

FUTURAGE

A ROAD MAP *for* AGEING RESEARCH

Stakeholder Workshop 2 Report

18 May 2011

London, United Kingdom



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1 Introduction

It is my pleasure to welcome you, on behalf of the FUTURAGE project, to the report for the second FUTURAGE Stakeholder workshop. The workshop was for research funders and policy makers and other key stakeholders to contribute to the development of the Road Map for Ageing Research. The objectives of the workshop were:

- To present the draft major multi-disciplinary research themes and priorities
- To gather feedback about the draft themes and ageing research priorities
- To discuss what other actions are necessary to implement the Road Map

FUTURAGE has responsibility for creating the definitive Road Map for Ageing Research which is intended to guide European research in this field over the next 10-15 years. The project will identify the main priorities for research on ageing based on the widest possible consensus between scientists and research end users, including older people and key stakeholders ranging from policy makers to product producers and retailers.

The process started in October 2009 and six stages of consultation on the Road Map have been completed so far, gathering inputs from around 700 scientists, researchers, practitioners and policy makers from across Europe.

Through this process the project outputs which will form the Road Map have been continually revised and refined.

This meeting is the first time the draft research themes and priorities have been opened to stakeholder consultation, and the input received during it has formed a key part of the FUTURAGE process.

I hope that you find the report informative and stimulating.

Alan Walker
Director – FUTURAGE

2 Programme

Venue: Radisson Edwardian Bloomsbury Street, London, United Kingdom

Chair: Professor Marja Jylhä, University of Tampere

8.45 Registration & refreshments

9.30 **Opening and welcome**
Marja Jylhä, University of Tampere

9.35 **FUTURAGE: Towards the Definitive Road map**
Alan Walker, FUTURAGE Coordination Team

10:00 **Key Themes of the Road Map I**

A) Healthy ageing for more life in years - *Carol Jagger, Newcastle University, United Kingdom*

B) Maintaining mental capital across the life course – *Alan Walker, University of Sheffield, UK and Hans-Werner Wahl, Heidelberg University, Germany*

C) Active ageing: inhibitors and facilitators – *Carlos Chiatti, INRCA, Italy and Hans-Werner Wahl, Heidelberg University, Germany*

D) Unequal ageing and age-related inequalities – *Carol Jagger, Newcastle University, United Kingdom*

11.00 Break and refreshments

11.30 **Key Themes of the Road Map II**

E) Social participation and F) Social protection - quality and sustainability – *Giovanni Lamura, INRCA, Italy/ European Centre for Social Welfare Policy and Research, Austria*

G) Attitudes and ageism – *James Goodwin, Age UK, United Kingdom and Alice Sinigaglia, Age Platform Europe*

H) Places and context – *Torbjörn Svensson, Lund University, Sweden*

12.30 Lunch

13.30 **Break out groups**

Group 1 – Themes A and D: Healthy ageing/Unequal ageing and age-related inequalities

Co-chairs: Renate Heinisch, EESC, EU/Carol Jagger, Newcastle University
Rapporteur: Tina Bonora, Austrian Academy of Sciences, Austria

Group 2 – Themes E and F: Social protection/Social participation

Chair: Asghar Zaidi, European Centre for Social Welfare Policy and Research, Austria

Rapporteur: Matthew Norton, Age UK, UK

Group 3 – Themes B and C: Mental capital/Active ageing

Chair: Anne Martin-Matthews, CIHR-IA, Canada

Rapporteur: Juliet Craig, FUTURAGE Coordination Team, UK

Group 4 – Themes G and H: Attitudes and ageism/Places and context

Chair: Roger O'Sullivan, CARDI, Ireland

Rapporteur: Madeleine Thornton, Age UK, UK

15:15 Break and refreshments

15:45 **Plenary discussion**

Break out group feedback on general issues and discussion

16:15 **Close**

3 Summary of presentations

The Forum meeting was opened with a welcome from the Chair, Prof Marja Jylhä , who introduced the first speaker, Prof Alan Walker.

3.1 FUTURAGE: Towards the definitive Road Map

Prof Alan Walker, University of Sheffield, Coordinator FUTURAGE

Prof Walker began his presentation reviewing the background to the development of the ageing research priority in Europe before describing the FUTURAGE project and the processes and activities contributing toward the creation of the Road Map.

As a continent Europe has historically not exploited the potential range and depth of ageing research, especially compared with the United States. Key milestones in Europeanisation of ageing research include:

1991-93	European Observatory on Ageing and Older People
1992	Eurobarometer
1993	European Year of Older People and Solidarity Between Generations
1999	UN Year of Older People (the society for all ages)
1998-2002	FP5 Key Action 6
2000	First European Forum on Ageing Research
2001	FORUM, SHARE
2004	ERA-AGE
2006	AAL
2007	LINK AGE, AGE-ACTION
2008	Why We Age, FP7 Road Map
2009	ERA-AGE 2 FUTURAGE
2010	JPI, EIPAAH
2013	FP8

Two key initiatives included the FORUM project and ERA-AGE. The FORUM project, formally known as European Forum on Population Ageing Research, began in 2001, and through a series of events generated recommendations toward the development of European ageing research:

- Essential that ageing features prominently in Framework Programmes
- Establish a European Institute on Ageing (virtual)
- Promote multi-disciplinary collaboration
- Ensure commitment to user involvement
- Build capacity: attract and support new generation of researchers to the ageing field

ERA-AGE, The European Research Area in Ageing, has been in existence since 2004 www.era-age.group.shef.ac.uk and is currently funded – as ERA-AGE 2 - under FP7.

ERA-AGE 2 began in 2009 with 13 partner countries and has already expanded to include five associate partners. ERA-AGE 2's coordination activity has included:

- A second round of the FLARE (Future Leaders of Ageing Research in Europe) post-doctoral fellowship programme, following the first call in 2007
- A new joint programme on ageing research
- ERA-AGE 2 is a key partner in FUTURAGE

The most recent initiative in this field is the Innovation Union, and the launch of the pilot Innovation Partnership in Active and Healthy Ageing, as described in this statement from the European Council on 4 February 2011:

“Innovation contributes to tackling the most critical societal challenges we are facing. Europe’s expertise and resources must be mobilized in a coherent manner and synergies between the EU and the Member States must be fostered in order to ensure that innovations with a societal benefit get to the market quicker. The launch of the pilot Innovation Partnership on active and healthy ageing is an important step in that context.”

The ageing research field is currently receiving strong political support from the European Commission:

“Ageing research is an area of great social, political and economic importance for the European Union. I want to re-focus research and innovation policies very clearly on developing a coherent strategic research agenda which will tackle the grand societal challenges, which include both the promotion of healthy living and healthy ageing. It is not the ageing of the population per se that is the challenge but rather the challenge to keep older people healthy. These challenges can only be confronted if innovative and multi-disciplinary approaches are taken. “

Máire Geoghegan-Quinn, Commissioner for Research, Science and Innovation
15 April 2010

The FUTURAGE project objectives are:

- State-of-the-art assessment of research priorities, emerging fields and methods
- Wide involvement of Europe’s leading scientists in the ageing field
- Full engagement with key non-academic stakeholders in ageing research
- Public information about ageing research
- Launch the definitive road map

FUTURAGE participants include:

- 12 ERA-AGE partners
- University of Namur (Belgium)
- University of Heidelberg (Germany)
- University of Lund (Sweden)
- Italian National Institute on Ageing
- Universities of Leicester, Newcastle and Sheffield (UK)
- University of Tampere (Finland)

- Research Users: AGE Platform Europe, Age UK

The process of designing the Road Map has been underpinned by a set of overarching principles:

- An holistic person–environment approach to ageing (all disciplines)
- A life course perspective (continuous ageing)
- Multi-disciplinarity (the new science of ageing)
- User / stakeholder engagement (the key role of older people)
- Knowledge exchange (impact on policy, practice, product development)
- Diversity, cross-national, cross-cultural (the European Research Area)
- Capacity building (the next generations)
- Maximising technological innovation (EU priority)

A multi-disciplinary model, based on the UK's New Dynamics of Ageing research programme, has been used to ensure that all disciplines have been represented in the project activities. Four scientific and one user workstream have been used to maximise disciplinary coverage:

- Biogerontology: biology, biomedicine and genetics
- Social and economic resources (including social support and care provision)
- Environments of ageing focusing primarily on the physical environment
- Healthy ageing and well being (physical and mental)
- User / stakeholder engagement

Three key elements for the Road Map have been generated through the workstreams: major multi-disciplinary themes; main mono-disciplinary priorities, and; implementation. The eight multi-disciplinary themes identified are:

- Reducing Unhealthy Life Years
- Mental Capacity Across the Life Course
- Inhibitors and Facilitators of Active Ageing
- Unequal Ageing and Age-Related Inequalities
- Social Participation
- Social Protection – Quality and Sustainability
- Attitudes and Ageism
- Places and Context

These were generated through a mapping exercise between the workstreams. The areas that do not fit into the multi-disciplinary themes – for example systems biology, metabolism, psycho-social aspects of healthy ageing, migration – will comprise a set of mono-disciplinary research priorities. The implementation section includes elements such as:

- Framework Programme priority for ageing research
- Infrastructure: a virtual European institute
- Capacity building: multi-disciplinarity and the next generations
- Funding for user engagement / knowledge exchange

Looking to the future ageing research will:

- Be more multi-disciplinary
- Be more diverse in methods (e.g. translational, social and biological, longitudinal)
- Have a more holistic approach to ageing (life course, diversity, contextual)
- Have closer reference to end users, including older people (from subjects to partners)
- Have greater emphasis on impact
- Be more responsive to the Grand Challenge

FUTURAGE has already received political support at a high level:

“For example, the ‘FUTURAGE’ initiative is an FP7 European project which aims to produce a definitive road map which will guide European research on ageing for the next ten years to come. The ‘FUTURAGE’ programme is undertaking the most extensive consultation ever conducted in this field and it is mobilising stakeholders, including medical practitioners, policy makers, industry and representatives of older people to work out the terms of this road map...”

Máire Geoghegan-Quinn, Commissioner for Research, Science and Innovation
15 April 2010

Prof Walker finished by thanking the core team of FUTURAGE, and the Scientific Council, who have provided invaluable commentary and insights during the Road Map process.

3.2 Healthy ageing for more life in years

Prof Carol Jagger, Newcastle University, United Kingdom

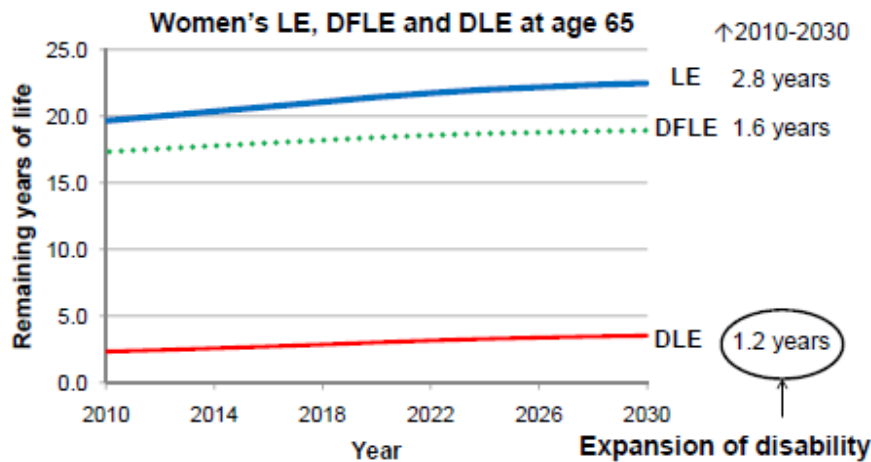
Prof Jagger began her presentation with the two alternative perspectives of the theme: should it be *Reducing Unhealthy Life Years* or *Healthy Ageing for More Life in Years*? She then reviewed the contextual importance of the topic, gaps in current research and the seven key challenges identified through the FUTURAGE consultation process.

The importance of this topic was summarised as follows:

- Emphasis on reducing mortality sufficient when infectious diseases main concern
- With population ageing quality of life as important as quantity
- Many political agendas stress the need for healthy ageing in terms of increasing healthy years of life
- But simply increasing healthy years is not enough
- The increase in healthy years must be more than the increase in life expectancy to reduce unhealthy years

Life expectancy increases faster than healthy life years (HLY) resulting in an expansion in unhealthy life years (disability), shown in Figure 1, below.

Figure 1: Women's life expectancy (LE), disability free life expectancy (DFLE) and disabled life expectancy (DLE)



Current research activity has a number of gaps. There are a growing number of Europe-wide datasets such as SHARE, EU-SILC, EHIS, but they do not cover institutions and only include small numbers of the oldest-old. There is greater benefit in sharing data cross-nationally. The most excellent research centres are often based around cohorts/studies, but few cover the whole spectrum from biology to social science, and they are in only a small number of countries with notably none in Eastern Europe.

The FUTURAGE consultation process has identified seven challenges for future research:

- Healthy ageing and frailty – understanding the process and defining the concepts
 - Key dimensions of healthy ageing: age range, gender, older people's perspectives
 - Key dimensions of frailty: relevance of models currently being developed in North America, maintaining wellbeing with frailty

- Organising and delivering interventions for health promotion
 - Physical exercise/activity
 - Nutrition/diet and the relation between immune risk profiles (IRP) and nutrition for personalised interventions
 - Social interaction: which concepts are the most effective, and at what type of frequency, density and quality?
 - The combined effects of all three interventions above, and pharmacological prevention
 - Science of behaviour change: the relation of cognitive and behavioural development over the life course to behaviour change and maintenance in later life; how physical, social and economic environments influence behavioural development and change
 - Other people's perspectives: 'low tech' interventions and using innovative interventions (mobiles, Facebook)

- The ageing process and early markers of ill health
 - Vascular ageing
 - Markers of biological age/disease/life expectancy
 - Strong multi-disciplinary approach
 - Longitudinal studies on markers
 - Increased breadth of markers

- Modelling links between disease and functioning over the life course
 - Important area to inform policy on planning for ageing populations
 - Same level of disease may impact differentially on disability in different environments or countries
 - Context and transitions may differ between countries
 - Long term, large scale, strategically designed longitudinal studies needed

- Clinical care and its effectiveness
 - What works best
 - Geriatric giants: better prevention and management of dementia, incontinence and osteoporosis
 - Medication: optimal drug therapy with comorbidity; preventative medication

- Education and lifelong learning
 - Need to extend early life education

- Can education and lifelong learning minimise the effect of key life events?
- How are education and lifelong learning related to other socioeconomic measures: which are strongest and how do they act together?
- Environmental conditions for ageing well
 - Interrelationship between ageing person and their physical-social environment.

3.3 Maintaining mental capital across the life course

Prof Alan Walker, University of Sheffield, UK and Prof Hans-Werner Wahl, Heidelberg University, Germany

Prof Walker introduced this theme, which he was presenting on behalf of Prof Wahl. The presentation reviewed the context in which the theme sits and the fundamental insights crucial for future research in the area. A brief review of current research was presented, followed by the key areas for future research.

The overarching term **mental capital** is used to mean a collection of abilities and behaviours that ageing individuals possess and apply in aligning their lives most closely to their needs. The importance of this theme was summarised as follows:

- The term mental capital certainly encompasses the **entire spectrum of cognitive functions** such as memory processes, speed of information processing, or executive functions...
- ...but also addresses more **general competencies** such as knowledge important to master daily life, skills to maintain and secure one's social integration, coping abilities that enable ageing people to deal with critical transitions and major life experiences and the regulation of positive and negative emotional functioning
- Investing into research able to fully exploit the impact of life-long prevention and training towards maintaining the highest mental capital possible must be a **key European ageing research priority in the future**

The insights underpinning research in this area are:

- Although many areas of mental capital are highly age-sensitive (e.g., speed of information processing), a **differentiated** view is needed for a qualified view of such age-relatedness
- For example, negative affect seems to decline as people age and coping abilities remain rather efficient until the very end of life
- That is, there is a need for a **multidimensional and multidirectional view of mental capital plasticity** _ In addition, the **of mental capital** tends to be generally underrated, but is substantial (e.g., cognitive training research)
- Mental capital is also closely linked to another core lifespan developmental science principle, i.e. the need to consider the **historical context of development and the role of cohort flow** (e.g., making use of technology to support one's ageing process)

Europe has **major research centres and (longitudinal / cohort sequential) studies** currently targeting of mental capital. Research conducted in these and other research centres is **significantly contributing** to all major areas regarded as central in the field.

The specific challenges for future European ageing research in the area were identified as follows:

- **(Cognitive) training research: Multi-country and multi-component** designs; **new approaches** in cognitive training; importance for **ageing work force and using modern technology**; **better implementation** in the “real world”
- **Role of context for enhancing cognitive engagement: Focused research** program targeting the role of **enriched environments “EE”** for ageing well; better consideration of **everyday contexts** for the maintenance of mental capacity
- **Better consideration of transitions between normative and pathological processes related to mental capacity:** All research efforts must be done to learn more about the mechanisms, risk and protective factors involved from the **biological and clinical to the social and behavioural level**, related to **cognitive pathology transitions**
- **Research on how societies are dealing with mental capital:** European societies must ask what kind of **societal and political role** large portions of their populations (cognitively impaired citizens) are able or should play; **stereotyping and age discrimination** also undermines mental capacity to a considerable degree
- **Challenges of mental capital in advanced old age:** Advanced old age brings new developmental risks to older individuals. In particular, the transition from a generally healthy and functionally competent period of “young old age” to an extended phase of “old old” age is a significant psychological challenge

The conclusions were that investing much into research on mental capital:

- ...is a must for future European research, both basic and intervention oriented
- ...comes with excellent synergies in terms of interdisciplinary collaboration and expected outcomes
- ...will contribute to key outcomes for ageing individuals, public health, and our societies at large in terms of life-long education and intervention (e.g., psychosocial, social capital, cost-effective health systems)

3.4 Active ageing: inhibitors and facilitators

Dr Carlos Chiatti, INRCA, Italy and Prof Hans-Werner Wahl, Heidelberg University, Germany

Dr Chiatti presented this theme on behalf of Prof Wahl. The presentation was prefaced by a few comments to contextualise the role of active ageing in the Road Map, and continued with a review of the thematic context and the fundamental insights crucial for future research in the area. Current research was summarised followed by the key areas for future research.

The preliminary comments noted that the active ageing chapter of the Road Map is still “under construction” and acknowledged that there is substantial overlap with other chapters (e.g. health, mental capital, social participation, place and context).

The importance of the theme was summarised in three points:

- Active ageing used in the Road Map as a **scientifically helpful umbrella term** that encompasses quality of life essentials such as **continuous labour market participation; active contribution to domestic tasks** (including housework and caring for others); **active participation in community life**; and **active leisure**.
- Active ageing is used in the Road Map predominantly because of its **inherent potential to synthesise and integrate research strands in ageing**, which traditionally have not much in common (e.g., issues of goal-directness and motivation at the individual level and social policy issue at the macro level)
- Active ageing as a construct to **better link micro, meso and macro perspectives** in ageing research, to move to a more **social-ecology view of ageing**

Fundamental insights to inform research in this topic were split into micro, meso, macro and general:

- Micro
 - Psychological functioning is a key requirement for active ageing (e.g., engagement and goal-directed action, positive affect, openness to experience, awareness of one’s own ageing process)
 - **Health** (e.g., coping with health, disease management; consideration of adults with severe dependencies and care needs including those with cognitive impairment)
- Meso
 - **Social participation** (e.g., intergenerational interchange, maintaining roles in neighbourhood and community life)
 - **Physical and technological environment** (e.g., housing solutions enabling independence but also social stimulation; mobile phone, internet, smart home technology)
 - **Leisure and physical activity** (e.g., opportunity structures in communities to facilitate physical activity)
- Macro

- Investment into research targeting the **ageing work force** and **active retirement policy** is needed
- Important role of **deprived neighbourhoods and poor housing**, because older people are among those most negatively affected by such highly constraining person-environment constellations
- **Pension adequacy and income maintenance measures** contribute to remove those economic difficulties which otherwise could inhibit chances for an active ageing
- Construction of **ageing in the media** is a crucial means to foster differentiated images of (active) ageing and is probably the only means to reach the majority of older people
- General
 - Need for a **life course perspective** (e.g., role of education, health, economic situation earlier in life)
 - More research on the role of **middle adulthood** as a precursor phase of ageing
 - Need for **cohort perspectives** on active ageing (new options for taking responsibility of one's own ageing, fostering user involvement in ageing research)

Three key issues related to current research on active ageing were identified. A lot of ageing research all over Europe speaks to the many facets of active ageing. However, much of this research is quite scattered and the potential of active ageing as an overarching umbrella able to counteract fragmentation in ageing research and efficiently strive for a more **holistic perspective of ageing** is still underused. The **interplay of the micro, meso and macro perspective** relevant for active ageing is still **too seldom** addressed in the European ageing research landscape. Finally, **Europe** provides an **ideal 'natural laboratory'** to learn about the interplay between micro, meso and macro levels in relation to active ageing.

Within this context, seven priorities for future research activity were identified:

- More research attention is generally needed **to counteract the fragmentation of ageing research on active ageing** by following a social-ecology and multi-level analysis of active ageing
- More research is needed on the **potential of older employees** and work places in terms of productivity, creativity, health and safety
- More research is needed on **transitions from work to retirement** and how such transitions facilitate or inhibit active ageing
- More research is needed on **life long education** including **selfmanagement** and **'life course skills'** for living the 'long life' well
- More research on facilitating and inhibiting factors toward the **creation of new opportunity structures for active ageing**
- More research is needed to learn about **facilitating and inhibiting factors of active ageing in risk groups** of the older population
- More research is needed on the role, **potential and risks older adults face as consumers and end users** of research outcomes as well as other products

The presentation concluded that investment in active ageing research will add to European societies as well as individual ageing trajectories by affecting social capital, welfare state development and reducing inequality.

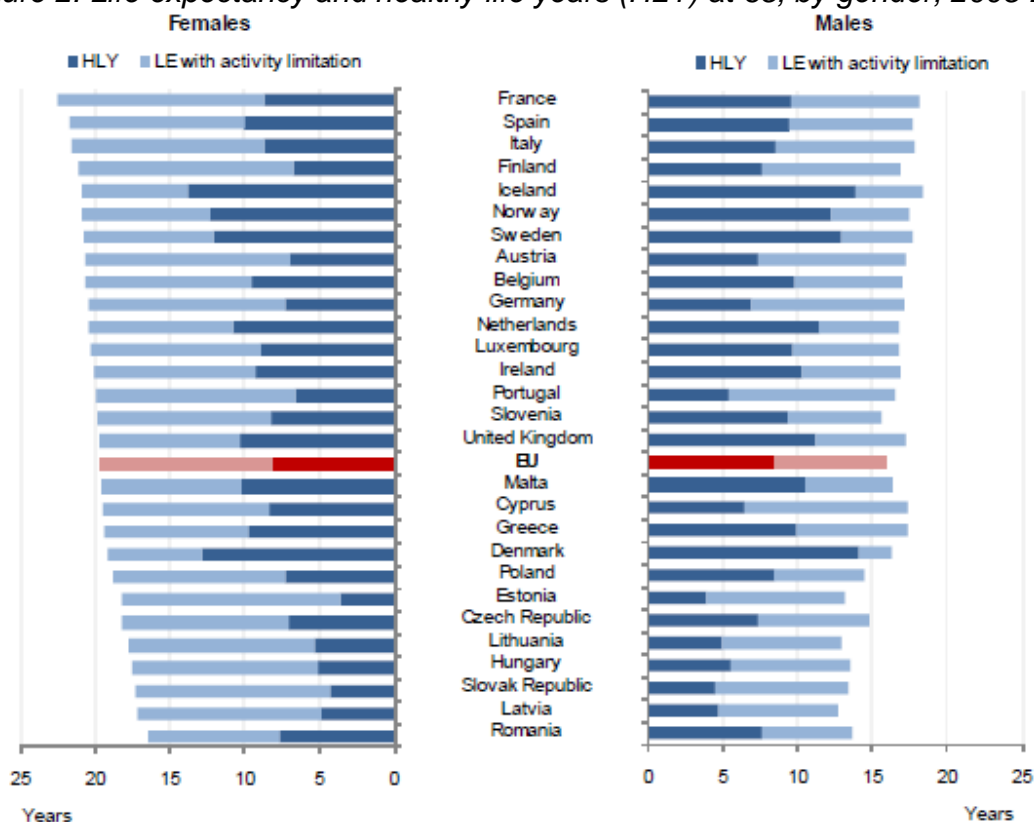
3.5 Unequal ageing and age-related inequalities

Prof Carol Jagger, Newcastle University, United Kingdom and Prof Stuart Parker, University of Sheffield, United Kingdom

Prof Jagger returned to present this theme on behalf of Prof Stuart Parker, and began with a review of the importance of this topic. The presentation continued by addressing the fundamental insights crucial for future research in the area, a summary of current research and the key areas for future research.

The inequality in ageing across Europe is clearly demonstrated in Figure 2 (below). There are greater gaps in healthy life expectancy than life expectancy; life expectancy has increased in all countries but the size of the gaps have persisted.

Figure 2: Life expectancy and healthy life years (HLY) at 65, by gender, 2005-2007



Source: OECD Health at a Glance

Current research is aimed at understanding the drivers of inequality, but they have concentrated on mortality/survival as measure of health and used post-harmonisation of measures across existing studies. Importantly, they do not cover all countries (e.g. SHARE). New studies – Statistics of Income and Living Conditions (SILC) and European Health Interview Survey (EHIS) – are covering all countries.

Four areas for future research have been identified:

- Monitoring and resolving inequalities
- Health in work and retirement
- The oldest-old
- Participation of older people in research

The priorities for each of these themes are described in greater detail below.

The research priorities for monitoring and resolving inequalities are focused around harmonised measures:

- Appropriate at a country or regional level
- Less detailed, global measures compatible with more complex measures suitable for understanding aetiology
- Must reflect current society and its demands

Health in work and retirement must consider the health trends of the young-old and the relationship with:

- Different exits from the labour market
- Pensions
- Socioeconomic status
- Social engagement
- Family structures
- Informal care-giving
- Cultural expectations surrounding work and caring

Research to support the oldest-old should be focused around three key topics:

- Increase number of studies of oldest-old to include countries that are:
 - Representative of European areas
 - Representative of life expectancy trends
- Risk factors
 - Currently extrapolate from young old – e.g. Framingham score
 - Need to develop biomarkers relevant to treatment at this age
- Appropriate study design
 - Time use studies for adaptation and coping strategies
 - Shorter intervals between assessment

Participation of older people in research is notably unequal in clinical trials and studies; there is a lack of fit between participants in trials and users of healthcare. This is a key dimension of inequality.

3.6 Social participation and Social protection - quality and sustainability

Dr Giovanni Lamura, INRCA, Italy/ European Centre for Social Welfare Policy and Research, Austria

Dr Lamura presented the results for two related research priorities: social participation, and social protection – quality and sustainability. He began by reviewing the workshop process rooted in social and economic issues that had generated these two priorities before presenting the key research areas within the two themes. His conclusion identified additional areas that needed developing within the two themes.

The presentation summarised the process - an exploration of social and economic resources - which had generated the research priorities, and gave a short review of how they had been refined over the course of two workshops and one expert review group.

The first social and economic resources workshop considered four perspectives, mapped against a matrix of care/other activities and older people as resource generators/resource users. The four perspectives each generated a set of research priorities:

- **Older people as caregivers**
 - Who cares: characteristics of caregivers and their resources
 - Reasons for caring: impact of new phenomena on motivations to care
 - Contents of provided care: care tasks & perceptions on care quality
 - Policies for care: incentives for informal carers & reconciliation issues.
- **Dependent older people**
 - Concepts of dependency and independence
 - Home vs. residential care
- **Older people as a socio-economic resource for society**
 - Prerequisites
 - Main activities
 - Impact for society
 - Cross-cutting topics in activating older people's potential
- **Socio-economic needs of older people**
 - Social needs
 - Economic needs
 - Cultural needs and spirituality
 - Vulnerability, elder abuse and neglect

After the second workshop, an expert review group and further consultation, ten research themes had been identified to input to the Road Map; these were more flexible, reduced the emphasis on care, further stressed the economic perspective, and reflected the heterogeneity of Europe. The ten themes were:

- Social participation
 - How can social participation increase cohesion in ageing societies?
 - How can active ageing be effectively promoted in society?

- Labour market
 - How can employment opportunities be promoted in ageing societies?
 - How can age discrimination be prevented in the labour market?
- Families and generations
 - Do changing family structures affect available resources in life course?
 - How can intergenerational solidarity foster social cohesion?
- Education
 - Which lifelong learning programs are most adequate at different ages?
 - How should education consider changing needs of ageing population?
- Consumption
 - How to best safeguard & protect the rights of ageing consumers?
 - Which role has the international financial crisis played on consumption in the relevant “silver market” segments?
- Welfare
 - (Macro) How to guarantee the sustainability of welfare systems?
 - (Micro) How to protect ageing individuals from vulnerability/abuse?
- Spirituality
 - How can spirituality affect social cohesion / intergenerational relations?
 - Which role does spirituality play in promoting/hindering an active contribution of ageing individuals in different societal sectors?
- Technologies
 - How to reduce or prevent digital divide in the use of new technologies?
 - And this especially in fields like long-term care, where they represent a crucial support tool for both formal and informal care providers?
- Migration
 - How to promote positive interethnic relationships along the life course?
 - How to prevent care drain effects in care migrants’ countries of origin?
- Leisure
 - What are the social implications of mass leisure activities in older age?
 - Is there a possible competition between grandparenting and older people’s wish to spend time in new forms of leisure?

The outputs from this process had led to the development of two distinct research themes, as well as contributing to the development of the other Road Map themes. The two themes with the strong social/economic resources focus are:

- Social participation
- Social protection - quality and sustainability

The research priorities for each of these themes were then presented. Social participation includes four research priorities:

- How can phenomena of **age-related discrimination and exclusion** be best approached to promote social and labour market participation in life course?
- Which role can **ICT and virtual networks** play in facilitating intra- and intergenerational relationships?
- Which policies and strategies can most appropriately tackle the challenges raised by **migration** for interpersonal and interethnic relationships?

- How can **limitations to mobility** be prevented and compensated in order to support ageing individuals' participation to social and economic life?

Five research priorities have been identified for social participation:

- How to make current pension, health, social and long-term care **systems more sustainable**, in the light of current and projected demographic and socio-economic challenges?
- How can **accessibility to health and social services** be improved, as care provision is shifting more towards preventive measures and a community-based model?
- Which strategies can increase the **quality** (in a user's perspective) and **cost-effectiveness** (in a provider's perspective) of interventions?
- How can **ICT-based** tools and initiatives **support informal carers and their integration** in the formal care system?
- Which changes are needed to revise the intergenerational "contract" to take into account of old (e.g poverty) and newly **emerging vulnerabilities** (e.g. elder abuse and neglect)?

3.7 Attitudes and ageism

Prof James Goodwin, Age UK, United Kingdom and Ms Alice Sinigaglia, Age Platform Europe

This jointly delivered presentation identified seven key areas for research. Prof Goodwin began by reviewing research priorities related to seven issues related to perceptions of older people, ageism and employment, older people's perceptions of their environments. Ms Sinigaglia continued by identifying research priorities about the impact of discrimination on health, abuse and neglect and media and public attitudes before Prof Goodwin concluded by outlining the value of user engagement in research.

Each of the seven research areas were summarised and key research priorities were identified. Research on **perceptions of older people** was focused towards the need to change current perceptions, with the aims of:

- To identify, quantify and describe the contributions of older people to society
- To understand how perceptions can be influenced to eliminate prejudice attitudes
- To develop interventions that will change perceptions at an institutional level

Research on **ageism and employment** is required to:

- Understand the meaning and value of environments to the older people who use them
- Understand the role of person-environment relationships among older people with varying healthcare needs
- Embed the participation of older people within this research

Greater understanding of the **relationships between carers and the cared-for** are needed as this is complex, dynamic relationship which changes over time. It was also noted that research in this area should emphasise the family perspective, and should encourage and support user involvement.

Discrimination against older people has the potential for significant impact in healthcare and more research is required to **map the different areas where discrimination on the grounds of age have an impact** on the health treatment/ health condition of an older person. Two other research aims in this field are:

- Understand the norms within the health and care sectors that can contribute to negative attitudes
- Further study age discrimination in access to health care

Better measures of the **prevalence of abuse and neglect** need to be developed, and greater understanding of this issue within the care environment is required:

- To measure quality of the care and the quality of work of the healthcare workforce
- To further study the problem of burnout of informal carers.

The final research priority presented in this field is related to **media and public attitudes** to older people. The first action should be to quantify the problem. Greater

analysis is required of the images of older people in various media and understanding is required on how to improve older people's participation in the media.

Prof Goodwin concluded by reminding the audience of the central role of user involvement in the Road Map:

- It is one of the four key principles of the Road Map (along with 'Continuous Ageing'; Multi-disciplinarity; Knowledge Transfer)
- It is one of the five key themes of FUTURAGE (along with the four other scientific themes)

Finally it was noted that user engagement should not be considered in isolation but as an integral part of ageing research activity.

3.8 Places and context

Assoc Prof Torbjörn Svensson, Lund University, Sweden

Assoc Prof Svensson, presenting on behalf of a team also including Prof Hans-Werner Wahl (Heidelberg) and Professor Susanne Iwarsson (Lund), introduced the Places and Context theme by reviewing the key definitions underpinning this concept. He then identified some key areas for research and concluded by contextualising the importance of this issue.

The presentation began with the suggestion that “places” was intuitively understood as a concept which could include, for example, home, neighbourhood, workplace, shops, transport, health care facilities; “context” was defined as the structural circumstances under which we lead our lives, for example laws, regulations, culture, social and health care provisions, urban/rural environments.

A key area of research is the interaction between the person, place and context with the aim of creating potential for growth and change. This potential is affected by the resources and competences of the individual, with greater change in an environment resulting from greater competence/resource.

The key areas for research in this area are identified as:

- What are the enabling and constraining characteristics of the home environment as we age to help us lead a healthy life?
 - Countries, regions, neighbourhoods
 - Physical/mental health status
 - Gender
 - Ethnicity/culture
- How can technological solutions (robotics) in the home environment help individuals to stay home, and still feel it to be home-like?
- What meaning does specific places hold as people age and is there a change of the role and function of such specific places? The kitchen, garden.....
- How can work environments be better suited to an ageing workforce?
- How can the modes of transport be adopted to suit an ageing population? From mobility devices to cars, buses and trains.
 - Rural/urban issues are particularly important
- What is the potential of virtual environments for various groups of ageing individuals?
 - With particular regard to: end of life care situations, frailty, persons with dementia
- How can long term care settings and sheltered housing be improved using different housing and care options? How can housing be made health promoting?
 - Diversity across countries and regions
 - Socioeconomic status and minority issues

- How can we create environments that optimise physical activity? How do we create mobilising environments? In particular support is need for health promotion and empowerment.
- What are the implications over time regarding the policies 'Ageing in place' and 'Stay in your own home as long as possible'?

Assoc Prof Svensson concluded by summarising the importance of research into place and context, summarised as follows:

- The meaning of home and sense of belonging is crucial for our identity and feelings of security
- Creating places and contexts that foster activity and promote healthy aging is vital
- The theme is vital to multi-disciplinarity
- The theme builds on user involvement
- Aims at how we can make successful transitions in our environment while we age

4 Break out group discussions

Participants of the meeting were organised into four break-out groups, each being asked to discuss two of the FUTURAGE themes.

Group 1 – Themes A and D: Healthy ageing/Unequal ageing and age-related inequalities

Group 2 – Themes E and F: Social protection/Social participation

Group 3 – Themes B and C: Mental capital/Active ageing

Group 4 – Themes G and H: Attitudes and ageism/Places and context

Each group were assigned a Chair and a note taker and they asked to address three questions during their discussion:

1. Do the eight themes capture the essential multi-disciplinary research priorities for the ageing research over the next 10-15 years?
2. Are the priorities identified for each theme the essential ones and, if not, what additional ones should be added?
3. Apart from the launch conference what other actions will ensure the successful implementation of the Road Map?

Average attendance to each break-out group was 14 people, and all discussions were lively and fruitful. After the event the note-takers compiled a short report on the discussion which was emailed to attendees for comments and amendments. The final reports, agreed by the break-out group attendees, are included in this section.

Group 1 – Themes A and D: Healthy ageing/Unequal ageing and age-related inequalities

Co-Chairs: Carol Jagger, Newcastle University, UK and Renate Heinisch, European Economic and Social Committee, Austria

Rapporteur: Tina Bonora, Austrian Academy of Sciences

Carol Jagger opened the break out group and gave a short introduction on the past activities concerning the writing process of the Road Map and meetings related to that. It was suggested to combine the two priorities/themes *healthy ageing* and *unequal ageing* during the discussion.

Carol indicated some areas, which could be of interest for the further writing process. The title and the language need further discussion and a positive approach is needed. The Road Map should not have a negative approach, but rather write how it can be facilitated and how research is needed to facilitate. Furthermore, it should be focused on what we want to have achieved in 10 years, what we want to see at the end and how to get to it. From this perspective, the attendees discussed three guiding questions:

Question 1) Do the eight themes capture the essential multi-disciplinary research priorities for the ageing research over the next 10-15 years?

Many issues have been identified in discussion prior to this meeting. This discussion was followed by the finding that the Road Map is weakened by the fact that there is too much **overlap** and a lot of repetition across all the themes that were identified. This is an important issue to be clarified during the further writing process. The suggestion is to have not just one sort of configuration, but themes and cross-cutting actions in a matrix, which might help structure things. There are cross-cutting themes on methodologies, methods, infrastructure and capacity building.

The matrix should show the key issues, but no priorities. There could be “big terms” including titles with subthemes and crosscutting themes. Actually, there is too much overlap at the moment, because there is no coherent approach.

This matrix should include clear priorities, and the range of the topics should not be too wide. It was agreed on a minimum of four and a maximum of six themes.

A proposal for the structure of themes was discussed to focus more on biology and biological issues, because biology should be the cross-link for any other issues. This was not lost in the main text and input/comments from biogerontologists (Olivier Toussaint, Tom Kirkwood, etc.) were integrated. Biology of ageing is in the text, but the balance is critical. It could be negative if biology is taking over, because biology is important but could not be the answer to anything.

Question 2) Are the priorities identified for each theme the essential ones and, if not, what additional ones should be added?

One thing that might be missing is “end of life”, not just in terms of place and context, but this is a very important part of ageing. This could be mentioned in *unequal ageing* and was in the original *healthy ageing* workshop theme, because “good life – good death” are sort of a natural progression. It was also mentioned in the social and economic resources theme. Maybe end of life could become a mono-theme, because it fits in some places and there are some overlaps in other topics. It had occurred in the past, but got lost during the writing process.

Healthy Ageing

Concerning *healthy ageing* clinical and social care was mentioned. It is possible to have a good quality of life with a list of diseases. There is an issue contributing to “healthy quality of life”, which is not only about clinical care and curing, but also affects caring for people well, a particular challenge for clinicians working with older people. In this context heterogeneity of older people has to be taken into account. There is a need for better instruments to assess older people and assess their health and function status. Moreover, it is important to engage the family and the older person in the decision making process.

The potential for frailty is interesting and frailty could be used as a way identifying vulnerability in independent older people. The title said clinical, but the content is wider than clinical. There should be a statement on the process and why it was changed.

Improvement of research on perception of health is needed; this is already partly included in the definition. Perception of health could be a measure of success for physicians, because perception changes with age. It was interesting that there are differences across the ages. Science on this topic should be done. There was also a change for the different generations concerning the perception of healthy ageing.

Older people are a heterogeneous group (concerning age, function, health status, etc.) and there is a huge diversity in the definition. It was discussed whether there could be a harmonization of the terms “healthy” and “ageing” across Europe also looking forward to the European Year for Active Ageing and Solidarity between Generations 2012. Basic methodological work exists, but concerning the definition of the ageing process everybody should be reminded that ageing is not a disease, but rather something normal and positive.

Therefore, prevention should be included. Research in order to prevent disease associated with ageing is needed. Healthy ageing has to be prepared and this incorporates education and consciousness. This has to be fostered and analysed whether this translates into a benefit in twenty years. It was included in the “Active Ageing” section (early markers) to some extent.

Alcohol consumption should be specifically mentioned. Considering the life expectancy it is an important risk factor connected to healthy ageing. This needs to be included in the screening process. Control and recommendations should be made for future research. This topic was mentioned in the Council of Scientists, but was not integrated yet. This topic is also connected to depression. Furthermore, generally addiction is mentioned, but there is different national understanding, but often use of alcohol is not seen as addiction.

Concerning the life course perspective, there is evidence-based policy to support healthy ageing (e.g. new health care Act in Finland). Healthy ageing requires structures. The evidence based policy has not been included in the Road Map yet. Organizational issues for reviewing the effectiveness of clinical care have been mentioned.

It is important that interventions for health promotions are evidence-based and therefore that the implementation research is done. In Sweden there is a research project done together by research organization and practitioners in the municipality and the research plan had to be done together. Implementation and practical relevance of research is important. Clinical trials are “artificial” and often implementation does not work. There should be funding for the implementation of the research and the observation, what is happening after the trial.

Unequal ageing

Concerning *unequal ageing* some models should be put together for different countries, because also the social role is different depending on the countries. Models of research should be developed. The issue of migrants and ageing of migrants is mentioned in topic D) and other themes.

Public health programs are different depending on the countries. The economic situation of the country could affect the health situation. But, some economical weak countries have good models for health care. These models could be put as research topics. The benefit of research between Europe is that there are differences and similarities and we can learn from them.

There are new innovative models of care concerning pressure sores and falls. Model of care will not work anymore, because roles are changing. It is important to integrate some sections in the text on new models to provide care.

Technology will be a major part in the future. It should have an own title and phrase this into both themes, healthy ageing and active ageing. This topic was strongly discussed in the environment of ageing workgroups. This could get lost in the writing process.

Concerning healthy ageing/active ageing there is a big overlap and discussions going on, which has to be addressed. Active ageing is understood different in the EU (political discussions). A solution could be to bring it together and include the word inequalities in the title. Maybe the **matrix approach** could be the best way to deal with these issues and follow it through out the different themes.

The gender issue got lost during the writing process. It is important also concerning diseases, prevalence, testing of drugs. Focus on studies of biological models, but not solely in animals. The gender issue needs to be intensified again.

There is an opportunity of involvement of older people in clinical trials. Patient data recording and use of record linkage have an enormous potential, but there is a data protection problem. This could be solved through the pan-European database. There are European strategies concerning different standards/test/regulations in different countries to harmonize them. This depends on the disease, such methodologies are the same in every country.

Question 3) Apart from the launch conference what other actions will ensure the successful implementation of the Road Map?

Innovation agenda

Of course it is important to match the activities currently going on in the European Union concerning innovation and active and healthy ageing. As can be seen by the proposal of the AHAIIP active and healthy ageing is on the political agenda. It was discussed that it is important to match the title, but see it from a research perspective.

The relation of active and healthy ageing is very interesting, but there exist different approaches in different countries.

Implementation is important

Implementation of the information is not clear. Health prevention/promotion on the media is not in this theme. There should be focus on the message spread by the media regarding healthy ageing, because recommendations are based on research expertise. Maybe this is an issue for policy, but this is picked up by thematic topic Ageism.

Where will we be in the next 10 years?

Avoid overlap and just focus on the research priorities. To overcome the problem of connecting science and medical service the gap between science and medicine needs to be closed. The education of medical personnel on scientific advances is needed to help change their attitude. This can be covered by translational research and translational thinking.

Bridging society and science is important and the Road Map should send clear messages both to, and about older people. A clear vision of the future, and a plan to reach it, should be included.

General aspects of the road map

A major point is way the issue of social inequality is presented to politicians. It was agreed that policy makers want priorities in the FUTURAGE “wish list”, however it is unclear if there should be 20 clear areas of research and politically appropriate ways to deal with this. Further discussion is needed if a translation of the Road Map is needed.

An important issue is also to clarify the target audience. Moreover, no acronyms should be mentioned in the Road Map.

Summary

In conclusion, the group made several recommendations for the content and the implementation process of the future Road map. On the one hand the group made suggestions concerning a re-structuring of the key areas of the existing Road map. It was stated that 8 **key priorities**/areas are too many and those have to be reduced to a minimum of 4 and a maximum of 6 in the revised version of the Road map. Moreover, the point was raised that several areas are underrepresented in the current Road map and have to be stressed. These topics include: life course, end of life, technology, migrants and gender differences. Sections concerning these topics have to be enlarged.

Furthermore, as other groups mentioned too, it was realized that there is an overlap between several topics in the Road map. For example the work is mentioned in all areas. This overlap has to be reduced and topics mentioned twice or more could be put in front of the areas and therefore do not need to be mentioned in every key area. A possible solution to show this overlap graphically would be a **matrix**. This matrix should show the key areas on its vertical axis and the overlaps on its horizontal axis. In addition, the matrix should also show the crosscutting actions.

To make reading easier, it was discussed to exclude acronyms from the Road map. The group also discussed possible translations to different languages. Before an action like this, the **target audience** has to be concluded. A possible solution to this problem could be a two-fold approach. On the one hand, a **4-page lay summary** should be written, which can be distributed to elderly people and the public, but also to policy makers, social insurance agencies, insurances and banks, and other stakeholders. On the other hand, the **long document** with the science inside should be provided **for scientists** and researchers and any other interested stakeholder.

Group 2 – Themes E and F: Social protection/Social participation

Chair: Asghar Zaidi

Rapporteur: Matthew Norton

The group was made up of key European researchers, policy makers and end users. They were asked to discuss the content and structure of the Road Map over three key questions. Each group was asked to discuss the Road Map in general, and then discuss in detail two chapters that were of particular relevance to the professional interests of the members of the group. The discussion was general, and lively and broad.

Question 1) Do the eight themes capture the essential multi-disciplinary research priorities for the ageing research over the next 10-15 years?

The Chair opened the discussion of this question by asking if there were there any gaps in the themes and whether there was there any scope for re-phrasing / re-working. The group identified the following key issues:

- Some of the themes seem large, both in breadth and depth and some considerably smaller (e.g. Social Protection and Attitudes and Ageism) – it was felt there was a risk of imbalance within the document. A possible solution might be to have an overarching theme related to the vision. Although there was no firm idea on what this overarching theme might be, the concept of Active Ageing was thought to be helpful.
- In conjunction with the need for an overarching theme there should be a strong 'Vision' that describes the next 10 – 15 years. This should lead to a series of goals, with associated work packages.
 1. The vision should have a notion of social justice at the core – the idea that older people must be 'able to reach their potential'
 2. There is no need to reinvent a vision, we should be aiming towards '*creating a society for all ages*' - *the vision unanimously endorsed and promoted by the UN member states at the second World summit on Ageing in Madrid (2002)*.
- It is important to include, and find the right balance of emphasis, for cross-cutting themes that must be acknowledged at the beginning of the document and appropriately considered within each of the chapters. Key cross-cutting issues and themes identified in the discussion were:
 1. Gender – it is important to acknowledge gender difference, e.g. with respect to the socio-economic, status is often very different
 - Women have higher life expectancy than men so live longer with old age.
 - It was also pointed out that 'gender' could be a useful lever to help facilitate the FUTURAGE agenda as governments are compelled to implement gender equality.

2. Cultural differences must be recognised, both within countries and across Europe
 3. Based on the themes, the Road Map appears to miss ‘Social sustainability’ concerns, and the group felt this should be a key focus, potentially warranting it’s own theme, or at least as a sub -theme
 4. The document must focus on the life course rather than just older people . The lengthening of life expectancy towards 80, 90 and perhaps soon 100 years is a quite recent fundamental change for the humanity. Yet, individual societies are built around life expectancy of 65 or 70 years. So a rethinking of the individual life course from youth, and the social structures designed to meet the needs of the whole population is unavoidable. Ageing research is not just about ‘solving the problem of old age’, but the process of ‘successful ageing’ and the impact of later life on the whole life course.
 5. Migration remains a key issue because of the transient nature of Europe’s population – this will lead to many people in later life living in countries other than the one in which they were born. This has huge implications for things such as ‘rights and entitlements’, social cohesion etc.
 6. Intra- and Inter-generational dynamics should be emphasised more and linked to the concept of ‘the life course’.
 - Solidarity as key to this, fostered by two-way transfer of knowledge etc
 - Importance of the two-way process of care – grandparents supporting families as well as families supporting older relatives
 - The Road Map should make *reference to the UN Generations and Gender Programme (GGP) which investigates inter- and intra-generational interactions and consists of a set of national Generations and Gender Surveys (panel, three-wave surveys) and a contextual database.*
- The importance of Education and Life-long learning must be highlighted. The group thought that this was the key to understanding and improving intergenerational relations .
 - It’s important to acknowledge that the themes require research that is not just multi-disciplinary but also multi-layered and complex. This means focusing across the life course and acknowledging the variations and similarities that exist across Europe. In achieving these ends research should incorporate mixed method and innovative design.
 - The group thought it was important for the Road Map to highlight *research methods* that require further focus and prioritisation. It was felt this would probably be best achieved in the implementation section of the Road Map:
 - Particular emphasis was placed on the potential usefulness of ‘Dynamic micro simulation modelling’ also involving the huge array of possible scenario modelling (e.g. pensions, work across the life course etc). This will require a significant amount research and infrastructure of investment at EU level, which is why emphasis in the Road Map is important.

- This is a European Road Map which means there must be an emphasis on comparative and generalised findings. Researchers must be encouraged to think broadly about their work and describe the results as they could be applied across the varied European contexts.
 - In order to achieve this there must be cross national research and infrastructure initiatives
 - The group also thought it was important that there should be an emphasis on 'mutual learning', e.g. so that transition or laggard countries do not make some of the mistakes historically made by established countries.

The group then moved on to discussion of the two themes designated to the group.

Question 2) Are the priorities identified for each theme the essential ones and, if not, what additional ones should be added?

Social participation

Comments:

- The sub-themes for the social participation section were presented by Giovanni Lamura:
 - a) Promoting social inclusion and connectedness
 - b) Virtual networks
 - c) Ageing and migration
 - d) Supporting mobility

It was suggested that 'social exclusion', the first part of this chapter, is an umbrella term, or theme, and (b) – (d) were ways of achieving this theme. The audience wondered whether this needed to be acknowledged in the structure of the theme.

- The chapter must be presented in the context of 'society for all ages' and 'the life course' not just a focus on 'older people'
- Social Inclusion is a dynamic concept and it has been difficult to agree on a standard definition.: among other aspects, there is a need to also look at how and why people build social capital as this was viewed as key to social participation.
- (As mentioned earlier) Gender is a key cross-cutting issue in this chapter. More women in European societies work and they often lack a support network (both formal and informal). There are two key implications of this change. First, as more women take on formal work they are unable to provide informal care for older relatives, which creates a greater burden on the system. Second, older women tend to have fewer possibilities to use informal networks for support.
- Other questions raised were: To what extent does material deprivation lead to social exclusion? What are the links economically and geographically? What is the relationship between material deprivation and poverty?
- The chapter should also highlight the need to encourage intergenerational social participation and the impact this has on cohesion and participation.

- Social participation is also about autonomy – older people may choose to opt out and thus older peoples' own preferences are important and must be accounted for.
- Migration has a significant impact on social participation and presents both opportunities and challenges. This must be a key consideration in further European wide research in this area. It is important not to underestimate the complexity of the impact of migration and the breadth of study necessary to full understand the relationship between migration and social participation.

Social protection

Comments:

- The development and sustainability of social security systems is a key consideration in the context of increasing pressures on these systems by an ageing population in Europe. Intergenerational solidarity was seen as being crucial to the delivery of acceptable future social protection systems. Key questions raised by the group included:
 - How do we avoid future generations being in greater poverty?
 - How do we get different generations to accept changing models of protection?
- Access to, and quality of, services are key to the social protection agenda. In relation to this there is a need for much better transparency in protection system. It is becoming increasingly important to know what you pay into a system and what you are entitled to from the system.
- It is well documented that long-term unemployment in earlier life tends to lead to poverty in old age. There is a need to better understand how social protection systems impact on this.
- There is a key questions concerning Individual responsibility versus the sustainability of the social system, e.g. is it a 'choice' to provide informal care? The economic and social implications of these trade-offs need to be better understood.
- A member of the group questioned why subsection (d) only focused on ICT and informal care giving and not other forms of care giving. However, the need to consider access to social protection for informal carers was viewed with paramount importance in light of the burden informal carers elevate from the state
- It was pointed out that the 'sustainability of social security systems' sub-theme (a) is inextricably linked to sub-theme (e) 'intergenerational solidarity contract' – e.g. informal care provided by family. There should be acknowledgement of this cross-cutting within the chapter.
- The 'portability of protection rights' across borders – for example the transferability of care rights and how entitlements are calculated and harmonised - is much more difficult than portability of financial arrangements such as pensions. It was felt further research was required to explore the form and content of these rights and how they could either be carried across borders, or whether there was scope for a European wide set of rights and responsibilities (although the difficulty of achieving this was acknowledged)

- In this context it is also important to consider the rights of illegal / informal migrant workers

The Chair then asked the group if they had **comments on other themes**:

Unequal Ageing

- The author of this chapter must ensure there is reference to the different experiences of ageing for those with disabilities (both physical and mental). Disability has such a strong relationship with Quality of Life and this must be taken into account

The chair then moved the discussion onto the third and final discussion question:

Question 3) Apart from the launch conference what other actions will ensure the successful implementation of the Road Map?

The group agreed that there must be a strong focus on implementation and that this is as important as the particular thematic areas. Without a high quality implementation plan then the thematic areas are redundant because the Road Map will not achieve the desired impact. It was pointed out that 'Road Map implies problem solving' and therefore there must be a real 'vision' of how this problem solving will both be achieved and then implemented. In order to achieve this the group thought:

- The Implementation section must include reference to priorities and expected impact
- The Road Map must use the influence it has generated, and those of other groups / initiatives (such as ERA AGE, ESF project on Health, Pensions and Ageing) to influence domestic as well as EU level funders. It must be discussed with funders and national and European level.
- The implementation section should include a robust discussion of methodologies and highlight where innovation is needed. It was felt that the Road Map should go further than just focusing on substantive content but also discuss the importance of delivering the best and most current means of researching Ageing.
- There was very strong support for a European Institute of Ageing that collects and disseminates existing knowledge and helps to set future priorities.
 - There was discussion about the conditions such an institute might work. The group agreed with the report from previous workshops that "The creation of a (virtual) Institute of Ageing, or "**College of Biogerontology**", is necessary". It is important to **be visionary** - where Europe might be in 10-15 years -- with reflection on where Europe might be without a coordinated research programme on ageing. That will highlight the impact of the research.
 - This could potentially be part of EU S3 structural funding
 - Ideally it will consist of a series of hubs joined through a strong virtual network
- There should be a clear communication / dissemination strategy that focuses on multiple audience who will use the outcomes of research – policy makers, banks,

insurers, private and 'third sector' service providers, commercial companies. This strategy might require different types of communication and multiple outputs.

- There is a responsibility on researchers to promote FUTURAGE ideas and create sustainability beyond the project. The group was hopeful FUTURAGE can do something to promote this sustainability.
- The Road Map should be presented to the European Parliament and disseminated as widely as possible. It is important to encourage strategic thinking about how best to promote the Road Map at the EU.
- In the opinion of some of the group the FUTURAGE Road Map will have the highest chances for being implemented when as much as possible answering to the call and **reflecting the needs of Directorate F** (Health). Therefore, the Road Map should emphasize the research needs on health care and on the health of the ageing population in order to make the best use of political leverage. Of course social and/or socio-economic aspects are important, but they have received less focus from Directorates.
- The Commission will expect to have an exhaustive and comprehensive list/**review of existing research programmes** in the member States, recent advances and identification of gaps. This will deliver clarity in terms of where we stand in the different Member States. As an alternative structure this review could be a good starting point to structure the Road Map, then move on to the outcome of the stakeholder consultations and finally address the needs for the future.

Group 3 – Themes B and C: Mental capital/Active ageing

Chair: Anne Martin-Matthews

Rapporteur: Juliet Craig

Question 1) Do the eight themes capture the essential multi-disciplinary research priorities for the ageing research over the next 10-15 years?

The Chair asked the group if they thought the Road Map was fit for purpose, and to identify what they liked and whether there were any major problems with the eight themes. The general agreement was that the major themes covered everything, the breadth of the Road Map was appropriate and there were no major omissions.

Surprise was expressed at how many issues were cross-cutting and repeated in slightly different ways in all eight themes – these need harmonising to clearly identify which are the cross-cutting themes. Conversely there is inconsistency in issues which could be cross-cutting but are not mentioned widely, such as cost effectiveness which is mentioned only in a clinical setting.

A matrix is needed to map the cross-cutting elements of the Road Map, and ensure they are embedded evenly. The three axes should be:

- Cross-cutting infrastructure – methodological issues, capacity, platforms
- Cross-cutting substantive themes – life course, cost effectiveness
- Policy

The matrix would also be useful to show that themes/disciplines are on a spectrum.

As well as problematising some issues the Road Map needs to recognise positive issues that can be enhanced, particularly the opportunities for activity (economic, social) in old age. The use of “research needed” lists in the current statement of the themes should be removed.

A professional practice perspective should be included in the themes – training, education, development of standards – which is particularly relevant in health services and health systems.

Concern was expressed about the terminology used, especially the difference between *active ageing* and *healthy ageing*. Definitions are clearly needed, as in the EU, the term *active ageing* has been interpreted to mostly mean economically active, but the term is used differently here.

In response to the question “Should *active ageing* be a stand alone theme?” it was suggested that it should be the central theme of the Road Map, to which other sub-themes are related. A further suggestion was made to fully mirror the current EU

Innovation Pilot project which combines both *active ageing* and *healthy ageing* as a single concept. Two variations on a main *active ageing* theme were suggested:

- A split between social and health priorities
- A split between physical, psychological and social priorities

The use of the term *healthy ageing* was also identified as problematic as it implied that only healthy people with no illness or disease, can age healthily.

A number of cross-cutting themes were identified for further development:

- Although mentioned specifically within the *mental capital* section, the group urged that “value-added” should be built-in as a concept across the Road Map to reflect the economic value of older people in society. They have significant capacity to generate and disburse wealth through continued economic activity and the economic monetisation of older people’s activity should be clearly identified.
- The Road Map also provides a chance to identify opportunities to rebalance research priorities which have been previously been weighted toward areas perceived to generate products, such as the pharmaceutical, biogerontology and ICT sectors. There is scope for similar “products” to be identified in other sectors.
- There are various layers of research – fundamental, clinical, implementation – all phases need to be reflected. This is another cross-cutting thread.
- Cost effectiveness is also a cross-cutting research layer which should be stated at the beginning. Comparisons must be made on more than just numbers; should a two-stage process be suggested, with comparison on effectiveness and then on cost?

Question 2) Are the priorities identified for each theme the essential ones and, if not, what additional ones should be added?

To address the next question, the group examined the priorities for their two themes of *mental capital* and *active ageing* and also then considered other themes and wider issues.

Mental capital

It was agreed that the term *mental capital* resonated with the group, despite being unfamiliar, and the discussion made it clear that it is a flexible and multifaceted term. The group also agreed that the Road Map makes a good case related to collective abilities, behaviours and social issues and reflects well the life course issues in mental health. Other comments related to the priorities under *mental capital* include:

- *Mental capital* is only presented as a health issue. The mental capital of older people is a resource for economic growth and development which is currently underused.
- The Road Map needs to emphasise the value-adding perspective of mental capital as a contribution to the general value of society.

- The social heterogeneity (ageism) of the way we do things should be addressed – sometimes things are done in the wrong way and have a negative impact, for example the heterogenic approach of drug companies, particularly for polypharmacy, threatens the mental capital of the older population
- *Mental capital* could be part of *healthy ageing*, but separating it highlights the potential “wastage” of older people
- The Road Map could be used to address current rhetoric about dementia
- How can mental capital be used not just for prevention of illness but for predictability of illness within a family, and prevention in future generations
- The title could be changed to “Valuing and maintaining mental capital” which reflects positively both social and economic perspectives

Active ageing

As previously mentioned the use and definition of the term *active ageing* was debated, especially as it relates to *mental capital* in the Road Map. This formed the core element of the discussion about *active ageing*. Issues also identified for further consideration for this theme were as follows:

- Stronger linkages between *mental capital* and *active ageing* should be included, particularly the focus on *active ageing* in productive/economic sectors
- Include people in institutions, who may have limited opportunities for *active ageing* in a range of contexts
- Stress that active ageing reflects participation across all aspects of society
- There is a logic to having *healthy ageing* first, but *active ageing* could also go first as it makes a more positive statement.

Other themes

A number of priorities were mentioned which were not currently included in the Road Map:

- Specific conditions such as depression and dementia are not mentioned and they will need to be treated as cross-cutting areas. Disease in general is not mentioned.
- Civic engagement and the involvement of older people in local and national decision making should be emphasised.
- Confidence is not included, yet this is a very under-researched issue with a wide range of implications. Is it an inhibitor of *active ageing*? Should it be in *active ageing* or *attitudes and ageism*?
- Arts disciplines need to be included in support of good design. There is much evidence showing the substantial contributions that can be made to design of assistive devices and age-supportive indoor and outdoor designs.
- With reference to “lifelong learning” in the *Unequal ageing* section, it was observed that in the EU “lifelong learning” is currently considered to end at the age of 64
- The title “Healthy Ageing for more life in years” is awkward but has a positive perspective and there is a need to reflect both positive and negative.
- ICT needs to be covered, and not just from a social perspective, but to recognise the potential of ICT as an opportunity structure at a cross-cutting level

Suggestions were also made for methodological issues:

- See what other paradigms are out there and identify which are working and which are not. Evidence based medicine is good but has limitations, especially for the 85+ group. Identify where we have solutions or where a problem should be acknowledged.
- Cohort studies are expensive and can be inflexible; can we offer an alternative of parallel avenues of research, for example through monitoring of routinely provided services with built in evaluation.
- This is an opportunity to re-examine the research paradigm – an EU approach is politically and methodologically complex and there are clearly issues which should be tackled in the future which we need to acknowledge cannot be quickly solved
- There is often a disfunctional relationship between the creation of knowledge and the implementation of knowledge. This may be an “implementation gap” in using existing knowledge effectively or it may be a “knowledge gap” where new knowledge creation is required. need to be highlighted

Question 3) Apart from the launch conference what other actions will ensure the successful implementation of the Road Map?

Much of the discussion related to the written Road Map, and what should be done to create an accessible and effective document. It was observed that translating the complexity of the document for a general audience will be challenging, but a number of suggestions were made:

Language

- The main headings/sub headings should reflect the factors/keywords which appeal to people.
- The order of the themes should reflect the priority of those themes.
- A glossary of terms should be included at the front of the document, and should explicitly link to existing EU activities
- Assume that readers of the Road Map will not understand any scientific/technical terms
- Ensure the Road Map has a single voice (which it currently does not)

Implementation

- Reflect the opportunities that currently exist
- Raise the profile of these opportunities

Visual aids

- Diagrams and statistics should be included to illustrate ideas, particularly to show the complexity of interactions and paradigms

- The use of a matrix, as previously suggested, will help make obvious to anyone browsing the document the complex thinking that has gone into the creation of it.

The current Road Map document is comprehensive, but will need to be distilled and rewritten to make it accessible for a policy audience. Issues that are currently implied in the document will need to be explicitly stated in policy terms, for example: the monetisation of research through the generation of “products” such as developing mental/social capital or developing accreditation for carers; economic value of older people; cost-effectiveness of implementation of research, and; scaling up of pilot/small scale projects.

A great deal of related activity is already happening in Europe. There should be clear acknowledgement that the Road Map will not exist in a vacuum and indication how the document will relate to the research and innovation agenda. Current initiatives in areas like health care, services provision and improving quality of life and wellbeing can also be reflected in the Road Map.

It was also suggested that prioritisation of the research agenda should reflect current policy concerns, for example: as retirement age is increasing in importance in the EU this is a big research question.

A short discussion also took place on how to create impact with the publication of the Road Map and it was concluded that momentum was important. A wide range of audiences need to be engaged with the Road Map across the EU, from citizens the politicians. Support from member states, as part of a vocal and supportive stakeholder community is essential.

Group 4 – Themes G and H: Attitudes and ageism/Places and context

Chair: Roger O'Sullivan

Rapporteur: Madeleine Madeleine Thornton

Question 1) Do the eight themes capture the essential multi-disciplinary research priorities for the ageing research over the next 10-15 years?

The group found it difficult to evaluate whether or not all themes had been captured as the themes and subthemes appear broad and overlapping. Nevertheless a number of specific issues were raised that members felt may need to be addressed more explicitly in the Road Map:

General comments on research priorities

- More needs to be done to capture changes in the social/economic and political context, particularly with reference to deep change that has occurred in European societies over the past decade. For example changes in the dynamic and economics of formal and informal care provision, impact of the changing role of women in the labour market and at home.
 - Question to consider: how do we capture not only these changes, but the unanticipated changes that we are bound to face over the next decade?
- There is a need to consider the extent to which “ageing research” includes medical research, where the boundaries lie and how the priorities should be divided between this Road Map and the Biogerontology Road Map.
- The group highlighted the need to emphasise rural/urban divides and the differences between affluent and deprived areas throughout all chapters of the Road Map.
- Greater clarity is required within the Road Map to differentiate between “healthy ageing” and “active ageing”. This is something that needs dealing with very clearly and explicitly as politically and in common parlance the terms are often used interchangeably. Where we are advocating research in one or both of these areas, we need to be very clear which it is and why.

Theme specific comments

- Reducing unhealthy life years -The concept of “healthy ageing” needs some development. Age leads, inevitably to death, which is a failure of health. In this context what does healthy ageing mean? “Good health” means something different to a 20 year old to an 80 year old. This relates to what is “normal ageing”? We cannot simply translate the idea of healthy ageing to mean disability free life expectancy. Many older people live without disabilities but are not disease free.
- Unequal ageing and age-related inequalities - Some concerns expressed that much of this ground is covered elsewhere and this section would be better

integrated in to the others. In particular there is very strong overlap between this section and the social protection section.

- Mental Capital – Dislike of the term “capital”. Unclear what it means, its not well understood and therefore the message gets lost. “Capital” e.g. social capital seems to be very much a researchers term that doesn’t translate well for non-academics. Would prefer capacity or competence. Furthermore, dislike the focus on “maintaining” mental capital. This is a defensive position as though all we can hope to do is hold off inevitable decline when in fact our aim, across the lifecourse, is to maximise mental capacity. It is also too narrow. We need to be considering, for example, a new generation of older people with learning disabilities. With life expectancy massively increasing for those with mental disabilities we need to be looking at their old age as a new issue.

Potentially missing priorities

- In the field of care, resources are still geared towards institutional services. This undermines the policy direction of giving people the right to remain at home. This supports the need for research in to what the implications of our policies are (especially with regard to Place and Context)
- Support was expressed for a greater focus on care as a discrete topic throughout the Road Map, potentially as a chapter in its own right (“Care and Caring”/ “Independent Living”). This would reflect older people’s roles as both givers and receivers of care.
- Migration was raised as a research priority that is important and not sufficiently captured in the Road Map. In particular, the structural demographic changes this will effect, potential “carer drain” in some countries. There are also likely implications for social networks and community as a result of migration which is likely to have an impact on care, support and transfers among family networks. There is a need to project future demographic trends based on migration patterns for service planning.
- Intergenerational issues need greater prominence in the Road Map. The social networks and the transfer of wealth, care and support across generations (not just a one way flow, but including the hugely important contributions older people make to the wellbeing of younger generations) need to be considered. Suggestion that this should be focused on in an expanded version of the social participation section and should be named something like “social participation and social exchange”.

Question 2) Are the priorities identified for each theme the essential ones and, if not, what additional ones should be added?

Attitudes and Ageism

- Relationships between carers and cared for - Agreement that this is an important sub-theme but add that equally important are relationships between older people and the professional services they use – broadly speaking the relationship between statutory services and consumers.

- Impact of discrimination on health - This section could be broader and should not focus on the one way “impact relationship”. Discrimination and health are interwoven in a more complex manner. Poor health can lead to discrimination, discrimination can worsen health. The relationship in its broadest sense requires greater attention and understanding.
- Changing perceptions and media and public attitudes - These sections should be merged and widened to include self-perception, older people’s own perceptions of age and ageing and what that means for them. Needs to cover attitudes to age, ageing and older people. NB this has implications for employment.
- Abuse and neglect – Clarification required as to why this is situated in the Attitudes and Ageism section (As an extreme form of ageism?) This section feels narrower – more so than the others, they are qualitatively different types of category. Overall consensus that it should remain in the ageism chapter but the link needs clarifying and making more explicit.
- Older people’s perceptions of their environment - Agreement between all that this section should be moved in to the Place and Context chapter.
- Ageism and employment - This section has very strong overlap with the social participation section

Places and Context

- Refers to the idea of ageing in place i.e. at home. In Sweden (and presumably other European countries?) there is a growing problem for older people who are separated from partners when they require residential care. This is a very unsatisfactory situation. Could this be incorporated in some way? Suggestion to look at the enabling and constraining characteristics of institutional environments not just home environments
- The direction of ageing as related to place and context should be considered in relation to personal resources, wealth etc.
- Migration should have a place here. The implications of migration for place and context are strong, both relation to social networks: community, neighbourhood, roots etc.
- Environments run through all themes, this chapter needs to distil the specific issues that don’t duplicate things discussed in other areas.
- Possible need for greater emphasis on the built environment: accessibility etc

Question 3) Apart from the launch conference what other actions will ensure the successful implementation of the Road Map?

General concern that the launch conference alone will do very little to ensure the implementation of the Road Map. It is necessary to maintain momentum and drive. How can this be done?

- Successful implementation requires buy in at all levels. Need to recognise that the implementation strategy has 2 different levels, European and National. Implementing the Road Map will mean different things at each of these levels

and there need to be different workstreams to accommodate that. At a national level, there needs to be named individuals or organisations who take responsibility for championing the Road Map and communicating its message in a sustained way. In order to make this possible, national level stakeholders need to be identified and targeted. This will require buy in from governments, research funders, research organisations and older people's organisations. However, we need to recognise that research is not an end point and that relationships with markets and providers are equally important.

- Research fails to have impact if the findings are poorly represented. Good, clear, concise research with policy and practice implications spelled out need to be an integral part of the research process and advocacy of this should be included in the Road Map
- Evaluation - This Road Map requires follow up. Without this momentum will be lost and the document buried. This is particularly important given the intended shelf life of the Road Map. Maintaining implementation of the Road Map for 10 years, in the face of new competing policy and funding interests, will require a sustained effort.
- The FUTURAGE team needs a clear statement of what success is. We can't aim for something that hasn't been identified. This needs to recognise that there is a difference between successful implementation of the Road Map i.e. getting the research funded and successful implementation of the research findings that arise from the research we hope will be funded.
- The Road Map needs to link in with the 2012 Year of Intergenerational solidarity and ageing.

Annex A: List of participants

Title	First name	Family Name	Organisation	Country
Ms	Lorena	Androutsou	Ministry of Health and Social Solidarity	Greece
Dr	Claudine	Attias-Donfut	CNAV	France
Dr	Carla	Bakker	ZonMw	The Netherlands
Professor	Matthias	Barton	University of Zurich	Switzerland
Dr	Doris	Bell	German Aerospace Centre	Germany
Dr	Howard	Bergman	Fonds de la recherche en santé du Québec	Canada
Dr	Anna	Bessö	The Swedish National Institute of Public Health	Sweden
Mr	Dimtar	Bojilov	Ministry of Labour and Social Policy	Bulgaria
Ms	Christina	Bonora	Austrian Academy of Sciences, Institute for Biomedical Ageing Research	Austria
Dr	Eric	Brunner	UCL Division of Population Health	UK
Ms	Kerstin	Carsjö	Swedish Council for Working Life and Social Research	Sweden
Dr	Carlos	Chiatti	INRCA	Italy
Professor	Mihail	Coculescu	Ministry of Health	Romania
Ms	Juliet	Craig	FUTURAGE Coordination Team	UK
Dr	Aurelia	Curaj	UEFISCDI	Romania
Dr	Teresa	Di Fiandra	Ministry of Health	Italy
Dr	Gloria	Fernández-Mayoralas	Centre for Human and Social Sciences, Spanish National Research Council CCHS-CSIC	Spain
Mr	Etienne	Franchineau	European Science Foundation	France
Dr	Claudia	Gandin	Istituto Superiore di Sanita, ISS	Italy
Mrs	Vitalija	Gaucaite Wittich	United Nations Economic Commission for Europe	Switzerland
Mr	Frank	Goodwin	Eurocarers	Ireland
Professor	James	Goodwin	Age UK	UK
Dr	Renate	Heinisch	European Economic & Social Committee	EU
Assoc. Professor	Antoaneta	Hristova	Institute of Population and Human Studies	Bulgaria
Professor	Carol	Jagger	Newcastle University	UK
Dr	Louisa	Jenkin	BBSRC	UK
Dr	Reinis	Joksts	Ministry of Health of the Republic of Latvia	Latvia
Dr	Karianne	Jonkers	ZonMw	The Netherlands
Professor	Marja	Jylhä	University of Tampere	Finland

Dr	Elena	Kokurina	Science for Life Extension Foundation	Russia
Professor	Helmut	Kramer	Austrian Interdisciplinary Platform on Ageing	Austria
Ms	Micheline	Lambrecht	Federal Planning Bureau	Belgium
Dr	Giovanni	Lamura	INRCA (Italy) & European Centre for Social Welfare Policy and Research (Vienna, Austria)	Italy and Austria
Dr	Fabrizia	Lattanzio	INRCA	Italy
Dr	Tony	Maltby	Universities of Sheffield and Leicester	UK
Dr	Anne	Martin-Matthews	Canadian Institutes of Health Research, Institute of Aging	Canada
Mr	Kevin	McCarthy	European Commission	EU
Dr	Dana Galieta	Minca	Ministry of Health	Romania
Dr	Teresa	Moreno-Casbas	Ministry of Health, Instituto De Salud Carlos III	Spain
Professor	Penka	Naydenova	Institute of Population and Human Studies, BAS	Bulgaria
Dr	Eva	Nilsson Bâgenholm	Ministry of Health and Social Affairs	Sweden
	Matthew	Norton	Age UK	UK
Dr	Roger	O'Sullivan	Centre for Ageing Research and Development in Ireland (CARDI)	Ireland
Mr	Silas	Olsson	Ambient Assisted Living Association	Belgium
Dr	Simon	Palmer	Department of Work and Pensions	UK
Professor	Gillian	Parker	Social Policy Research Unit, University of York	UK
Ms	Marja	Pijl	Older Women's Network NL - OVN-NL	The Netherlands
Assoc. Professor	Gabriel	Prada	National Institute of Gerontology and Geriatrics - Ministry of Health	Romania
Dr	Iris	Rasooly	Ministry of Health	Israel
Ms	Nicola	Robinson	Age UK	UK
Professor	Vicente	Rodriguez	Spanish National Research Council	Spain
Dr	Fermina	Rojo-Perez	Spanish National Research Council	Spain
Mr	Alain	Rozenkier	CNAV	France
Ms	Gill	Sargeant	Volunteer Network Manager	UK
Ms	Alice	Sinigaglia	AGE Platform Europe	EU
Assoc Professor	Torbjörn	Svensson	Lund University	Sweden
	Madeleine	Thornton	Age UK	UK
M.	Michel	Tuchman	CNSA	France
Professor / Assistant Director General	Marja	Vaarama	National Institute for Health and Welfare	Finland

Dr	Janet	Valentine	Medical Research Council	UK
Dr	Wendy	Van der Kraan	Ministry of Health, Welfare and Sports	The Netherlands
Professor	Päivi	Voutilainen	Ministry of Social Affairs and Health	Finland
Professor	Alan	Walker	University of Sheffield	UK
Ms	Anna	Xheka	Ministry of Labor, Social Affairs and Equal Opportunities	Albania
Dr	Asghar	Zaidi	European Centre for Social Welfare Policy and Research	Austria

Annex B: List of break-out group participants

Group 1 – Themes A and D: Healthy ageing/Unequal ageing and age-related inequalities

First name	Family Name	Organisation name	Country
Matthias	Barton	University of Zurich	Switzerland
Howard	Bergman	Fonds de la recherche en santé du Québec	Canada
Anna	Bessö	The Swedish National Institute of Public Health	Sweden
Christina	Bonora	Austrian Academy of Sciences, Institute for Biomedical Ageing Research	Austria
Mihail	Coculescu	Ministry of Health	Romania
Claudia	Gandin	Istituto Superiore di Sanita, ISS	Italy
Renate	Heinisch	European Economic & Social Committee	EU
Carol	Jagger	Newcastle University	UK
Louisa	Jenkin	BBSRC	UK
Elena	Kokurina	Science for Life Extension Foundation	Russia
Teresa	Moreno-Casbas	Ministry of Health, Instituto De Salud Carlos III	Spain
Silas	Olsson	Ambient Assisted Living Association	Belgium
Gillian	Parker	Social Policy Research Unit, University of York	UK
Gabriel	Prada	National Institute of Gerontology and Geriatrics - Ministry of Health	Romania
Janet	Valentine	Medical Research Council	UK
Päivi	Voutilainen	Ministry of Social Affairs and Health	Finland
Anna	Xheka	Ministry of Labor, Social Affairs and Equal Opportunities	Albania

Group 2 – Themes E and F: Social protection/Social participation

First name	Family Name	Organisation name	Country
Doris	Bell	German Aerospace Centre	Germany
Etienne	Franchineau	European Science Foundation	France
Vitalija	Gaucaite Wittich	United Nations Economic Commission for Europe	Switzerland
Reinis	Joksts	Ministry of Health of the Republic of Latvia	Latvia
Karianne	Jonkers	ZonMw	The Netherlands
Helmut	Kramer	Austrian Interdisciplinary Platform on Ageing	Austria
Micheline	Lambrecht	Federal Planning Bureau	Belgium
Giovanni	Lamura	INRCA (Italy) & European Centre for Social Welfare Policy and Research (Vienna, Austria)	Italy and Austria
Matthew	Norton	Age UK	UK
Marja	Pijl	Older Women's Network NL - OVN-NL	The Netherlands

Vicente	Rodriguez	Spanish National Research Council	Spain
Alain	Rozenkier	CNAV	France
Marja	Vaarama	National Institute for Health and Welfare	Finland
Wendy	Van der Kraan	Ministry of Health, Welfare and Sports	The Netherlands
Asghar	Zaidi	European Centre for Social Welfare Policy and Research	Austria

Group 3 – Themes B and C: Mental capital/Active ageing

First name	Family Name	Organisation name	Country
Carla	Bakker	ZonMw	The Netherlands
Carlos	Chiatti	INRCA	Italy
Juliet	Craig	FUTURAGE Coordination Team	UK
Aurelia	Curaj	UEFISCDI	Romania
Teresa	Di Fiandra	Ministry of Health	Italy
Gloria	Fernández-Mayoralas	Centre for Human and Social Sciences, Spanish National Research Council CCHS-CSIC	Spain
Tony	Maltby	Universities of Sheffield and Leicester	UK
Anne	Martin-Matthews	Canadian Institutes of Health Research, Institute of Aging	Canada
Kevin	McCarthy	European Commission	EU
Penka	Naydenova	Institute of Population and Human Studies, BAS	Bulgaria
Iris	Rasooly	Ministry of Health	Israel
Nicola	Robinson	Age UK	UK

Group 4 – Themes G and H: Attitudes and ageism/Places and context

First name	Family Name	Organisation name	Country
Claudine	Attias-Donfut	CNAV	France
Kerstin	Carsjö	Swedish Council for Working Life and Social Research	Sweden
Frank	Goodwin	Eurocarers	Ireland
Antoaneta	Hristova	Institute of Population and Human Studies	Bulgaria
Dana Galieta	Minca	Ministry of Health	Romania
Eva	Nilsson Bågenholm	Ministry of Health and Social Affairs	Sweden
Roger	O'Sullivan	Centre for Ageing Research and Development in Ireland (CARDI)	Ireland
Simon	Palmer	Department of Work and Pensions	UK
Fermina	Rojo-Perez	Spanish National Research Council	Spain
Alice	Sinigaglia	AGE Platform Europe	EU
Torbjörn	Svensson	Lund University	Sweden
Madeleine	Thornton	Age UK	UK

Annex C: Speaker biographies

Professor Alan Walker

The University of Sheffield, United Kingdom



Dr Alan Walker is Professor of Social Policy and Social Gerontology at the University of Sheffield, UK. He has been researching and writing on aspects of ageing and social policy for over 30 years. He is currently Director of the New Dynamics of Ageing Programme.

(<http://www.newdynamics.group.shef.ac.uk/>) funded by the AHRC, BBSRC, EPSRC, ESRC and MRC, of the European Research Area in Ageing (<http://www.shef.ac.uk/era-age/>) and FUTURAGE (www.FUTURAGE.group.shef.ac.uk). Previously he directed the UK Growing Older Programme (<http://www.shef.ac.uk/uni/projects/gop/index.htm>) and the European Forum on Population Ageing (<http://www.shef.ac.uk/ageingresearch>). He also chaired the European Observatory on Ageing and Older People. He has published more than 20 books, 200 reports and 300 scientific papers. Recent books include *Growing Older - Extending Quality Life* (2004), *Growing Older in Europe* (2004) and *Understanding Quality of Life in Old Age* (2005) all published by McGraw Hill and *Quality of Life in Old Age* (2007), published by Springer. In 2007 he was given Lifetime Achievement Awards by both the Social Policy Association and the British Society of Gerontology. At the 2011 IAGG European Congress in Bologna, he was given one of the Association's first three Awards for Advances in Gerontology and Geriatrics; the award was made for the Social and Behavioral Sciences.

Professor Carol Jagger

Newcastle University, United Kingdom



Carol Jagger (carol.jagger@ncl.ac.uk) is the AXA Professor of Epidemiology of Ageing in the Institute for Ageing and Health. Her research spans demography and epidemiology with a focus on mental and physical functioning in ageing and determinants of healthy active life expectancy, particularly through cohort studies of ageing: the Melton Mowbray studies and currently the MRC Cognitive Function and Ageing Study and the MRC Newcastle 85+ study. Within Europe she co-leads the European Health Expectancy Monitoring Unit, sits on the Steering Group of the European Health Survey System and the Task Force on Disability Surveys and leads the Healthy Ageing and Wellbeing theme of the FUTURAGE project which will create the Road Map for ageing research in Europe for the next 10-15 years (see <http://FUTURAGE.group.shef.ac.uk/>). Nationally she has advised the Office of National Statistics and the Scottish Public Health Observatory on Healthy Life Expectancy, has provided evidence on this to the government Works and Pensions Committee and the Health Committee and

she sits on the Actuaries Mortality Research Steering Committee. Carol is a Chartered Scientist and a Fellow of the Faculty of Public Health.

Dr. Carlos Chiatti

Italian National Institute of Health and Science on Ageing (INRCA), Italy



Dr. Carlos Chiatti holds a Master in Economics and a PhD in Epidemiology. He is a research fellow at the Italian National Institute of Health and Science on Ageing (INRCA) and a visiting fellow at the Institute of Health and Ageing in Newcastle upon Tyne. In addition, he teaches Health Economics at the University of Ancona. His main research interests relate to the field of social inequalities in health, social gerontology and health services organisation. He is currently working on the project FUTURAGE, aimed at defining the Road Map for future ageing research in Europe. Together with his research group at INRCA, he recently received a research grant from the Ministry of Welfare, for a large community trial (UP-TECH project) aimed at improving the provision of health and social care for patients affected by Alzheimer Disease, through a better integration of existing services and the use of new technologies.

Alice Sinigaglia

AGE Platform Europe, Belgium



Alice Sinigaglia graduated in International Economics at the University of Padova, Italy in 2007. Afterwards, she broadened her knowledge of European policies during an Executive Master in International Functions. She also worked as intern at the Italy Permanent Representation to the EU.

Since March 2009, Alice Sinigaglia is Logistic and Campaign Officer at AGE Platform Europe, the European Older People's Platform. Her main responsibilities involve the coordination of the Campaign for the European Year for Active Ageing and Solidarity between Generations (2012). She is also in charge of the management and the dissemination of the findings of a series of EU projects and contributes to drafting a guideline on user involvement in research.

Torbjörn Svensson
Lund University, Sweden



Associate Professor Torbjörn Svensson, Centre for Ageing and Supportive Environments, CASE, Lund University, Sweden. He has (since the mid 1970's) been involved in research on, among other things, the interplay between the person and the environment - also from a theoretical point of view. He is the director of a longitudinal cohort study of ageing on 80 year olds and older in Sweden, Iceland and Lithuania.

James Goodwin
Age UK, United Kingdom



Professor Goodwin is the recently appointed Head of Research in the newly merged charity, Age UK – formerly Age Concern and Help the Aged. The mission of the new charity, one of the largest in the UK, is to improve the lives of older people. Age UK funds and commissions a large portfolio of research on ageing and specialises in translating knowledge into tangible benefits for older people.

James sits on numerous expert bodies, including a Ministerial Advisory Group on Research, a UN Research Agenda for Ageing panel, the UN Digital Health Group, a WHO Advisory Group, leads the user involvement element of the EC funded FUTURAGE project and is Chair of the Halcyon (NDA) Knowledge Transfer Steering Committee. He is a member of the editorial board of the UK journal 'Quality in Ageing'. He presented evidence to the House of Lords Inquiry on the Scientific Aspects of Ageing (Select Committee on Science and Technology) in 2005 and 2009, and to a US Congressional hearing in 2006.

Dr Goodwin graduated with a bachelor's degree in Biology from Keele University, UK. After graduation and service in HM Forces, he read for a Master's in human biology at Loughborough University and then for a PhD in medical science in Professor Sir John Tooke's department at the Postgraduate Medical School, University of Exeter. His research area was the effects of temperature variations on the autonomic cardiovascular responses of older people, an area highly relevant to the issue of climate change and older people's health. He has been a consultant adviser to the Met Office for over 10 years and holds a visiting professorship at Loughborough University in the Physiology of Ageing. After 15 years in the university sector he was appointed as Head of Research at the Help the Aged in 2002.

Giovanni Lamura

Italian National Institute of Health and Science on Ageing (INRCA), Italy



Giovanni Lamura graduated in Economics at the Ancona University (Italy), and obtained his PhD degree in "Life course and social policy" at the University of Bremen (Germany) in 1995. Since then he has been working at the Department of Gerontological Research of the Italian National Research Centre on Ageing (INRCA), where he has gained experience in international research projects in following fields: family care of the elderly; reconciliation of professional and caring responsibilities; migrant care workers; quality of life and well-being in older age; prevention of elder abuse and neglect; long term care; older workers. In 2006–2007 he was visiting researcher at the University of Hamburg-Eppendorf, Institute of Medical Sociology, Hamburg (Germany), to work on data collected within the EUROFAMCARE project on "Supporting services for family carers of older people in Europe". Besides FUTURAGE, currently he is involved in following cross-national research projects: "ABUEL: a multinational prevalence study on elder abuse"; "ASPA" (Activating Senior Potential in an Ageing Europe); "Care@work" (on the reconciliation of employment and elder care, funded by the Volkswagen Foundation); "EURHOMAP" (aimed at mapping home care services in Europe); and "CARICT" (ICT-based solutions for caregivers). He is currently visiting scholar at the UN-affiliated European Centre for Social Welfare Policy and Research in Vienna.