, obtain everyday necessities, stay well informed and enjoy entertainment at home, even during the COVID-19 pandemic. In Germany, nine million older "offliners" are excluded from the opportunities offered through digitalisation comprising above-average numbers of very old people, women, persons living alone, people with low income, little formal education or with a migrant background.

Starting out in digital media because of the crisis has often proved too difficult for beginners. In addition, learning opportunities in adult education centres, multi-generational houses, community centres and libraries, which impart technical and media competence to older people, had been lost during the strict restrictions on contact.

Access to the Internet and to Internet-based services has become an indispensable part of public services, as was also ascertained by the expert commission of the 8th Government Report on Older People. BAGSO is therefore calling for a provision of basic digital services in all forms of housing for older people, including in care facilities. In addition to the nationwide expansion of broadband, it is necessary to provide Internet connections, equip people with low incomes with the necessary digital devices and provide access to learning facilities and contact persons. Moreover, the acquisition of digital skills must be promoted much more strongly than in the past, as must media skills, which are essential for assessing the reliability of information. Low-threshold learning and training opportunities for older people must be made available throughout the country. Initiatives by volunteer Internet assistants need a reliable framework. Spaces for experiencing and testing new technologies must be set up in all municipalities. This should be part of a comprehensive education strategy within a “Digital pact for older age” – similar to the “Digital pact for schools”.

The acquisition of technology must not be an end in itself, but must serve to improve the quality of life in older age. Even in times of crisis, participation in social life must not depend on access to digital media.

#### **8. Older persons must not be patronised. Their voice and engagement are indispensable**

In the public debate during the COVID-19 crisis, older persons were often generally referred to as a “risk group” or encouraged to voluntarily self-isolate. This debate was marked by paternalism, and the assessment of older people was rarely consulted. Old age was associated solely with notions of the need for protection and help, with vulnerability and frailty. This led to stigmatisation, which many older people rightly felt to be discriminatory and patronising. It overlooked the fact that older people are often very well able to psychologically cope with such crisis situations due to their life experience.

On the dangerous assumption that they themselves were not at risk from a serious course of illness, many younger people, in contrast, felt like victims of the restrictions imposed by the political authorities, supposedly to protect older people alone. This put a strain on the relationship between the generations, not least through partly inconsiderate communication by politicians and the media, especially at the beginning of the pandemic.

Undifferentiated images of older age and older people are discriminatory and have a negative effect on self-perception. They are a threat to social cohesion and impede the much-needed engagement of older persons.

Politicians, the media and civil society are called upon to recognise the many different living circumstances of older people and to appreciate their diversity, especially in times of crisis, and to put this forth in the public debate. Older people have the right not to be ascribed to a supposedly homogeneous group solely on the basis of their age. Even in times of crisis, the right to self-determination and self-responsibility of older persons must be respected. This also includes not talking about older people exclusively, but letting them have a say – their voice and engagement are essential for maintaining a vibrant civil society.

### **9. Legal protection of older people must be improved.**

Especially during the first phase of the COVID-19 pandemic, fundamental rights were restricted in ways not previously experienced in the Federal Republic of Germany. In the future, decisions such as banning visits to nursing facilities must not be taken by the executive or even by private institutions alone. Even in times of crisis,

mechanisms are needed to ensure public control and parliamentary decision-making on such matters.

Discussions about the allocation of scarce medical resources (“triage”) proved that it is necessary to highlight and strengthen the human rights of older people. Particularly to serve as a yardstick for interpreting laws and ordinances, BAGSO considers it crucial that the characteristic “age” be added to Article 3 of the Basic Law. This would benefit young and old people alike.

Even though the vast majority of older people are not in need of help and care, there are periods of life when the entitlement to state protection becomes more important. The current crisis has once again clearly demonstrated that preventive mechanisms must also be in place in adult protection, just as they have proved their worth in the protection of children and young people. Regular inspections are needed both in nursing homes and in the home-based care sector, as well as powers of intervention by the authorities and courts in suspected cases.

To improve the protection of the human rights of older people worldwide, BAGSO supports the development of a UN Convention on the Rights of Older Persons as a legally binding instrument.<sup>4</sup>

<sup>4</sup> In a video message on 1st May 2020, UN Secretary General Antonio Guterres drew attention to the risk of human rights violations against older people in the wake of the COVID-19 crisis: <https://www.youtube.com/watch?v=GDEchni3k5s&feature=youtu.be>.

**10. Germany needs to pioneer sustainable development in order to prevent future crises. All generations are called upon to make their contribution.**

Global developments determine our daily lives, our actions and our living conditions more than ever before. The coronavirus pandemic might also be the result of actions that are not based on sustainability. Such developments therefore call on us more urgently than ever to reflect on the ecological, social, and economic fabric and to renegotiate it in a dialogue between the generations.

The 17 sustainable development goals of the 2030 Agenda, which were adopted by the United Nations in 2015, offer a suitable framework for action. BAGSO is committed to the global goals and is engaged in the dialogue between the generations to create a world fit for the future.

The radical changes brought about by the pandemic also offer opportunities for reflection and reorientation. They must not be squandered by a return to old, obsolete routines that may lead to further crises in the long term. The COVID-19 pandemic taught us that there are things we can do without.

This is where all of us – the young and old – need to join forces. Older people feel jointly responsible for providing future generations with a world of good living conditions. For this reason, many support the demands of the younger generations for compliance with the Paris Climate Convention. Politicians

in particular are called upon: Germany has a global responsibility to contribute to securing a sustainable future of the planet. Existing action plans must be implemented and constantly reviewed, especially as to the extent to which concerns of older people are accounted for.

When European borders were closed and national interests were focused on at the beginning of the pandemic, it became evident how important and at the same time fragile the European Union and other global alliances such as the United Nations are. At the same time, we have also seen that states cannot solve crises on their own and that we must step up our efforts to build a united Europe and a world of solidarity. Today's older people know the value of peace and international understanding. They need to pass this knowledge on to the younger generations.

**Final remark**

We have gathered the important lessons learnt this year, making use of expert advice from our member organisations. The effects of the pandemic have led to serious consequences and now need to be addressed. Proposals for improvements are not an imposition, but indispensable. Even the best pandemic precautionary measures will not prevent disasters unless, in pandemic-free times – which hopefully will soon be normality again – structural deficiencies are remedied which otherwise cannot be satisfactorily controlled in an emergency.

*17th September 2020*

## BAGSO – The voice of older people

BAGSO, the German National Association of Senior Citizens' Organisations, represents the interests of older generations in Germany. It stands up for active, healthy and self-determined ageing in social security. BAGSO is an umbrella organisation of about 120 civil society organisations that are run by or work for older people.

In a colourful and diverse society, BAGSO promotes a differentiated image of old age. This includes both the various opportunities arising from longer lives as well as times of vulnerability and the need for care. BAGSO calls on politicians, society and businesses to offer conditions that allow for a good and

dignified life in older age – in Germany, Europe and worldwide.

At the United Nations, BAGSO is actively involved in the development of a UN Convention for Older People. BAGSO is also a member of the Global Alliance for the Rights of Older People (GAROP), an international alliance of over 200 civil society organisations that advocates for the rights of older people. BAGSO's Secretariat for International Policy on Ageing provides information on current international developments in ageing policy and contributes the interests of civil society to international processes.

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