A Tale of Three Cities

Age Friendly Cities for Visually Impaired Persons





With support and guidance from



**A Tale of Three Cities**

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*The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA-EEA and EU candidate and pre-candidate countries. For more information see:* [*http://ec.europa.eu/progress*](http://ec.europa.eu/progress) *The information contained in this publication does not necessarily reflect the position or opinion of the European Commission.*

Acknowledgements

This report would not have been possible without the time and commitment freely given by older blind and partially sighted people living in Tullamore, Salzburg and Marseille. So often the voice of older people is not heard, particularly when older people acquire a sight loss in later life. Participants in the focus groups were able to share their experiences of adapting to poor vision whilst endeavouring to continue accessing the communities in which they lived.

It should also be acknowledged that all the participants spoke highly of the organisations of and for blind and partially sighted people who not only helped to establish and facilitate the focus groups, but were also a constant source of support to those we met.

# Background

2012 was designated the European year of active ageing and solidarity between generations with an appropriate emphasis on employment, participation and independent living for older people. Whilst we are aware of the dramatic increase across Europe of those over the age of 65 we fail to acknowledge the significant growth in age related sight loss. Prevalence of serious sight loss increases with age from 3.27% age 60 to 69 years up to 15% between 80 and 89 years. In consequence we are looking, across Europe, at a significant group of older people having a significant sight loss.

With a loss of vision will often come reduced mobility, poor confidence to go out alone, resulting in social isolation, reduced physical and mental health all leading to a downward spiral of dependency.

# Age Friendly Cities

Since 2005, work has been undertaken by the World Health Organisation to produce “Global Age Friendly Cities: A Guide” and with linkages to other projects on accessible transport and the physical environment. AGE Platform Europe is committed to raise awareness and support the WHO programme at EU level and used the opportunity of the European Year 2012 to launch a campaign “Towards an age-friendly EU by 2020”. Among many other activities, AGE organised on 20 November 2012 a thematic seminar on “Creating an age-friendly European Union” in collaboration with the Committee of the Regions.

AGE is also actively involved in the European Innovation Partnership on Active and Healthy Ageing (EIP AHA), especially its action group dedicated to innovation for age-friendly buildings, cities and environments. All in all, the main idea is to create the momentum to launch an EU Covenant on Demographic Changes.

In this project AGE has associated with EBU and EGDF to look at the WHO guidelines in a European context and at how well they meet the needs of older people experiencing a serious sight loss. This report will inform the collaborative work to adapt WHO guidelines on age-friendly citizens and communities that has started on age-friendly environments in the framework of the European Innovation Partnership on Active and Healthy Ageing. Specifically the project aims to add as an annex, specific recommendations on the needs of blind and partially sighted older people.

The European Blind Union through its work on Transport and Mobility and the European Guide Dog Federation have both looked at some of the general access issues for blind and partially sighted people, but nothing has been done before which links together the specific needs of older people with those having a serious sight loss.

# A Partnership Project

This project is a partnership between the European Blind Union and the European Guide Dog Federation with additional collaborative support and assistance provided by Age Platform Europe. [Information about the partners](#_Appendix_4_-) is shown in the appendices.

Partner agencies organised as diverse a group as possible in respect of age, degree of sight loss, gender and to include guide dog owners. [Details of each focus group](#_Appendix_1_-) are listed in the appendices.

The focus groups met for about two hours with a refreshment break after an hour. Representatives from the European Blind Union or the European Guide Dog Federation facilitated each meeting. The host organisation provided language interpreters In Austria and France.

# The Three Cities

A cross-section of cities were chosen to ensure a broad representation in the sample.

**Tullamore** is a county town in the centre of Ireland with a close sense of community. Its population is about 15,000, of which about 95% is indigenous Irish. As a market town, it attracts shoppers and visitors from outlying communities. There are inter-city trains and buses to cities throughout Ireland but little public transport within the town. A lot of industry left the town in the 1980s but recent development of an industrial park is bringing some back.

**Salzburg** is a small city in Austria with population of about 146,000. It’s population is increased by the many tourists who visit Salzburg for its historic buildings, its musical heritage as the home of Mozart, its Alpine location and its extensive Christmas market. There are international plane and train services and local tram and bus transport.

**Marseille** is a large, sprawling metropolitan area of about 850,000 on the South coast of France, second only to Paris in size, with a large North African and Muslim population. The city is served by plane, train, metro, bus, tram and ferry public transport.

# Profile of Participants

The local blind society in each city organised the participants. We asked them to assemble a group of between 6 to 12 people aged 60 and over, aiming for an average age of 75 years. It was desirable to have the majority with newly acquired sight loss. It was also important to have as diverse a group as possible in respect of age, degree of sight loss, gender and include guide dog owners if possible.

Most of the participants were selected from those who regularly attended activities organised by the blind societies. This had the effect of including active people who were used to going out and participating and excluded the very elderly, the housebound, those who found it too stressful to go out, and those who had no access to the outside world due to cost or lack of assistance or transport. Accordingly, the average age of the participants was 70.4 instead of the target of 75.

All participants were aware of the benefits of guide dog ownership but there was only one user in the group of 25, a fair representation of the proportion of guide dog users in the blind population.

# World Health Organisation – Age Friendly Cities Guidelines

The WHO guidelines covered 8 topic areas:

* Outdoor spaces and buildings
* Transportation
* Housing
* Social participation
* Respect and social inclusion
* Civic participation and employment
* Communication and information
* Community support and health services

This project only focused on four which were seen to be of most importance to older blind and partially-sighted people.

Topic 1 Outdoor spaces and buildings

Topic 2 Transportation

Topic 3 Social Participation

Topic 4 Information and communication

# Feedback from the Focus Groups

Participants were asked what barriers they face when accessing their community and what factors help them in getting good access.

## Barriers to access

* On the street
* Unpredictable factors such as cyclists on pavements, poor quality pavements not being repaired necessitating to keep looking down
* Pavement and cycling paths need to be separated; shared space between vehicles and cyclists leads to danger of collision
* Problem when environments change without warning, such as construction sites
* Street furniture including advertising boards
* In pedestrian areas some pavements still have a slight curb or unevenness leading to a trip hazard
* Unsuitable steps and curbs
* Using public transportation
* Signage on buses needs to be bigger and right next to the entrance
* Displays and timetable information at the train station are not accessible
* Lack of audible train information
* More expensive to purchase a ticket from a kiosk where you get help than in a self-service machine
* Out and about
* Able to get to the shops but unable to read labels and prices
* Problem in using the phone
* Lack of a car and adequate public transport when living in rural areas
* Expense of taxis
* Financial cutbacks to services
* Stairs don’t always have tactile markings at the top and bottom

**Feed back from focus groups on positive support to access:**

* Helpful staff, people to ask
* Regular awareness raising and training about the needs of older people with a visual impairment
* Educating children
* Visually clear and audible information on buses
* Talking lifts
* Being able to buy a ticket on the train from railway staff at no additional charge
* Visual and tactile marks and ground texture to denote steps, in the station and in some shared spaces
* Audible and clearly visible crossing signals

Secondly they were asked why they go out, what motivates them now or what would motivate them if they had better access?

* Need to get out of the house and meet people
* Need to get out otherwise would go mad
* Need to get to the pub
* Will continue to go out because it is so important to me
* Need to move; going to the library; taking classes at the Blind Union
* Need the exercise and fresh air
* They don’t feel safe when going out at night, so they take a taxi or ask a guide.
* Only go out with someone else, including another blind person
* In principle, there are no barriers, going out is necessary.

The facilitator then went through each topic in turn outlining the headings used in the current guidelines. Discussion was encouraged by:

* Reflecting on relevant input from the earlier session
* Drawing out comments based on the guidelines
* Asking what individuals find helpful or hazardous
* Finally by giving prompts to areas that might be appropriate in relation to sight loss

Input from the three groups is summarised below:

## Outdoor spaces and buildings

* Wheelie bins block the pavements, plus street furniture and other hazards
* All crossings should be audible
* Tactile paving is helpful
* Elevators need to have audiovisual guides and tactile signing
* At the entrance of a public building, signage should be bigger
* Having separation of ramps from the stairs
* Separate cycling paths are necessary
* Clean environment
* Parked cars on pavement
* Green spaces with paths for walking
* Good provision of outdoor seating
* Narrow pavements with hazards
* Clearly displayed street names
* Traffic: too many cars
* Safe environment for people with disabilities

**Proposed additions to the checklist for older blind and partially sighted people**

* Provision of tactile paving for hazard warning and guidance
* Separation of ramps from stairs for basic safety
* Strong action to prevent cars from parking on pavements
* Removal of all street hazards particularly where pavements are narrow
* Clearly displayed street names

## Transport

* Training and awareness raising of drivers
* Having a door to door service
* Audible announcements including timetables
* Training days
* Affordability: having access to concessions for the blind person and their guide so that it is affordable; there is a special card for the blind (50% discount for trains and special buses); as well as special offers for Blind Union members
* Needs to be reliable and frequent: considered to be very reliable in Salzburg
* Good access to all destinations, having frequent and convenient stops and easy connections in large bus stations
* Age friendly vehicles with low steps on buses and drivers taking care to stop close to the pavement and open doors not in front of a tree, a pole or a bin.
* Clear signage: signage on buses needs to be bigger
* Availability of sufficient priority seats with other people offering the seat when wearing the symbol of sight loss
* Recognition of a symbol of sight loss by services and the public so that help is offered
* Having access to Taxis with concession
* Accessible Information: the online timetables are not always accessible; calling at the station/agency and asking isn’t always satisfying (e.g. no information about the platform at the train station)
* (repetition)
* Affordability
* Safety and comfort
* Parking for disabled people listed on a website

**Proposed additions to the checklist for older blind and partially sighted people**

* Training and awareness raising for drivers
* Having access to a door to door service
* Accessible information in relation to timetables, destinations and locations
* Availability of concessions that cover the cost of a sighted guide
* Recognition of a symbol of sight loss
* Parking locations for disabled people listed on a website

## Social Participation

* Having good, accessible and a broad range of activities that retired people can access
* Access to national radio programmes for the blind that can promote activities
* Access to local information bulletins
* Access to opportunities for integration as well as to specialist groups
* Having trained people or a companion to provide personal assistance
* Access to audio description at cinema and cultural activities
* Accessible venues
* Activities advertised through the radio, word of mouth and through the Blind Union
* Access to local information bulletins in Braille and audio.

**Proposed additions to the checklist for older blind and partially sighted people**

* Access to national radio programmes for the blind that can promote activities
* Access to opportunities for integration as well as to specialist groups
* Provision of audio description at cinema and cultural activities
* Access to local information bulletins in accessible formats

## Information and communication

* Leave out background music on programmes and announcements
* Having a person and not a machine on the other end of the telephone
* People asking what help is needed
* That people introduce themselves
* Large print information
* Using plain and simple language
* Access to computer technology and accessibility of internet sites

Proposed additions to the checklist for older blind and partially sighted people

* Leave out confusing and distracting background music on programmes and announcements
* People asking, not assuming, what assistance is needed
* Encouraging people to introduce themselves when communicating
* Accessible computer technology and websites

# Conclusions

The participants in all three cities were grateful to be included in the focus groups, to have their voices heard and to think that their input might lead to change in their community and beyond. They were interested in sharing ideas between countries and were to know what factors were important in the other two cities.

All participants acknowledged that there had been many improvements in services and access for blind people during their lifetimes but these had come slowly and would probably continue to evolve slowly.

Our method of sampling inadvertently discriminated against housebound people and future studies should reach out to them through home visits.

Consistency was a recurring theme because it is so important to blind people. They do not like to find unexpected obstructions in their way, such as sandwich boards on the pavement. They appreciate improvements such as dropped curbs but to be effective they must be implemented consistently everywhere. To aid blind people who travel abroad, consistency across countries would be beneficial.

Apart from using the internet to access information such as transport timetables, the participants made little use of technology such as GPS personal navigation systems or interactive traffic light systems. Older people can benefit from new technology as much as younger ones but need to be introduced to the technology and trained, where younger people seem to learn informally from their peer group.

Many participants were able to attend only because the local blind society arranged their transport and assistance, if needed. The services offered by the local societies were impressive. Participants regularly attended many different society activities and expressed a preference for activities organised especially for the blind and partially sighted, with well-trained sighted assistance available, over mainstream activities.

There was awareness of the role that guide dogs could play in improving mobility and reducing social isolation. Due to the cost of training and maintaining a guide dog, many people who could benefit are not able to do so.

# Next steps

This project provides evidence that helps to underpin standards designed to improve practice across Europe. The document provides a toolkit which can be used both by agencies working with older people and those specifically supporting people with a serious sight loss.

Whilst the project found strong consistency between the three locations, there is a need to encourage all countries to benefit from the experience of these examples of good practice to improve the age friendliness of environments, taking on board the needs of persons with visual impairments.

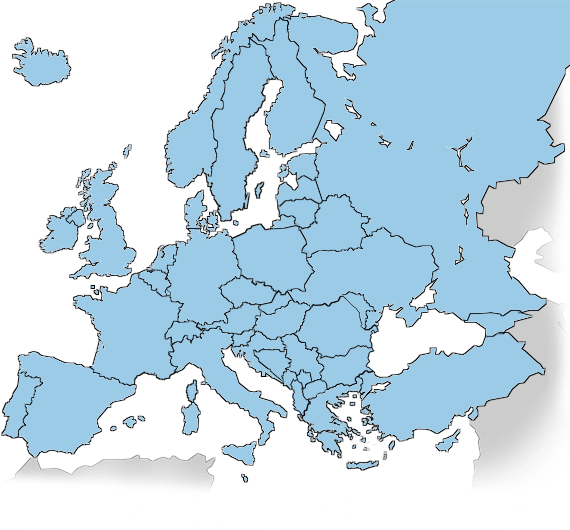
# Appendix 1 - Make-up of the Focus Groups

Focus groups were carried out in Tullamore, Salzburg and Marseille with enthusiastic participation at each venue. The group make-up was as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data** | **Tullamore** | **Salzburg** | **Marseille** | **Total** |
| Total Number | 12 | 6 | 7 | 25 |
| Eyesight Loss |  |  |  |  |
| Totally Blind | 3 | 1 |  | 4 |
| Legally Blind |  | 5 | 2 | 7 |
| Partially Sighted | 9 |  | 5 | 14 |
| Beginning Loss |  |  |  | 0 |
| Age |  |  |  |  |
| 60 – 65 | 3 | 2 | 2 | 7 |
| 66 – 70 | 2 | 1 | 3 | 6 |
| 71 – 75 | 3 | 1 | 2 | 6 |
| 76 – 80 | 4 | 1 |  | 5 |
| 80+ |  | 1 |  | 1 |
| Guide Dog User |  |  | 1 | 1 |
| Living Arrangements |  |  |  |  |
| With family | 6 | 3 | 1 | 10 |
| Alone | 6 | 3 | 6 | 15 |
| Supported |  |  |  | 0 |

# Appendix 2 - Growth of Age-Related Sight Loss in Europe

Europe has a total population of about 850 million people, and it comprises an area covering 15 time zones and including 54 countries. Europe has 19 of the world’s 20 oldest countries in terms of population age and is predicted to see its populations continue to age to much higher levels over the next 25 years. Table 1 shows the European situation compared with other regions.



**Table 1. Percent of population in older ages by region**

|  |  |  |  |
| --- | --- | --- | --- |
| **Region** | **Year** | **65 years or older** | **80 years or older** |
|  |  |  |  |
| Asia | 2000 | 5.9 | 0.9 |
|  | 2015 | 7.8 | 1.4 |
|  | 2030 | 12.0 | 2.3 |
|  |  |  |  |
| Europe | 2000 | 14.7 | 3.0 |
|  | 2015 | 17.6 | 4.7 |
|  | 2030 | 23.5 | 6.4 |
|  |  |  |  |
| Latin America / Caribbean | 2000 | 5.6 | 1.0 |
|  | 2015 | 7.6 | 1.5 |
|  | 2030 | 11.5 | 2.5 |
|  |  |  |  |
| Middle East / North Africa | 2000 | 4.4 | 0.6 |
|  | 2015 | 5.5 | 0.9 |
|  | 2030 | 8.4 | 1.4 |
|  |  |  |  |
| North America | 2000 | 12.4 | 3.3 |
|  | 2015 | 14.7 | 3.9 |
|  | 2030 | 20.0 | 5.4 |
|  |  |  |  |
| Oceania | 2000 | 10.1 | 2.3 |
|  | 2015 | 12.4 | 3.1 |
|  | 2030 | 16.3 | 4.4 |
|  |  |  |  |
| Sub-Saharan Africa | 2000 | 2.9 | 0.3 |
|  | 2015 | 3.1 | 0.4 |
|  | 2030 | 3.6 | 0.5 |

According to the Population Reference Bureau nearly 25 percent of people in the European Union in 2030 will be above age 65, up from about 17 percent in 2007. There is an 80 percent chance that Europe’s old-age dependency ratio (the number of people age 65 and older compared with the number of working-age people, ages 15-64) will more than double by 2050, from one in every four to one in every two. As much as 10 percent of Europe’s population could be above age 80 by 2050.

Recent data (table 2) from the U.S. Census Bureau give us the opportunity to look into this development in more detail.

**Table 2. Older people in percentages of total population**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** |  | **Eastern Europe** | |  | **Western Europe** | |
| ≥ age 65 | ≥ age 80 | ≥ age 65 | ≥ age 80 |
| 2010 |  | 14.4 | 3.4 |  | 18.2 | 5.2 |
| 2020 |  | 18.6 | 4.5 |  | 20.9 | 6.2 |
| 2030 |  | 22.2 | 5.8 |  | 24.7 | 7.5 |
| 2040 |  | 25.6 | 8.4 |  | 28.0 | 9.3 |
| 2050 |  | 30.3 | 9.6 |  | 28.6 | 11.4 |

Based on global estimates of Resnikov (in *Bulletin of the WHO*, Nov. 2004) it may be estimated that the prevalence of visual impairment (blindness + low vision) in Europe is 1,75% for the total population. About 15.5 million people in Europe are visually impaired. Worldwide more than 82% of all blind people are 50 years of age and older. In the Netherlands 79% of all visually impaired people are 65 years of age or older. If this estimate is also true for the rest of Europe than there are about 12 million visually impaired older people in Europe.

Prevalence of visual impairment increases exponentially with age as illustrated in table 3, based on research in France

(Lafuma et al in *BioMed Central* <http://www.hqlo.com/content/4/1/34>).

**Table 3. Prevalence of visual impairment at older ages - French research**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 60-69 | 70-79 | 80-89 | 90-99 | 100+ |
| Low vision | 3.06 | 5.92 | 14.10 | 23.13 | 33.71 |
| Blindness | 0.21 | 0.09 | 0.91 | 4.73 | 3.27 |
| Visual impairment | 3.27 | 6.01 | 15.01 | 27.86 | 36.88 |

Data from the UK puts the incidence at 1 in 12 persons having a serious sight loss by the age of 60, rising to 1 in 6 by the age of 70. Dutch data roughly confirm the French findings, as shown in table 4.

**Table 4. Prevalence of visual impairment at older ages- Dutch research (in the 1990’s)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 65-74 | 75-84 | 85+ |
| Visual impairment | 3.1 | 7.1 | 24.2 |

Available statistics indicate the prevalence of avoidable blindness generally increases going from west to east. In the Netherlands, age-related macular degeneration (AMD) ranks as the major cause of blindness and low vision in the elderly and is followed in descending order by glaucoma, cataract and diabetic eye disease. In contrast to the circumstances in Western Europe, cataract ranks as the leading cause of visual impairment (blindness + low vision) among the elderly in Bulgaria, Armenia and Turkmenistan, and in the latter two countries uncorrected refractive error represents another one of the four most common causes. Sadly blindness is often accepted as an inevitable consequence of ageing in these regions. The threat to sight and blindness itself is not a priority and healthcare for older people is often neglected. The concept of prevention of visual impairment has yet to be accepted in eye care services throughout eastern regions of Europe

(according to dr. Ffytche in *Ageing and Ophthalmology*).

Resnikov (at *The Ageing Eye Conference*, Bonn 2009) says that the challenges of prevention of blindness and low vision are threefold: (1) develop innovative approaches for eye disease detection and management, (2) ensure that eye care is adequately addressed by health care systems, especially regarding health financing, and (3) explore the actual role of social determinants on the dynamics of eye conditions.

# Appendix 3 - Project Leaders

**Alan Suttie** on behalf of European Blind Union

Alan has 40 years’ experience working in the sight loss sector, with Sight Savers International, RNIB and for the past 27 years as Chief Executive, Fife Society for the Blind and its Social Enterprise Company.

Alan is interested in partnership working between social work, education and health, and has published research papers on inter-disciplinary working, particularly in low vision work. Other published work covers the particular rehabilitation needs of elderly blind people.

He represents the UK on both the European Blind Union and World Blind Union Working Groups on Elderly Blind. He is also a member of the RNIB’s International Committee and Future of Rehabilitation Group.

**Judith Jones** on behalf of European Guide Dogs Federation.

Judith, the Executive Director of EGDF since July 2013, has a varied and successful career in blue-chip businesses, international organisations, charity fundraising and running her own business.   
   
She was European IT director at Hasbro, the world’s largest toy company, successfully modernising IT in 13 European countries. Previously she was education director at Deere & Company corporate headquarters and an instructor at IBM’s education centre, both in the USA.   
  
In Geneva, Switzerland, she held senior IT positions at the United Nations (ILO) and the International Air Transport Association (IATA).   
As a fundraiser she has raised many thousands for the Blind Business Association Charitable Trust. In other public service she was vice-chairman of Warwickshire Health Authority and chairman of many of its committees and task forces. She was the volunteer French teach for 4 to 11-year-olds at the village school.

**David Adams** on behalf of European Guide Dogs Federation

David joined the board as EGDF president in 2013 with impressive experience in charity governance combined with an international business background as European Finance Director.  
  
He served as chairman of the Royal National College for the Blind in the UK for 10 years, initiating and overseeing a £20 million building programme and the re-organisation of the college. He also served as founding chairman of The Priors School, saving it from closure by the local education authority, running it as an independent village school until it became the first government funded Free School in 2012.

David became a member of the Chartered Institute of Management Accountants and is an alumnus of Warwick Business School. He had a successful international career in the motor industry, and then ran his own business for many years.   
  
He became a guide dog user in 2011.

**Julia Wadoux** on behalf of Age Platform Europe

Is Policy Coordinator in charge of health, ICT and Accessibility at AGE. For the last two years she has more particularly worked on age-friendly environments and the adaptation of the WHO framework to the EU context. Also involved in the European Innovation Partnership on Active and Healthy Ageing, particularly the action group on age-friendly environments. From 2014 she will coordinate a project funded by the CIP ICT Programme “Thematic Network: Innovation for age-friendly environments in the European Union” (AFE-INNOVNET”).

# Appendix 4 - Partnership Organisations



The **European Blind Union** is a non-governmental, non-profit-making European organization founded in 1984. One of the six regional bodies of the World Blind Union, it is the only organization representing the interests of blind and partially-sighted people on a Europe-wide scale.

EBU aims to protect and promote the interests of all blind and partially-sighted people in Europe. With its large network of member organizations in 43 European countries, EBU brings together a wealth of expertise related to visual impairment and its implications on the daily lives of millions of Europeans with sight loss.

EBU provides a platform for its member organizations for the exchange of information, cooperation and collective actions to promote the rights and needs of blind and partially sighted persons. It has become a powerful, recognized voice in the international disability movement.



The **European Guide Dog Federation** is dedicated to influencing laws, policies and attitudes and to ensuring excellent facilities and access for guide dog users. it is a European-wide organisation of bodies representing guide dog users and guide dog service providers.  
  
It has been an official non-governmental organisation (NGO) since 2007. Currently there are 42 full members and 5 associate members in 23 European countries. Some of its full member organisations have been working together for many years. Some members are fledgling organisations and others have passed this stage and are busy developing new guide dog services.  
  
Before the creation of EGDF, guide dog users were largely invisible citizens at EU level, seen as a sub-set of the blind and partially-sighted community. They missed opportunities to influence EU decision-making directly in favour of their own specific needs and interests and rarely acted together. EGDF enables guide dog users across Europe to play a direct role in shaping policy and legislation to bring about their full and equal citizenship. EGDF works closely with Assistance Dogs Europe on common campaign issues.



**AGE Platform Europe** is a European network of around 165 organisations of and for people aged 50+ representing directly over 30 million older people in Europe.

Its work focuses on a wide range of policy areas that impact on older and retired people. These include issues of anti-discrimination, employment of older workers and active ageing, social protection, pension reforms, social inclusion, health, elder abuse, intergenerational solidarity, research, accessibility of public transport and of the build environment, and new technologies (ICT). Age also takes an active part in several EU projects. The majority of these projects are funded by the 7th Framework Programme.

The purpose of its work is to voice and promote the interests of the 190 million inhabitants aged 50+ in the European Union and to raise awareness of the issues that concern them most. AGE seeks to give a voice to older and retired people in the EU policy debates, through the active participation of their representative organisations at EU, national, regional and local levels, and provides a European platform for the exchange of experience and best practices. It also aims to inform them on [EU policy making processes](http://www.age-platform.eu/images/stories/EN/CoverAGE/EN/brochure_eu_institutions_final-en.pdf)and [recent EU policy development](http://www.age-platform.eu/en/age-policy-work).

**Links**

[www.euroblind.org](http://www.euroblind.org)

[www.EGDFed.org](http://www.EGDFed.org)

[www.age-platform.eu](http://www.age-platform.eu)

# Appendix 5 - Partner Organisations in the Three Cities

 **National Council for the Blind of Ireland**

NCBI is a not-for-profit charitable organisation which provides support and services throughout Ireland to people experiencing sight loss. They provide a range of services to public and private organisations to ensure that their services are accessible to people who are blind and vision impaired.



**Austrian Federation of the Blind and Partially Sighted**

As the largest self-help organisation of blind and partially sighted people in Austria, BSVÖ is working for an inclusive and accessible society in its home country as well as on the European level. BSVÖ has seven regional chapters throughout the country, forms part of the European Blind Union as well as of the World Blind Union and is a member of the Austrian National Council of Disabled Persons. BSVÖ's on-site services include the vocational education and training centre SEBUS as well as an acoustic media library.

[](http://www.upa13.fr/index.php)

The White Canes, affiliated with the French Blind Federation Association, was founded in 1926 to advance the rights of blind and visually impaired residents of Marseilles, to help integrate them into normal life, to help them have vacations, to practice their profession by offering technical aids and instruction. The association sits on many municipal committees to improve access to transportation and services for the blind.

**Links**

[www.ncbi.ie](http://www.ncbi.ie)

[www.blindenverband.at](http://www.blindenverband.at)

[www.upa13.fr](http://www.upa13.fr)