Policy Analysis and Advocacy for Elderly Female Victims of Abuse

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Working with Healthcare Organizations to Support Elderly Female Victims of Abuse

Policy Transfer

Movement of policy from one jurisdiction to another

What can be transferred includes:

"Hard" or tangible elements

- Policy goals and instruments –
- Programmes
- Policy Institutions

"Soft" and less tangible elements

- Ideologies, ideas, attitudes and rhetoric

Some argue that the 'hard' and 'soft' elements complement each other

Charter of Fundamental Rights of The EU & European Convention on Human Rights

Charter of Fundamental Rights

Article 21 **Non-discrimination**

- Any discrimination based on any ground such as **sex**, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, **age** or sexual orientation shall be prohibited.

Article 25 **The rights of the elderly**

- The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life.ality shall be prohibited.

Convention on Human Rights: ARTICLE 14 **Prohibition of discrimination**

- The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as **sex**, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

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European Social Charter

Article 23 – The right of elderly persons to social protection

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

- to enable elderly persons to remain full members of society for as long as possible, by means of:
    - adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;
    - provision of information about services and facilities available for elderly persons and their opportunities to make use of them;

- to enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:
    - provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;
    - the health care and the services necessitated by their state;

- to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

Madrid International Plan of Action on Ageing

UN sponsored agenda for handling the issue of ageing in the 21st-century. It focuses on three priority areas:

- Older persons and development

- **Advancing health and well-being into old age;**

- **ensuring enabling and supportive environments**

- All WHOSEFVA partner countries participated in the development of the MIPAA in 2002

- Since 2002 it has been evaluated 3 times
  - 2007 Country reports were submitted by: AU, EE, FI, GR, LV and UK
  - 2012 Country reports were submitted by: AU, FI, LV and UK
  - 2017 Country reports were submitted by: AU, EE, FI, GR, LV and UK

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- 2017 Indicators for MIPAA implementation were based upon the Active Aging Index: https://statswiki.unece.org/display/AAI/I.+AAI+in+brief

- The AAI does not have any indicators related to abuse (perhaps because widespread data does not exist)

- Estonian 2007 and 2017 reports do not address abuse at all

Madrid International Plan of Action on Ageing

67. Objective: Development of policies to prevent ill-health among older persons. Actions

- Ensure that gender-specific primary prevention and screening programmes are available and affordable to older persons;
- Provide training and incentives for health and social service and care professionals to counsel and guide persons reaching old age on healthy lifestyles and self-care;
- Develop statistical indicators at all levels on common diseases in older persons to guide policies aimed at preventing further illness in this age group;

75. Objective: Development and strengthening of primary health-care services to meet the needs of older persons and promote their inclusion in the process. Actions:

- Take measures to provide universal and equal access to primary health care and establish community health programmes for older persons;
- Support local communities in providing health support services to older persons;
- Include traditional medicine in primary health-care programmes where appropriate and beneficial;
- Train primary health-care workers and social workers in basic gerontology and geriatrics;

Madrid International Plan of Action on Ageing

76. **Objective: Development of a continuum of health care to meet the needs of older persons. Actions**

- Develop regulatory mechanisms at appropriate levels to set suitable standards of health care and rehabilitation for older persons;

- Improve the coordination of primary health care, long-term care and social services and other community services;

- Promote the establishment and coordination of a full range of services in the continuum of care, including prevention and promotion, primary care, acute care, rehabilitation, long-term and palliative care, so that resources can be deployed flexibly to meet the variable and changing health needs of older persons;

- Develop specialized gerontological services and improve coordination of their activities with primary health-care and social care services.

Madrid International Plan of Action on Ageing

Objective: Involvement of older persons in the development and strengthening of primary and long-term care services. Actions:

- Include older persons in the planning, implementation and evaluation of social and health care and rehabilitation programmes;

- Encourage health and social care providers to fully include older persons in decision-making related to their own care;

- Promote self-care in older persons and maximize their strengths and abilities within health and social services;

- Integrate the needs and perceptions of older persons in the shaping of health policy.

Objective: Provision of a continuum of care and services for older persons from various sources and support for caregivers. Actions:

- Support caregivers through training, information, psychological, economic, social and legislative mechanisms;

- Take steps to ensure the provision of assistance to older persons in cases where informal support is unavailable, has been lost, or is not desired;

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Madrid International Plan of Action on Ageing

Issue: Neglect, abuse and violence

Neglect, abuse and violence against older persons takes many forms — physical, psychological, emotional, financial — and occurs in every social, economic, ethnic and geographic sphere. The process of ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover physically or emotionally from trauma. The impact of trauma may be worsened because shame and fear cause reluctance to seek help. Communities must work together to prevent abuse, consumer fraud and crimes against older persons. Professionals need to recognize the risk of potential neglect, abuse or violence by formal and informal caregivers both in the home and in community and institutional settings.

Madrid International Plan of Action on Ageing

- 108. Older women face greater risk of physical and psychological abuse due to discriminatory societal attitudes and the non-realization of the human rights of women. Some harmful traditional and customary practices result in abuse and violence directed at older women, often exacerbated by poverty and lack of access to legal protection.

- 109 . Women 's poverty is directly related to the absence of economic opportunities and autonomy, lack of access to economic resources, including credit, land ownership and inheritance, lack of access to education and support services and their minimal participation in the decision-making process. Poverty can also force women into situations in which they are vulnerable to sexual exploitation.

Madrid International Plan of Action on Ageing

- 110. **Objective: Elimination of all forms of neglect, abuse and violence of older persons. Actions**

- Sensitize professionals and educate the general public, using media and other awareness-raising campaigns, on the subject of elder abuse and its various characteristics and causes;

- Enact legislation and strengthen legal efforts to eliminate elder abuse;

- Eliminate harmful traditional practices involving older persons;

- Encourage cooperation between Government and civil society, including non-governmental organizations, in addressing elder abuse by, inter-alia, developing community initiatives;

- Minimize the risks to older women of all forms of neglect, abuse and violence by increasing public awareness of, and protecting older women from, such neglect, abuse and violence, especially in emergency situations;

- Encourage further research into the causes, nature, extent, seriousness and consequences of all forms of violence against older women and men and widely disseminate findings of research and studies.

Madrid International Plan of Action on Ageing

111. **Objective 2: Creation of support services to address elder abuse. Actions**

- Establish services for victims of abuse and rehabilitation arrangements for abusers;

- Encourage health and social service professionals as well as the general public to report suspected elder abuse;

- Encourage health and social service professionals to inform older persons suspected of suffering abuse of the protection and support that can be offered

- Include handling of elder abuse in the training of the caring professions;

- Establish information programmes to educate older persons about consumer fraud.

Madrid International Plan of Action on Ageing - National action

- 116. Governments have the primary responsibility for implementing the broad recommendations of the International Plan of Action, 2002. A necessary first step in the successful implementation of the Plan is to mainstream ageing and the concerns of older persons into national development frameworks and poverty eradication strategies. Programme innovation, mobilization of financial resources and the development of necessary human resources will be undertaken simultaneously. Accordingly, progress in the implementation of the Plan should be contingent upon effective partnership between Governments, all parts of civil society and the private sector as well as an enabling environment based, inter alia, on democracy, the rule of law, respect for all human rights, fundamental freedoms and good governance at all levels, including national and international levels.

- 117. The role of non-governmental organizations is important in supporting Governments in their implementation, assessment and follow-up of the International Plan of Action, 2002.

- 118. Efforts should be made to promote institutional follow-up to the International Plan of Action, including, as appropriate, the establishment of agencies on ageing and national committees. National committees on ageing that include representatives of relevant sectors of civil society, especially organizations of older persons, can make very valuable contributions and can serve as national advisory and coordinating mechanisms on ageing.

- 119. Other crucial elements of implementation include:
  - effective organizations of older persons; educational, training and research activities on ageing;
  - and national data collection and analysis, such as the compilation of gender
  - and age specific information for policy planning, monitoring and evaluation.

- Independent, impartial monitoring of progress in implementation is also valuable and can be conducted by autonomous institutions. Governments, as well as civil society, can facilitate the mobilization of resources by organizations representing and supporting older persons by increasing incentives.

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Recommendation CM/Rec(2014)2 of the Council of Ministers – Protection from violence and abuse

16. Member States should protect older persons from violence, abuse and intentional or unintentional neglect. Such protection should be granted irrespective of whether this occurs at home, within an institution or elsewhere.

17. Member States should provide for appropriate awareness-raising and other measures to protect older persons from financial abuse, including deception or fraud.

18. Member States should implement sufficient measures aimed at raising awareness among medical staff, care workers, informal carers or other persons who provide services to older persons to detect violence or abuse in all settings, to advise them on which measures to take if they suspect that abuse has taken place and in particular to encourage them to report abuses to competent authorities. Member States should take measures to protect persons reporting abuses from any form of retaliation.

19. Member States shall carry out an effective investigation into credible claims that violence or abuse against an older person has occurred, or when the authorities have reasonable grounds to suspect that such ill-treatment has occurred.

20. Older persons who have suffered from abuse should receive appropriate help and support. Should member States fail to meet their positive obligation to protect them, older persons are entitled to an effective remedy before a national authority and, where appropriate, to receive adequate redress for the harm suffered in reasonable time.

Issue 4: Images of ageing

113. **Objective 1: Enhancement of public recognition of the authority, wisdom, productivity and other important contributions of older persons. Actions**

- Develop and widely promote a policy framework in which there is an individual and collective responsibility to recognize the past and present contributions of older persons, seeking to counteract preconceived biases and myths and, consequently, to treat older persons with respect and gratitude, dignity and sensitivity;

- Encourage the mass media to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older women and men, including older persons with disabilities;

- Encourage educators to recognize and include in their courses the contribution made by persons of all ages, including older persons;

- Encourage the media to move beyond portrayal of stereotypes and to illuminate the full diversity of humankind;

- Recognize that the media are harbingers of change and can be guiding factors in fostering the role of older persons in development strategies, including in rural areas;

- Facilitate contributions by older women and men to the presentation by the media of their activities and concerns;

- Encourage the media and the private and public sectors to avoid ageism in the workplace and to present positive images of older persons;

- Promote a positive image of older women's contributions to increase their self-esteem.

Recommendation CM/Rec(2014)2 Good Practices

- *Austria*, workshops are organised to create regional expertise in counselling older persons in cases of violence and regional networks of advisory contact points interlinking competent services, care homes and medical staff to provide help to victims.

- *Belgium*, the *Czech Republic, Finland* and *France* provide helplines to report abuse cases. Local support teams do home visits, propose solutions to improve older persons' situations and offer free advice and training. In the

- *Czech Republic*, the new National Action Plan promoting positive ageing (2013-2017) foresees measures to support older persons in cases of abuse or neglect through psychological, legal and social help, educational material and training of professionals on how to prevent and to recognise abuse.

- *Finland* adopted the Action Plan to reduce violence against women (2010-2015) which also envisages measures concerning older persons. Moreover, the Finnish Association of Shelters for the Elderly seeks to prevent violence against older persons and to raise awareness, for example by operating telephone helplines and providing other forms of support.

- *France* set up, in January 2013, the National Committee for the good treatment and the rights of older and disabled persons to fight ill-treatment and promote their basic rights.

Recommendation CM/Rec(2014)2 Good Practices 2

- *Germany* established the programme "Safeguarding the elderly", which helps to optimise the safety of older persons and implement preventive approaches (such as women's shelters and counselling centres for older victims, and awareness raising and training of non-residential care staff to act as instances of prevention). An interdisciplinary group of experts has developed a guide for medical professionals to better detect homicide or unnatural causes of death in older persons. The German authorities have produced a brochure containing comprehensive information on fraud and deception targeting older persons. Moreover, there are training programmes for bank staff on how to recognise deception of critical financial situations for older persons.

- In *the Netherlands*, the province of Noord-Holland has drafted a protocol to be used by external people in contact with older persons in residential care (for example hairdressers) in order to be able to recognize signs of abuse within the limits of their responsibilities and to act by contacting specific support teams. The city of Rotterdam has developed a Code of Conduct for detecting and reporting domestic violence. Professionals in health care and services to older persons, police and emergency services are trained to recognise abuse and report it to the Domestic Violence Advice and Support Centre. The National Plan of Action on Ageing in *Turkey* intends to provide a reporting mechanism and vocational training for people working with older persons in order to help detect abuse and negligence and take measures in this respect.

- *Portugal* has established a programme for the better security of older persons living alone and isolated, which is being implemented by the police, for example by establishing direct phone lines to police stations in older persons' homes and by organising regular visits.

- In the *United Kingdom,* employers and voluntary organisations have access to information about an individual's criminal record before engaging persons providing personal care to older persons. There is also a special prosecution policy for crimes against older people to enable better tracking of such crimes. Special advocacy services for older people (such as the organisation "Victim Support") provide support to older victims.

- The European Project "Breaking the Taboo", co-financed by the *European Commission* and carried out by project partners from *Austria, Finland, Italy, Poland* and *Germany* in collaboration with partners from *Belgium, France* and *Portugal*, issued a brochure on "Violence against older women in families: recognizing and acting", aimed at raising awareness amongst and giving guidance to staff members of care homes and health and social service organisations.

Recommendation CM/Rec(2014)2 IV Care Principles

- 29. Member States should take appropriate measures, including preventive measures, to promote, maintain and improve the health and well-being of older persons. They should also ensure that appropriate health care and long-term quality care is available and accessible.

- 30. Services should be available within the community to enable older persons to stay as long as possible in their own homes.

- 31. In order to better assess and fulfil the needs of older persons, member States should promote a multi-dimensional approach to health and social care for them and encourage co-operation amongst the competent services.

- 32. Care providers should treat any sensitive personal data of older persons confidentially and carefully in accordance with their right to privacy.

- 33. Care should be affordable for older persons and programmes should be in place to assist older persons, if necessary, with covering the costs.

- 34. Care givers should receive sufficient training and support to adequately ensure the quality of the services provided. Where older persons are being cared for at home by informal carers, the latter should likewise receive sufficient training and support to ensure that they are able to deliver the care needed.

- 35. Member States should operate a system through which care delivery is regulated and assessed.

Recommendation CM/Rec(2014)2 IV Care Principles

- *Austria* grants, at federal level, a long-term care allowance covering to a certain extent the required care of the person. In the recent past, provinces have also participated in the payment. *Austria* established a project for care institutions for older people who suffer from dementia targeting health professionals and their management. The project aims at achieving greater awareness for gender equality with regard to dementia patients, taking into account their special gender-dependent needs and different life stories.

- The *Belgian* Flemish Community established the "Flanders' Care" programme which aims at improving the provision of care for older persons through the development of innovative technologies. The programme includes "demonstration projects" and "an experimental area for innovation in health care". In addition, the Flanders' Care programme foresees the creation of a Flemish Centre of Expertise of Assistive Technology.

- *Bosnia and Herzegovina* and the UN Population Fund have signed the first fully fledged Country Programme Action Plan (2010-2014), one chapter of which is entirely devoted to older persons and the creation of a legal framework for healthy ageing and old-age care.

- The municipal district of Prague, in the *Czech Republic*, runs a special multilingual web site for older persons with useful information on their daily life in the district (social and medical services, cultural events, free-time and leisure activities, etc.). The district also provides a helpline and legal counselling service for older persons.

- In *Denmark*, preventive and health-promoting efforts are being made, and funds are being allocated to improve training on the one hand, and rehabilitation methods on the other, at both national and local levels. The country is also making increased use of "welfare technology" for the care of older persons whenever this increases the quality of care and reduces costs.

- *Estonia* adopted a new Strategy for Active Ageing (2013-2020) covering topics like social inclusion, participation, lifelong learning, employment and social and medical service delivery. A new active ageing index is being used to measure the effectiveness of the strategy. The country has also developed guiding principles for informal carers.

- *Finland* has established a project to actively engage older people who suffer from loneliness, in particular those who are in hospitals, adult day-care centres or residential care institutions. Moreover, the country adopted an Act on support for informal care, which came into effect in 2006. Support for informal care is a statutory social service ensured by the State and the municipalities.

- *France* adopted in 2003 a "Charter of the rights and liberties of dependent persons in care" which recognizes the right to privacy, including intimacy, security and data protection. Moreover, the non-profit organization "Vacances ouvertes" helps informal carers such as family members to take a break and go on holidays, while professional carers take care of the dependent person.

Recommendation CM/Rec(2014)2 IV Care Principles 2

- In *Germany*, a whole range of local government support services are available to senior citizens. There are also benefits in kind or monetary benefits from the statutory long-term care insurance scheme (SPV), which is a stand-alone branch of social security under the German Social ode. Older persons can choose between the provision of care at home or in an institution, and between the licensed facilities or services provided by agencies. Since the beginning of 2013, patients are able to make individual care arrangements from a large catalogue of services.

- In *Ireland*, a home care package initiative is aimed at older people who need more assistance to continue living in the community. The package includes services of nurses and various therapists (including physiotherapists and occupational therapists), home-care attendants and home helpers.

- In *Italy,* the Long-term Care National Fund for people aged 65 or over allocates significant resources to regions for the purpose of improving and expanding health and social-care services, including at home, for older persons and strengthening the participation of older persons in society through solidarity and communication. In the province of Siena, the organisation "Un Euro all'Ora" launched a programme to support informal carers and prevent burn-out. In the province of Ragusa, public authorities co-operate with organisations active in the social field on the protection of family relationships and the management of services provided. Intergenerational family mediation allows families to co-organise such services together with the authorities.

- In the *Netherlands*, the "National care for the elderly" programme was developed at the behest of the Dutch Government, with a view to improving care for older people with complex needs. Since the programme began in April 2008, numerous organisations have joined forces regionally and nationally to create a coherent array of care options which are better tailored to the individual needs of the elderly. For the elderly themselves, this programme leads to greater freedom and independence.

- In *Turkey,* relatives taking care of older persons receive monthly financial support. In addition, support services are provided at home to assist older persons in daily activities (household small repairs, guidance on providing medical equipment, shopping, personal care, cooking, cleaning, etc.). Rest homes, rehabilitation homes and life homes are available to receive older persons in need of care.

- *"The former Yugoslav Republic of Macedonia"* supports NGOs and municipalities developing non-institutional forms of care of and assistance to older persons. There have been intensive activities to provide older people in need with adult day care, accommodation, home services, financial support.

- Within the *United Kingdom*, in England, the Care Quality Commission is the independent regulator of health and adult social-care providers; it assumes a key responsibility in assuring respect for essential levels of safety and quality of services. All providers of regulated activities must be registered and meet a set of registration, safety and quality requirements.

Assumptions of the Policy Cycle

- Policy is a process with discrete stages

- It involves deliberate problem solving

- Different actors and institutions involved at various stages
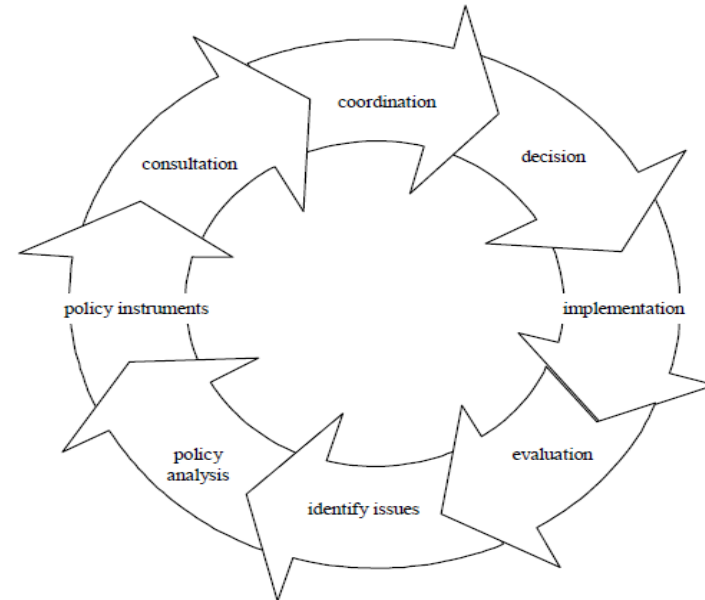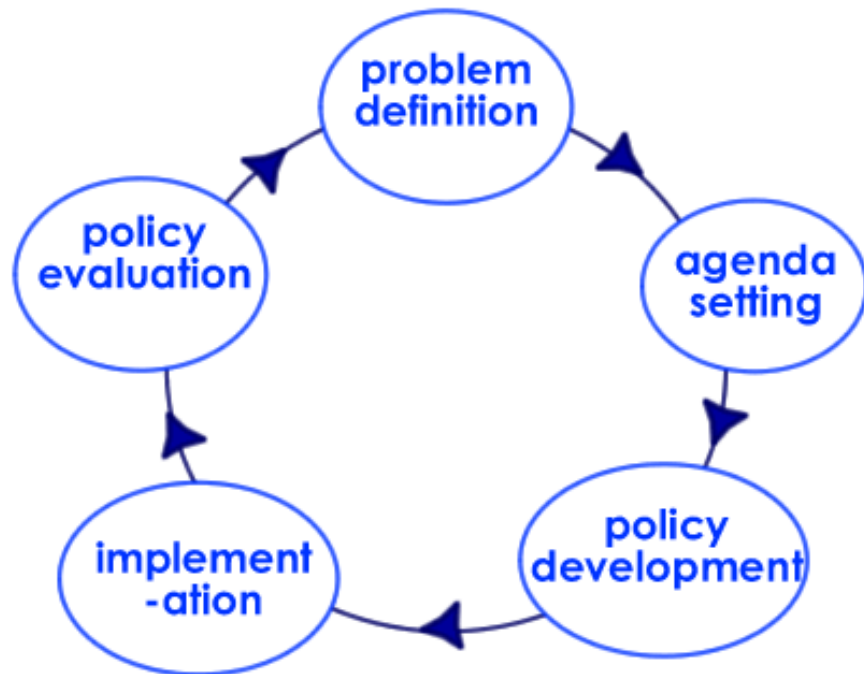
- Old policies feed back into new policies

Figure 1: The Australian Policy Cycle (Bridgman and Davis 2000:27)

Stages of the Policy Cycle

1. Problem identification
2. Agenda setting
3. Analysis of the policy issue(s)
4. Formulation of policy responses (options)
5. Consultation (test and win support – can be done throughout)
6. Selection of a specific policy response (1)
7. Implementation of the chosen policy
8. Evaluation of the policy, which leads to:
9. Problem identification

Problems with the Policy Cycle

- Stages overlap in reality

- Policy development in practice is not linear

- Actors operate simultaneously at various stages

- Is normative and prescriptive

- Does not explain or predict behavior

- Rationalist? – describes process not content

- Does not properly address political aspects

- Circumstances vary depending on location, system and issue area

- *The use of public engagement methods helps to address several of these problems*

Problem Identification / Agenda Setting

- Pre-political, pre-decisional processes

- How a problem is interpreted as a *public* problem requiring government action

- Political, epistemological and ideological factors + basic socio-economic processes can affect which social problems gain access to the formal policy agenda of government.

Policy Windows & Entrepreneurs

Agenda-setting opportunities for new policies

- Windows open when:
  - A **Problem** is identified
  - A **Policy** (potential solution) is identified
  - **Political context** supports action caused due to a change in political attitudes caused by:
    - A party change in power
    - Media coverage
    - Citizen action
- **Policy Entrepreneurs** often exploit open windows
  - State or non-state actors inside and outside of government
  - They move items onto formal government agendas

Actors and Agendas in Agenda Setting

- Government
  - Various levels of govt. (local, county, national, supranational)
  - Expert/advisory committee suggestions
  - Euro Parliament committee initiative reports
  - In the EU the commission is the main actor setting the agenda
- The Public – primarily 'lower' level issues in the EU
  - NGO lobbying
  - Citizen groups
- 2 types of Agendas
  - Govt. agenda – issues being discussed by policy makers but no specific proposals are considered
  - Decision agenda – proposals on which decisions must be made

Govt. Agenda-Setting Tools The less well known NATO

- **Nodality** – Give or withhold info from societal actors

- **Authority** - Use of legal or official power, i.e. the power officially to demand, forbid or guarantee

- **Treasure** - the use of money to get items on the agenda

- **Organization** – Government workers (soldiers, workers, bureaucrats), land, buildings, materials, computers and equipment

Nodality – Govt. Communications

- Can be used to try and manipulate:
  - Policy actors (politicians, public administrators)
  - Social actors (NGOs, CSOs)
  - Economic actors (consumers and producers)
- I.e. a disaster, scandal or policy failure raises public concern, so govt. appoints a public inquiry
- Affects the types of communication engagement mechanisms and there content

Treasure Agenda Setting

- Governments can use policy tools that give an economic benefit to a favored group:
  - by appropriating money or
  - by exempting an event or a transaction from taxation
  - giving tax-exempt status to specific NGOs
- Funding of research institutes (NGOs) that
  - raise or don't raise certain issues
  - raise less controversial issues
- GONGOs – A very clear example of this

Problem Identification / Agenda Setting

- Pre-political, pre-decisional processes

- How a problem is interpreted as a *public* problem requiring government action

- Political, epistemological and ideological factors + basic socio-economic processes can affect which social problems gain access to the formal policy agenda of government.

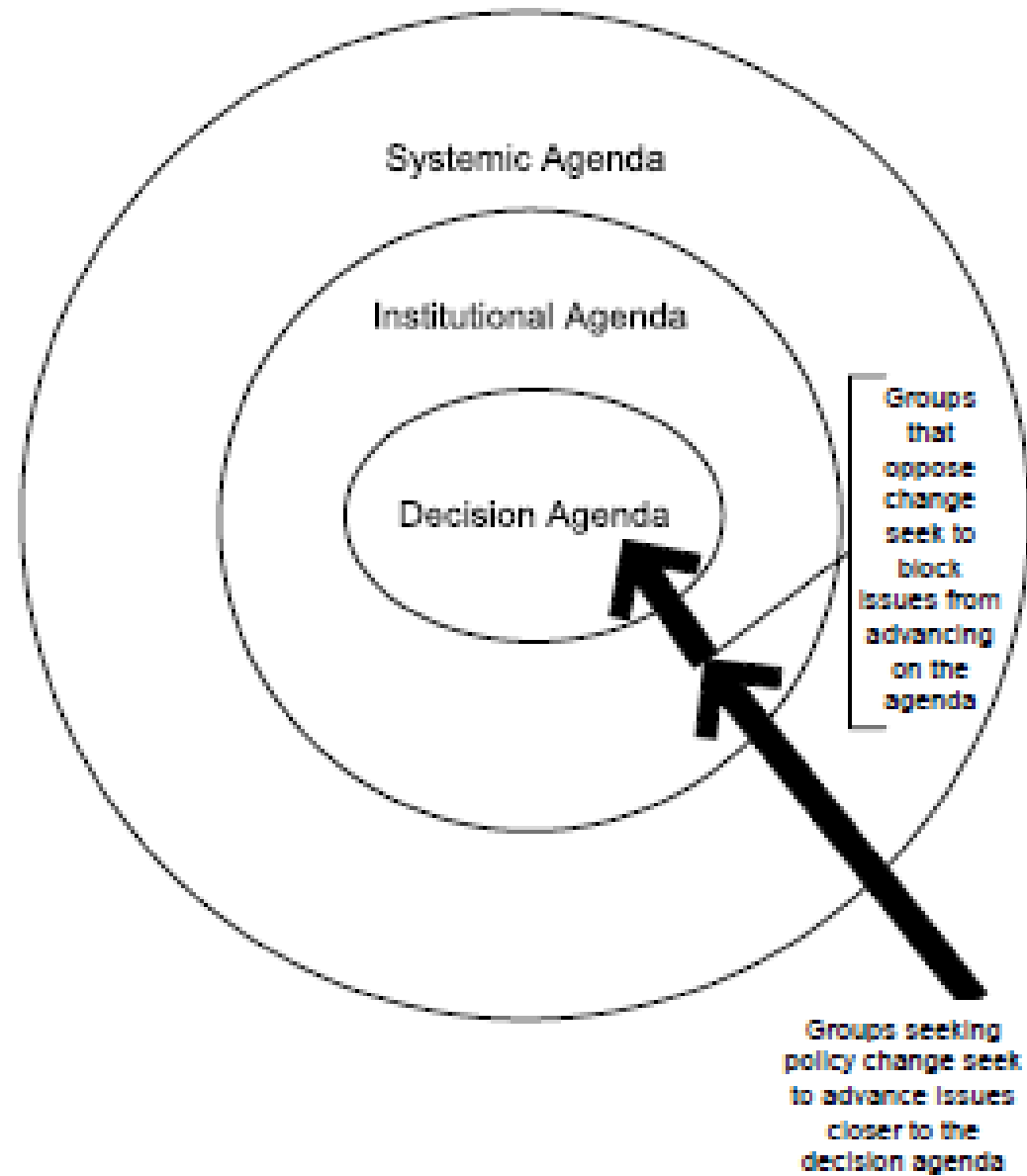- Can occur from top-down, inside-out, outside in or bottom-up

Policy Agendas

- **Agenda:** a collection of problems, understandings of causes, symbols, solutions, and other elements of public problems that come to the attention of members of the public and government.

- **Agenda universe**: *A*ll ideas that could possibly be brought up and discussed in a society or a political system. Depends on:
  - Legal restrictions
  - Social/cultural norms

- **Systemic agenda:** Any idea that could possibly be considered by participants in the policy process

- **How stable are these agendas?**

Policy Agendas 2

- **Institutional agenda**: The list of items up for the active and serious consideration by govt.
    - A limited number of issues can reach this agenda
    - What is this number based upon?
- **Decision agenda:** Contains institutional agenda items that are to be acted (voted) on
    - This includes proposed rule making by administrative bodies

Agenda Universe

Systemic Agenda

Institutional Agenda

Decision Agenda

Groups that oppose change seek to block issues from advancing on the agenda

Groups seeking policy change seek to advance issues closer to the decision agenda

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Actors in Agenda Setting

- Government (representative arena) sets the agenda
  - Various levels of govt. (local, county, national, supranational)
  - Expert/advisory committee suggestions
  - Euro Parliament committee initiative reports
  - ECommission is the main actor setting the agenda in the EU

- Public Sphere – primarily 'lower' level issues in the EU
  - NGO lobbying, think tanks, social movements, Citizens
  - Companies, unions, artists, media

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Goals of Actors in Agenda Setting

- Getting your issue onto the decision agenda

- Blocking an issue you oppose by (ideally by removing it from the institutional, systematic or agenda universe)

- Characterizing the elements (narrative) of the issue – how?
  - Use of specific terminology "death tax"
  - Characterization of the target audience ('lazy' refugees)
  - Important (dis)information ('raping refugees')
  - Symbols to construct visions of problems, causes, and solutions

Use of Organization in Agenda Setting

Scenario planning

- Policy tool to plan for uncertain times in the future
- Several plausible alternative future environments in which decisions about the future may be played out
- Identifies and manage conflicts and to try find common ground for future action
- Can first be used as a policy risk-free space to visualize, rehearse and test the acceptability of different strategies without being constrained by politics
- Anticipates emerging issues
- Identifies unanticipated consequences
- Creates the 'big picture' using a wide range of infor sources
- **How is this Agenda Setting...**

Agenda Setting from the bottom up

- Social relationships, political ideology and other factors may hinder groups from engaging in policy making/agenda setting
  - Lack of education
  - Poverty
  - Lack of trust or empowerment
- Weaker groups can elevate the agenda status of an issue if the scope of conflict is widened:
  - Go public with a problem using symbols and images to gain media and public sympathy for the cause
  - Involve other parts of government
    - higher jurisdictions – i.e. appealing to the EU or
    - Go to the courts

Bottom-up Approaches to Policy Implementation Analysis

- Start from the "bottom" by identifying the networks of actors involved in actual policy delivery
- Including actors from all relevant agencies (public and private) collaborating in implementation
- Create practices that enable (empower) public workers to cope with problems encountered
- "Backward Mapping" analysis should start with a specific policy problem and then examine the actions of local agencies to solve this problem

Public Involvement in Policy Implementation

- Service Users – Those directly affected by policies. Can be engaged in two ways:
    - Choice: choosing services from a menu of options
    - Exit: Choose to leave a service
    - Voice: Input into the service
    - Contribution: producing part of the service; and
    - Control: deciding on services and commissioning them.
- Providers – Those who offer the service
    - Government workers (street level bureaucrats)
    - Subcontractors (NGOs / Private firms)
    - Citizens/Volunteers/Users (Co-production)
- Other stakeholders (citizens, taxpayers)

Policy Transfer Steps

- Perceived Need

- Exposure to external ideas/approaches

- Actors willing to push for the transfer

- Limited opposition

Key Actors in elder care sector

Who are they?

What are their interests?

How can you engage with them?

How can you influence them?