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Empowerment and older people: enhancing capabilities in an ageing world

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“We live in a world where the gap between being middle aged and elderly is far less distinct than in previous generations. Despite this elderly people are often stereotyped in a negative way. Stereotyping leads to negative expectations of aging both in the person who is growing older and the younger people around them. It need not be this way and institutional practices can help by directing their attention to themselves.”

Neal King and Toni Calasant, *Empowering the Old: Critical Gerontology and Anti-Aging in a Global Context*. In Jan Baars, Chris Phillipson, Dale Dannefer, and Alan Walker (eds.) *Aging, Globalisation and Inequality: The New Critical Gerontology*. NY: Baywood. 2005.

Summary

Change in attitude towards ageing and affirmation of the rights of older people is necessary for empowerment of people as they age to become the norm.

Empowerment links to inequality, because inequality tends to become more pronounced at both ends of the lifecourse. The negative impact of inequality is a barrier to reducing absolute poverty and hinders the fulfilment of a variety of human rights, including the capacity to be heard. Empowerment also determines ability to extend opportunity and to enhance capabilities.

Disempowerment is closely connected to the denial of human rights, which is linked to loss of autonomy. The diminishing capacity to take decisions for oneself, either because of infirmity or because younger generations may assume that older people are incapable of taking decisions, is one of the defining features of (very) old age and is a key concern for older people’s human rights. Dealing with the autonomy question is therefore critical to any discussion of how to empower older people and ensure that even the oldest old and the most frail are empowered. Research suggests that the biggest threat to an older person’s autonomy (regardless of income levels) may come from family members who begin to make decisions on behalf of the older person and thereby disempower them¹.

A core constraint to address this issue is the overall lack of data on older people, and the relatively few analyses on empowerment in older age in developing countries.

Our shared future is ageing

Empowerment, or lack of it, in old age is an increasingly important issue due to rapid demographic change. Older persons are the world’s fastest growing population group. During 2010-2015, the annual growth rate for the population aged 60 years or over was 3.2 per cent - almost three times that recorded for the total population (1.1 per cent).

Population ageing is happening in all world regions and in countries at various levels of development. In 2000 there were more people aged 60 and above than children under

¹ Longitudinal research on decision making by Prof. Dr. Ricardo Iacub of the University of Buenos Aires gives important findings on this issue

five. Worldwide, it is predicted that, by 2050, there will be more people aged 60 and over than children under 15. In China, this will happen in less than 10 years, by 2020. Women live longer than men on average by between 4-7 years.

The lived experience of older women and men varies according to the individual's age, gender, ethnicity, living and working conditions and social networks. There is huge diversity in the situation of older people within and between countries, depending on the stage of demographic transition and societal development. Family structures are changing as more older people live alone or with young dependants, with younger adults migrating, internally or internationally, in search of work or victims of disease and humanitarian crisis. Gender relations structure the entire lifecourse, influencing access to resources and opportunities, with an impact that is both ongoing and cumulative. HelpAge's experience of almost thirty years is that frail and unprotected older women especially experience discrimination and violence, often due to generalised poverty and insecurity in their communities and families, and they suffer in old age because of a lifetime of gender-based discrimination in health, education, and domestic labour.

The biggest risk factor for Alzheimer's and other dementias is advancing age. By 2050, the numbers of people over 60 with dementia will account for 70 per cent of dementia sufferers globally.² Dementia may constrain the capacity of the sufferer to act autonomously. Any exploration of empowerment of older people in the grip of dementia would need to look at how to protect and restore autonomy and also reduce threats by ensuring adequate safeguards.

Measuring empowerment in older age

A positive approach to empowerment in old age will require us to identify the features that disempower and to adopt practices and behaviours alongside policy prescriptions that work to empower.

Examining empowerment in old age requires an approach that is able to track and analyse a range of enabling and constraining interactions in the personal, social, economic, political, physical and legal sphere which confer dignity, agency and status on the older person³.

A useful model to describe these relationships can be found in the 2011 study of the Joseph Rowntree Foundation, entitled 'A Better Life – what older people with high support needs value'.⁴ This report and others highlight the importance of ensuring government responses which are known to preserve autonomy and enhance social and economic empowerment. These include policies that confer status and provide security of the person within families (such as the pension) and promote health, rights and well-being (responsive health care, livelihood support including credit and insurance, legal recognition).

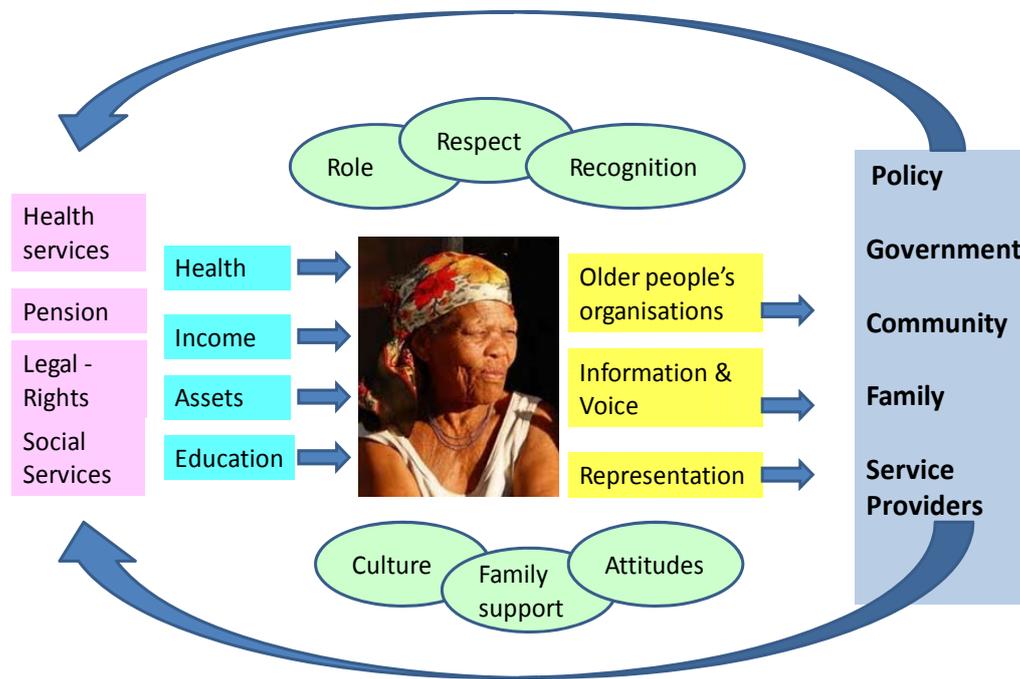
This is described below:

² Alzheimer's Disease International, World Alzheimer's Report 2009

³ Martin Willis and Robert Dalziel: *Capacity building – enabling and empowering older people as independent and active citizens*; UK Department for Work and Pensions Research Report No 571 2009

⁴ www.jrf.org.uk

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Dimensions of defining empowerment in older age

Older age is characterised by many changes including changing, and sometimes diminishing physical and mental capacities. This means that, in order to understand empowerment in old age, we must look at the complex web of interactions – personal, social, economic, political, physical and legal – which can either facilitate or undermine autonomy and empowerment. And to reach a practical definition of empowerment in older age we must hear, observe and learn from older people which will require us in turn to collect qualitative and quantitative data on older people’s social and economic well-being.

UNDESA terms empowerment as a *“long-term dynamic process affected by and resulting in changes in norms, values, rules, institutions and social relations⁵.”*

A useful framework developed by Ruth Alsop and Nina Heinsohn for the World Bank offers a lens for measuring empowerment in old age. The authors put forward a ‘Agency and Opportunity Structure’, whereby ‘Agency’ is defined as an actor’s ability to make meaningful choices; that is, the actor is able to envisage options and make a choice⁶. The ‘Opportunity Structure’ is defined as the formal and informal contexts within which actors operate. If a person or group is empowered, they possess the capacity to make effective choices; that is, to translate their choices into desired actions and outcomes.

The authors discuss how measuring assets and institutions provide intermediary indicators of empowerment and put forward a means-assessing empowerment tool by

⁵ Draft Aide-Memoire for the expert meeting page 2

⁶ *Measuring Empowerment in Practice: Structuring Analysis and Framing Indicators*. World Bank Policy Research Working Paper 3510, February 2005.

looking at (1) whether an opportunity to make a choice exists (existence of choice); (2) whether a person actually uses the opportunity to choose (use of choice) and (3) whether the choice resulted in the desired result (achievement of choice).

Together three different levels determine the autonomy of older persons in making decisions and being able to act upon those decisions. The social environment is crucial: an older person may have the resources and capacity to make decisions, but these may come to nothing in the face of unresponsive officialdom or controlling family members.

This echoes the capability approach of Amartya Sen which calls on us to consider whether it is the environment in which the person operates that diminishes or enhance those capabilities. This is closely linked to the concept of human development, where development is seen as multidimensional, and the enhancement of agency and empowerment is a means to 'enhance capabilities'. In this sense advanced age should not be regarded primarily as a time of diminished and diminishing capabilities, but as one of enhancement of those capabilities that exist.

Measuring decision-making in relation to empowerment is also critical. The Women's Empowerment in Agriculture Index has developed a methodology to measure empowerment using measurements that are weighted over five domains of decision-making: Production, Resources, Income, Leadership and Time.⁷ The sample includes people up to 65 in this case but the data are not routinely presented except in the discussion on age and hunger.

The recognition of the contributions and rights of older people is a precondition of any effective effort aimed at supporting empowerment. Within development circles there is a way to go still on this issue. Sir Richard Jolly stated in his keynote speech to the World Demographic Forum in 2010 that "*most academic disciplines have offered little by way of analytical frames within which to identify the positive contributions of older people to society and to analyze how these contributions could be increased*"⁸. His conclusions emphasised that for older people the core issues were strengthening capabilities; expanding choices; and ensuring human rights.

Challenges of data deficiencies

Data and studies on ageing and older age, especially in the developing world, are not as extensive, robust or as advanced as could be expected given the trends of population ageing. Much of the data that do exist are partial, and contested. Most analysts agree that improvements in data collection and analysis and research are well overdue. While there may be technical reasons responsible for this data gap – including the current construction of internationally comparable surveys, there are also data collection challenges at the national level, and funding constraints. This absence of national and sub-national data on the lived experience of older people makes older people invisible in policy and often leads to an exclusion of older people from development plans and public policy provision.

One example (out of many) is the 2002 Madrid International Plan of Action on Ageing (MIPAA) which made clear that older persons must be included in development, humanitarian and social service plans, and in the poverty target of the MDGs. But in 2012 the poverty levels of older people are still not recorded; access of older people to basic services is not systematically monitored; outcomes of poverty programmes are not sufficiently disaggregated by age; and older people are not being targeted for

⁷ See Women's empowerment in Agriculture Index, International Food and Policy Research Institute, 2012, p. 3

⁸ Sir Richard Jolly, 'A Life Course Dimension on 'Recovery with a Human Face', World Demographic Forum keynote, 2010

humanitarian assistance. The review of MIPAA, 10 years later, found that budgets are not allocated to the implementation of national plans or policies on ageing even where these are agreed.⁹ Ageing has even been termed the “missing dimension” or “blind spot” in the development agenda¹⁰.

Challenges of discrimination

Older women and men speak passionately about their experience of age discrimination, of being invisible, vulnerable, excluded and passed over; they articulate repeated experiences of poor health care and unkind treatment by service providers, being pushed about and patronised within communities and within families. Illiteracy and a general lack of education can be very disempowering. Older men and women who are not literate but are primary carers of children face real challenges in raising families and working in the formal labour sector. Not having an income to contribute and having worries about health can make people as they age vulnerable in their dependency on others. Income insecurity is often the root cause of inadequate food, insecure living conditions and poor housing which can lead to very serious incidences of physical and psychological abuse.

Qualitative evidence collected by HelpAge International over the years from older women and men in a range of countries paints a stark picture. In poorer communities, especially in sub-Saharan Africa, the meagre assets of an ageing widow, coveted by family members or others in the community, can lead to ill treatment and accusations of witchcraft, many incidences of which have been documented by HelpAge International and others in Burkina Faso, Ghana, Tanzania and Mozambique. Surveys on elder abuse conducted in Ukraine and Kyrgyzstan from 2010 to 2012 point to shocking levels of abuse attributed to family and service providers, with feelings of shame, stigma and disempowerment. Most countries do not have adequate safeguards to protect their vulnerable older citizens. Even where such safeguards exist and are available to officials and service providers, they are not used effectively. Strong institutions are needed to ensure safeguards are upheld.

‘You are a bad woman’

In December 2011 and January 2012, 570 individual and institutional respondents were interviewed about abuse in 12 villages across six provinces of Kyrgyzstan. The research revealed abuse which was not being reported to the police or crisis lines.

Respondents were asked to respond to the statement ‘older people in my village often experience the following treatment in their families’. They identified a range of mistreatment. They are classified in the report as physical violence, psychological abuse, financial and/or economic abuse, poor care, abandonment and sexual violence.

‘55% of respondents said older people’s needs often go ignored by their families, 47% felt older people are often subjected to psychological abuse, 13% said older people often fall victim to economic machinations, 6% pointed to frequent physical violence and 1% noted instances of sexual violence.’

Reasons given by respondents for the abuse were *‘Dissatisfaction and a desire to assert oneself at the expense of older family members; Poverty, low standard of living, unemployment; Alcoholism, drug addiction; Older people’s helplessness; Erosion of moral and ethical values in relation to older people; and Impunity for domestic violence.’*

Recommendations include amending the law “On social and legal protection from domestic violence” to identify older people as a distinct group of people particularly vulnerable to abuse and to put in place special measures of protection and assistance.

⁹ See *Overview of Available Policies and Legislation, Data and Research and Institutional Arrangements Relating to older persons – progress since Madrid*; UNFPA and HelpAge International: 2011

¹⁰ Comment made by Sabina Alkire during the OPHI/MPI launch, December 2011, London

Source: HelpAge International, Elder Abuse in Kyrgyzstan: Summary of the elder abuse survey 2012
<http://www.helpage.org/download/4fe0608b55c7f>

Empowerment examples and best practices

Social empowerment: Evidence from programmatic interventions and from older people themselves shows that older people's involvement in local decision-making through their organisations and by other means, including advocacy with and by older people, leads to tangible improvements in their own lives, in those of others and to a strong sense of empowered achievement and self worth.

Older people's self-help groups, advocacy groups and Older Citizen Monitoring Groups (OCMP) are examples of this. HelpAge pioneered the 'OCMP' approach in the light of the clear commitments governments made in 2002 to mainstream ageing into development policy including MDG programmes. They faced many obstacles, including lack of knowledge of local and national development policies, but they knew they were not being included in policies and budgets in areas that most affected them, including health.

Since 2004 HelpAge has developed and expanded the model of older citizen monitoring from its initial pilot in five countries, – Bolivia, Kenya, Tanzania, Jamaica and Ghana. It has emerged as a core approach to ensure accessible and appropriate service delivery in range of areas and countries, and is a key means of empowering older people in the policy process. Older people can and do bring about tangible improvements through a mix of becoming familiar with the policy environment, actively monitoring whether or not there is accountability by policy makers to the older population and by mobilising community resources for self help and community investment. Advocacy led by older people brings real results, and confers status and empowerment as well.

This approach built on conclusions reached at a consultation on Ageing and Poverty in Africa, convened by UNDESA in 2003 in Tanzania. Recommendations were made for a policy toolkit to be built on three principles: bringing older people into the centre of the consultative process; understanding the context in which older people live; and supporting information sharing and action on entitlements that older people enjoy under existing and international provisions¹¹.

Another example is peer education – widely accepted as the most effective way to increase knowledge, effect behaviour change and provide support for a number of issues, including HIV. Education programmes on HIV have long been age blind, even though older people play a vital role in caring for family and community members living with HIV and for children orphaned and made vulnerable by it.

Working with older people as peer educators in the fight against HIV is only just beginning to find its place in the toolkit to deal with the impact of HIV on older carers and their families.¹² Peer education focuses on older people who are both educating and supporting their peers, resulting in them being community role models and a catalyst for changing attitudes, beliefs and behaviours. It is already successful. A recent review of peer education programmes focusing on older people in Kenya, Uganda and Ethiopia¹³ shows remarkable increase over a two year period in knowledge and use of HIV counselling and testing as well as safer sex habits. The approach supports self

¹¹ UNDESA, Ageing and Poverty final report (Tanzania) 2004

¹² Manbo K and Kanyingo Kimuhy M 'Approaches to Peer Education' 'Ageways' Issue 79 HelpAge International July 2012

¹³ Ibid pg 9

motivation of those who live with HIV. Peter (age 60) said *'information is very important because it gave me the motivation to go for an HIV test and also a TB test. I can now also help other people who may be in the same situation'*¹⁴.

Case study: Older citizens monitoring in Tanzania

The project has been running for five years, from 2007 to 2012, in the regions of Arusha, Kagera, Morogoro, Tanga and Ruvuma. Its overall aim is to contribute to the achievement of MKUKUTA's¹⁵ goals of growth and the reduction of income poverty, improved quality of life and social wellbeing, good governance and accountability. The specific objective was 'to ensure that the concerns and entitlements of vulnerable people are incorporated into decentralized district planning and budgeting in order to support the achievement of MKUKUTA targets to improve the delivery of pro-poor services'. The districts chosen for the programme have high levels of marginalisation and poverty with older people's living conditions characterised by food insecurity and poor access to basic services such as health, schooling and potable drinking water. Health was chosen as the main area of focus because its policies and budget could be monitored.

The result is that all government health facilities located in the 14 wards are now providing free medical services to older people irrespective of economic status. 95% of older people are satisfied with the attitudes of medical staff compared to less than 10% before the project started¹⁶. The budget allocation for vulnerable older people and their dependants has increased tenfold from Tshs 45m (£18,000) in the 2007/08 financial year to Tshs 456m (£182,0000) in 2012/13 across the five districts¹⁷.

The approach of the project was to form older people's forums and older people's monitoring groups to raise awareness about health entitlements under the law, and to monitor health service delivery, with a view to engaging duty bearers to hold them accountable for budgets and service provision. Community awareness about needs and rights of older people was built in through training. 2,400 (905 women) representatives of community groups from all 96 villages in 14 wards were trained on how to identify the specific needs of vulnerable groups, particularly older people, and to include these issues in their respective programmes. All older people in the 14 wards were issued identity cards to enable them to access services. Central government edicts on free health care of older people were widely publicised and groups of older people, local authorities and local CSO partners met to discuss implementation. District councils were systematically engaged to broaden their understanding of policy regarding older people's rights and to influence them to allocate resources.

Source: HelpAge International PPA case studies

Economic empowerment, inequalities and social protection

Reduced capacity to earn a personal income and contribute to the household income – even indirectly – has clear implications for dignity and empowerment, of the person and within the family. Even when older persons are supported by their families in terms of food and shelter, the fact that they do not have their own resources may affect their autonomy and capacity to exercise choice, and lead to them being seen potentially as a burden.

Numerous studies have shown that social pensions – which are delivered regularly and by right, even where relatively small – have the potential to shift that balance and ensure that older people take their role as family members who can actually participate in taking decisions. Social protection in the form of income and access to services makes a crucial contribution to address the symptoms and structural causes of poverty and inequalities. Regular income and support for basic services facilitates access to service providers, supports families' access to education, employment, health and food, and confers dignity and status on the recipient. A minimum pension can help compensate for a lifetime of poverty and exclusion. Family benefits, such as child grants which target the next generation, are a direct intervention aimed at reducing the inequalities faced by a family. Children in families which include an older person in receipt of a social pension have been shown to benefit, in terms of nutrition and education, from the contribution which these

¹⁴ *ibid*

¹⁵ The Tanzanian government's overall poverty reduction strategy or PRSP

¹⁶ OPMG monitoring report October 2011

¹⁷ District Council reports

relatively small payments make to family income.¹⁸ These impacts – particularly on income inequality – are well documented, not only in more developed countries with long histories of social protection, but in those that have rapidly extended their systems. In Brazil, nearly two thirds of the fall in income inequality between 1995 and 2004 can be attributed to social protection – in particular pensions set at the minimum wage and cash transfers such as the *Bolsa Familia*.¹⁹

Social protection systems also contribute to building and strengthening of a state-citizen contract. Such programmes – particularly when based on claimable entitlements – have the potential to strengthen the potential for people to hold governments to account. They can provide a catalyst for practical benefits such as improved identity registration, that have a direct impact on representation – for example – through the electoral system and the capacity to claim entitlements. Pensions have also been shown to improve ID registration and electoral registration, ensuring that older people have the capacity and the autonomy to vote, a right which is highly prized. Regular income enables marginalised people to think beyond their immediate daily survival and gain greater control over their resources and life choices. Thus the impetus to extend social protection floors, which are both rights-based and lifecourse-focused, provides a powerful guiding framework for the empowerment of older people.²⁰

¹⁸ Esther Duflo; *Grandmothers and Granddaughters – Old Age Pension and Intra-Household Allocation in South Africa*; National Bureau of Economic Research; Working Paper 8061; December 2000. <http://www.nber.org/papers/w8061>

¹⁹ F. V. Soares, S. Soares, M Medeiros and R. G. Osorio *Cash transfer programmes in Brazil: Impacts on poverty and inequality*, International Poverty Centre, UNDP/IPEA 2006

²⁰ At its conference in June the ILO adopted the "Social Protection Floors Recommendation 2012" . 184 member States agreed to: "(a) establish and maintain, as applicable, social protection floors as a fundamental element of their national social security systems; and (b) implement social protection floors within strategies for the extension of social security that progressively ensure higher levels of social security to as many people as possible, guided by ILO social security standards .For the purpose of this Recommendation, social protection floors are nationally defined sets of basic social security guarantees which secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion."

'We can think of the future'

Empowerment of older people is often linked to how they view their future, and how they can support their family. This case study shows how small but regular cash inputs make a huge difference.

The example is in Mozambique, where 55% live below the poverty level nationally²¹ and poverty among older people is 13% points above the general population at 68%.

The Government of Mozambique provides a small poverty targeted benefit to over 260,000 households, known as the PSA (food subsidy programme)²². Historically 93% of the beneficiaries have been older people. The PSA is implemented by the National Institute for Social Action (INAS). Coverage is 20% of the older population and the value is £3 per month per primary beneficiary with an additional £1.48 per dependant up to a maximum of 4 dependants.

A programme to evaluate the take up and use of the PSA was undertaken by HelpAge International and the Economic Policy Research Institute. The location was Tete, a region characterised by endemic poverty and older headed households looking after dependent children. At the start few older people knew about the PSA and only around 11% even had an identity document (BI) which is the first requirement for eligibility. The project trained activists from Older People's Committees, who then helped over 3,000 older people and children to register and attain BIs during the project.

The results of the impact evaluation carried out by the Economic Policy Research Institute across over 400 households in two treatment and two control groups revealed that groups receiving the cash transfer – particularly in female headed households – had increased literacy levels of children by 17%; reduced the likelihood of children being injured or ill by 6%; reduced likelihood of hunger by 2.3%; reduced child labour by 23%; increased acquisition of assets by 8%²³. These impacts were achieved despite the global food and fuel crisis, with maize prices fluctuating from 50 meticaïs to 230 meticaïs per tin between January 2007 and March 2009²⁴.

*"Some households manage to save and to access credit in the local market. With the subsidy the beneficiaries were also able to improve their housing and sanitation conditions and comfort in general."*²⁵

Source PPA case studies HelpAge International

Empowerment and advocacy

Organisations of older people show tangible results: they enhance the well-being of their members and make general improvements to their communities. This is important for well being and self esteem. Actions that support older people to organise and advocate directly to policy makers bring results.

In Serbia older people report that their advocacy efforts resulted in *'home health care, a general practitioner's office and a pharmacy'*, and they value the opportunity which organisations provide to participate in decision-making about, for example, community services or social activities. In Ethiopia research reveals that *"Socially, older people play leading roles at community level and are a bridge between the government, NGOs and the community in all necessary aspects, political and social, and in realising development interventions and so on."* The older citizen monitoring programme in Ghana puts older people at the forefront of action to claim health cards and other identity cards, and they report that their situation as changed as a result; *"Older people are indeed now involved in most decisions in the community. We now handle issues that hitherto were going to the chiefs and opinion leaders."*

²¹ World Bank and GINI Index, accessed in March 2012. Available from <http://data.worldbank.org/indicator/SI.POV.GINI>

²² Since 2011 transformed to PSSB (Basic Social Security Programme)

²³ Briefing paper based on initial results of impact assessment 2010

²⁴ HelpAge community monitoring report March 2010

²⁵ Quote from the independent review of the PSA programme in Tete

Older people taking part in the global campaign Age Demands Action report direct empowerment benefits by participating. A respondent from Kenya stated in the 2011 evaluation of the campaign that "I have learnt that even in old age I am able to do something worthwhile and constructive for my country" and a respondent from Kyrgyzstan stated "When you invite me to this action I was hesitated could I confidently ask from government in the meeting, but after training and interview I started feeling more strong and I hope government will hear our demands and we will live better." An evaluation of older citizens' action programmes in Jamaica noted that the advocacy skills displayed by participants are noted as an indicator of their empowerment "The older people were empowered. I have never seen older people so vocal, so articulate in advocacy with government and the media²⁶".

Case Study: Age Demands Action (ADA)

Achieving human rights for older people means not only ensuring that their various rights are met – but that older people fully participate in the processes of achieving their rights. The Age Demands Action (ADA) global campaign is an example of action. Now active in about 60 countries, ADA is a globally coordinated grassroots movement of older people to campaign against discrimination in old age and seek specific policy improvements which can be measured. It was launched on the International Day of Older Persons in 2007, when older people in 27 countries mobilised to press governments to fulfil the promises of MIPAA. In 2011, 59 countries took part and in 2012 it will be nearer 70.

Central to the campaign are meetings between delegations of older women and men and their governments where practical issues and deliverable solutions are discussed. Media training, meeting management and advocacy support are all part of the programme. Many of the delegations meet ministers while others meet Heads of State. Delegations are primarily formed of older people with direct experience of the issues under discussion. Policy results attributed to the campaign include agreement to issue health insurance cards to poor older people from IDP camps in Southern Sudan, subsidised transport in Pakistan and an agreement that every local authority in Paraguay establish a committee to coordinate activities and to include demands of older people in local policies.

Source: Evaluation of Age Demands Action 2012

Conclusion

Empowerment measurement in old age will require indicators at the personal level – the quality of relations within the family and the capacity to articulate and exercise choice – and at the community level, including the capacity to interact with service providers and policy makers. Age-disaggregated measures of poverty, health, educational levels, transport, housing, property rights, access to services and how stereotypes about ageing and overt or subtle age discrimination²⁷ impact on the individuals experience will also be required.

The table below shows some key dimensions of disempowerment (disempowerers) and empowerment (empowerers). These can be further developed as an outcome of the meeting.

Disempowerers	Empowerers
Physical and mental vulnerability; reduced autonomy	Age-specific policies and budgets
NCDs – two thirds of Non communicable Diseases affect those over 60	Strategies to maintain physical and mental health
Attitudes – personal, family, service providers, policy makers	Incentives and opportunities to organise, participate and consult
Unresponsive service providers	Political participation (participation in political meetings and actions, voting and representation)
Bad design – housing, communities, services	Age-friendly design; consultation with users

²⁶ Innerarity F, *Empowering older citizens monitoring project, Jamaica* pg 47, HelpAge International 2010

²⁷ Thurst, Nusberg, Prather 'Empowering Older People: An International Approach': Praeger 1995

Legal indifference – unavailability of legal redress	Recognised human rights standards and legal recognition
Poor information	Knowledge of services and supportive information providers
Invisibility of older people in the public domain – eg media, data sets	Action on abuse including redress mechanisms Opportunity to participate and contribute
Poverty	Income and health security; identity cards
Self-excluding behaviour and social isolation; shame stigma	Respect in family and community and recognised roles
Depression, Alzheimer's, dementias	Capacity to advocate for self; (advocates)

In sum empowerment is a two way street; not only requiring the efforts of older people and those that are supporting them to organise and make visible their contributions, but also positive and enabling responses of governments and the wider community to ensure that their voices are heard, their choices acted on and their role as full and contributing citizens recognised and fully supported.

