The National Council for Senior Citizens is a Norwegian government-appointed body which advises on policies for senior citizens at the national level. Reference to policies for senior citizens is used in the Nordic countries to cover what is known as "active ageing" in international research and policy-making. Policy-making for "senior citizens" in Norway encompasses anyone over 50.

The Council is made up of the Government’s individually appointed representatives. They are all appointed for a 4-year parliamentary term. Administratively the Council sits under the Ministry of Labour and is located within the Norwegian Directorate for Labour and Welfare, where it also has its secretariat.

The National Council for Senior Citizens is mandated to work on a free and independent basis, raising issues relating to senior citizens’ activities and participation in society. It gives advice to the country’s public authorities and institutions and also provides guidance to the public and to private and public bodies.
terms of reference of the national council for senior citizens

The present Council was given its terms of reference by Royal decree dated 07.05.2010 in conjunction with the appointment of its members. They apply for the Council term 2010–2013:

1. The National Council for Senior Citizens is an advisory body for public authorities and institutions at the national level. It works on a free and independent basis, raising issues relating to senior citizens’ activities and participation in society. In this context ‘senior citizens’ refers to people over 50. The Council shall:
   - provide an opportunity for discussion between Council members and representatives of public authorities and institutions about issues of significance to senior citizens
   - give its opinion about important questions concerning senior citizens
   - obtain information about needs, problems and solutions locally, regionally and centrally in order to suggest initiatives and give recommendations to public authorities and institutions
   - provide guidance to the public and to private and public bodies
   - be able to provide information externally

2. The Council consists of 15 members who together offer a broad range of social experience and have particular insight into the position of senior citizens in society. The Council is appointed by the King who also appoints its leader and deputy leader. Two members are pointed at the suggestion of the Norwegian Pensioners’ Association. The appointments are for four years. Each Council member’s expertise must be used effectively and constructively.

3. Administratively the Council sits under the Ministry of Labour and has a secretariat as specified by the Ministry.

4. The Council meets at least four times a year and whenever the leader, at least three members or a ministry wish it. The ministries take part in the meetings when issues within their areas are discussed. The Council should have an executive committee consisting of the leader and deputy leader and at least one further member.

5. A record book of the Council’s discussions must be kept. It must show who took part in the meeting, the subjects discussed and the Council’s decisions with reasons. If opinions in the Council are divided reasons must be given. Each member of the Council has the right to make comments in the record book. After each meeting the extract from the record book must be sent to the members, the relevant ministries and the Norwegian Pensioners’ Association.

6. The Ministry of Labour may make changes to the regulations.
INTRODUCTION

The National Council for Senior Citizens has an important role. Our terms of reference, which are very broad, define senior citizens as everyone over 50. We generally take a national perspective and our work is directed primarily at the government level and central authorities. However, our advice also affects counties, municipalities, associations, the workplace, industry and commerce, and people generally. An overarching goal of our joint efforts is to achieve a good quality of life for older people too.

The current Council is appointed for the years 2010–2013. At the beginning of this period the Minister for Labour, Hanne Bjurstrøm, charged us with producing good recommendations on poverty among older people, the Pension Reform and the IA agreement (on inclusion) and recruiting for care services for older people. Our response was delivered on 15 April 2011. The Council has also continued the practice of the two previous councils by producing an extensive programme of policies for senior citizens. In this programme we address issues which are central to senior citizens’ lives, and we present our opinions on the desired solutions.

There is a lot that is good for senior citizens in Norway, and many positive initiatives are under way. Nevertheless, the current policies for senior citizens still lack coherence. Norway needs comprehensive policies for senior citizens. They must be grounded in knowledge and understanding of senior citizens’ lives. This programme contributes to the development of such a comprehensive approach.

At the Council’s request Statistics Norway has again (2011) produced the publication Seniører i Norge (Senior citizens in Norway). This describes important aspects of senior citizens’ lives, based on data collected systematically. This publication is important to our work – and important to all involved with policies for senior citizens.

The Council’s terms of reference also state that we should provide guidance for others. We aim to carry out this task primarily through our website www.seniorporten.no. On this web site we try to provide data and information useful to all concerned with policy issues relating to senior citizens.

As a part of its information and guidance function the Council has also published Å være pensjonist (Life as a pensioner). This is aimed directly at the individual pensioner and gives high quality, useful information about key aspects of pensioners’ lives. But it is also useful for anyone else looking for information in this area.

There are many players engaged in the field of policies for senior citizens; many work together – and some compete. It is important to underline that we at the National Council for Senior Citizens do not compete with any one. Our aim is to help create the broadest possible partnership for the benefit of senior citizens in Norway.

We need all the help we can get. Our action plan Senior citizens in Norway – policy challenges 2010–2013, our publications Seniører i Norge (Senior citizens in Norway) and Å være pensjonist (Life as a pensioner), and our website www.seniorporten.no should equip all who wish to get involved in the field of policies for senior citizens to do so.
The number of inhabitants in Norway is constantly increasing. According to Statistics Norway we will pass the 5 million mark in 2011. Statistics Norway estimates that there will be just under 7 million inhabitants in Norway by 2060. As many as 1.5 million of them will be over 67.

In 2011 senior citizens make up about a third of the population. Statistics Norway estimates that by 2060, 4 out of 10 people will be 50 or older. Of these, about half will be of working age (50-67 years) and half will be over 67.

Population growth
The population growth results from high birth rates, increasing longevity and high rates of immigration. Life expectancy in Norway today is 79 years for men and 83 years for women (Statistics Norway:2011). There are only six countries with a higher life expectancy than Norway: Japan, France, Spain, Switzerland, Italy and Sweden (Eurostat:2009). The increase in life expectancy is primarily due to a general improvement in health and a particularly big fall in deaths from heart and vascular disease.

Less than 4 per cent of Norwegian inhabitants over 67 are immigrants. Of these more than two thirds come from Europe. Immigration from Asia and Africa did not start until the 1970s and the vast majority of these immigrants are not yet old enough to be old-age pensioners. In Norway

Definition of “younger senior citizen” and “older senior citizen”
Senior citizens: All those 50 years and above
Younger senior citizens: 50–66 years old
Older senior citizens: 67 and above
today there are only 7,500 immigrants from Asia and Africa over 67. They represent 1.2 per cent of all people over 67. Statistics Norway estimates that this group will rise to about 120,000 in 2060, i.e. about 8 per cent of all those who are 67 or older.

**Increased life expectancy**
The increase in the number and proportion of older people is a global phenomenon. The UN expects the world's population to increase to about 9 billion by 2050, but that population growth will then level off. Increasing longevity will result in an increased proportion of older people in all countries. As western countries already have a large proportion of older people, the proportion there will be significantly larger than in the rest of the world. When the national insurance system was set up in 1967, there were 4 people in work to every pensioner. Today the figure is about 2.6. In future there will probably be fewer people in work compared to pensioners than there are today. The changing age profile of the population may increase the need for immigrant workers, restrict economic growth and increase health care needs.

**The need for more working people**
The number of people in employment must increase in order to finance old age pensions, health services and care for the elderly. These sectors will require a continuously increasing share of the country’s value creation. Even though the elderly of the future will be richer in resources and more healthy than before, there will still be many more who need help and care.
AGE DISCRIMINATION

Senior citizens experience discrimination on grounds of age. This happens when rights formally end at specified ages and when access to some areas of society is restricted. Negative attitudes towards older people can make participation more difficult or lead to reduced opportunities.

The National Council for Senior Citizens wishes to see a society in which age has as little influence as possible on how people are treated. We are seeing positive developments in that senior citizens are increasingly regarded as a resource within society. Senior citizens are themselves contributing to this change in attitudes because of their increasing numbers, and because they are becoming more healthy and more active. However, attitudes towards the oldest, those with reduced physical and mental health and the most needy, are not developing in the same positive way. Our understanding of an individual’s human dignity should not be influenced by their age or functional abilities.

Ageism
The term ageism covers prejudice against and discriminatory practices towards older people. Even well-meaning initiatives may amount to ageism if they are based on general assumptions of limited physical or mental function. In our experience differential treatment based on age attracts less attention than other forms of differential treatment. So it is difficult to establish the scale of ageism and age discrimination. More knowledge is needed in this area.

Age limits
The National Council for Senior Citizens opposes upper age limits in principle. This applies both at work and elsewhere. We do not object to differential treatment for which there are objective grounds, but the underlying principle must be equal treatment. If a person is to be denied rights, this ought to be done on an individual basis and not on the basis of age. The Working Environment Act prohibits discrimination at work on the basis of age.
The prohibition does not mean that age discrimination in the workplace does not take place, but it gives employees a tool with which to oppose this type of discrimination. Many older people also experience discrimination outside work, both at the hands of public bodies and commercial companies. There may, for example, be an inferior range of services on offer compared to other age groups, inadequate physical access to cultural events, more expensive insurance, challenges in using automatic ordering systems or less opportunities to sit as a lay judge. Laws influence attitudes and give groups discriminated against a tool for opposing discrimination. For this reason the National Council for Senior Citizens seeks a general prohibition against age discrimination.

THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:

- A general prohibition against discrimination on the basis of age should be introduced.
- More knowledge and research is needed in the area of ageism and age discrimination.
PARTICIPATION IN ELECTED BODIES

Younger senior citizens take a very active part and are well represented in political and social life. Older senior citizens have a low representation, and people over 65 are almost completely absent from elected bodies. So the councils for the elderly (which are appointed by and advise municipal and regional government) are important.

Average life expectancy in Norway is over 80 years. People are living longer and the elderly make up a greater number and a greater proportion of the population than ever before. One in five Norwegians is over 60. More than one in ten is over 67. Every fourth voter is over 60.

Under-representation of older people in elected bodies.
Unfortunately the composition of elected bodies does not reflect that of the population. The 50-59 age group is better represented in Parliament, local and regional government than is justified by its size. The opposite is true for all other senior citizens, particularly those over 65 who are almost completely absent from elected bodies.

People over 60 are no less interested in politics than other parts of the population. They participate more in elections than younger people, but are perhaps less willing to take on political positions than they used to be. The reasons for this may be complex. Their participation is affected both by their own attitudes and by the attitudes of others towards them. Party nominations of senior citizens over 60 are not consistent with this age group’s political interest and size.

Older people have experience, knowledge, interests and opinions which should be represented in elected bodies. Under-representation of older people in elected bodies is increasingly a challenge for democracy, because they represent a growing proportion of the population.

The UN’s principles for older persons

Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
Councils for the elderly are important
Precisely because older senior citizens are under-represented in elected bodies, the councils for the elderly at local and county level are important bodies for ensuring that they are able to influence local society. Unfortunately councils for the elderly often receive cases for comment much too late. The National Council for Senior Citizens wishes to see the establishment of effective processes to ensure that councils receive current matters for discussion in good time. The councils’ opinions must be made more visible in the political process.

**Fig. 1: Councillors by age and sex in 2007 (per cent)**

**Source:** Statistics Norway

**THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:**

- The political parties should be encouraged to nominate more people over 60.
- People over 60 must themselves be willing to take on positions as elected representatives.
- Negative attitudes towards the participation of older people in elected bodies should be opposed.
- The councils for the elderly must be involved in cases at an earlier stage and their opinions given better visibility.
- A representative of the council for the elderly should be entitled to present the council’s opinions and put the case for its proposals at municipal council meetings and before other relevant bodies.
LIVING CONDITIONS

As a group pensioners are better off financially than ever before. There are nevertheless some poor people among them, particularly single women. The recent Pension Reform may have an adverse effect on future pensioners with little connection to the labour market. Needs-based support arrangements are needed if all are to manage.

The financial position of pensioners has improved in recent years. Each new cohort of pensioners is better off than the last. A growing number have better accumulated rights within in the national insurance system, an occupational pension in addition to the state pension and savings. In recent years, pensioners’ income and wealth has increased proportionally more than that of other age groups. The minimum state pension has risen to the 2G level (on the Government scale). Generally pensioners have lower outgoings, because they have smaller loans – or have paid them off – pay less to support dependants and are taxed less than working people.

Some pensioners are still hard up
Despite these positive developments in recent years, some pensioners are still hard up. This applies particularly to the very oldest, single people and those who have had little or no connection to the labour market. It relates primarily to women. As many as 9 out of 10 people on the minimum pension are women, because the rules for building pension rights focus on income and number of years in work.

1 in 6 people on the minimum pension receive housing benefit in order to manage (Norwegian State Housing Bank, Husbanken:2010). The proportion of people on the minimum pension is falling. Today less than 1 in 3 pensioners are on the minimum pension; 2 in 3 of them are over 75 and 1 in 3 are single (Norwegian Labour and Welfare Administration, NAV:2010).
It is far from certain that these positive developments will continue. The Pension Reform requires a long connection to the labour market, and this may result in new generations of pensioners not getting such good terms as those of today. This is particularly true for women with a short or limited connection to the labour market, those on disability benefit and immigrants and refugees who have not been in Norway long. So it is uncertain whether the proportion of people on the minimum pension will be smaller in the future. Those who are older and poor are permanent poor. Their income level will not change over time as it can for those in work. Despite this older people are not referred to as a separate group in the Government’s poverty action plan.

**Needs-based benefits**

More equal taxation of pensioners and wage earners will result in it being less profitable to be a pensioner than it used to be. As there are so many pensioners and most of them are doing well financially it is not very realistic and would be very costly to go for a general increase in benefits. We therefore need effective, needs-based, benefits to ensure that all pensioners receive an income they can live on. The housing benefit provided by the Norwegian State Housing Bank is a tailored, needs-based, provision which smoothes out differences. In order to avoid poverty, the combination of the minimum pension and the maximum housing benefit ought to produce a total income significantly higher than it does today.

Women have, and will continue to have, less connection to the labour market than men, for example because of their responsibilities as care givers. Both earlier and current pension systems are organized in such a way that men are better placed than women. Currently women’s pensions are about 30 per cent lower than men’s. It is likely that the Pension Reform will maintain this difference. Today only 1 in 10 women have built up full pension rights (40 years) in the national insurance system; the equivalent figure for men is 6 in 10 (NAV:2011).

**THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:**

- The Government should focus more on poverty among older people.
- The Government should constantly monitor the arrangements for housing benefit and ensure that those who meet the criteria for support are aware of the scheme.
- The Government should continuously monitor the economic consequences of the Pension Reform – particularly for women, single people, immigrants and groups with little connection to the labour market – and consider modifications to avoid significant, negative social consequences.
The employment rate in Norway is high, including for older people. The employment rate for the 60-64 age group is 59 per cent compared to about 30 per cent in Europe. Of the European countries, only Iceland and Sweden had higher employment rates for this age group than Norway in 2009.

The trend is for older workers to want to continue working longer. Perceptions about what it means to be an older or senior citizen at work are also shifting upwards somewhat, both in the eyes of employers and employees.

Although employment among senior citizens in Norway is high, only 31 per cent stay in work until they are 67. This includes people working part time. More than 40 per cent of all 66-year-olds receive a disability pension.

**Table 1: Proportion of the population, in work and pensioned (per cent)**

<table>
<thead>
<tr>
<th>Age</th>
<th>Old age pension</th>
<th>Disability pension</th>
<th>AFP*</th>
<th>In work</th>
<th>Not in work**</th>
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<td>6</td>
<td>37</td>
<td>21</td>
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<td>15</td>
</tr>
</tbody>
</table>

Source: NAV:2011

*Some under-reporting due to incomplete data for recipients of AFP (contractual pension) in the public sector after 2009.

**Not in work or receiving other benefits from NAV

NB: A person may be in work and also in receipt of a pension.

**WORK**

Norway needs senior citizens’ labour, experience and skills. So the conditions for keeping them in the workforce must be created. The fact that many senior citizens choose to stop working early is a social challenge.

The UN’s principles for older persons

Older persons should have the opportunity to work or to have access to other income-generating opportunities. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.

Although employment among senior citizens in Norway is high, only 31 per cent stay in work until they are 67. This includes people working part time. More than 40 per cent of all 66-year-olds receive a disability pension.
Senior citizens’ experience and knowledge is needed in the workforce

We are living longer. Studies show that older people are more healthy now than they used to be, and that many have a high capacity for work. Older employees do just as good a job as the younger. Nevertheless, many are eased out of the workplace long before they reach pensionable age. This leads to a loss of important skills gained through long experience in the workplace. This drains Norway of resources and can have serious consequences for labour needs and the financing of welfare schemes in the future.

For many, the process of exclusion from working life begins as early as 40-50. Many senior citizens draw disability benefit or are prompted to retire as soon as they can. Early retirement has long been used as a tool in downsizing. Many businesses regularly offer an extra pension in addition to the “AFP” pension (contractual pension).

Senior citizens who are unemployed or wish to change jobs may have difficulties in getting a new position. Early retirement and resistance to employing older people is influenced by attitudes and the culture in the workplace. Human resources policies which consciously take a life-course-oriented approach are therefore essential in extending senior citizens’ working lives.

The right to work

Improving the rate of employment for older people in Norway is a stated political goal. The Pension Reform is designed to reward those who continue working rather than taking a pension. Pension rights may now be accrued up to the age of 75. The Working Environment Act nevertheless allows employees over 70 years to be dismissed, and a number of companies have internal age limits below 70. If the incentives to work in the Pension Reform is to have the desired effect, individual employees must also have the opportunity to continue working in practice.

The Pension Reform

Since 2011 it has been possible to draw the old age pension between 62 and 75. Earned income may be combined freely with the old age pension without limiting the pension. The pension is adjusted for life expectancy according to the age at which you choose to start taking it. Adjustment for life expectancy means adjustment for expected average life span in each year group.

The individual chooses when to start withdrawing the pension. For those with low accrued pension rights, for example women who have done a lot of part time work and immigrants, the options are, however, limited in practice. The same applies to employees with health problems.

THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:

• Upper age limits at work should be removed and the rules on special age limits reviewed.
Inclusive working environment
The Working Environment Act provides that all employees have the right to professional and personal development through their work. A good human resources policy which ensures professional and personal development for employees throughout their working lives and is geared to the individual’s needs and stage in life is therefore also a good policy for senior citizens. A good working environment and job satisfaction can prevent exclusion and early retirement.

The fruits of effective work on inclusion (IA work) are created in the individual enterprise.

Focused IA work involves valuing employees and well-being at work. It is as important to prevent 40-50-year-olds from withdrawing from work as it is to promote increased employment among 60-year-olds.

The ‘Inclusive working environment’ (IA) agreement
The two sides of industry have, together with the authorities, entered into a letter of intent about a more inclusive working environment (IA agreement). The first IA agreement was entered into in 2001, whilst the current agreement, which applies until the end of December 2013, was made in February 2010. The paramount aim of the IA agreement is to prevent and reduce absence due to illness, help bring employees back to work and improve the working environment, as well as prevent exclusion and withdrawal from working life.

In 2009 only the third “secondary goal” was achieved – to delay retirement by an average of 6 months. In the 2010 agreement this goal was redefined as being that active employment after 50 should be extended by six months compared to 2009.

NAV’s Inclusive Workplace Support Centres (Arbeidslivssentre) are responsible for assisting companies in their IA work and offering individual services such as grants and contact people.

The Centre for Senior Policy (CSP) is a centre of expertise which works to encourage employers both in the public and private sectors to develop good policies for senior citizens. The CSP has entered into an agreement with the Norwegian Directorate for Labour and Welfare (NAV) to work with the Inclusive Workplace Support Centres in the counties to promote good practices on inclusion for older employees.
The National Council for Senior Citizens supports the goals of the IA agreement on an inclusive working environment. We also support the work of the Centre for Senior Policy (CSP) in enhancing the position of older employees in the workplace. The third secondary goal was the only secondary goal reached during the period of the previous agreement. It looks as if there is now a general tendency for older employees to want to work longer. The aim of the third secondary goal should therefore now be more ambitious than the current goal.

Discouraging early departure
Many employers have introduced a variety of measures to keep older people at work longer. Many of these measures, for example extra days off, reduced hours and different types of bonus arrangement have taken the form of benefits for seniors.

In many companies, economics has been an important reason behind initiatives for retaining older employees. They have been seen as hard-working, experienced and loyal, and employers can avoid having to train new staff. Until 2011 the financing arrangements for “AFP” (contractual pensions) in the private sector were such that each individual company paid a large part of the costs for each individual employee who took out an AFP. The new AFP arrangements in the private sector lack such incentives for retaining older employees. Now the costs are divided according to number of employed, not the number who choose to take out an AFP.

The extent to which such incentives for older employees have in fact contributed to preventing early departure is unclear. Some will continue to work anyway, whilst for others the incentives may come too late – they have already left. The new pension rules are designed to encourage more older people to choose to work longer. The lower-paid will not always have the same ability to choose an early pension because their accrued pension rights are too low.

The indications are that there is a greater need for more individually tailored provision and a focus on the working environment rather than incentives in the form of benefits.

Economic incentives for employers
After the introduction of the new AFP scheme in the private sector, employers have no economic incentives to retain people past 62. If it now turns out that more choose an early pension rather than to continue at work, alternative economic incentives for employers who retain older workers must be considered. This might include reduced employer’s contributions for employees over 62 or a form of salary subsidy to the employer.
THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:
• An arrangement should be drawn up providing for economic incentives to employers for retaining older workers.

Expertise
Today’s older people have often had a much broader and longer education than used to be the case. They have experience of a working environment which has been in more or less continuous flux, and they know that, for a team to work, both new knowledge and the sharing of expertise are required. Older people have the same expectations and need for opportunities to improve their skills as younger people.

THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:
• An important means of discouraging withdrawal from the labour market is to offer older people training and development opportunities.
It is becoming more and more important to be able to use data and telephony services. Older people’s use of these things is increasingly in line with that of the rest of the population. Senior citizens send text messages, use online banking services to pay bills, and book flights online. Not all have sufficient qualifications to take advantage of all the possibilities. This applies particularly to older people who have been out of the workplace for a while.

ICT develops so fast that it can be a challenge to keep up to date with all that is happening. So it is important that there is provision for suitable training for all in computer skills. Public places such as libraries and activity centres for the elderly should offer this. Training in the use of virtual meeting places such as Twitter, Facebook and Skype can contribute to countering isolation and loneliness.

ICT is used both to give users a better service and to reduce costs in both the public and private sectors. The public sector in particular has a responsibility to its citizens to offer a service which is equally accessible to all. There will always be users and customers who are not competent to use automated electronic facilities. These people must be given satisfactory access to the services.

**THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:**

- Senior citizens who do not have sufficient skills to use computer systems must be offered training, for example in libraries and activity centres for the elderly.
- Those who are not able to use digital and electronic facilities must be given satisfactory access to the services.
Housing

There is a widespread desire among older people to live in their own homes for the whole of their lives. Most households in Norway own their own home. The vast majority of the homes of the future have already been built. However, many are not sufficiently accessible and do not offer the necessary security for people with reduced functional abilities. So major emphasis must be given to improving the existing housing stock and ensuring that new homes are built to high standards of accessibility.

As a starting point, everyone has a responsibility for their own home. Local authorities have a responsibility for the homes they own and rent out. Many older people adapt their homes on their own initiative, using their own resources. More should be encouraged to do so, including financing this by individual loans. But the authorities should improve the possibilities for those with limited means to improve their homes too. The municipalities should take responsibility for developing and improving the homes they own. This also applies to existing institutions. As part of the local authorities’ responsibilities for planning under the Planning and Building Act, it is important to ensure that homes are suitable for all stages of life, including for those in need of care, so that the home can provide an alternative to an institution. The municipalities must ensure that the users are included in the planning process.

There are 2,324,000 homes in Norway. 1,220,000 (52 per cent) are detached houses, 479,000 (20 per cent) are other types of house (terraced, semi-detached) and 523,000 (23 per cent) are flats in larger buildings. The annual increase in new homes is 1–1.5 %. There is also a certain amount of shrinkage in existing homes.

About 85 per cent of 45–66-year-olds and 75 per cent of those over 67 live in ordinary houses. Slightly over half the homes in Norway are accessible to wheelchair users. Despite significant effort in recent years, relatively few homes comply with the lifetime homes standard or Universal Design. 75,000 people over 67 live in blocks of flats without lifts. (Source: Statistics Norway: 2010)
The number of universally designed homes may be increased partly by building new homes and partly by adapting existing homes. The fact that the large majority of future homes have already been built underlines the need to put considerable effort into modifying the existing housing stock too.

Universal Design: The design of all buildings and the built environment, means of transport and products to be usable to the greatest extent possible by everyone without the need for modification or special design.

Universally designed homes: Homes in which access and all living facilities are universally designed: Entrance/hall, living room, kitchen, all bedrooms, at least one bathroom/toilet/washroom and storage areas, outdoor space and communal areas.

Homes to the lifetime homes standard: Homes in which access and all necessary living facilities on the entrance level are universally designed: Entrance/hall, living room kitchen and at least one bathroom/toilet/washroom. For other living facilities Universal Design should be able to be introduced.

Both with conversions and new-build it is important to assess the possibilities arising from information and communications technology. “Smart” solutions such as automatic control of lighting, windows and switching off electrical equipment at night, can make day-to-day life easier and more secure for many, regardless of age. Smart building technology is used in care homes and nursing homes, but a range of technology services and products are also available to consumers. Senior citizens are a target group for technical solutions which provide more safety, security and comfort, and lower energy costs.

A number of senior citizens wish to move to more suitable homes, often located centrally. Most senior citizens own their own home which can be sold when they move. The value of the property, the cost of the new home, available alternatives and attachment to the local area are important factors influencing whether senior citizens move.

In recent years there has been considerable emphasis on producing homes to the lifetime homes standard and/or Universal Design. Older people can manage on their own for longer if homes have a high standard of accessibility. A well arranged and accessible home can also reduce the risk of falls indoors. Today, resources are primarily aimed at new-build. Achieving level access to all homes and to the main rooms within the home should be a key aim.

The surrounding area is at least as important as the home itself; accessibility for all should be a fundamental principle in all planning. Residents must be able to move from the car, or other means of transport, to their door independently. Accessible public transport is needed for those who do not drive.

The Norwegian State Housing Bank provides loans and grants for the improvement and adaptation of homes to attend to special needs, for example disability. To meet the goal of a universally accessible society by 2025, efforts must be intensified and directed particularly towards the conversion and adaptation of existing homes. All the stops must be pulled out to achieve this in the next few years, and good loan and grant schemes must be available. Households that wish to improve their own home should be able to obtain guidance from competent and independent advisers before the work begins.
To achieve better coordination between advice and services when adapting homes for those with reduced functional abilities, a cooperative project has been set up between selected municipalities, NAV Centres for Assistive Technology and the State’s Housing Bank. The arrangement is geared towards people who, because of their age or disability, have difficulties with access to or within their own homes. Rather than having to approach three separate bodies offering different types of grant, coordinated advice about adapting the home to the individual’s needs and financial help to do so can be obtained together.

Positive experiences so far have led to extension of the project, and we believe that such a cooperative arrangement should be introduced in all municipalities. This benefits both the municipalities who are responsible for giving advice and the users who need good advice.

**Installation of lifts to blocks of flats**

An examination of the housing stock shows that as much as 36 per cent of homes in buildings with 5 or more floors have no lift. 90 per cent of homes in low-rise buildings have no lift. Installation of lifts in existing buildings is therefore a key measure for improving the housing stock (Norwegian Institute for Urban and Regional Research – NIBR:2009:21).

Many older people live in three or four-storey buildings without lifts. The absence of a lift affects people with temporary or permanent functional limitations regardless of age and prevents many from leading active lives. It can result in a need for extensive help from the municipality due to an inability to get in and out of the flat without help. Installing lifts will enable many more with reduced mobility to stay in their own homes for longer, giving them the opportunity to be active in society.

NIBR-rapport 2009:15 “The value households place on lifts in apartment buildings” concludes that “the effect on apartment price together with saved outlays for institutional elderly care make a lift installation in the project socio-economically profitable”. This makes it clear that it would be right from a social point of view to provide favourable loans and grants for installing lifts.

**THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:**

- Accessibility and security should be a fundamental principle in all planning of homes and residential areas.
- Requirements for accessibility with good access to outbuildings, buildings and homes must be followed up by effective monitoring. The practice of giving exceptions must be limited both in public and private sector buildings
- The local authorities must act as champions of the work to increase accessibility in the housing stock and must cooperate actively with those wishing to extend and with potential buyers at an early stage in the planning process.
- The councils for the elderly should participate by advising in the planning process when homes are built in the municipalities.
- In order to increase the number of accessible homes, the State’s Housing Bank must be given sufficiently broad terms of reference and must give priority to publicizing schemes for loans and grants to adapt homes and outside spaces.
- The State’s Housing Bank must be provided with sufficient resources to fund schemes for loans and grants to install lifts, both in jointly owned buildings and in housing association buildings.
- The State’s Housing Bank’s criteria for loans and grants should be reviewed and assessed regularly.
- A scheme for adaptation of homes with coordinated advice from local authority, the State’s Housing Bank and NAV Centres for Assistive Technology should be introduced in all local authorities. Those who need advice about adapting their own home should receive it.
HEALTH PROMOTION AND PREVENTION POLICIES

Most senior citizens are healthy and independent. Age is a subordinate issue as long as life feels meaningful. Quality of life is connected to the ability to manage independently, among other things. Even though many over 50 have more than one chronic condition, few regard themselves as in bad health. A meaningful daily life is an important factor in good health.

A good half of the oldest regard their health as good or very good. An individual’s immediate and general state of health is affected, among other things, by education, work, finance, living conditions and habits over the course of their life.

As they grow older many will experience more loneliness, partly as a result of their own and other people’s failing health and loss of their partner, family and friends. At this point it is important that opportunities and activities are available which can give meaning and value to life. Such opportunities might, for example, consist in activity centres for the elderly or senior citizen’s centres.

Culture provides quality of life
Cultural experiences have a positive effect on health and well-being. Taking part in cultural activities creates a sense of community and belonging and gives meaning to life. Most older people take responsibility for their own cultural activities. Provision should nevertheless be made for places to meet socially and cultural activities in the local community. Social facilities such as activity centres for the elderly and senior citizen’s centres play an important role in promoting cultural activities in older people’s daily lives. The volunteer centres can also be a good alternative.

Many older people who cannot use their own car or public transport need transport arrangements in order to participate in cultural activities. This must be included in the cultural provision.

The Cultural Walking Stick
The Cultural Walking Stick, a government grant scheme for cultural activities for senior citizens, gives high quality cultural experiences...
for older people and stimulates cross-discipline cooperation between the cultural and the health and care sectors in the municipalities. This is particularly important for those who are unable to seek out cultural activities independently.

The initiatives introduced under the auspices of the Cultural Walking Stick show extensive commitment and enthusiasm and offer a wide range of cultural activities to older people. As the resources allocated to this scheme have so far been modest, it has not yet been possible to extend the Cultural Walking Stick scheme nationwide.

It is important to set high quality standards for the cultural arrangements. It is also important to involve volunteers and amateurs, by all means in cooperation with professional artists and cultural providers. This can contribute to giving more people access to cultural activities.

Activity centres for the elderly, sports clubs and other voluntary organizations offer physical activities for older people. Many older people also spend much of their free time on physical activities such as walks and outings into the countryside.

For some older people real obstacles such the lack of an environment adapted to their needs or physical disability can impede their activities. So it is important to encourage sporting organizations and other players to cooperate in arranging and developing physical activities for older people.

Under the new Norwegian Public Health Act, the municipalities will have overall responsibility for public health within their areas and a more extensive responsibility to distribute information about and provide for physical activity as a preventative measure.

There are Government grant schemes (including the gaming funds from Norsk Tipping AS) to provide local facilities for physical activity and fitness initiatives for groups with special needs.

The National Council for Senior Citizens Believes:

- The Cultural Walking Stick scheme must be made permanent. Funding must be tripled up to 2014 – in line with Kulturløftet II (a Government commitment on culture).
- The guidelines for allocation of funds under The Cultural Walking Stick should allow cultural projects aimed at older people to use local talent also, both amateurs and professionals.

Physical Activity

Physical activity is important for everyone. It gives a sense of being in control and promotes both physical and mental health. Regular physical activity can guard against illness and injury. Exercises which strengthen the muscles and improve balance can help avoid falls.

The National Council for Senior Citizens Believes:

- The grant schemes should include arenas adapted for, and activities which promote, physical activity in older people.
- Municipalities should work together with voluntary organizations to provide the conditions for physical activity among older people.
- NRK (the Norwegian public service broadcaster) and other radio and TV stations are encouraged to broadcast exercise programmes aimed more at older people regularly, for example showing simple exercises for building strength and balance.
Transport facilities

Many older people are dependent on good transport facilities if they are to participate in activities and have social contact. For those with functional disabilities who are unable to use public transport, the county transport service (the TT scheme) is a good supplement. However, there are significant regional variations in this service, both in terms of scope and the eligibility criteria. A number of older people are well served by modified bus routes, but there are still many who are dependent on special transport because of illness or disability. Inadequate transport services and varying regulations contribute to increasing the differences in opportunities for mobility nationwide.

The work of activity centres for the elderly

The longer you live, the bigger the chance of losing close family and friends. The social network changes; for many it completely disappears. It has been shown that places for older people to meet, such as activity centres for the elderly, can fill some of the gap. These are attractive places for social interaction and well-being, offering, for example, cultural and physical activities and a meal.

In The Norwegian Institute of Public Health report 2011:1 “Bedre før var – Psykisk helse: Helsefremmende og forebyggende tiltak og anbefalinger” (Better safe than sorry... Mental health: Health promotion and preventive measures and recommendations), activity centres for the elderly are specifically highlighted as preventive arenas. The report points out that activity centres for the elderly should be further developed in a manner which promotes mental health and guards against loneliness, physical inactivity and depression.

Healthy eating

The combination of food and exercise is important for health and well-being at an older age. It is important that the needs of older people who are dependent on nursing and care services for healthy and well prepared food, is catered by staff with a good understanding of nutrition for older people.

Preventing falls

Falls by people over 75 constitute a third of all deaths caused by accidents. The risk of permanent dependence on help is substantial if the fall results in a broken bone. A healthy diet, appropriate exercise and training in balance can contribute to reducing the number of accidental falls. Nearly all falls which result in death take place in the older person’s own home. So it is important to identify actual risk areas in the home in order to prevent accidental falls.
The National Council for Senior Citizens believes:

- National guidance should be developed which gives information and advice about simple precautions to reduce accidental falls in the home and to reduce the harmful impact of any fall.
- Municipalities and other local players should be encouraged to offer measures to guard against accidental falls.

Security alarms

Security alarms complying with today’s standards are an important socially efficient way of enabling older people to live well and independently for as long as possible. Municipalities are not obliged to provide this service by law. There are substantial differences between municipalities, both in relation to eligibility criteria and the contributions required for installation and hire.

Provision of a security alarm may be necessary for the user to be able to continue living at home and may replace supervisory visits from the home care service. When a security alarm is provided as a service the rules on payment for care in the home apply with protection of expenses.

"Care Package"

Today’s security alarms must gradually be replaced by new technology-based products and services. This can increase the opportunities for people to live longer in their own homes. It can also enable them to take part in social interaction and virtual meeting places, which again guards against isolation and loneliness. Relatives who act as care givers will also be able to obtain respite and support through appropriate technology.

The National Council for Senior Citizens supports the Norwegian Board of Technology’s recommendation on the development of a “Care Package”, in other words an extended security alarm function, which ought to include:

- Smart building technology controlling, for example, lighting, heating, doors and windows, and warning of fire, leaks and falls.
- Body sensors to measure state of health with a view to medication and the need for immediate help.
- Tracking technology, such as GPS solutions which can be carried on the body.
- Robots which can carry out practical tasks in the home.

The Board of Technology recommends official adoption of the “Care Package” with dedicated funding support. For many such provision will create security and well-being in their own home. So it is important that this technology is used to stimulate a better social life and not to create more isolation.

The National Council for Senior Citizens believes:

- Those who need it most must be guaranteed access to a security alarm regardless of which municipality they live in.
- Local authorities should be reminded that if a security alarm is provided as part of the services, the rules on payment for care in the home apply to it.

- Recipients of care who live at home should as soon as possible be offered a computer-based “Care Package” as a part of their care.
- Dedicated funding support should be established to promote home-based safety and security technology.
HEALTH AND CARE

The National Council for Senior Citizens is concerned that everybody, regardless of age, should receive the best possible diagnosis, treatment and aftercare with compulsory co-operation between the specialist and the primary health services. To achieve this it is important that the health and care services provide for equality in the health and care provision available to people at all stages of life.

Most older people are healthy, but most people who become ill are older. Our natural reserves diminish as we get older, and illness may manifest itself differently than in younger people. This requires health and care staff to have special expertise about illness and age. Quick diagnosis and treatment of illness or injury is necessary to ensure that illnesses can be identified and treated early to avoid unnecessary functional loss and permanent dependence on assistance and care.

As a patient and user of the services one expects to encounter experts with a high level of skill and to be treated with respect. It is important that the educational institutions emphasize the importance of attitude, using feedback from patients/users as a good guide.

Many live for a long time with gradual functional decline and complex conditions, leading to a need for specially adapted care services. We support the aims adopted in Care Plan 2015 (Norwegian Ministry of Health and Care Services) for an increase in the number of 24-hour places in nursing homes and care homes and an increase in staff for those in need of care and treatment. We welcome the fact that dedicated funds are being reserved for this in the annual Government budgets.

The UN’s principles for older persons

Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

Older persons should have access to social and legal services to enhance their autonomy, protection and care.
Care Plan 2015


- Demensplan 2015 “Den gode dagen” (Dementia Plan 2015)
- Kompetanseløftet 2015 (Commitment on expertise 2015)
- 12,000 additional person-years (2008–2015)
- Investment grants for nursing homes and care homes
- Research into care, and regional R&D centres for research into care
- National standards for medical services in nursing homes
- The Cultural Walking Stick

The National Council for Senior Citizens believes it is unworthy and unacceptable that in about two thirds of 342 cases monitored it was found that the service provided did not comply with legal requirements for the areas being investigated.

THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:

- A separate inquiry into the reasons why municipalities are not fulfilling their obligations is needed.

Dementia Plan 2015

It emerges from Dementia Plan 2015, which is a constituent plan within Care Plan 2015, that the number of dementia sufferers will double within 30-35 years. Many family members who live with people with dementia need active follow-up from the nursing and care services.

Older people with a different mother tongue and cultural background often experience additional functional limitations, because they forget the Norwegian they have learnt when they are affected by dementia. Development work outlined and to be carried out by means of grants and committed efforts in the Dementia Plan, are positive initiatives.

THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:

- The Dementia Plan’s goal of introducing a legal obligation to offer day time services to dementia sufferers living at home is necessary and should be put in place as soon as possible.
Services adapted to the user’s need
The National Council for Senior Citizens wishes to emphasize local authorities’ responsibility to provide for every individual who needs treatment and care to receive appropriate services adapted to their changing needs. This means that “you should get what you need, when you need it”. The municipality’s responsibility for adapting services to need may be illustrated by a services ladder:

![Services ladder](image)

**THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:**

- Voluntary organizations should be challenged to enter into active co-operation with nursing and care services to arrange communal activities and activities for individuals.
- The municipalities should be encouraged to put in place appropriate arrangements for physical activities for users of nursing and care services (in line with the municipal wellness centres – frisklivssentralene).
- Young people in secondary school should meet users of nursing and care services.

Use of ICT in the care services
New technology can improve the quality and increase the contribution made by treatment and care. This technology will in future be important both for the healthy and for the sick. With the help of new technology, treatment and care for those with chronic conditions can be carried out at home to a greater extent. Tracking technology can, for example, give people with dementia security and freedom to move outside the home.

The use of ICT solutions by the care services has increased in recent years. Many of these solutions lead to safety and a better quality of life for the user, and free up personnel for other necessary tasks. Despite this, the use of technology is not currently widespread within the Norwegian care services. There is therefore a need for a national campaign to stimulate and advise on how it can and should be used.

Technology will never be able to replace human care, social contact and physical closeness. So it is important that technology supplements rather than replaces human personnel. Welfare technology can strengthen the quality of the services provided overall and give older people new opportunities for an independent life, to stay in their own homes and manage

Mobilizing volunteers – cultural and social activities appropriate for those in need of care
Many older people experience loneliness. For example, many older people are prevented from seeking out and participating in diverse cultural arenas and arrangements due to illness or disability. The National Council for Senior Citizens believes we have an important social responsibility to act against loneliness and provide for everyone to be able to participate in social life, cultural arrangements and activities regardless of their age or state of health.

The Cultural Walking Stick has contributed to many municipalities establishing their own cultural initiatives for those in need of care. Volunteer centres are also important meeting places for volunteers where organizations and individuals take part, often together with relevant municipal bodies.
by themselves day-to-day. There is a need for guidelines and policy recommendations for further work, for example as part of the Care Plan 2015.

Use of ICT by the care services involves challenges in relation to privacy protection, both in monitoring behaviour and recording sensitive information. It is therefore important to increase the use of welfare technology in a graduated way, balancing economic considerations against ethical and privacy concerns. The use of technology in administration can help employees to do a better and more efficient job, freeing up time for more patient contact. One must, however, always consider what constitutes appropriate use of technology both for the individual and for the service.

THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:

- An action plan for use of technology in the health and care services should be developed, as part of the Care Plan 2015.
- Use of ICT in the care sector should be grounded in national guidelines and plans. Attention should be paid to the user’s privacy rights and integrity. ICT solutions should supplement and not replace human care.

Cooperation in the health and care services

The current reform on cross-sector cooperation (Samhandlingsreformen), the new Act on municipal health and care services and the New Norwegian Public Health Act will have a considerable impact on the organization and practice of treatment and services for those who need treatment and help. Inspection reports about health and care services for older people show that not all municipalities give all users the services they are entitled to. The Norwegian Board of Health Supervision’s internal report 15/2010 – “Identifisering av risikområder innen spesialisthelsetjenestetilbudet til eldre – oppsummeringsrapport” (“Identifying areas of risk within the specialist health services for older people – summary report”) also shows insufficient effort in specialist health services for older people.

The cross-sector cooperation reform involves moving tasks between the specialist health services and the municipalities. More responsibility is being shifted to the municipal health service. In connection with this shifting of responsibilities it is important to build up sufficient capacity and skills in the hospital geriatric services. The municipalities must also build up their provision within aftercare, rehabilitation and comprehensive nursing and care. The shifting of tasks must not result in diagnosis and treatment being replaced by nursing and care.

Taking as a starting point the fact that it is not age but the user’s needs which should decide what treatment he or she receives, the National Council for Senior Citizens will follow future developments and feed back on diverse planning work, initiatives and changes to regulations.
THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:

- Binding forms of cooperation must be established between the specialist and primary health services in the interests of mutual guidance and transfer of skills within geriatrics, mental health and rehabilitation.
- There must be equal bargaining power when agreements are entered into between municipalities and health enterprises, so that health and care services are enhanced for all patients and users, regardless of diagnosis or age.
- The focus on health services for older people must be just as strong as on care.

Dental health

A person’s state of health deteriorates quickly without dental care. A number of older people suffer from serious problems associated with dental health. An analysis of the oral health and oral care of institutional residents showed significant variations between individuals, institutions and counties. Many older people do not receive the dental services provision they are entitled to. Based on the Act relating to dental health services and the fundamental needs of recipients of nursing and care services, dental treatment and oral care are included in the provision as a matter of course.

Dental health has not been given enough attention in the health services’ preventive work and treatment. Oral care and dental treatment should be just as important as caring for the rest of the body. This is particularly important for the dignity and state of health of older people and other vulnerable groups.

Sami people and those with minority background have special needs

More health and care personnel with knowledge of the Sami language and culture are needed. Sami people who need treatment, nursing and care sometimes lack Norwegian language skills. As a minimum there should be access to interpreters in the municipal and specialist services.

The nursing and care services are likely to have more and more Sami and other minorities as users. Their special needs must be addressed better than they are today. Personnel should therefore acquire a better knowledge of relevant users’ language, cultural and religious needs. Experience shows, for example, that a
A communication problem arises when dementia sufferers with language backgrounds other than Norwegian predominantly return to their mother tongue (first language).

In nursing homes and homes with 24-hour services, it can be hard work to take account of different cultures and avoid cultural conflicts in the community. Work with cultural differences will be a significant issue in the health and care sectors when the need for help increases within the immigrant population. Knowledge about this must be included in relevant teaching programmes, and national guidance should be developed for use within the service.

**THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:**

- More interpreters should be trained to work in these services.
- Basic teaching programmes for the relevant qualifications should ensure that staff acquire adequate knowledge about users’ cultural and religious needs.

### Improving expertise and effort in geriatrics, mental health in old age and rehabilitation

The National Council for Senior Citizens wishes to highlight three areas of expertise which are neglected but absolutely essential for the treatment and care of older people with acute, chronic and complex conditions: geriatrics, mental health and rehabilitation. It is a fact that older people are more often sick than younger people and in many instances are completely dependent on quick and correct treatment to avoid unnecessary complications and permanent disability. In older people acute conditions often result in loss of function, among other things confusion, a tendency to fall and or lose consciousness. Older people need different treatment and medication than younger people for their complex conditions.

Knowledge about how ordinary conditions, age-related conditions and complex conditions play out and should be treated in older people can often be crucial for quality of life and dependence on help in later life. Speedy commencement of rehabilitation in connection with, for example, stroke, heart disease and broken bones are absolutely crucial if the older patient is to regain health and independence. The National Council for Senior Citizens therefore welcomes the fact that further education in geriatrics and rehabilitation for university-educated staff is included in the Commitment on expertise 2015 (Kompetanseløftet 2015). But it notes that the need is much greater than the number of specialists there have been up to now.

Mental health in old age is a neglected area, particularly in relation to the need for psychological and psychiatric help for older people living alone. Three out of ten single people over 70 suffer from depression. It is important that the condition is identified and proper treatment given.

When older people with serious and acute conditions are being treated in hospital, it is important that the specialist health services have a clear responsibility to start treatment and rehabilitation. The correct instructions and information about the patient must then be given by means of close contact and cooperation with the first line services so that adequate treatment and training can continue to best effect.
THE NATIONAL COUNCIL FOR SENIOR CITIZENS BELIEVES:

- Special measures for recruiting and retaining staff in the care sector must be assessed and implemented.
- All health and social services qualifications must be improved by including relevant knowledge about geriatrics, mental health for old people and rehabilitation.
- Recruitment of doctors to the geriatric specialism and improvement of medical services for older people in the general practice specialism, must be encouraged in new ways.
- Better expertise in mental health work for older people must be built up in the municipalities.

Resource heavy users

Many in need of care have complex and chronic conditions and extensive needs for special treatment and care. The aim and expectations of increased effort and quality of service included in Care Plan 2015 are, and will increasingly be, very resource-heavy. For example, better treatment, services and activities for dementia sufferers are planned, particularly for those who exhibit substantial behavioural divergences. To ensure that those who need many resources receive the best possible provision regardless of the municipality’s economic situation, it is necessary to have an arrangement for compensation of salary expenses above a stated amount.

The principle of equal treatment is not well served by the fact that this arrangement does not apply after the service recipient has reached 67. If the goal of increased effort and quality is to lead to better treatment, services and activities for each individual, the arrangement for compensation for expenses for resource-heavy users should apply to everyone without a maximum age limit.
The National Council for Senior Citizens believes:

- The regulations on top-up financing for resource-intensive services should be modified to include services to individuals of all ages.

Support schemes for family members
The best support public services can give family members with heavy care responsibilities is predictability through agreed times for help and respite, and the secure knowledge that they will get help when they need it.

Respite at home or in an institution contributes to giving family members breaks and may be essential to enable them to continue to care for their relatives who need nursing care at home. However, it is quite usual for municipalities to grant short stays for the person in need of care with daily payments, in response to applications for respite from family members (cf. national supervision reports in 2010).

The National Council for Senior Citizens believes:

- Councils should be reminded that payment may not be taken for respite for family members, whether in the home or in an institution.

Dignified care in life’s final stage
All patients should be treated with dignity, regardless of age. To make the final period of life as good an experience as possible for all involved, comprehensive care must be provided with a focus on good personal care, mental health, the relief of pain and other symptoms and consideration for family members. Special units at some hospitals, hospices and nursing homes have knowledge about and experience of caring for the dying. They have transferable skills with relevance nationwide.

The National Council for Senior Citizens believes:

- Older people’s right to diagnosis, treatment, nursing and care must be secured in line with that of other age groups.
- The national council for quality and prioritizing in the health and care service has a special responsibility to prevent discrimination against older people because of their age.
The number of senior citizens will increase significantly in the course of a few years. Older people are at least as diverse a group as younger people. Perhaps the spread of people’s situation in life, background, access to resources and interests and preferences will be wider than today. Many will be well and in good health – even at a very old age. Others may struggle with health problems through many of their later years.

A future-oriented policy for senior citizens will include provision for increased participation in working life and in social life, cultural activities and contribution to the local environment. Homes and residential areas must be developed further and adapted to older people’s situation. The focus must always be on prevention, that is to avoid the undesirable event happening – or to make sure it happens later than it otherwise would.

Society should prepare the way and create good conditions for a good life, but individuals must also take responsibility for their own lives.

Policies on health and care will be important in Norway in the future. Parliament has adopted a new Public Health Act and a new Act on Municipal Health and Care Services. The National Council for Senior Citizens will follow the further implementation of these laws closely.

Immediately after the National Council for Senior Citizens had finalized this document (August 2011), The Hagen Committee (after its leader Kåre Hagen) delivered its report on future care policies (Official Norwegian Reports – NOU 2011:11 Innovasjon i omsorg (Innovation in Health Care)). The leader of the National Council for Senior Citizens has participated in this work. The National Council for Senior Citizens will discuss the committee’s report and give its opinion on it when it is presented for formal discussion.
MEMBERS OF THE NATIONAL COUNCIL FOR SENIOR CITIZENS 2010–2013

The Council has 15 members who have broad social experience and particular understanding of the position of senior citizens in society. It is appointed by royal decree for a period of four years. Two members are appointed at the suggestion of the Norwegian Pensioner’s Association (Norsk Pensjonistforbund).

Ivar Leveraas, Oslo, leader

Randi Gabric Bjørgen, Trondheim, deputy leader

Anne Inga Hilsen, Oslo
Born 1959. Researcher at the Institute for Labour and Social Research (Fafo). Previously senior researcher at the Work Research Institute (AFI). PhD in better administration of resources for older people in the workplace at the Norwegian University of Science and Technology (NTNU).

Erik Råd Herlofsen, Oslo

Wenche Malmedal, Trondheim
Born 1957. Qualified nurse with a further qualification in psychiatric nursing, a masters in health subjects and working on a PhD in health sciences. Employed as a lecturer at Sør-Trøndelag University College. Experience of political and organization work.

Morten Jonas Danielsen, Snåsa
Born 1943. Pensioner. Active reindeer herder for over 40 years. Has held several positions of responsibility in the organization of reindeer husbandry. Leader of the county association. Head of the area leadership committee for two periods. Has participated in local politics over a number of years.

Rita Kumar, Trondheim
Born 1954. PhD in cell biology. Employed at NTNU. Previously leader of Norway’s Contact Committee for Immigrants and the Authorities (KIM). Experience of political work.
MEMBERS OF THE NATIONAL COUNCIL FOR SENIOR CITIZENS 2010–2013

**Einar Eriksen, Tromsø**
Born 1939. Pensioner. Over 40 years’ public service, the last 26 years as regional director for former Norwegian Employment Services in Troms.

**Florentino Bulnes, Bergen**
Born 1955. Special consultant at Bergen City Council. Previously headmaster and responsible for bilingual education for pupils speaking minority languages. Originally from Chile.

**Karin Stoltenberg, Oslo**
Born 1931. Pensioner. Member of district committee in Oslo from 2007. Previously head of department in the Ministry of Children and Family Affairs. Wide experience of political and organization work. Has been a state secretary, and has also worked for NORAD and the Red Cross.

**Liv Thun, Steinkjer**
Born 1939. Deputy leader of the Norwegian Pensioners’ Association. 22 years as the Norwegian trade union movement’s regional secretary in North Trøndelag. Experience of local government at the county level and many key committees. Active in municipal politics.

**Ragnhild Queseth Haarstad, Grue**

**Harald Olimb Norman, Bærum**
Born 1958. General Secretary of the Norwegian Pensioners’ Association. Previously operations manager and special consultant at the Norwegian Post Office. Wide experience of organization work as association secretary and later as group safety officer.

**Terese Folgerø, Tromso**
Born 1959. Consultant for the elderly in Tromsø municipality. Medical doctor specializing in physical medicine and rehabilitation. Previously consultant at the University Hospital of North Norway.

**Henry Høgmo, Gratangen**
Born 1935. A teacher for 40 years. Politically active at the county and municipal level.
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- Å være pensjonist (2011) (Life as a pensioner)
- Seniorer i Norge (2010) (Senior citizens in Norway)
- FNs prinsipper for eldre i verden (The UN’s principles for older persons)

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