

GOLD

Getting Older with a disability

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GETTING OLDER
WITH A DISABILITY



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TABLE OF CONTENTS

A documentary and field research report	3
Introduction	3
Methodology.....	3
The policy framework.....	4
EUROPEAN LEVEL.....	4
AUSTRIA	6
BELGIUM.....	7
FRANCE	8
ITALY	9
PORTUGAL	10
ROMANIA	10
CONCLUSION.....	11
The good/promising practice framework.....	12
EUROPEAN LEVEL	12
AUSTRIA	13
BELGIUM.....	14
FRANCE	15
ITALY	16
PORTUGAL	18
ROMANIA	19
CONCLUSIONS	20
Final considerations	21
References.....	25
National and European Laws	25
Best practices and initiatives.....	28



A DOCUMENTARY AND FIELD RESEARCH REPORT

INTRODUCTION

The GOLD (Getting Older with a Disability) project is co-funded by the European Union's Erasmus+ programme and involves nine partners from six European countries. It aims to address the growing challenges at the intersection of ageing and disability. Using innovative educational methods, the project improves the quantity and quality of training opportunities in disability and older people's care. The primary objective of this initiative is to equip professionals and informal carers with the necessary skills to effectively support ageing people with disabilities. Another objective of the GOLD project is to promote social inclusion and dignity by providing appropriate support and empowerment while raising awareness among professionals, beneficiaries, families, and policymakers.

The initial outcomes of the GOLD project include the production of a documentary and a field research document. The objective is to provide a contextual framework of the state of the art prior to the project, incorporating a policy analysis. The document also aims to inspire practices and highlight experiences related to providing services for people with disabilities as they grow older. The research includes an analysis of the situation in Europe and six Member States: Austria, Belgium, France, Italy, Portugal and Romania.

METHODOLOGY

The research methodology employed follows a structured and multi-phase approach designed to gather and analyse relevant information on the challenges and solutions associated with ageing people with disabilities. The primary objective of this research was to assess the current state of the art concerning the updating and adaptation of services for disability and older people's care.

The preliminary phase of the research project entailed a thorough examination of the extant policies and institutional frameworks at the European, national and regional levels across the partner countries. Concurrently, the research aimed to identify effective and innovative practices addressing the specific needs of ageing people living with disabilities.

The policy and contextual analysis focused on the roles of institutions and their inter-sectoral collaboration, the effectiveness of existing support mechanisms, and the allocation of resources for disability and older people care services. A Europe-wide analysis was conducted by EPR and AGE Platform to provide a broader understanding of the framework. A national framework for the care of older persons with disabilities was examined, focusing on policy measures, institutional roles, funding mechanisms and existing support structures.

The other key component of this phase was the collection of inspiring practices, which included both established, formal services and innovative or experimental initiatives. Partner organisations were assigned to identify such practices, assess their impact, and consider their potential for broader adaptation. Specifically, each partner organisation was tasked with the identification of



between two and three promising practices or initiatives with the aim of addressing the challenges experienced by ageing people living with disabilities.

The research was guided by a series of structured questions that were provided to all partners. These questions covered aspects such as the availability of services, vocational training programmes, support for carers, and infrastructure.

The findings of this research have been compiled into the present document, which provides an in-depth understanding of the current situation and offers valuable insights for shaping future GOLD activities. The research protocol encompassed specific guidelines for the execution of the research, delineating research methodologies, reporting structures, and templates for the documentation of practices, policy frameworks, and national reports.

THE POLICY FRAMEWORK

The objective of this chapter is to analyse the existing regulatory frameworks and policy support mechanisms at European level and in the project partner countries. The following countries are represented: Austria, Belgium, France, Italy, Portugal and Romania.

The research was conducted between January and March 2025, with the project partners analysing public policies related to the care and support of older people with disabilities. The focus of the analysis was on the rights of these individuals for inclusion. The following section will provide a comprehensive overview of the subject matter.

The analysis was developed around a series of key questions, divided into five macro-areas of interest:

- Regulatory frameworks and support mechanisms: the existence and characteristics of European, national and regional policies that support ageing people with disabilities, focusing on social inclusion and active participation.
- Institutional roles and responsibilities: coordination between local, regional and European public authorities; cooperation with the private and third sectors; and the presence of inter-institutional networks for sharing good practice.
- Policy integration and regional differences: the complementarity or overlap between national, regional and European policies, focusing on possible territorial disparities in service delivery.
- Funding and resources: Sources of funding and how funds are distributed among the different levels.
- Data collection and analysis: The tools and methods used by institutions to monitor the needs of, and the effectiveness of services for, people with disabilities in later life.

EUROPEAN LEVEL

At the European level, the protection and inclusion of older people with disabilities is rooted in international and EU legal frameworks that promote equality, dignity and access to essential services. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD),



which was ratified by the EU in 2010, is the foundational instrument that guarantees rights such as independent living, healthcare, and protection from discrimination, regardless of age or disability (UN General Assembly, 2006; Council of the European Union, 2010).

The EU Strategy for the Rights of Persons with Disabilities 2021–2030 (European Commission, 2021) sets out the EU's current policy direction. It advocates autonomy, quality care and access to community services, while recognising the additional disadvantages experienced by older people with disabilities, particularly those in rural or isolated areas. However, the strategy pays limited attention to lifelong learning, active participation or employment for this group.

The European Pillar of Social Rights (EPSR), proclaimed in 2017, complements the Strategy by outlining 20 key principles aimed at improving social conditions across the EU. Principle 17 is particularly relevant as it emphasises the rights of persons with disabilities to inclusion and community participation, while Principle 18 calls for access to affordable, quality long-term care (European Commission, 2017).

Legally, the Treaty on the Functioning of the European Union (TFEU) obliges the Union, under Article 10, to combat discrimination based on disability and age in all its policies and actions. Furthermore, Directive 2000/78/EC on equal treatment in employment and occupation prohibits discrimination on the grounds of disability in the workplace, offering key legal safeguards for people with disabilities of all ages.

In response to growing care demands, the European Care Strategy (European Commission, 2022) further emphasises the need for high-quality, affordable and accessible long-term care services, particularly in home and community settings. It also calls on Member States to strengthen care systems for both carers and those receiving care.

Although these frameworks provide robust guidance, implementation remains fragmented. Social and care services primarily fall under the jurisdiction of Member States, resulting in significant disparities in service provision across the EU. The European Commission supports coordination by engaging with civil society and national authorities through initiatives such as the Disability Platform and AccessibleEU, a flagship project of the Disability Strategy designed to help Member States implement accessibility standards.

The Green Paper on Ageing (European Commission, 2021) drew attention to the demographic shift and emphasised the need for intergenerational solidarity. However, this did not lead to any formal legislative action. This underlines the persistent gaps in comprehensive EU action that address the intersection of ageing and disability.

Concrete EU initiatives support mobility and inclusion for people with disabilities. These include the proposed European Disability Card and European Parking Card, which are intended to be recognised across all EU countries by 2028. There are also the Access City Awards, which recognise cities that promote accessibility. Additionally, the Rights, Equality and Citizenship Programme (REC) provides funding for projects that enhance the rights of people with disabilities.

Key stakeholders, such as the European Disability Forum (EDF) and AGE Platform Europe, play a central role in advocating for the rights of older people with disabilities. They advocate policy coherence across the age and disability sectors, and recommend developing a dedicated EU Age



Equality Strategy to address intersecting discrimination and change perceptions of older people with disabilities as passive recipients of care.

Financial instruments also underpin EU efforts. Programmes such as Horizon Europe, EU4Health (2021–2027) and the European Social Fund Plus (ESF+) provide funding for projects that aim to improve inclusion, healthcare access and social innovation for people with disabilities, including older populations.

A significant challenge lies in data collection. Although tools such as the EU Statistics on Income and Living Conditions (EU-SILC), the European Health Interview Survey (EHIS) and the EU Labour Force Survey (LFS), which include the Global Activity Limitation Indicator (GALI), offer relevant data, comprehensive and disaggregated statistics on older people with disabilities are scarce, particularly at regional and local levels. This data gap hinders policy planning, the monitoring of inequalities and the implementation of targeted services, as repeatedly highlighted in reports by the European Commission and Eurostat.

In order to effectively implement the EU Strategy for the Rights of Persons with Disabilities and the European Pillar of Social Rights, it is crucial to enhance the quality, consistency and accessibility of disaggregated data. Robust evidence is necessary for the effective development and evaluation of inclusive and age-sensitive disability policies.

AUSTRIA

Austria's support framework for older people with disabilities is shaped by its commitment to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which came into force in 2008. The Convention requires all levels of government to incorporate its principles into legislation and public administration. The Federal Ministry of Social Affairs is responsible for coordinating national implementation, while regional governments fulfil their respective local responsibilities. A Monitoring Committee, established under the Federal Disability Act, promotes and oversees compliance with the Convention.

The National Action Plan for Persons with Disabilities (NAP II) is the country's main strategic framework in this area and covers the period up to 2030. While not legally binding, the NAP sets out over 370 measures to implement the UNCRPD. It includes a dedicated section on older people with disabilities, acknowledging the need for adapted services, improved data collection and better coordination of long-term care. Key priorities include developing age-appropriate solutions in residential settings, expanding outpatient support and bridging the gap between mobile and 24-hour care systems.

Stakeholder organisations such as Social Economy Austria and Social Economy Styria play a vital role in bridging regional disparities. Social Economy Styria, in particular, facilitates cooperation among service providers, funders, and service users. It also coordinates the Age and Disability working group, which has contributed to the development of new services for older people with disabilities in the region.

Notable innovations include the introduction of a new care model in Styria in 2024, which enables older residents in full-time care to access daytime support within the same facility without being obliged to attend external day centres. Another planned reform for 2025 will introduce mobile support services for older people with disabilities living in standard nursing homes. This will



address the lack of disability-specific care in such settings. The National Action Plan for Persons with Disabilities (NAP II) is the country's main strategic framework in this area and covers the period until 2030. Although not legally binding, the NAP outlines over 370 measures to implement the UNCRPD. It includes a dedicated section on older people with disabilities, acknowledging the need for adapted services, improved data collection and better coordination of long-term care. Key priorities include developing age-appropriate solutions in residential settings, expanding outpatient support and bridging the gap between mobile and 24-hour care systems.

Financial support mechanisms include the family allowance for adults with disabilities, which is enhanced in cases of severe impairment.

BELGIUM

In Belgium, the support system for older people with disabilities is shaped by a complex, multi-level governance structure. As a federal state, responsibilities in the fields of social security, health and care are divided between the federal government and the three regions — Flanders, Wallonia and the Brussels-Capital Region — each of which develops its own policies and services within its own jurisdiction. This institutional configuration results in a diverse policy landscape, where services for people with disabilities in later life are delivered through a combination of national programmes and region-specific initiatives.

At the federal level, support is primarily organised through financial measures aimed at compensating for loss of autonomy and ensuring a minimum standard of living. The main institutions responsible for these programmes are the National Institute for Health and Disability Insurance (INAMI/RIZIV) and the Federal Public Service for Social Security. Older people with disabilities may be eligible for various benefits, including the Income Replacement Allowance, the Integration Allowance and the Allowance for Assistance to the Elderly (APA). In addition to these benefits, there are adapted health insurance schemes, tax reductions and work-related disability protections, administered by institutions such as the Federal Agency for Occupational Risks (Fedris). These measures reflect Belgium's commitment to international agreements, including the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which was ratified in 2009 and is based on the principles of autonomy, inclusion and participation in society.

At the regional level, each government has set up specialist agencies responsible for providing disability and care services. In Wallonia, for example, the Agence pour une Vie de Qualité (AVIQ) plays a central role in coordinating activities relating to health, disability and ageing. AVIQ implements various measures, including providing financial assistance for home adaptations, developing integrated care pathways, and promoting caregiver training. In the Brussels-Capital Region, the PHARE service, which operates under the French Community Commission (COCOF), supports people with disabilities by facilitating access to personal assistance, adapted housing and programmes for professional inclusion. Furthermore, Iriscare, the regional body, coordinates services related to residential care and collaborates with the Centre for Autonomy and Disability Evaluation to manage the APA allocation system. In Flanders, the Flemish Agency for Persons with Disabilities (VAPH) administers the Personal Assistance Budget (PAB), which enables individuals to manage resources directly and arrange care services according to their needs and preferences. The operational focus of these regional approaches differs: Wallonia emphasises coordinated service delivery, Flanders prioritises individual autonomy through



budgetary control, and Brussels addresses the specific challenges of care in urban and multicultural settings.

While the general objectives across all regions include enhancing autonomy, fostering independent living and ensuring social inclusion, the tools and modalities through which support is provided remain diverse. Local authorities, particularly the Public Centres for Social Welfare (CPAS/OCMW), play a significant role in providing everyday social services such as home help and coordinating community-based responses tailored to the needs of older people with disabilities.

A key feature of the Belgian model is the close collaboration between public bodies and civil society organisations. Non-profit organisations and family associations play an active role in the co-creation of inclusive services, the development of supported living solutions and the provision of respite care. Organisations such as Inclusion ASBL, AccessAndGo-ABP and Brux'Aînés offer targeted support and advocacy, particularly for people with intellectual disabilities and their families. This ensures that service users' voices are included in policy discussions and planning processes.

Despite the richness of this multi-actor framework, certain challenges persist. These include service fragmentation, disparities in access and eligibility across regions, limited outreach in rural areas and a lack of fully integrated, person-centred approaches. These issues continue to hinder the system's responsiveness to the evolving needs of ageing persons with disabilities. In recent years, public authorities have taken steps to address these issues by promoting better coordination between sectors, improving data collection mechanisms, and experimenting with new care delivery models that prioritise personalisation, flexibility and equity.

FRANCE

France's disability rights framework is anchored in Law No. 2005-102, which guarantees equal treatment and access to services. This legislation also facilitated the ratification of the UN Convention on the Rights of Persons with Disabilities in 2010 (Decree No. 2010-356). However, it does not specifically address the challenges faced by ageing people with disabilities.

While national policies encompass general disability rights, they often lack targeted measures for older people. To address this, regional authorities have devised bespoke strategies. The Grand Est region, for example, has introduced respite care, temporary housing and support for carers of older people with disabilities. In Île-de-France, specialist units within nursing homes (EHPADs) provide personalised care. Furthermore, Nouvelle-Aquitaine and Auvergne-Rhône-Alpes have adopted a comprehensive approach, integrating medical and social services to tackle social isolation and age-related health issues.

Institutional roles are central to policy implementation. Departmental councils are responsible for managing the Departmental Houses for Disabled Persons (MDPH) and Communal Centres for Social Action (CCAS). Meanwhile, municipalities and inter-municipal bodies enhance community-based support. The Departmental Public Service for Autonomy (SPDA) fosters cooperation between public, private and non-profit organisations to create a more integrated approach.

The allocation of financial resources is crucial. The State and Health Insurance authorities allocate more than €30 billion annually to Regional Health Agencies (ARS) through the National Solidarity Fund for Autonomy (CNSA). Additionally, departmental councils allocate a further €9.7 billion for



programmes such as the Personalised Autonomy Allowance (APA) and the Disability Compensation Benefit (PCH). Local authorities also contribute through CCAS. Despite these investments, disparities in service quality persist due to uneven resource distribution.

Data collection supports the refinement of policies, using sources such as the DREES ES-Handicap study, CNSA tracking and the Handifaction Barometer. However, inconsistent service provision results from regional variations in data application.

ITALY

In Italy, policies supporting people with disabilities are based on an extensive and ever-evolving legal framework. The cornerstone of this framework is Law 104/1992, which affirms the fundamental rights of people with disabilities and ensures their access to healthcare, education, employment, autonomy and full social participation. This legislation represented a cultural shift, acknowledging people with disabilities as rights holders and active members of society.

Subsequently, Law 328/2000 introduced an integrated system of social services, promoting a person-centred approach through customised life projects developed in collaboration with individuals, families, and multidisciplinary teams. Law 112/2016, also known as the 'After Us' initiative, addresses the needs of people with severe disabilities who lack family support by promoting community-based and family-style housing alternatives to institutional care.

A significant milestone is the Disability Reform (Legislative Decree 62/2024), which brings national policy into line with the UN Convention on the Rights of Persons with Disabilities. It introduces a multidimensional and personalised evaluation system applicable to older persons over 70 for developing individualised life projects. The reform streamlines disability assessments under a single national authority (INPS) and integrates health and social care by involving multidisciplinary teams. A trial phase will precede full implementation in 2026.

A key financial instrument is the National Fund for Non-Self-Sufficiency, established in 2006, which supports essential services for individuals with limited autonomy. These include home care, independent living projects and support for caregivers. Although national funds are allocated according to demographic and territorial needs, disparities in resource distribution persist, which affects the equity of service provision across regions.

Italy adopts a multilevel governance model. The national government defines the legal and financial framework, while regions are responsible for planning and coordinating social and health services. Municipalities then deliver these services at a local level. Cooperation with the third sector, as recognised by Legislative Decree 117/2017, is essential for service delivery, particularly with regard to rehabilitation, housing and independent living.

National platforms such as the National Observatory on Disability and the National Network of Territorial Services reinforce institutional coordination. The former monitors the status of persons with disabilities and promotes research and best practice exchange, while the latter facilitates interregional cooperation and policy alignment.

Nevertheless, territorial disparities remain a major challenge. Regions with more robust infrastructure and financial capacity can offer broader access to personalised services, whereas others struggle with delays and service gaps. Reducing these inequalities is crucial to ensuring that all people with disabilities, particularly older adults, can access quality care and support.

Data collection is vital for developing and monitoring policies. ISTAT conducts national surveys and censuses of the people with disabilities, while regional and local authorities collect data



through personalised care plans and needs assessments. The social reporting process, together with user and carer feedback, helps to evaluate and improve service quality and outcomes.

PORTUGAL

In Portugal, the Social Security Institute (Instituto da Segurança Social – ISS) defines social policies for people with disabilities at the national level, with specific adaptations only in the autonomous regions of the Azores and Madeira. Service provision operates through a public–private partnership model, as set out in the 2021 Cooperation Pact for the Social Solidarity Sector. This model allows non-profit and private organisations to provide community-based and residential services, such as home care, assistance with independent living, social inclusion programmes, and long-term residential support.

However, there are currently no policies or services specifically targeting older people with disabilities. Existing support frameworks do not differentiate between younger and older adults, and ageing is not formally recognised as a distinct or cross-cutting dimension in disability-related strategies.

Portugal’s health and social protection systems are based on principles of universal access and public provision. People with disabilities are supported through general social and healthcare services, with no age-specific provisions. The National Institute for Rehabilitation (Instituto Nacional para a Reabilitação – INR) is responsible for implementing the National Strategy for the Inclusion of People with Disabilities 2021–2025, which promotes autonomy and community inclusion, but does not address ageing.

Similarly, both the National Plan for Active and Healthy Ageing (PNEAS) and the more recent Council of Ministers Resolution No. 14/2024 only acknowledge disability as a general vulnerability factor. No strategic or operational measures specifically address the needs of people ageing with disabilities.

Data collection on this population group remains limited. There is no standardised, mandatory framework in place to assess their needs or monitor the effectiveness of services provided. While local initiatives and isolated good practices do exist, particularly with regard to service adaptation, a national strategy and coordinated data infrastructure are lacking.

Some municipalities offer inclusion desks and engage in participatory processes with people with disabilities. However, older adults with disabilities are still not sufficiently involved in policy design. Coordination between sectors (social, health and education) is attempted at an operational level, but there is no specific framework for integrated care targeting ageing with disability.

Finally, although platforms such as the INR, the FENACERCI, the CNOD and research-based observatories (e.g. the ODDH) exist and promote exchange and dialogue, none of them focus specifically on ageing with a disability. Overall, Portugal lacks a coherent and targeted policy response to the intersection of ageing and disability, despite growing interest among service providers and civil society organisations.

ROMANIA

In Romania, older people with disabilities benefit from a legal framework that grants them several important rights aimed at promoting their dignity, autonomy, and quality of life. According to **Law No. 448/2006 on the Protection and Promotion of the Rights of Persons with Disabilities**, they are entitled to access affordable housing that meets minimum living standards (Art. 20(2)(a))



and 20(2)(b)), as well as free use of public transport across the country (Art. 23(1)). Additionally, they have the right to access a range of social services tailored to their specific needs.

The Romanian state is mandated to ensure the provision of specialised rehabilitation services and to create the necessary conditions to support individual needs, including transportation, medical care, and physical accessibility. Notably, the law ensures access to therapeutic and spa-based rehabilitation treatments. This includes free accommodation for both the individual and their personal assistant or companion in health establishments, and one free spa treatment annually based on a medical recommendation (Art. 11(1)(b) and 11(1)(c)).

A central role in the delivery and coordination of services is played by **local and regional public institutions**, which are tasked with ensuring access to health care, social support, and personal assistance. Their responsibilities also include training and supporting activities, promoting accessibility and social inclusion, offering financial and care assistance, and collaborating with public and private entities to improve service provision. Moreover, they are in charge of planning, coordinating, monitoring, and evaluating services, thereby contributing to the development of an integrated and efficient support system for older persons with disabilities.

Despite this robust legal framework, challenges remain in the practical implementation of services, particularly in ensuring consistency across different regions and securing adequate funding and human resources.

CONCLUSION

The analysis of national and European policies related to the rights and promotion of inclusive, equal and active ageing of persons with disabilities highlights a few significant advances, but also persistent critical issues that require more coordinated and integrated action.

At the national level, the analysed countries - Austria, Belgium, France, Italy, Portugal and Romania - present different approaches in dealing with the ageing of persons with disabilities, reflecting the peculiarities of their respective welfare systems. Some common trends, however, emerge:

- **Comprehensive but fragmented regulatory frameworks:** while all countries have laws and strategies for the inclusion of people with disabilities, specific measures to address ageing are often absent or marginally integrated into general disability or active ageing policies.
- **Territorial disparities:** in many states, access to services varies greatly between regions, with some areas offering more structured support than others, penalising people with disabilities ageing in territories with fewer resources.
- **Crucial role of local institutions and the third sector:** local authorities and civil society organisations play a crucial role in policy implementation and service delivery, often filling gaps in national strategies.
- **Funding and sustainability:** although governments allocate significant funds for the care and inclusion of people with disabilities, challenges remain in the equitable distribution of resources, long-term sustainability and the ability to adapt services to the emerging needs of the population.



- **Monitoring and data collection:** data collection tools are essential to assess the effectiveness of policies, but their application remains uneven, limiting the possibility of developing evidence-based interventions.

At the European level, the EU Strategy for the Rights of Persons with Disabilities 2021-2030 and the European Pillar of Social Rights provide a fundamental framework for promoting the inclusion and autonomy of persons with disabilities. However, the issue of ageing is often addressed in a fragmented way, without a specific strategy that integrates the two areas in a coherent manner.

The EU plays a crucial role in promoting coordination between Member States, encouraging the sharing of good practices and funding innovative projects through funds such as the European Social Fund and the Horizon Europe programme. However, the lack of an organic vision that jointly considers the dimensions of ageing and disability is a significant limitation.

In conclusion, in order to ensure a truly inclusive, active and equal ageing of people with disabilities, it is necessary to adopt an integrated approach that overcomes the existing fragmentation. This implies:

- The development of national and European strategies that explicitly include older people ageing of people with disabilities.
- The strengthening of cooperation between different institutional levels, with greater involvement of the third sector and local communities.
- A fairer and more sustainable distribution of resources to reduce territorial disparities.
- An improvement in monitoring and data collection systems to favour policies based on evidence and real needs.

Only through joint and coordinated action, both at the national and European level, will it be possible to guarantee equal opportunities and an adequate quality of life to ageing persons with disabilities, promoting a truly inclusive society that respects the rights of all.

THE GOOD/PROMISING PRACTICE FRAMEWORK

The objective of this chapter is to analyse the good practices or initiatives existing regarding the updating and adaptation of services for disability and older people's care at European level and in the project partner countries (Austria, Belgium, France, Italy, Portugal and Romania).

EUROPEAN LEVEL

Against the backdrop of demographic shifts and the growing demand for inclusive and sustainable social and healthcare solutions for ageing individuals with disabilities, three European initiatives — ParticipAGE (ParticipAGE Consortium, 2023–2025), RuralCare (Junta de Castilla y León, no date), and COVID Resilience (AGE Platform Europe, 2023a) — provide valuable insights into innovative and adaptable care models. Each project addresses different challenges and contributes a different approach to enhancing quality of life, autonomy, and social participation.

ParticipAGE is an Erasmus+ project running from 2023 to mid-2025 and involves partners from Belgium, Greece, Spain, Italy, Ireland and Germany. Its primary objective is to promote the social inclusion of ageing individuals with intellectual disabilities by providing customised digital training resources for care professionals and service users alike. The project addresses the growing need



for support given the longer life expectancy and complex health issues faced by this population. Adopting an inclusive, rights-based approach, ParticipAGE is developing customised e-learning modules to empower users and encourage self-advocacy. The application of Behavioural Change Techniques (BCTs) ensures that the interventions are scientifically sound and effective. Crucially, the project delivers policy recommendations and stakeholder analyses to influence national and EU-level policies. The digital tools are designed for cross-platform access and multilingual use to ensure their sustainability beyond the lifespan of the ParticipAGE project (ParticipAGE Consortium, 2023–2025).

Implemented in Spain from October 2020 to October 2023, RuralCare presents an integrated care model tailored to older people with disabilities living in rural areas. The initiative focuses on helping older people to maintain their independence at home by providing them with coordinated social and health services. Developed in partnership with local authorities, universities, healthcare providers and third-sector organisations, RuralCare takes a person-centred approach, connecting public and private actors. This includes personalised care plans, enhanced roles for case coordinators and personal assistants, and targeted interventions based on household risk segmentation. The comprehensive strategy includes home adaptations, community involvement, and proactive healthcare protocols. Results demonstrate improved physical health and reduced depressive symptoms among participants, as well as providing economic and social benefits for rural communities. These results confirm that integrated long-term care in rural settings can be both effective and sustainable (Junta de Castilla y León, n.d.).

The Red Cross of Serbia led the 'Covid Resilience' project, which ran from 2020 to 2023 across six Western Balkan countries. The project aimed to strengthen the resilience of older people and persons with disabilities during the pandemic and future emergencies. Supported by national Red Cross societies and civil society actors, the project focused on mental health, financial assistance, community strengthening and public policy engagement. It provided psychosocial support to over 60,000 individuals and financial aid to 6,000 people, while building the operational capacity of local Red Cross societies. By funding grassroots microprojects and fostering collaboration with policymakers, the initiative promoted inclusion and evidence-based advocacy. The project's flexible crisis response and community engagement models can be transferred to other contexts, particularly in regions where the rights of older people and people with disabilities require greater prioritisation (AGE Platform Europe, 2023a, 2023b).

Together, these three initiatives demonstrate innovative and sustainable approaches to improving the lives of ageing people with disabilities. Their combined strengths offer valuable insights for developing policies and services at the European and national levels, emphasising the importance of inclusive, adaptable, and scalable models in addressing current and future care challenges.

AUSTRIA

In Austria, services for older people with disabilities remain inadequate, particularly with regard to personalised medical care and support adapted to their changing needs. Case studies of a 68-year-old woman and a 73-year-old man highlight the significant disparities in treatment and opportunities experienced by ageing individuals with and without disabilities. While these good practices demonstrate commendable progress, they also highlight systemic gaps that require more inclusive policies and flexible support structures.



The first good practice involves the use of the NTG-EDSD (National Task Group – Early Detection Screen for Dementia), a screening tool developed in the USA and adapted into German by the University of Vienna, which is applied by Chance B in Gleisdorf. This tool aims to detect early signs of dementia in people with intellectual disabilities. The case of a 68-year-old woman, who showed progressive cognitive decline and disorientation, exemplifies its utility. Due to a shortage of specialists familiar with dementia in older adults with disabilities in Styria, the NTG-EDSD questionnaire, completed by her primary caregiver, facilitated early identification of cognitive decline. This enabled a tailored, interdisciplinary care plan involving therapists and medical experts, ensuring adequate support (Zeilinger et al., 2024; Chance B, 2025). The tool is freely available online, providing accessible and standardised assessment, and promotes equal diagnostic opportunities for people with disabilities (Chance B, 2025).

The second practice is “individual part-time retirement,” developed by Lebenshilfe Weiz GmbH in Weiz, Austria. It addresses the needs of ageing people with disabilities who do not qualify for full-time assisted living but require adapted support. The example of a 73-year-old man, formerly employed in the family business, shows how his daily activities were adjusted to accommodate his health challenges through additional breaks, creative workshops, and extra days off supported by the housing network. This personalised, person-centred approach underlines the necessity of adapting services to individuals’ unique requirements rather than expecting them to conform to rigid systems. Implementation requires cooperation between day and residential care services and flexible financing models (Lebenshilfe Weiz GmbH, 2024). The approach resonates with findings from the UK-based Standards We Expect project, which emphasises the value of person-centred support and mutual exchange of good practices among service users and providers (Glynn et al., 2008; Beresford et al., 2011).

BELGIUM

Belgium has developed innovative and inclusive practices aimed at improving the autonomy and quality of life of people with disabilities, particularly during key transitional stages such as ageing and end-of-life care. This section highlights three relevant initiatives: the Portrait de Vie project by CRHV; the Projet Anticipé de Vie et de Soins (PAVS) with Fiches Didactiques en Facile à Lire et à Comprendre (FALC), developed by UNESSA; and the use of Jenny's Diary, a UK-based tool that has been adopted in Belgian contexts. Despite their different areas of focus, all three initiatives promote personalised support, accessible communication and person-centred planning.

Developed in 2021 by the Centre de Référence Handicap et Vieillessement (CRHV), the Portrait de vie project is designed to ease the transition of older people with disabilities into new living environments, particularly nursing homes (CRHV, 2021). The initiative involves creating a personalised video, lasting 10–15 minutes, which showcases the individual’s habits, routines, preferences, strengths and needs, as well as their family and social context. This digital tool is used both before and during the individual’s arrival in their new setting, often during staff meetings, to help teams, especially those without specialist disability knowledge, to better understand the individual's profile. By offering a personalised and empathetic introduction, the video facilitates smoother integration, builds trust in the support system and enhances professionals' ability to respond to individual needs. This practice is notable for its transferability, requiring only a camera, basic editing tools, and the collaboration of the individual, their family, and support teams.



However, successful replication hinges on strict adherence to privacy and informed consent principles. The Portrait de vie model is notable for its use of personalised digital media in a sector where transitional tools are often impersonal or standardised (CRHV, 2021).

The second initiative, developed by UNESSA in 2024, addresses the critical issue of advance care planning. The *Projet Anticipé de Vie et de Soins (PAVS)* is a document that records a person's end-of-life care preferences, ensuring they are respected even when the person is unable to express them themselves (UNESSA, 2024). The use of *Fiches Didactiques en Facile à Lire et à Comprendre (FALC)* — easy-to-read educational sheets — further supports this approach, helping individuals with cognitive or comprehension difficulties to understand complex healthcare topics such as artificial nutrition, euthanasia, organ donation and medical representation. The initiative's inclusive design enables individuals with intellectual disabilities or cognitive impairments to actively participate in their own healthcare decisions, thereby enhancing their sense of self-determination. This significantly improves communication among patients, families, and healthcare professionals, facilitating informed and respectful decision-making. By aligning care with patients expressed wishes, the project also helps to prevent emotional distress and conflict at the end of life. Furthermore, the materials are publicly accessible and adaptable to different linguistic and cultural contexts, making the project scalable and transferable beyond the Belgian setting. The FALC format has proven particularly effective in promoting health literacy and can be applied to other areas of healthcare communication (UNESSA, 2024).

Jenny's Diary is an educational resource developed by Square Peg Training in the United Kingdom in 2015 to support conversations about dementia with people who have intellectual disabilities (Square Peg Training, 2015). Although it was not originally a Belgian project, Jenny's Diary has been adopted in various Belgian care contexts due to its accessibility and effectiveness. The resource includes a booklet and a set of postcards offering practical guidance to families, carers and professionals on how to talk about dementia in a clear and sensitive way. By providing a compassionate and user-friendly communication framework, the tool helps to reduce confusion, anxiety and isolation for people with intellectual disabilities who are facing a dementia diagnosis. Its adoption in Belgium highlights the growing need for dementia support tailored to this population, and its multilingual availability, including in French, facilitates adaptation in local contexts. The resource's transferability and accessibility make it a valuable addition to national tools, improving support teams' ability to communicate complex health information effectively (Square Peg Training, 2015).

FRANCE

In response to the needs of ageing individuals with disabilities, particularly those facing dual challenges related to age-related decline and long-term disability, France has developed a variety of personalised and integrated care models. This comparative overview focuses on three complementary initiatives: Specialised Units for Ageing People with Disabilities, embedded in medical-social facilities such as EHPADs, FAMs and MAS; the support model at La Maison d'à Côté for residents with stabilised psychiatric disorders; and the long-established, increasingly adapted Foyer d'Accueil Médicalisé (FAM) model.

Since 2015, these units have been developed to respond to the specific challenges faced by ageing people with disabilities. They are hosted in structures such as EHPADs (nursing homes),



FAMs (residential care homes) and MAS (specialised care homes). The model is based on an integrated, personalised care approach that addresses both age-related issues, such as cognitive decline, reduced autonomy and chronic pain, and existing disabilities. At the heart of this approach are multidisciplinary teams comprising medical staff, psychologists, therapists, educators, and caregivers who work together to provide comprehensive care. Daily activities, psychological support, and medical treatment are complemented by social, cultural, and physical activities designed to preserve cognitive function and reduce isolation. The model also provides support for families and includes specialised training for professionals.

Opened in 2019 by the Association Fraternelle, La Maison d'à Côté is a small residential facility in Tourcoing that accommodates adults with stabilised psychiatric conditions. While its primary focus is on providing psychiatric support, the facility has implemented adaptive strategies to support ageing residents through anticipatory planning and evolving care practices. Individual care plans are regularly reviewed to reflect changes in health, mobility and cognitive function. Daily activities and workshops are adapted to residents' abilities, and medical and psychological monitoring is provided in partnership with external professionals. Family members are involved in the ageing process and receive support throughout. This approach fosters autonomy within a stable and secure environment.

FAMs (Foyers d'Accueil Médicalisé) are long-standing medico-social institutions in France designed for adults with disabilities who require medical care and daily support. They were established in 2002. Many of these facilities have adapted their environments and services progressively to better support their ageing residents. Structured around multidisciplinary teams comprising medical, paramedical and educational staff, FAMs aid with hygiene, meals, mobility and health maintenance. Programmes include therapeutic workshops and physical and cultural activities tailored to residents' abilities, as well as adapted infrastructure such as accessible bathrooms and communal areas. Several FAMs across France support individuals with various disabilities, including intellectual disabilities, cerebral palsy, autism, and acquired brain injuries, and are progressively implementing age-related adjustments.

ITALY

Six Italian initiatives addressing ageing and disability have been selected to demonstrate the variety of approaches available. Together, these initiatives provide a comprehensive overview of the current approaches in Italy that aim to meet the emerging needs of older people with disabilities.

The first initiative, led by the Italian Federation for Overcoming Handicap (FISH), is titled 'Disability: Discrimination does not add up, it multiplies'. The project involves developing participatory actions and tools to combat multiple discrimination, with a focus on ageing with disabilities, in order to promote a culture of inclusion and equal opportunities, regardless of sex, race, language, religion, political opinion or social conditions. Its multifaceted approach includes an awareness-raising kit, a national report and training for stakeholders. The project's strength lies in its intersectional perspective and inclusive methodology, which involves people with disabilities, their families, and experts in its development. Although the study is limited by a relatively small and homogeneous sample of interviews, it highlights the complexity of discrimination linked to both ageing and disability, emphasising the importance of educating the



public about active ageing as a time for social engagement and experiences (Dantino, Mennuni & Spagnuolo, 2020; FISH, 2020).

The AGID project (2012–2014) aimed to enhance the quality of life for individuals with intellectual disabilities who are facing the challenges of ageing by improving the competencies of frontline staff through web-based training. A multilingual e-learning platform covering six modules was developed. These modules covered topics such as the ageing process, person-centred planning, communication, emotional regulation, pathological ageing and professional caregiving roles. The training was informed by the Appreciative Inquiry methodology and actively involved users, families and professionals in the discovery, planning and implementation stages. The platform remains accessible in English, French, German, Italian and Flemish (CADIAI, 2014).

Another good practice from Italy is the INOSSIDABILI project, which was implemented by OPIMM Opera dell'Immacolata ETS in Bologna. Between 2022 and 2023, it provided a personalised health and anti-ageing programme for adults with Down's syndrome, who are prone to premature ageing. This intervention combined caregiver training, nutritional guidance and weekly motor and cognitive stimulation, supported by clinical assessment and supplementation tailored to individuals' health data. While the results were not statistically significant, positive trends in cognitive and motor function were observed. Despite current funding limitations, the project highlights a promising multidisciplinary model for supporting ageing adults with intellectual disabilities (OPIMM, 2023).

Two best practices were collected in collaboration with the 'La Rosa Blu' consortium, which is linked to ANFFAS, one of the most active associations of families of people with disabilities in Italy. The first practice comes from the ANFFAS Group in Cagliari (Sardinia) and describes a socio-rehabilitation day centre called 'Second Time', which hosts 25 people with intellectual disabilities (ID) aged between 45 and 65 years who have attended social-rehabilitation services for several years. Access to the centre and personalised care plans are based on continuous screening and monitoring actions using several specific tools for both individuals and caregivers, such as the NTG-EDSD-I (National Task Group Early Detection Screen for Dementia), the DMR (Dementia Questionnaire for Persons with Intellectual Disabilities), the AFAST (Alzheimer's Functional Assessment Tool) and the short version of the Prudhoe Cognitive Function Test (PCFT). Educators use the CDS (Cognitive Scale for Down Syndrome) to measure cognitive abilities over time and the QUALID (Quality of Life in Late-Stage Dementia) to assess quality of life. The service provides interventions with lower health intensity and reduced rehabilitation activity rhythms, pursuing the achievement of specific objectives linked to quality of life domains (according to the Schalock and Verdugo model, 2002), such as basic autonomy support activities, time reorientation activities, occupational activities, socialisation and integration activities, recreational activities, emotional and physical wellbeing activities, and targeted physiotherapy activities specific to the individual following a psychiatric assessment, as well as advocacy and self-advocacy activities that the person can choose from.

ANFFAS Trento presented a best practice in the form of a specialised training course for educational, healthcare and social care professionals working with people with disabilities on a daily basis. The course is intended to enhance expertise in key areas related to ageing, such as comorbidities, dementia, and behavioural changes. The training programme is structured into five



modules, each ranging from 14 to 16 hours in duration. The curriculum covers a wide range of subjects, including an examination of the physiological and pathological aspects of ageing in people with disabilities. It also covers the clinical classification of major neurocognitive disorders and the use of screening and monitoring tools such as NTG, AFAST and CDS. The programme explores the efficacy of psychosocial strategies and provides guidance on end-of-life care and support for caregivers. The programme also provides guidance on end-of-life care and support for caregivers. Furthermore, it incorporates a dedicated session for family members to facilitate the exchange of knowledge and constructive dialogue between families and professionals.

Finally, the '21 Up Street' project, initiated by the 'Fondazione Vita Indipendente' in Modena, supports people with disabilities in achieving autonomy through co-housing solutions. Launched as 'Andiamo a vivere da sole!' ("Let's go live on our own!"), it enabled three women with Down's syndrome to transition to independent living after preparatory autonomy training. The project promotes personal independence, self-determination and the development of life skills within a supportive environment, providing reassurance to families through professional care support. This personalised model is in line with the principles of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and provides an appealing alternative to institutional care. While its scalability depends on housing availability and political commitment, its impact on autonomy, dignity, and self-confidence is evident. The '21 Up Street' project in Modena is a prime example of a holistic approach to supporting the autonomy, inclusion and quality of life of people with disabilities through co-housing and personalised care. Although similar initiatives exist elsewhere, this project was selected for its comprehensive response to social, care and housing requirements. It combats social isolation effectively and promotes independent living with professional support. Enhancements could include in-home medical assistance to further strengthen health support. This model offers valuable insights for other contexts seeking inclusive and dignified ageing solutions.

These practices provide valuable insights for developing inclusive policies and innovative services that effectively promote independence.

PORTUGAL

Currently, there is no formal national framework in Portugal dedicated specifically to supporting the ageing process of people with disabilities. Most initiatives in this area are localised and reactive, responding to everyday challenges rather than being driven by comprehensive policies or structures. Although ageing is receiving more attention, robust statistics, regulations and formal frameworks to guide service development are still lacking. Nevertheless, two initiatives stand out as promising practices, aiming to enhance the quality of life and dignity of older individuals with disabilities. These initiatives reflect a growing awareness of their specific needs and highlight areas for further progress.

Developed by FENACERCI in 2018, the Active Ageing Guide for People with Disabilities is a comprehensive resource that promotes the well-being, autonomy and social inclusion of ageing individuals with intellectual and developmental disabilities. The guide is intended for older adults, their families, carers, and professionals working in the health, social care, and education sectors. It advocates active ageing through lifelong learning, adapted physical activities, and community engagement. By emphasising early planning and service adaptation to address age-related



challenges, the guide promotes person-centred, empowering support models as an alternative to care-dependent approaches. By fostering collaboration among professionals, families, and communities, the guide aims to help individuals maintain their dignity and independence throughout the ageing process. Supported by FENACERCI's institutional expertise, the guide is highly likely to have a sustainable impact and be adaptable internationally (Peralta, 2018).

The second initiative, *Envelhecer com Qualidade* (Ageing with Quality), was launched by FENACERCI in 2013. It focuses on improving the quality of life for older people with intellectual disabilities by providing personalised support and empowering families, carers, and professionals. The project develops personalised care plans that evolve alongside the ageing process, addressing health, social participation and emotional well-being. Its person-centred approach ensures the autonomy and dignity of ageing individuals. Collaborative engagement among families, professionals and individuals enhances the effectiveness of care. Additionally, the initiative prioritises professional development to equip caregivers with the necessary skills to meet evolving needs. The project's comprehensive impact includes strengthening family and community networks, and raising awareness of the challenges of ageing for people with intellectual disabilities. Its flexible, collaborative model supports its transfer to diverse national and international contexts (Peralta, 2013).

ROMANIA

The three best practices presented offer diverse approaches to supporting individuals with disabilities, each of which contributes uniquely to improving their quality of life and social inclusion.

The Guide of Best Practices in the Care of Adults with Disabilities was developed by ÎMPREUNĂ – Community Support for Adults with Disabilities in partnership with the Buzău County Directorate for Social Assistance and Child Protection (DGASPC), Romania, between 2014 and 2021. This comprehensive guide aims to foster fair, informed and non-discriminatory attitudes towards adults with disabilities by providing essential information on their rights, care options and social services. It also offers practical advice on first aid, managing chronic conditions, and effective communication. By emphasising social integration and inclusive environments, the guide upholds the principle of equal rights and opportunities, aligning with European strategies for disability inclusion and equality (European Commission, 2010). Notably, the guide addresses systemic needs such as adapted housing, accessible transport and state-supported financial schemes that empower independent living. While its positive impact on social integration and quality of life is evident, its transferability depends on national legislation and local conditions.

Led by Motivation Romania, the Rolling Chair Fund (Fondul Scaunelor Rulante) provides customised mobility equipment for people with locomotor disabilities. It offers personalised wheelchairs that are tailored to the medical and lifestyle needs of the individual user, thereby promoting autonomy and social participation. As the only Romanian organisation to prescribe personalised mobility aids, the Fund supplies a range of devices, including manual, electric and outdoor models, to facilitate access to various environments. By reducing physical and financial barriers to mobility, this initiative directly supports the European goals of accessibility and independent living (European Disability Strategy, 2010). The Fund's model is highly transferable internationally, with the potential to enhance independence and inclusion for people with disabilities around the world.



Finally, the Home Care Service for the Elderly (SIDPV), offered by ASSOC in Baia Mare, Romania, provides personalised care for older people, especially those with disabilities or at risk of social exclusion. A multidisciplinary team designs personalised care plans based on dependency, family circumstances and income, enabling beneficiaries to live with dignity in familiar surroundings. Recognised by the Romanian Ministry of Labour, this service is more cost-effective than institutional care and supports family caregivers. It aligns with European priorities on ageing well and community-based care (European Commission, 2014). The model's adaptability to different cultural and geographical contexts enhances its transferability, addressing the needs of ageing populations worldwide.

CONCLUSIONS

This report describes national and European practices that demonstrate significant progress in developing more inclusive, person-centred and resilient long-term care systems for ageing and older people with disabilities. Each case study provides valuable recommendations and replicable approaches. The initiatives highlighted in this report emphasise the effectiveness of designing care systems around people's needs, incorporating their views, and encouraging coordinated action at all levels to bring about positive change. Furthermore, these initiatives reflect a growing awareness of the need to balance professional care with community and family support to ensure the dignity, autonomy and quality of life of ageing individuals and persons with disabilities.

Nonetheless, it is important to acknowledge that these initiatives are merely preliminary steps in a long-term process. Structural challenges persist across countries, including fragmentation, underfunding, unequal access and limited support for informal carers. While the GOLD project can draw inspiration from these examples to inform its future work, it must also continue to advocate for systemic change. Much more must be done to ensure that long-term care systems across Europe are inclusive, sustainable, and rights-based. By building on these practices, the GOLD project can play a leading role in shaping policies that reflect the lived realities of older people and people with disabilities and advance a shared vision of care accessible to all.



FINAL CONSIDERATIONS

The present documentary and field research, which analysed policies, good practices and initiatives, revealed significant findings regarding the state of services for the care and assistance of aging people with disabilities in the national contexts of the GOLD project partnership.

Analysing regional, national and European policies concerning inclusive, equal and active ageing for people with disabilities highlights significant progress and critical areas that require attention to promote an inclusive society. While the national approaches of Austria, Belgium, France, Italy, Portugal and Romania reflect the diversity of welfare systems across Europe, they also expose several common issues. A significant challenge is the fragmentation of regulatory frameworks. While the analysis reveals the existence of policies addressing the inclusion of persons with disabilities in all countries, it is notable that few have specific measures targeting older people with disabilities. This has resulted in ageing issues being inadequately integrated into broader disability or active ageing policies, leaving people with disabilities inadequately supported as they grow older.

Another persistent issue is territorial disparities in access to services. In several countries, the availability and quality of services can vary considerably between regions, with some areas offering more comprehensive support than others. Consequently, people with disabilities living in less affluent regions face significant disadvantages regarding care, social inclusion and access to essential services. Local authorities and civil society organisations often play a key role in addressing these disparities by providing support where national strategies are insufficient. However, the lack of a cohesive national framework undermines the effectiveness of these efforts.

Funding and sustainability remain central concerns across the examined countries. Despite significant government investment in caring for and including people with disabilities, resources are often allocated ineffectively, particularly in areas of greater need. Furthermore, difficulties are encountered in ensuring the long-term sustainability of services, which is necessary for adapting to the evolving needs of older people with disabilities. These financial challenges are further exacerbated by an absence of comprehensive data collection and monitoring systems, which limits the ability to evaluate the effectiveness of current policies and develop evidence-based interventions.

While the EU Strategy for the Rights of Persons with Disabilities (2021–2030) and the European Pillar of Social Rights provide important frameworks for promoting disability rights at the European level, there is no unified approach that specifically addresses the intersection of ageing and disability. Without a coherent strategy that considers both factors, many of the challenges faced by ageing people with disabilities are overlooked or only partially addressed in broader policy initiatives. Nevertheless, the EU plays a vital role in encouraging coordination between member states, sharing best practices and funding innovative projects, such as those supported by the European Social Fund and Horizon Europe. However, the lack of a comprehensive policy vision that considers both ageing and disability is a significant limitation.

A more integrated approach is necessary to address these challenges. This would involve formulating comprehensive national and European strategies that explicitly incorporate older



people with disabilities. Enhanced cooperation between various institutional levels — local, regional, national and European — is also imperative, as is greater involvement from the third sector and local communities. Implementing these measures would reduce regional disparities, promote more equitable resource distribution and ensure services are tailored to individuals' real and emerging needs. Furthermore, improving data collection and monitoring systems would enable more effective policymaking, ensuring that interventions are evidence-based and responsive to the specific needs of older people with disabilities.

The report also highlights various successful best practices and initiatives that have contributed to the development of more inclusive and person-centred long-term care systems. These examples demonstrate the positive impact of designing care models around people's needs, incorporating their perspectives into decision-making processes and fostering collaboration across institutional levels. Notably, there is a growing recognition of the need to balance professional care with community and family support. Several initiatives are promoting an integrated care model that respects the dignity and autonomy of individuals. When implemented effectively, such practices have the potential to enhance the quality of life and promote the overall well-being of ageing persons with disabilities. Another recurring theme among the collected practices is the use of multidisciplinary teams.

The best and most promising practices collected from the six partner countries highlight a broad range of innovative approaches that are relevant to the next phases of the project. These practices reflect the variety of strategies currently being implemented across Europe to meet the needs of ageing people with disabilities, in line with EU priorities regarding inclusion, autonomy, quality of life and integrated care.

Key areas of innovation include:

1. Training and awareness-raising resources

Several initiatives focus on building the capacity of professionals, raising awareness among individuals with disabilities, and engaging the broader community:

- Training course for professionals: Designed for educators and healthcare professionals supporting ageing persons with disabilities (Italy).
- Jenny's Diary (Belgium): An accessible educational resource enabling people with learning disabilities to understand and discuss dementia.
- The ParticipAGE Project (European level): An EU-funded initiative that promotes training for professionals and people with disabilities to foster community participation and social inclusion.
- 'Disability: Discrimination Does Not Add Up, It Multiplies' (Italy): A programme offering tools, training and actions to tackle multiple discrimination.
- AGID Project (Italy): An EU-funded initiative providing an e-learning platform focused on delivering quality services to ageing persons with disabilities.
- The Active Ageing Guide (Portugal): A guide for professionals working in the disability and ageing sectors to promote well-being, autonomy and inclusion.



- 'Ageing with Quality' Research Project (Portugal): A project combining research, training and the development of new intervention and service models.
- The Guide of Best Practices in the Care of Adults with Disabilities (Romania) is a comprehensive resource that provides guidance on the provision of care for adults with disabilities. A resource offering information and tools to raise awareness, as well as guidance on community-based services and the rights of persons with disabilities.

2. Early detection and monitoring tools

The innovative NTG-EDSD tool is used by several countries to detect early cognitive decline in individuals with intellectual disabilities and Down's syndrome.

3. Person-centred support services

Several partner organisations implement flexible services in response to the evolving needs of ageing people with disabilities:

- Support for emerging needs linked to the ageing process (Austria).
- Socio-rehabilitation day services with user choice and tailored activities (Italy).
- Healthy living and cognitive stimulation programmes for individuals with Down's syndrome (Italy).
- Access to healthcare via inclusive media (Belgium).
- Support for end-of-life and palliative care, using easy-to-read documents tailored for individuals with disabilities, their families and professionals (Belgium).
- Customised mobility equipment to enhance independence and accessibility (Romania).

4. Innovative living solutions

Innovations in housing and transitional support aim to provide age-appropriate independent living options:

- Video-based training for professionals working with individuals transitioning from disability services to ageing services (Belgium).
- Specialised residential units for ageing persons with disabilities (France).
- Independent living with personalised, age-appropriate support services (France).
- Integrated housing models combining medical, paramedical and social services (France).
- Supported living for women with Down's syndrome, emphasising autonomy and life skills (Italy).

5. Integrated, community-based home care services

Several projects focus on integrating social and healthcare services in home and community settings:



- The RuralCare EU Project (European level): This project focuses on proactive and preventive long-term care that is tailored to individuals' expectations in rural areas.
- The 'Covid Resilience' EU project (European level): Strengthens the resilience of older people and people with disabilities by training and activating local care networks.
- The ASSOC project in Romania is developing personalised home care plans adapted to the needs of ageing individuals with disabilities.

Although these initiatives offer valuable pathways forward, many of them are still in their early stages. Structural challenges, such as service fragmentation, underfunding and a lack of support for informal carers, continue to hinder widespread transformation.

Overall, the findings highlight the need for a paradigm shift in how ageing with disability is addressed. A more coordinated and inclusive approach, supported by greater investment, cross-sectoral cooperation and improved data systems, is essential. With sustained commitment, Europe can progress towards a society in which all individuals, regardless of age or ability, can live with dignity, autonomy and equal opportunity.



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