**Questionnaire of the Independent Expert on the enjoyment of all human rights by older persons on best practices in the implementation of existing law related to the promotion and protection of the rights of older persons**

The Human Rights Council, in its resolution 24/20, requested the Independent Expert on the enjoyment of all human rights by older persons, Ms. Rosa Kornfeld-Matte, to assess the implementation of existing international instruments with regard to older persons while identifying best practices and gaps in the implementation of existing law related to the promotion and protection of the rights of older persons and gaps in the implementation of existing law.

Pursuant to this request, the Independent Expert has prepared this questionnaire to identify best/good practices. The responses to the questionnaire, as well as the country visits undertaken will contribute to the comprehensive report of the Independent Expert that will be presented to the Human Rights Council in September 2016.

In order to enable the Independent Expert to consider the submissions in good time for the report, all stakeholders are encouraged to submit the responses to the questionnaire at their earliest convenience and no later than 18 December 2015.

Kindly indicate whether you have any objection for the responses provided to be made available on the OHCHR webpage of the Independent Expert on the enjoyment of all human rights by older persons.

**Definition of good/best practices**

The term “best practices” is defined broadly in order to include different situations that could be considered positive and successful in a country and could inspire others. Therefore, practice is understood in a comprehensive way, including legislations, policies, strategies, statute, national plans, regulatory and institutional frameworks, data collection, indicators, case law, administrative practices, and projects among others. The practice could be implemented by different actors, State, regional and local authorities, public and private providers, civil society organisations, private sector, academia, national human rights institutions, or international organisations.

To be a good/best practice, the practice should integrate a human rights based approach when implementing existing international instruments related to the promotion and protection of the rights of older persons.

The questionnaire should preferably be completed in English, French or Spanish. The responses to the questionnaire can be transmitted electronically to the Independent Expert, Ms. Rosa Kornfeld-Matte and to be sent to olderpersons@ohchr.org, with copy to Mr. Khaled Hassine, khassine@ohchr.org by 18 December 2015.

Please include in your submissions the name of the State/organization submitting the practice, as well as contact details. Feel free to attach additional pages if you have several good/best practices to share.

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The Independent Expert would like to thank you for your support!

For more information on the mandate of the Independent Expert, please visit: <http://www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/IEOlderPersons.aspx>

**Questionnaire**

of the Independent Expert on the enjoyment of all human rights by older persons on best practices in the implementation of existing law related to the promotion and protection of the rights of older persons

1. **Name of the practice:**
* Conceptualization and implementation of guidelines “**violence prevention in advisory service institutions**” in particular in old people’s and nursing homes
1. **Area concerned:**

[x]  Discrimination (e.g. legal/institutional framework, access to facilities and services, etc.

[x]  Violence and abuse

[ ]  Adequate standard of living (e.g. resource availability, housing, etc.)

[x]  Independence and autonomy (e.g. legal guardianship, accessibility, etc.)

[ ]  Participation

[ ]  Social protection (e.g. social security, incl. pension)

[ ]  Education, training and lifelong learning

[ ]  Care (home, family or institutional care, long-term care, palliative care, geriat ric services, quality of care and availability of services, care workers, etc.)

1. **Type of practice:**

[ ]  Legal (Constitution, law, etc.)

[ ]  Policy/Programme/Strategy/Action Plan on Ageing

[ ]  Institution

[ ]  Regulation

[ ]  Administrative practice

[ ]  Case law/jurisprudence

[ ]  Disaggregated statistical data by age/gender

[ ]  Training programme

[x]  Other (please specify): scientific research

 **4. Level of implementation:**

[x]  National

[ ]  Local (Sub-national, community, urban/rural area)

[ ]  Other (please specify):....................................

**5. Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope.**

1. Development of an educational or rather training concept as well as materials on how to detect the level of violence in an organization or institution and how to initiate violence free treatment and care practices of patients in old people’s and nursing homes.
2. Development of the concept and material in 2014
3. Trail period 2015
4. Extension (and implementation) of all federal regions (Länder) 2015/2016

**6. Which actors are involved in the development and implementation of such practice?** For instance, national and local authorities; private and public sector; academia; civil society organizations; international or regional organizations; older persons themselves, among others.

* NGO’s (Pro Senectute Österreich)
* Old people’s and nursing homes (private and public)
* Provider of mobile care services

**7. Which rights of older persons does the practice promote and protect?**

* Right to life, liberty and security (Art. 3 UDHR, 2 and 5 ECHR)
* Self-determination and dignity
* Right to health and personal integrity
* Social protection (Art. 23 ESC revised)

**8. How does the practice promote or protect such rights?**

* In the course of three pilot projects the overall conditions, different situations and prevailing opinions or rather attitudes that could evoke violence were identified. In a second step each institution established concrete measures that would impede violence; e.g. a concept on how to minimize measures that reduce or limit the basic right of freedom and/or self-determination, to adapt operational processes to the need of the patients living at old people’s and nursing homes).

**9. What groups of older persons** (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), **if any, particularly benefit from the practice?**

* Older women (80% of the patients as well as careers are women)

**10. How has the practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any.**

* The feedback form around 50 persons who participated in the aforementioned three pilot projects was very positive. They said that …
* they gained a lot of confidence when encountered with violence or factors that caused violence,
* that discussions proved that the path they were heading to was the right one,
* and that in case of uncertainties improvements could be made, e.g. to pose further questions in order to adapt their attitude or approach.

**11. What lessons do you believe could be learnt from this practice? How could it be improved?**

* The implementation of the guidelines (Wegweiser) has to be accompanied by experts or moderators.
* Training measures have to be extended to all units of the institution (old people’s or nursing home); the entire staff, different areas and different occupational groups)

**12. How could this practice be a model for other countries?**

* Every country could theoretically use the concept and the materials and if and when necessary customize them.

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