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The Active Ageing Index and its extension to the regional level

SYNTHESIS REPORT

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The Active Ageing Index and its extension to the regional level

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SYNTHESIS REPORT

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Executive Summary

The Peer Review “The Active Ageing Index and its extension to the regional level” focused on the usefulness of the Active Ageing Index in terms of policy making. Participants from Bulgaria, the Czech Republic, Germany, Ireland, Latvia, Malta, Romania, Slovenia and Spain gathered in Poland in October 2014. Stakeholder representatives from AGE Platform Europe and the Council of European Municipalities and Regions (CEMR) also participated in the Peer Review, together with observers from the United Nations Economic Commission for Europe (UNECE) and representatives from the European Commission’s DG Employment, Social Affairs and Inclusion.

The Active Ageing Index (AAI) is a tool to monitor active ageing outcomes at the country level and to describe the untapped potential of older people to participate actively in economic and social life, with the objective of promoting an active role for older people. The AAI is a composite measure, obtained by aggregating scores from four domains: (a) employment, (b) participation in society, (c) independent, healthy and secure living, and (d) enabling environment. The AAI scores for the EU-27 countries for the year 2012 show that Sweden is ranked highest, while Central and Eastern European countries occupy the bottom positions in the ranking.

Poland’s poor showing served to provide an impetus not only for the reconsideration of policies, but also for the construction of the AAI at the subnational (regional) level. The guiding question in the development of the regional AAI was whether differentiation by geographical area might shed further light on the low scores that Poland obtained in the overall AAI; and more specifically, whether the low scores were consistent across all regions (NUTS-2 level). The regional AAI scores show substantial differences in active ageing outcomes across geographical areas. In our view, any country interested in improving active ageing outcomes (and therefore obtaining higher AAI scores) would be well advised to look at regional disparities, allowing policy makers to focus their efforts on geographic areas that are lagging behind.

Information based on peer country questionnaires that enquired about the use of the AAI, and insights that emerged from discussions during the meeting in Poland shed light on the potential role of the AAI as a framework for policy analysis and policy formation. Participants also discussed the methodological underpinnings of the index. The main conclusions and key learning elements derived from the questionnaires and the discussion were as follows:

- The AAI is gaining recognition as a policy-making tool. A number of countries (e.g. Bulgaria, Latvia, Estonia, Malta and Slovenia) are using the AAI to develop or adapt their active ageing strategies. However, the usefulness of the AAI in countries that already have their active ageing strategies in place is not immediately evident.
- Active ageing strategies focus strongly on employment and health, while other aspects of active ageing receive less attention.
- The strong emphasis of the AAI on the employment domain is dictated by the monetary importance of employment at both the macro level (higher tax revenues) and the micro level (higher pension provisions). Whereas employment has monetary importance, the other domains are important for reasons of health and social integration.



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- Whether it is the index or the individual indicators that should be used depends on the purpose. The aggregate measure allows comparison between countries, while the focus on individual indicators allows specific policy measures to be designed.
 - Caution is advised in equating a high AAI with high well-being among the old. Necessity – rather than autonomy – might be driving high levels of paid and unpaid activity. The index, however, measures the potential of older people to participate, rather than their well-being as such.
 - Gender differences need to be clearly addressed in policies to promote active ageing.
 - Coordination at the national or regional level facilitates the implementation of active ageing strategies.
 - A regional (or even municipal) focus on active ageing is becoming increasingly important, as more and more policies and services are delivered at those levels.
 - Data shortages are a common obstacle in computing subnational AAI. Some flexibility with respect to indicators is permitted, provided that the conceptual framework remains intact (“flexibility with fidelity”).

The AAI forms a useful tool for policy makers focusing on targets addressed in Europe 2020, the Social Investment Package and other policy initiatives at the European level.



A. Policy context at the European level

The Peer Review “The Active Ageing Index and its extension to the regional level” was held in Poland on 15–16 October 2014. The meeting was hosted by the Polish Ministry of Labour and Social Policy and the Marshal Office of the Małopolska region. Representatives of Bulgaria, the Czech Republic, Germany, Ireland, Latvia, Malta, Romania, Slovenia and Spain gathered in Poland. Stakeholder representatives from AGE Platform Europe and the Council of European Municipalities and Regions (CEMR) also participated in the Peer Review, together with observers from the United Nations Economic Commission for Europe (UNECE) and representatives from the European Commission’s DG Employment, Social Affairs and Inclusion.

The Active Ageing Index in the context of European policy

Active ageing is defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002, p. 12). “Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance” (WHO, 2002, p. 12).

While the focus on “adding years to life” and promoting older people’s participation in society has become increasingly important on political agendas at the European and national levels, tackling active ageing through adequate policy responses remains a challenge. Active ageing relates to many areas of older people’s lives, and it requires a comprehensive focus on policy making and a strong evidence base to guide the necessary changes. The Active Ageing Index (AAI) is just such an evidence-based tool.

The AAI project aimed at creating a measure that would allow comparison of active ageing levels between different European countries and that would help identify strengths and weaknesses in a country. The main objectives of the AAI were to help monitor active ageing outcomes at the country level, to describe the untapped potential of older people for active participation in economic and social life, and to promote an active role for older people in societies.

The Active Ageing Index was developed under a joint project by the European Commission’s Directorate General for Employment, Social Affairs and Inclusion and the United Nations Economic Commission for Europe,¹ and in close partnership with various policy initiatives at the European level. The first and most important initiative was the labelling of 2012 as the European Year for Active Ageing and Solidarity between Generations (Decision 940/2011/EU).² The main goal of EY2012, as it is known, was “to raise awareness of the value of active ageing, highlighting the useful contributions older people make to society and the economy, to identify and disseminate good practices, and to encourage policy makers and

¹ The main developer of the 2012 AAI was the European Centre for Social Welfare Policy and Research in Vienna.

² <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:246:0005:0010:EN:PDF>



stakeholders at all levels to promote active ageing” (Decision 940/2011/EU). A declaration by the Council of the European Union on EY2012 and the Guiding Principles on Active Ageing and Solidarity between Generations (Council of the European Union, 2012) stressed the importance of active ageing in the domains of employment, participation in society and independent living. Those principles were established as a checklist for national policy-making authorities and other stakeholders regarding actions necessary to promote active ageing.

The effort to develop the AAI was undertaken to mark the 10th anniversary of the 2nd World Assembly on Ageing and to coincide with the second five-year cycle of review and appraisal of the Madrid International Plan of Action on Ageing (MIPAA). The Political Declaration signed at the end of the 2nd World Assembly on Ageing emphasised the empowerment of older persons and the promotion of their full participation in work and social life – principles that are also present in the active ageing discourse. The policy recommendations of the MIPAA include those related to the active participation of older people in society and their development (through access to knowledge, education and training), health promotion and well-being throughout life, and ensuring enabling and supportive environments (United Nations, 2002).

The year 2012 marked the end of the second five-year cycle of review and appraisal of the MIPAA and the UNECE regional implementation strategy. One of the major activities in this context was the Ministerial Conference on Ageing held in Vienna in 2012. A declaration adopted during this conference includes crucial references to active ageing as a policy course to be promoted across UNECE countries.³ The four goals that were identified included encouraging working lives and maintaining work ability; promoting participation, non-discrimination and the social inclusion of older persons; promoting and safeguarding dignity, health and independence in older age; and maintaining and enhancing intergenerational solidarity.

Construction of the AAI

The Active Ageing Index was formed by an aggregated measure representing four domains:

1. Employment;
2. Participation in society;
3. Independent, healthy and secure living; and
4. Capacity and enabling environment for active ageing.

The first three domains refer to actual experiences of active ageing, and are linked to the main principles of the European Year of Active Ageing and Solidarity between Generations (as mentioned on the EY2012 webpage).⁴ The last domain captures the capacity and enabling environment aspects of active and healthy ageing, and it measures human assets, health capital and human capital.

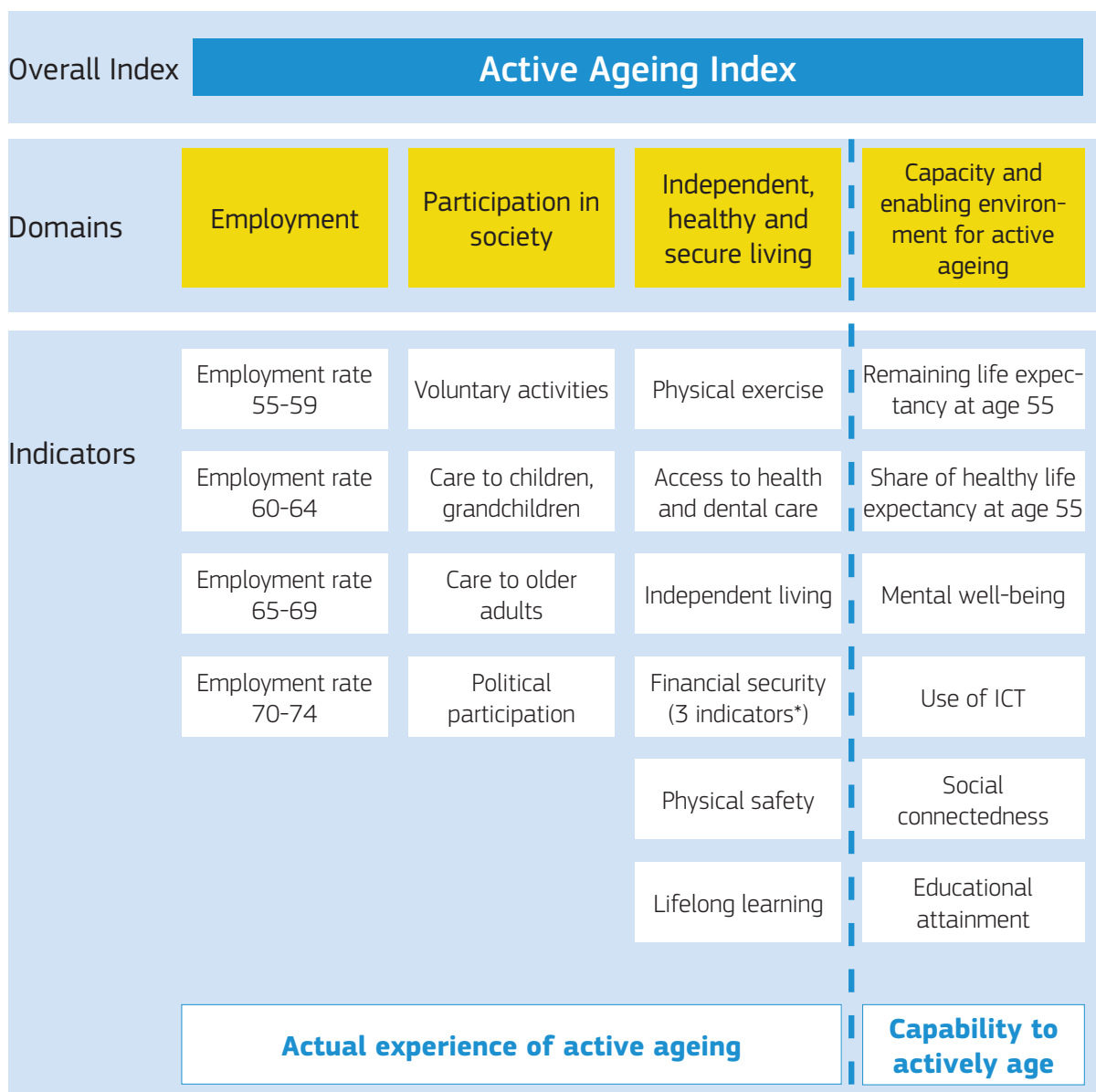
³ Available from http://www.unece.org/pau/ageing/ministerial_conference_2012.html#/

⁴ <http://ec.europa.eu/archives/ey2012/ey2012main9ef0.html>



Each of the domains has been constructed using a selection of indicators (22 in all). Figure 1 (adapted from Zaidi et al., 2013) depicts all four domains of the AAI. For methodological details regarding the choice of indicators, see Zaidi et al. (2013).

Figure 1. The domains and indicators of the aggregated index, AAI



* The three indicators are: (1) Median income of 65+ relative to those aged below 65 (2) No poverty risk for 65+ and (3) No severe material deprivation.

Source: Zaidi et al., 2013



The AAI became an aggregated measure of all four domains, with each domain contributing towards the total score, according to the weight assigned to it.⁵ *Employment* contributed 35% to the total AAI, *Participation in society* – 35%, *Independent, secure and healthy living* – 10% and *Capacity and enabling environment* – 20%. For each domain, the arithmetic weighted mean of the indicators was calculated. The overall aggregated indicator was then calculated as the arithmetic weighted mean of the domain-specific indices. For methodological details regarding the weighting of the AAI, see Zaidi et al. (2013). Next to the overall index for each country, its gender-specific indices were calculated. Those indices allow the disparity in active ageing between men and women in a country to be tackled.

The Active Ageing Index has scores that range from 0 to 100, with a higher figure pointing to a greater contribution to society by older people and better enabling conditions. When interpreting the results, one needs to take two aspects into consideration. First, it is important to keep in mind that the maximum value of 100 represents a theoretical possibility, rather than an attainable goal. Achieving a maximum score of 100 would imply achieving “fullest active ageing” (Zaidi et al., 2013), i.e. a situation in which everyone participates fully in various aspects of society.

Secondly, high scores on the Active Ageing Index do not necessarily imply a high degree of well-being in the older population. Zaidi et al. (2013) caution that the normative value judgement of “the higher the better” should not always be applied to compare different indicators. As the authors state, this “higher is better” approach can be problematic. They offer the example of care provision, and note that high indicator levels can only be regarded as positive from the perspective of valuing informal care in terms of contributions made to the family and society. High levels of care provision should not be viewed as positive when a lack of public arrangements necessitates them. However, the provision of care by older adults – whether for their partners, their parents or their grandchildren – can impinge on the autonomy of those informal carers (Zaidi et al., 2013). Moreover, as Keck and Saraceno (2010) note, high levels of care provided by family members are characteristic of societies in which public care services are lacking. They use the term “familialism by default” to describe the situation in which family members are intensively involved in caring for the youngest and the oldest out of necessity – that is, because public policies and services are grossly inadequate.

This is not the only example where high levels on the AAI need to be interpreted with caution. To take employment, a high figure might indicate a positive climate towards the employment of older people; but equally it might reflect a lack of adequate retirement provisions and be dictated by necessity, rather than free choice. Therefore, when interpreting the results of the AAI, the policy context of the country in question needs to be taken explicitly into account. One should refrain from interpreting the results in terms of a better–worse outcome, and should tend rather towards a “higher–lower” distinction.

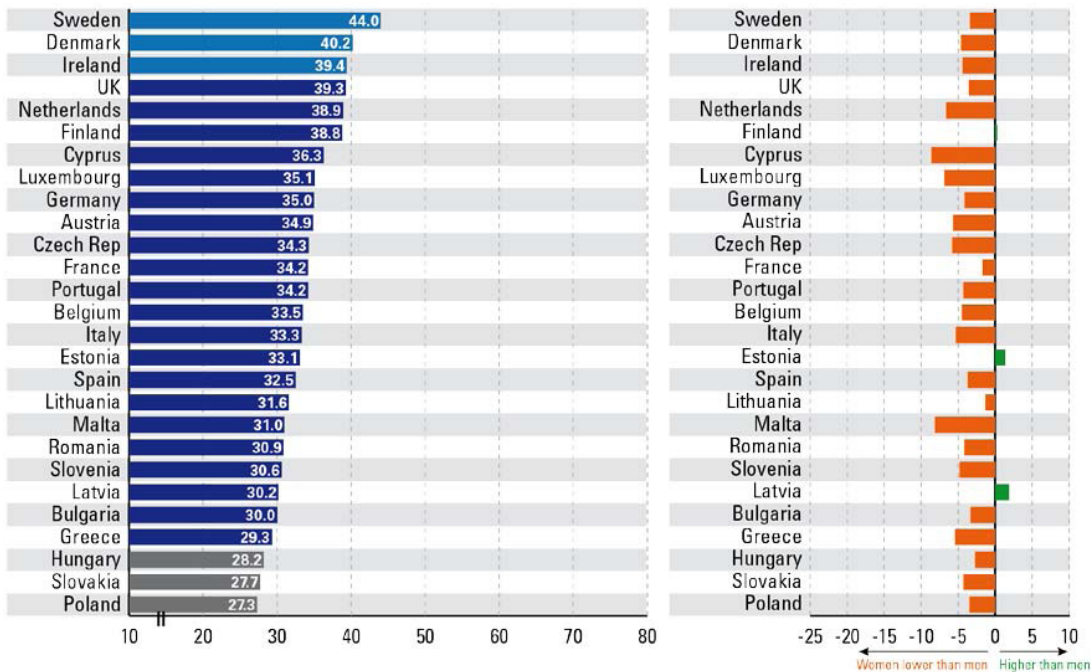
⁵ The weights were based on consultations with scientific and policy experts; for details, see Zaidi et al. (2013).



Results

In 2012, the AAI index was calculated for the then 27 countries of the European Union (EU). In this paper, we present selected results for all those countries (for a detailed overview of the results, see Zaidi et al., 2013). Figure 2 (adapted from Zaidi et al., 2013) shows the overall results for the 27 EU countries and their ranking with respect to active ageing. It also shows the differences between the results for men and women.

Figure 2. Ranking of countries by the overall AAI for the total population and for differences between men and women



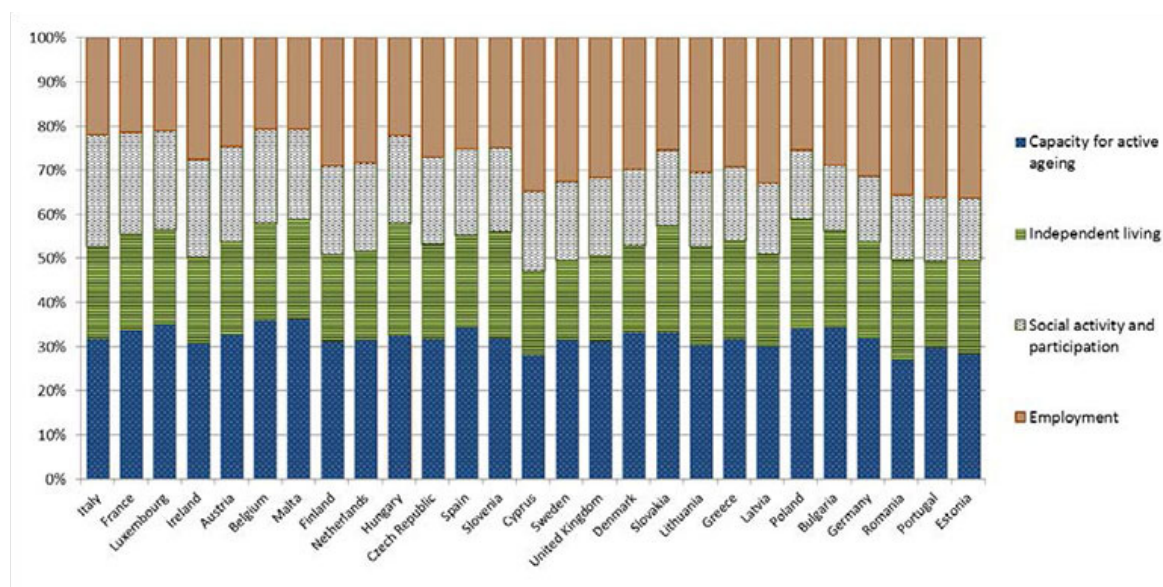
Source: Zaidi et al., 2013

Sweden obtained the highest overall score of 44, followed by Denmark, Ireland, the United Kingdom and the Netherlands. Those countries all scored above 38. Thus, even for the “front-runners” there is room for further improvement. Three Central and Eastern European countries (Poland, Slovakia and Hungary) are at the bottom of the ranking, with scores that do not exceed 29. In those countries, the gap between the desired and the current active ageing potential of older people is even greater.

In almost all countries, women have lower scores than men, with Estonia and Latvia being the notable exceptions. In Southern European countries like Cyprus, Malta and Greece, the gap between men and women is the greatest, but large gaps are also visible in Luxembourg and the Netherlands. In those countries, the gender disparity is between 7 and 9 points.

Figure 3 (adapted from Zaidi et al., 2013) depicts the relative contributions of each domain to the overall AAI. The higher or lower contribution of a particular domain signals the degree to which it determines the country overall rankings (Zaidi et al., 2013).

Figure 3. Contribution of domains to the overall AAI index (men and women together)



Source: Zaidi et al., 2013

The results show that the relative contribution of the first domain, *Employment*, is high in Romania, Estonia, Portugal, Cyprus and Latvia; meanwhile France, Italy and Spain fall behind, as do Luxembourg and Belgium.

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Italy and France, as well as Luxembourg, Ireland and Austria, stand out in terms of the relative contribution of *Participation in society* to the total AAI, while Estonia, Portugal and Romania record the lowest contribution from this domain.

With regard to the *Independent, healthy and secure living* domain, Hungary, Poland, Slovenia and Slovakia score highest, while Sweden, Cyprus and Ireland record the lowest contributions for this domain to the overall index.

The relative contribution of the *Capacity and enabling environment* domain is highest in Malta, Luxembourg and Belgium, while the lowest contribution is observed in Romania, Cyprus and Estonia.

Detailed data on all 27 countries (including ranks and values for the overall AAI and for each domain) are presented in Table 1 in the Appendix.



B. Host country good practice under review

The poor AAI scores for Poland were the driving force behind policy efforts on the part of the Polish Government and regional authorities. Two major initiatives are worth mentioning: implementation of a long-term senior strategy;⁶ and preparation of the regional AAI.

The first initiative is designed to address a situation that is common in many other European countries: as the baby boomers of the 1950s age, so does the population. This demographic trend is to be observed throughout the country, with the east of Poland having the oldest population. Given the limited provision of social services in Poland, many older people are at risk of social exclusion. This motivated the development of a national Programme for Social Participation of Senior Citizens (ASOS), which was launched by the Ministry of Labour and Social Affairs in 2012. ASOS focuses on four dimensions: education, social integration, participation in society and improvement of social services. With financial support from the European Social Fund (ESF), ASOS seeks the increased participation of older people in society. To some extent, their participation has already been rising: for example, the Council for Senior Policy (CSP) was launched as a body to offer the ministry expert advice. The CSP is a group of over 100 older people who participate every 1–2 months in meetings devoted to discussing senior policy. The aim of the meetings is for the regions to design a bottom-up policy, rather than have a policy that comes from central institutions.

Secondly, the AAI served to provide an impetus for the analysis of active ageing results at the regional level, in addition to what was being done at the national level. The Ministry of Labour and Social Affairs stimulated the development of the regional AAI. A regional (or even municipal) approach to policies on ageing is also considered necessary, since many of the policies involved are the responsibility of the *powiat* (county, NUTS-3) or *gmina* (municipality, NUTS-4) authorities. The guiding question in developing the regional AAI was whether regional differentiation might shed further light on the low scores that Poland obtained in the overall AAI; and more specifically, on whether the low scores were consistent across all Polish regions. Consequently, the AAI for all 16 regions of Poland (NUTS-2 level) were calculated to enable the evaluation of the active ageing potential in regional perspective (Perek-Białas and Mysińska, 2013).

Regional authorities, especially those in the Małopolska region, are interested in applying the tool to implement and monitor regional policies. The Małopolska region has already developed a “silver economy” model, which aims at increasing the participation of persons aged 50 and over in employment. This region has also developed Poland’s first regional strategy specifically focused on ageing, and more particularly on health and care. It identifies the potential and resources available for the educational, social, cultural, tourist or economic participation of older people.

⁶ See <http://www.senior.gov.pl>



The AAI in regional perspective

The regional AAI adopted the same conceptual framework as the national AAI. But some of the indicators were excluded or adapted due to data limitations. One of the major strengths of the AAI in regional perspective is that it helps to explain subnational influences on the total value of the index for a country (in this case, Poland). A comparison between the overall score for Poland and the regional disaggregation shows that most of the regions score lower than the country average, with only the top three regions matching the overall score. The final AAI score for Poland is thus lifted by the efforts of those three regions, while the remaining 13 regions clearly need to intensify their efforts and investment in the promotion of active ageing. The results show that in general, regions located in the south-east of Poland received higher scores than those located in the north-west, with the Mazowieckie region coming out on top, regardless of the weighting applied. This is not surprising, given that Mazowieckie is one of Poland's central regions and includes the capital city. It therefore attracts more investment, enjoys better economic conditions and has a better social infrastructure than other regions of Poland.

A nice feature of the AAI in regional perspective, as presented by the Polish team, is that it provides a detailed picture of each domain at the lower-level geographic unit. More importantly, the results show a differentiation of problematic areas for each region. This offers an opportunity to evaluate the need for policies for each of the domains in different regions, and thus enables a more detailed examination of the active ageing circumstances. Poland as a country has only recently engaged in the active ageing discourse (following EY2012 initiatives) and the discussion regarding active ageing largely revolves around extending the working lives of older workers and raising the pension eligibility age. This focus is justified, as there is a wide gap between regions in terms of how they score in the employment domain – the scores obtained by the leaders in that domain (Podkarpackie, Mazowieckie and Lubelskie regions) and the last region in the ranking (Kujawsko–Pomorskie region) differ by roughly 40%.

Another example of possible policy efforts emerges with regard to the second domain, *Participation in society*, for which Poland scored poorly in the overall AAI. Participation in volunteering activities has traditionally been low in Poland, but the regional AAI shows that there is great variation between, for instance, Warmińsko-Mazurskie (with a score on the volunteering activities index of 7.7) and the highest-scoring Lubuskie region, with its score of 22.1. This variation provides an excellent example of the need for differentiated policy responses, whereby lower-scoring regions can look to higher-scoring regions for instances of good practice.

Methodological considerations

While computing the AAI for the regional level, the Polish team encountered a lack of appropriate data for a number of indicators. Some of the indicators needed to be adapted, while others were dropped entirely. In addition, the existing data did not allow calculation of the regional AAI separately for men and women. Note, furthermore, that the Polish team applied different domain-specific weights in their regional AAI, which increased the impact of two domains on which Poland ranked rather higher in the overall AAI (the *Independent, healthy and secure living* domain and the *Capacity and enabling environment for active ageing* domain). The different weighting slightly altered the ranking of regions compared to the original weighting. However, the first three regions maintained their position in the top five, and the front runner remained the same.



The experience of Poland and the methodological problems that have been encountered in obtaining the relevant data at the regional level raise the question of how to construct regional versions of the AAI with limited data. Further attention needs to be devoted to the issue of which alterations of the AAI in regional perspective are acceptable, and of whether the application of different weights is justified.



C. Policy focus

The AAI and policy responses in national and regional perspective

The previous paragraphs noted that policies and legal arrangements shape the possibilities older people have for active ageing. The example of Poland shows that regional differences can be substantial, and any country interested in improving active ageing outcomes (and obtaining higher AAI scores) would be well advised to look at regional disparities, allowing policy makers to focus their efforts on regions that are lagging behind. The question is whether the regional authorities can target problem areas, or whether the national government needs to apply policies to support active ageing within regions. Analysis of the distribution of responsibility for policy changes between the national and regional levels will shed more light on the possibilities for adequate policy responses.

Figure 4 (in the Appendix) presents the AAI index disaggregated into 22 indicators for the 27 countries of the European Union, and shows the distribution of the various indicators across the three dimensions of *time*, *influence of policy* and the *level of governance* where responsibility for change rests. The indicators were assigned to a governance level (national, regional or both), based on where the policy responsibility for each indicator is *typically* located.⁷ Each indicator was scored on the two additional dimensions: namely *time* (policy changes arising in the short or the long term) and *influence of policy* changes on each indicator (direct versus indirect influence). For those two dimensions, each indicator was assigned a value ranging from 0 to 1. With respect to the *time* dimension, 0 means that a given indicator can be affected by policies in the short term, while 1 denotes that changes in this indicator are expected in the long run. The indicators are ranged relative to each other and the ranking does not correspond to a specific time unit. Similarly, with respect to the *influence of policy*, indicators that can be affected indirectly obtained a score closer to 0, with values towards 1 being reserved for indicators that can be affected by direct policy measures. Note that the allocation of the indicators to a government level of influence and its position on the chart is based on our own estimation and may differ between different countries of the European Union.

The size of the bubble corresponds to the relative influence of each indicator on the respective domain (and consequently on the overall value of the index). Those values represent the implicit weights that are assigned to each indicator in the AAI (the product of the explicit weight and the indicator value; Zaidi et al., 2013).⁸ Values for the EU were calculated on the basis of the average values for each indicator for all 27 countries of the European Union.

Indicators contributing to the first domain, *Employment*, are located in the upper left corner of the graph, thus denoting indicators that can be affected in a relatively short time perspective and by means of direct policy measures. The time expected to pass before a measure affects an active ageing indicator increases with the age of the population targeted by the measure – we expect increases in the labour market participation of older persons to occur later than in the case of people aged 55–59. The employment of people

⁷ We gratefully acknowledge the idea and suggestions by Ralf Jacob (European Commission), which guided the preparation of the figure.

⁸ The value of the explicit weight is calibrated so that the chosen final implicit weights match those recommended by the Expert Group on the Active Ageing Index.



aged 55–59 forms the largest bubble, indicating its relative importance. Increasing the labour market participation of older people is predominantly the responsibility of national governments, although we do not exclude the possibility that regional policy initiatives can also be effective.

The indicators that contribute to the *Participation in society* domain are distributed across the whole spectrum of time and influence. In the upper left corner (short-term and direct policy influence), one finds *care of children and grandchildren* and *care of older adults*. Those aspects of *Participation in society* usually fall under national government responsibility, and we expect them to be affected by direct policy measures, e.g. policies that reduce the availability of and access to professional care. Political participation is also assigned to the national policy sphere, while volunteering can be most effectively tackled at the regional (or even the local) level. Volunteering is expected to be affected by a shorter time span and by more direct policy measures than political participation. *Care of children and grandchildren* is the largest bubble in this domain.

In our analysis, indicators that belong to the domain *Independent, healthy and secure living* are more dispersed in terms of the allocation of responsibility and the timing of changes; yet they are all located in the upper part of the graph, meaning that all of them, except for physical exercise, can be affected by direct policy initiatives. *Access to health and dental care* and *relative median income* are assumed to be exclusively the responsibility of national governments; physical exercise can be affected by local initiatives; while the remaining indicators can be targeted by both regional and national policies. One issue related to financial security (*relative median income*) can be affected in the short-term perspective, while other aspects (*no material deprivation* and *not poverty risk*) require more time to take an effect. Physical exercise, access to health care services and lifelong learning can be tackled in a similar time span.

Capacity and enabling environment for active ageing includes indicators in various areas of government responsibility and across various time and policy influences. Policy responsibility for the use of ICT is generally located at the national level, while *educational attainment* is mostly the responsibility of national authorities, and *social connectedness* is located at the regional level. *Use of ICT* and *educational attainment* can be affected by direct policies, but these do take some time to have an effect. *Social connectedness* is affected by indirect policy influences and takes place in a longer time perspective.

Located in the lower right corner are *remaining life expectancy*, *share of healthy life expectancy* and *mental well-being*. Those aspects of active ageing are not easily amenable to policies and require a longer time span to have an effect. They presume a life-course approach towards active ageing – a principle stating that experiences in earlier life influence how individuals age. To affect those outcomes, policy makers need to adopt a long-term approach towards the promotion of healthy lifestyles and other determinants of health (European Commission, 2005; WHO, 2010).

In general, the various components of active ageing that can be targeted by direct policies have relatively immediate consequences. These indicators strongly influence the overall AAI. This suggests that, with suitable policy responses targeting each indicator, the active potential of older people (and the overall AAI) can be significantly increased within a relatively short space of time. Changes in other indicators, however, require more extended efforts



by policy makers. In fact, indicators located in the lower right corner (indicators affected in the long run by indirect rather than direct policy initiatives) require a lifelong dedication to active ageing, as an increase in those indicators is inextricably linked to changes in other aspects of active ageing. This emphasises the need for a multidimensional and multifocal policy approach to active ageing.

The disaggregation of regional or national policy responses provides an indication of where the influence is located. It shows that, although the national governments define the legal and policy framework, the regional authorities can also contribute to increasing the potential of older persons. The extent to which local authorities can exert an impact depends on the specific arrangements in each Member State.

Policy design

As mentioned earlier, active ageing depends heavily on the policies that are adopted in each country. Increasing the active participation of older people (and raising the overall AAI for a country) is one of the main areas of interest for policy makers working with the AAI. Their efforts to raise participation, however, must not come at the expense of the well-being of older people, e.g. by forcing their labour market participation or increasing their care responsibilities. The challenge for policy makers lies in designing policies that will increase the active participation of older people, while supporting their well-being.

Moreover, policies that promote the active ageing potential of the ageing population can contribute to the sustainability of welfare systems by, for instance, lowering the costs of social security or increasing the contributions towards pension schemes. The means of promoting active ageing may conflict with one another. For instance, increasing participation in the care of family members can reduce participation in the labour market. In designing policy measures to increase active ageing potential, policy makers need to take possible competing outcomes into account, as well as their impact on the sustainability of welfare systems.

While designing policies to promote active ageing, policy makers need to consider the so-called “structural lag”, i.e. the imbalance between the number of older people and the number of meaningful and productive roles they can engage in to utilise their capabilities (Riley and Riley, 1994). Support for active ageing policies requires policies to be designed that develop the possibilities older people have to take up new roles in the social structure, for instance in post-retirement employment, lifelong learning or volunteer activities.

The Active Ageing Index reflects the multidimensionality of active ageing and the potential of older people. This multidimensionality and the relations between different aspects of active ageing show that targeting one aspect of active ageing affects others (for instance, changes in employment affect one’s financial situation, increasing social connectedness and mental health). Long-term strategies and a life-course perspective on active ageing are, therefore, required.



D. Policies and experiences in peer countries and stakeholder contributions

To prepare for the Peer Review meeting, peer countries put together background papers, in which they reflected on:

- The results of the AAI in their own country;
- The use of the AAI in their own country (national, regional, local);
- Active ageing policies and/or strategies applied in their own country;
- The use of data sources on active ageing at national and regional levels;
- The use of different indicators at the regional level for monitoring active ageing; and
- The availability of data to calculate regional AAIs in peer countries.

Inspection of the questionnaires reveals that a number of countries explicitly refer to the AAI as a guide in developing or adopting policies (e.g. Bulgaria, Latvia, Malta, Slovenia), while others have already developed national active ageing strategies. In these countries, the additional advantage of the AAI is not immediately evident (e.g. the Czech Republic, United Kingdom, Ireland). Moreover, a number of countries show little interest in developing regional indicators (e.g. Ireland, the Czech Republic, Malta, the Netherlands, Iceland), the main reasons being a lack of suitable data, small country size and the fact that policies/ services are not distributed at the regional level. Below we summarise the results of the peer country questionnaires and reflection papers prepared by the stakeholders.

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Bulgaria

Bulgaria is one of the EU countries most affected by demographic changes. With its total age dependency ratio of 48.7% (in 2012) and a high median age (the Bulgarian population is the fourth oldest in the world), Bulgaria faces serious threats to economic stability. According to World Bank forecasts – even in the most optimistic scenario – the demographic changes put the national budget under pressure and hamper economic growth. Consequently, it is essential for Bulgaria to implement long-term integrated and comprehensive policies to achieve financial and social stability.

The Government of Bulgaria (led by the Bulgarian Ministry of Labour and Social Policy, with the financial support of the European Commission) intends to apply the AAI in its efforts to develop a national plan of action that will analyse the current situation, identify challenges and propose a framework for integrated measures that will take regional demographic differences into consideration. Proposed policy measures will be discussed by representatives of different levels of government and various stakeholders, including social partners and local and regional actors, resulting in the development of a Draft National Strategy for active ageing. The draft will incorporate elements of the already existing National Concept for Promotion of Active Ageing, which was adopted by the Council of Ministers in 2012. This National Concept identifies opportunities for older people in various areas of daily life, including employment, financial stability, health services, education, lifelong learning, voluntary work, access to care and social services, and efforts aimed at



overcoming negative stereotypes about older people. A focus on independent living and participation in society – as derived from the European Guiding Principles for Active Ageing and Solidarity between Generations – will further enrich the Draft National Strategy for Active Ageing.

Czech Republic

The presentation of the AAI results attracted much media attention in the Czech Republic and generally no objections were raised. The results of the AAI for the Czech Republic seem to describe the country's situation appropriately, but more systematic and in-depth analysis of the results, using different data sources, is not yet available to corroborate this view. The AAI confirmed some of the findings that were obtained earlier from different sources and which led to the formulation of the National Action Plan Supporting Positive Ageing (NAP) for the period 2013–2017. The NAP focuses on securing and protecting the human rights of older people, lifelong learning, employment of older workers, quality of life environments for seniors, volunteering, healthy ageing and elder care. Implementation of the NAP is, however, hindered by a lack of financial resources and sufficient government support. One of the NAP's tasks is to create a set of indicators that will allow the progress of active ageing policies in the country to be monitored, and the AAI indicators could complement these efforts.

The AAI is seen in the Czech Republic as an additional, but rather complex, tool that allows between-country comparisons. Although relevant from a policy-making perspective, calculation of the regional AAI is hampered by the fact that information at the regional level is restricted to health status, morbidity, health care expenditure, unemployment, educational attainment and pensions. The value of the AAI as a measurement tool to monitor policy efforts would be enhanced if scores were available for different time points. This highlights the importance of data collection efforts.

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Germany

The German approach to active ageing rests on the notion that change will not come about by fiat from above, but needs to be engineered in cooperation with civil society and relevant stakeholders at all levels. Following this paradigm, Germany holds “Round Table Active Ageing – Managing Transitions” meetings to discuss, among other things, the Active Ageing Index with the partner organisations in civil society and to provide an impetus for action. In general, the German Government intends to encourage older people to be more self-reliant, active and independent for as long as possible. Labour market interventions are high on the government agenda and are designed to meet the requirements of the Lisbon Goals, but also to secure Germany's skills base. The focus is mostly on prolonged employment, which is understood in terms of higher participation rates, a higher retirement age, healthy and secure working conditions and lifelong learning.

The ministerial strategy “Every Age Counts” (adopted in 2012) includes suggestions for policies to be implemented in cooperation with the Länder, municipalities, industry, associations, social partners and other civil society actors. Strategy work groups are preparing action plans in the field of family, work, self-reliance in old age, quality of life in rural and urban areas, sustainable growth and prosperity, and retention. The federal ministry is actively involved in those work groups, along with other partners.



Numerous data sources are used to monitor ageing in Germany. These include data collected by the Länder and federal statistical offices and the federal employment agency, as well as survey data. An example of the latter is the German Ageing Survey (DEAS), which is a comprehensive longitudinal survey of the life situation of persons in mid-life and older adulthood, collected over a period of 12 years. The regional AAI has not been calculated for Germany thus far, although the data necessary for the computation are available, provided some of the indicators can be exchanged for equal quality alternatives.

Ireland

Ireland, in contrast to other European countries, does not yet face challenges related to population ageing, and thus the Irish actions are preventive. In 2012, the Government developed a National Positive Ageing Initiative (NPAI) (“positive ageing” is a term used in Ireland to denote positive aspects of ageing). This strategy calls for specific actions in three areas related to ageing: participation, health and security. *Participation* includes aspects such as transportation, employment, access to volunteering opportunities and involvement in educational, social and cultural activities. *Health* is linked to a reduction in disability and chronic disease, but also to support for family carers. *Security* refers to financial as well as physical security, and age-friendly public spaces. Moreover, the NPAI strategy assumes the development of positive ageing indicators. Those indicators will align with the AAI indicators and will be linked to data collection at the regional level, where data gaps still exist. At this point, regional application of the AAI does not seem very probable, as Ireland lacks the data to compute the index for lower geographical levels.

Noteworthy initiatives in Ireland are linked to unique data collection at the national level. The longitudinal survey on ageing (TILDA) commenced in 2000 and has data on the health of people aged 50 and over, including physical measurements and bio-medical samples. These data allow the identification of threats to public health and factors that can have a bearing on these threats. A new health survey will be carried out in 2014.

Latvia

Active ageing policies in Latvia are in the initial stage of development, and the country lacks a comprehensive approach as yet. The Latvian ranking in the AAI displays the overall situation correctly, although the country believes that the use of additional indicators would lead to a more objective overview, especially in the *Employment* domain. In this domain, Latvia scores relatively well, but the ranking does not display employment-related problems that the country is dealing with, i.e. unemployment, inactivity of older people and low wage levels. The Ministry of Welfare is applying the AAI to measure the active ageing situation and to develop a new ageing project, “Latvia: Developing a Comprehensive Active Ageing Strategy for Longer and Better Working Lives”. This project aims at drawing up an evidence-based and comprehensive active ageing strategy that will facilitate longer and better working lives, while taking the demographic challenges into consideration. While the focus of this project is the labour market participation of older people, attention is also paid to social security, health and care. Promotion of healthy ageing is covered by other initiatives with a national outreach. Data limitations, similar to those found in other countries, prevent the development of the AAI at subnational levels.



Malta

The results of the AAI have been widely discussed by national policy makers and have led to the development of the “National Strategic Policy for Active Ageing: Malta 2014–2020”. The Maltese strategy follows the distinct domains introduced by the AAI and forms policy recommendations for three of them: employment, participation in society, and independent living. The strategy presents descriptive analyses of trends and issues that arise in each crucial area of active ageing, and forms a number of policy recommendations for each of them. A distinct unit within the Department for the Elderly and Community Care has been set up to implement this policy.

Considering the size of the country and the population, the benefit of the regional AAI is not immediately evident, as it is unlikely that there are significant differences between regions.

Romania

Romania ranks low in the 2012 AAI ranking. The AAI is currently not applied in Romania, although it could be used in future to guide the national strategy on older people and active ageing. Note, however, that the primary interest of policy makers pertains to a limited set of indicators, particularly those related to the basic needs of older people (health and financial security, in particular). Romania is currently in the process of developing a new approach to ageing, and its efforts are being guided by the objectives of the European Year of Active Ageing and Solidarity between Generations.

Slovenia

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The presentation of the AAI results led to some discussion in Slovenia, as a number of researchers expected the country to rank higher on the overall index. The discrepancy between those expectations and the results forced Slovenia to rethink its active ageing strategy. The AAI as a measurement tool has been gaining recognition among both experts and policy makers (albeit more slowly among the latter). The AAI has been applied to guide the adoption of a new version of the Slovenian strategic orientation in the area of active and healthy ageing. This initiative is being prepared in cooperation with the project “Active and Healthy Ageing Strategy in Slovenia – AHA.SI”. The AHA.SI is a long-term strategy that emphasises three areas of interest: employability and employment, active and healthy ageing, and assisted and independent living and long-term care. The development of adequate measures to monitor improvement in those aspects of older people’s lives is the main objective of this project. In an effort to meet this objective, there will be extensive discussions with policy makers and relevant stakeholders over the coming months. This initiative is the first step towards a future Slovenian Strategy of Active and Healthy Ageing. This is an important development, given that Slovenia lacks a comprehensive active ageing strategy at the moment. Initiatives that have been undertaken so far have focused on a single aspect of active ageing, for instance employment or care.

Calculating regional AAI in Slovenia requires an analysis of the available data and a clear definition of the preferred and feasible definition of region (NUTS-3 are quite small, which poses serious statistical problems). Within AHA.SI, researchers will analyse the usefulness of some of the AAI indicators at the regional level and find possible equivalents in national data sets.



Spain

Spanish active ageing policy is being developed under the title “Operational Framework for Elderly People”. This framework expresses the guiding principles of the Europe 2020 Strategy and contains 344 proposals that can be grouped into four major sections: employment, social participation, independent life, and non-discrimination and equal opportunities. Experts, in cooperation with the Council of Elderly People, public authorities, elderly people’s associations and other stakeholders, have developed the document.

Spanish representatives discussed the results of the AAI for both the country level and Biscay Province, the first regional application of the AAI at a subnational level. This application allows only a comparison between this province and the national results, although the computation of other regional AAI is envisaged in the near future. There was no direct and explicit debate regarding the AAI and the position of Spain in the overall rankings, yet the index has been indirectly considered whenever the national strategies regarding ageing have been discussed. In the case of Biscay Province, the AAI was actively applied in defining the strategy for active ageing and as a measurement tool.

Within Biscay Province, the results of the AAI have been incorporated into the Historical Territory of Biscay Strategic Plan for Elderly People. The main goal of the plan is to foster conditions for active and healthy ageing and to increase the active and healthy life expectancy in the Biscay region by two years by 2020. The AAI is applied to monitor the outcomes of public policies developed within different spheres and institutional levels, and as a channel for cross-border learning of good practice.

AGE Platform Europe

Members of AGE Platform Europe were asked to share information on the most relevant policy areas regarding active ageing. Initiatives named by most members were those linked to employment, either independently specified or part of a more comprehensive approach. Some of those initiatives were designed within the framework of the European Year of Active Ageing and Solidarity between Generations, while others are still in the process of development in response to the European Commission’s call for proposals to support the development of comprehensive active ageing strategies in the EU. Initiatives linked to the fourth domain, *Enabling environment*, were named only by members explicitly involved in programmes such as the WHO age-friendly cities, indicating that this area of active ageing does not yet attract much policy focus.

Council of European Municipalities and Regions

The Council of European Municipalities and Regions (CEMR) is the European umbrella organisation of national associations representing local and regional government. To gain insights for its reflection paper, CEMR consulted national associations active in the field of active ageing from Finland, Scotland, England, the Netherlands, Wales, Iceland and Estonia. In general, CEMR member associations work primarily on policies related to health and care, housing, pensions and the workforce, with the maintenance of sustainable economic development to allow healthy and active ageing as a major objective.

The AAI is not necessarily a tool that associations in many countries regard as relevant. Some countries have already developed other tools to measure active ageing outcomes.



Wales, for instance, has developed the so-called Welsh index for measuring the well-being of older people. The computation of a new Welsh index is currently being planned, and possibly this second Welsh index will be adjusted to complement the AAI. In the Netherlands, the employability index (WAI Index) is used and no application of the AAI has so far been reported. In the Netherlands, a regional AAI is regarded as irrelevant, since the country is too small for regional differences to be visible. Scotland applies its own, locally defined indicators to measure the common policies priorities. Although some of the indicators mirror the AAI indicators, there is not a complete overlap, as this framework was already in place before the AAI was developed. England also applies different measures of adult activity and loneliness. There are, however, countries that use the AAI. In Estonia, the AAI is applied to measure the effectiveness of the active ageing strategy at the national level.



E. Main issues discussed during the meeting

The presentations of the experts and the peer country representatives led to discussion of the general application of the AAI and its usability for policy makers, and also of methodological issues related to the construction and adaptation of the index. The main points of the discussion are summarised below.

Use of the Active Ageing Index

The Active Ageing Index has been gaining recognition in a number of countries, and in some of them (Bulgaria, Latvia, Estonia, Malta and Slovenia) it has guided the development of national active ageing strategies. Together with activities related to the EY2012, the presentation of the AAI results has – in some countries – intensified the debate on demographic change and population ageing and has served as an impetus to mobilise efforts. Yet in others there has been relatively little focus on the AAI, largely because ageing policies are already in place and other monitoring measures have already been developed.

For some participating countries, the voluntary nature of the AAI is seen as an obstacle to wide application of the tool. In particular, Central and Eastern European countries – which are in the process of developing their own active ageing strategies – perceive the voluntary nature of the AAI as a possible impediment to advancing their policy efforts. Participants noted that older adults are interested in the results and in ways to improve the scores, but politicians – especially those at the regional or local levels – are rather hesitant about using the tool. Mandatory use of the AAI to measure the progress of countries – possibly enforced at the EU level – might generate more interest from politicians and could lead to an efficient application of active ageing strategies.

Active ageing policy is, in many countries, on the agenda of different government bodies. Dedicated units or departments are not uncommon, yet in many countries active ageing efforts are divided between different ministries. Coordination of policy efforts is one of the challenges that countries face: a lack of overarching governance bodies can lead to less efficient allocation of resources and policy efforts. Another potential problem relates to the continuity of efforts: a strategy that is well embedded in the national governance structures would prevent discontinuity stemming from electoral change.

The value of an aggregate measure, rather than separate indicators, was another topic of discussion. The aggregate measure enables policy makers to compare their country with others and to identify priorities. Specific policy solutions need to be indicator specific. An exclusive focus on individual indicators, rather than on the aggregated measure, runs the risk that interrelations between different areas of older people's lives may be overlooked. Note that the AAI does not offer ready-made solutions, but rather points towards possible courses of action.

One of the challenges in designing active ageing policies is to take conflicting areas into account. It was noted by participants that some indicators reflect areas of people's lives that may be mutually exclusive – devoting more time to paid employment leaves less time for care responsibilities, for example. In terms of the AAI this need not be a problem, as the indicators measure any form of labour market involvement and care responsibilities,

and thus do not assume full-time involvement in either of those activities. However, when designing policies aimed at the promotion of either, policy makers need to be aware of possible frictions and potential deleterious consequences for the well-being of older people.

Another critical issue raised in the discussion refers to freedom of choice versus necessity as the driving force behind older people's participation. Employment may result from personal preference for labour market participation, but it may also reflect a difficult financial situation or a lack of proper pension provision. Similarly, intensive involvement in care responsibilities can come about because of severe shortages of formal care services, rather than as a result of personal preference.

The involvement of stakeholders in the process of developing active ageing policies led to much discussion. All participants agreed that older people are the primary stakeholder. The principle "nothing about you without you" is already practised in many countries, and older people play an active part in the policy consultations. However, as was pointed out in the discussion, active ageing strategies affect all generations, and thus the consultation process needs to be extended to other age groups. Other important stakeholders include employers and trade unions (pension contributions are linked to earnings from work), as well as the providers of services that need to be better tailored to the needs of ageing populations (housing providers and transport operators). Last but not least, academic researchers, as independent and objective actors, have the important role of identifying factors that lead to active ageing outcomes. The representatives of regions pointed out that regional and local stakeholders or politicians are hesitant about becoming involved in active ageing dialogues, and activating them is a challenging task.

Methodological issues

One issue that requires careful attention is the availability of the data necessary to compute a regional AAI. Although the original AAI is based on comparable and good-quality pan-European surveys, data at the regional level are not readily available. One possible solution would be to involve older volunteers in collecting data at the local level. To ensure comparability between locally collected data, standard modules for local questionnaires need to be designed. Another solution might be to use administrative data (such as census data) that are available at the regional level. Flexibility about data sources and the use of particular indicators could prove fruitful. The advice is "flexibility with fidelity". The adaptation of particular indicators might restrict comparison between countries; nevertheless, it allows the necessary monitoring tool to be built to assess active ageing at lower geographical levels.

When computing the AAI at the regional level, one would ideally look at gender differences. Active ageing covers different aspects of participation in society, and participation patterns are gender specific. While men are generally more active in the labour market, women are often involved in caring. Involvement in non-paid activities, although valuable, can lead to lower disposable income, lower pension provision in the future and an increased risk of poverty. Availability of data at the regional data can help trace such disparities and sources of inequality in ageing.

The AAI would also benefit greatly from the use of longitudinal data, enabling policy makers to deal with cohort effects and to account for the effects of migration or economic recession.



Efforts in this direction have already been undertaken by the AAI team, and the AAI for 2014 is now available, allowing comparison between 2012 and 2014. In addition, computation for earlier time points is in progress.

Yet another topic of discussion related to the weights assigned to the four domains. Participants debated the heavy weight assigned to the employment indicators. In their view, active ageing is not only reflected in labour market participation: older people can contribute to society in other areas, such as care or voluntary work. With the heavy emphasis on employment, other aspects – such as lifelong learning or physical activity – only contribute to the AAI score in a moderate way. Nevertheless, they are highly relevant conditions for active participation in society.

A comparison with the Global AgeWatch Index, developed by HelpAge International, was also made. There is overlap between the two indices, but their scope is different: the Global AgeWatch Index reflects the well-being of older people, rather than their participation in society. Some of the overlapping indicators are grouped differently, and the Global AgeWatch Index includes different indicators (such as transport), leading to different country rankings. Given the difference in focus, the two indices complement each other, as one focuses on the extent to which older people can realise their potential for participation in economic and social life, while the other focuses on the well-being they experience.



F. Conclusions and lessons learned

The key learning elements derived from the peer country questionnaires and the discussion during the Peer Review are briefly summarised below.

AAI as a policy-making tool

The AAI has gained recognition as a policy-making tool. Among countries present at the Peer Review, the AAI proved most interesting to the Central and Eastern European countries. For those countries, the AAI came into being as they were struggling to find an answer to challenges posed by demographic changes. The presentation of the AAI intensified national discourse on ageing and guided the development or adjustment of active ageing strategies. Central and Eastern European countries occupy the bottom positions in the AAI ranking, but those disappointing results have served as an impetus for analysis and discussion. Moreover, in response to the AAI, some governments have come to see the necessity of investing in data collection at regional or local levels. AAI applications have also mobilised efforts to develop the tool further and to trace disparities in active ageing between regions.

In countries that already have active ageing strategies in place, the advantage of the AAI is not clear. At the same time as designing their strategies, those countries often developed different, but related, monitoring frameworks.

Active ageing strategies – work in progress

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Many countries are still in the process of developing or adjusting their active ageing strategies. The focus on employment and health remains, but gradual changes in focus are being observed. The AAI highlights the fact that active ageing also includes social integration and non-monetary contributions by older adults to society, and those aspects need to be considered when policies are being designed.

Employment is important

The heavy focus on employment within the AAI framework was questioned by participants. Assigning employment such an important role in the AAI is relevant for two reasons. At the macro level, higher participation rates in a country lead to higher tax revenues and contribute to the sustainability of the welfare system. At the micro level, for employed individuals participation in the labour market translates into higher pension entitlement, which reduces the risk of old age poverty. However, as noted previously, one needs to bear in mind that other domains are important for non-monetary reasons, such as social integration.

Use of the composite index and separate indicators

The choice of whether to use the composite index rather than separate indicators depends on the intended goal. The aggregate measure is suitable for comparison between countries and for identifying priorities at the domain level. However, when specific solutions are needed, one has to look at specific indicators in order to design appropriate policy measures.



Focus on gender differences

The AAI results reveal gender disparities in active ageing experiences at the country level. Further analyses of AAI scores and underlying policies (or the lack thereof) can help target problems and future risks that ageing populations face – especially women. While national regulations might facilitate or require women’s earlier exit from the labour force, their lower participation in the employment domain results in lower pension benefits and a higher risk of poverty. The holistic approach applied by the AAI reveals the complexity and the different dynamics of active ageing for men and women, and identifies sources of gender inequality in later life.

Coordination is important

Some countries lack the administrative bodies to coordinate policy efforts aimed at increasing the active ageing potential of older people. An overarching governance entity facilitates the organisation and continuity of policy efforts, as well as ongoing dialogue with stakeholders.

Stakeholder involvement

Good communication with stakeholders and their involvement in policy design are important conditions for the successful implementation of active ageing strategies. Policy makers are well advised to focus not only on older people, but on younger folk too, as they are the older adults of the future. Though the older people’s councils that have been established in many regions and countries are valuable initiatives, one needs to bear in mind that active ageing starts early in life, and that current approaches to active ageing will also affect how younger people age. The involvement of stakeholders other than organisations for older persons – employers, service providers and other non-profit organisations – is essential, and many countries have shown that, in the process of developing their active ageing strategies, a broad array of stakeholders may be consulted. Yet, more efforts are needed to activate stakeholders at the local and regional levels.

Regional and local focus

An increasing share of services and policies is being organised at the regional and local levels. Recognition of the growing role of local policy makers and authorities is key to the successful application and implementation of active ageing policies.

AAI in regional perspective – flexibility with fidelity

Application of the AAI at the regional and local levels has been gaining in importance, and is increasingly being recognised as a tool that can facilitate policy dialogue. From the methodological point of view, some flexibility in the measures applied is permissible, so long as the larger conceptual framework remains intact: “flexibility with fidelity”. Successful use of the AAI in regional perspective requires investment in data collection. Only then can the common practical obstacle to computation of the regional AAI be overcome, and only then will the identification of regional differences (such as rural/urban distinctions) become possible.

G. Contribution of the Peer Review to Europe 2020 and the Social Investment Package

The discussions and learning points presented during the Peer Review regarding the application of the AAI, either in national or regional perspective, are likely to contribute to several initiatives at the European level. The first initiative is the Europe 2020 Strategy for Smart, Sustainable and Inclusive Growth, which aims at promoting healthy and active ageing to increase social cohesion and to yield higher productivity (European Commission, 2010). Within the Europe 2020 Strategy, two main targets are directly linked to the ageing population – increasing the employment rates of those between the ages of 20 and 64, and reducing the risk of poverty and social exclusion – including among older people.

Policy makers dealing with the implementation of Europe 2020 and its targets can benefit from application of the index: the AAI includes indicators that are closely related to the priorities of Europe 2020 – in the field of employment, lifelong learning and social inclusion (volunteering, helping family, participation in public life) and poverty of older people. Examination of the values of the index can help define the untapped potential of older people in each European country and, consequently, to create or help adapt policies that can contribute to greater promotion of healthy and active ageing. Specifically, by directing the efforts to promote the labour market participation of older people, the AAI contributes to the Agenda for New Skills and Jobs – a flagship initiative designed to meet the targets of Europe 2020 in terms of employment. Likewise, promoting policies to improve the financial situation of older people contributes directly to the European Platform against Poverty and Social Exclusion – a flagship initiative designed to meet the targets of Europe 2020 in terms of poverty. This, in turn, contributes to the inclusive growth that is advocated by the Europe 2020 Strategy. Calculation of the AAI for other time points will help establish the effect of policies aimed at achieving those goals and will allow analysis of the factors that affect older people's participation patterns.

The AAI could also be used as a tool to measure the efforts made under the European Innovation Partnership on Active and Healthy Ageing (an initiative to promote innovative responses to ageing in Europe).⁹ The AFE-Innovnet network¹⁰ – a network of local and regional authorities and stakeholders that aims at creating age-friendly environments and at promoting active and healthy ageing – could benefit greatly from the AAI in regional perspective, as this tool would allow innovative solutions to create age-friendly environments to be applied in regions most in need of them. AFE-Innovnet regards the AAI as an important tool for the evaluation and assessment of age-friendly strategies.

The AAI and its application are aligned with the Social Investment Package (SIP), a policy response of the European Commission that supports the idea that investing in people's skills and capacities will allow their fruitful participation in employment and social life, generating economic and societal returns (European Commission, 2013). One of the challenges referred to in the SIP relates to the sustainability of welfare systems threatened by demographic changes. With reference to older people, the Social Investment Package stressed the

⁹ <http://www.healthyageing.eu/initiatives/european-policies-and-initiatives>

¹⁰ <http://www.afeinnovnet.eu/>



importance of health and active ageing policies in enabling people to make the most of their potential (European Commission, 2013). The AAI is a tool that accurately displays which aspects of active ageing require policy interventions, enabling well-targeted policy responses. Participants in the Peer Review recognised that the AAI (current calculations, as well as those in future, when information for successive time points becomes available) offers policy makers an excellent tool for the interpretation of the impact of various policies on older people's participation in society, their families and the economy.



References

Council of the European Union, 2012. Council Declaration on the European Year for Active Ageing and Solidarity between Generations (2012): The Way Forward. Available at: <http://register.consilium.europa.eu/doc/srv?l=EN&f=ST%2017468%202012%20INIT>

European Commission, 2002. Europe's response to world ageing: Promoting economic and social progress in an ageing World. A contribution of the European Commission to the 2nd World Assembly on Ageing. Available at: http://europa.eu/legislation_summaries/employment_and_social_policy/disability_and_old_age/c11910_en.htm

European Commission, 2005. Green Paper Improving the mental health of the population: Towards a strategy on mental health for the European Union. Available at: http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf

European Commission, 2010. EUROPE 2020 A Strategy for smart, sustainable and inclusive growth. Available at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:2020:FIN:EN:PDF>

European Commission, 2013. Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014–2020. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Available at: <http://ec.europa.eu/social/main.jsp?catId=89&langId=en&newsId=1807&moreDocuments=yes&tableName=news>

European Commission, 2014. Policy roadmap for the 2014 Implementation of the Social Investment Package. Available at: <http://ec.europa.eu/social/main.jsp?catId=1044&langId=pl&newsId=1807&moreDocuments=yes&tableName=news>

Keck, W. and Saraceno, C., 2010. Caring for a parent while working for pay in the German welfare regime. *International Journal of Ageing and Later Life*, 5(1), pp. 107–138.

Perek-Bialas, J. and Mysinska, E., 2013. Indeks aktywnego starzenia w ujęciu regionalnym. Department of the Senior Citizens Policy, Ministry of Labour and Social Policy.

Riley, M.W. and Riley, J.W., 1994. Age integration and the lives of older people. *The Gerontologist*, 34(1), pp. 110–115.

United Nations, 2002. Political declaration and Madrid International Plan of Action on Ageing. Available at: <http://undesadspd.org/Portals/0/ageing/documents/Fulltext-E.pdf>

World Health Organization (WHO), 2002. Active ageing: a policy framework. Available at: http://www.who.int/ageing/publications/active_ageing/en/

World Health Organization (WHO), 2010. Interim first report on social determinants of health and the health divide in the WHO European Region. Available at: http://www.euro.who.int/__data/assets/pdf_file/0003/124464/E94370.pdf



Zaidi, A., Gasior, K., Hofmarcher, M.M., Lelkes, O., Marin, B., Rodrigues, R., Schmidt, A., Vanhuysse, P. and Zolyomi, E., 2013. Active Ageing Index 2012: Concept, Methodology and Final Results. EC/UNECE, Active Ageing Index Project, UNECE Grant ECE/GC/2012/003. European Centre for Social Welfare Policy and Research, Vienna.





Appendix

Table 1. The overall and domain-specific AAI, by country

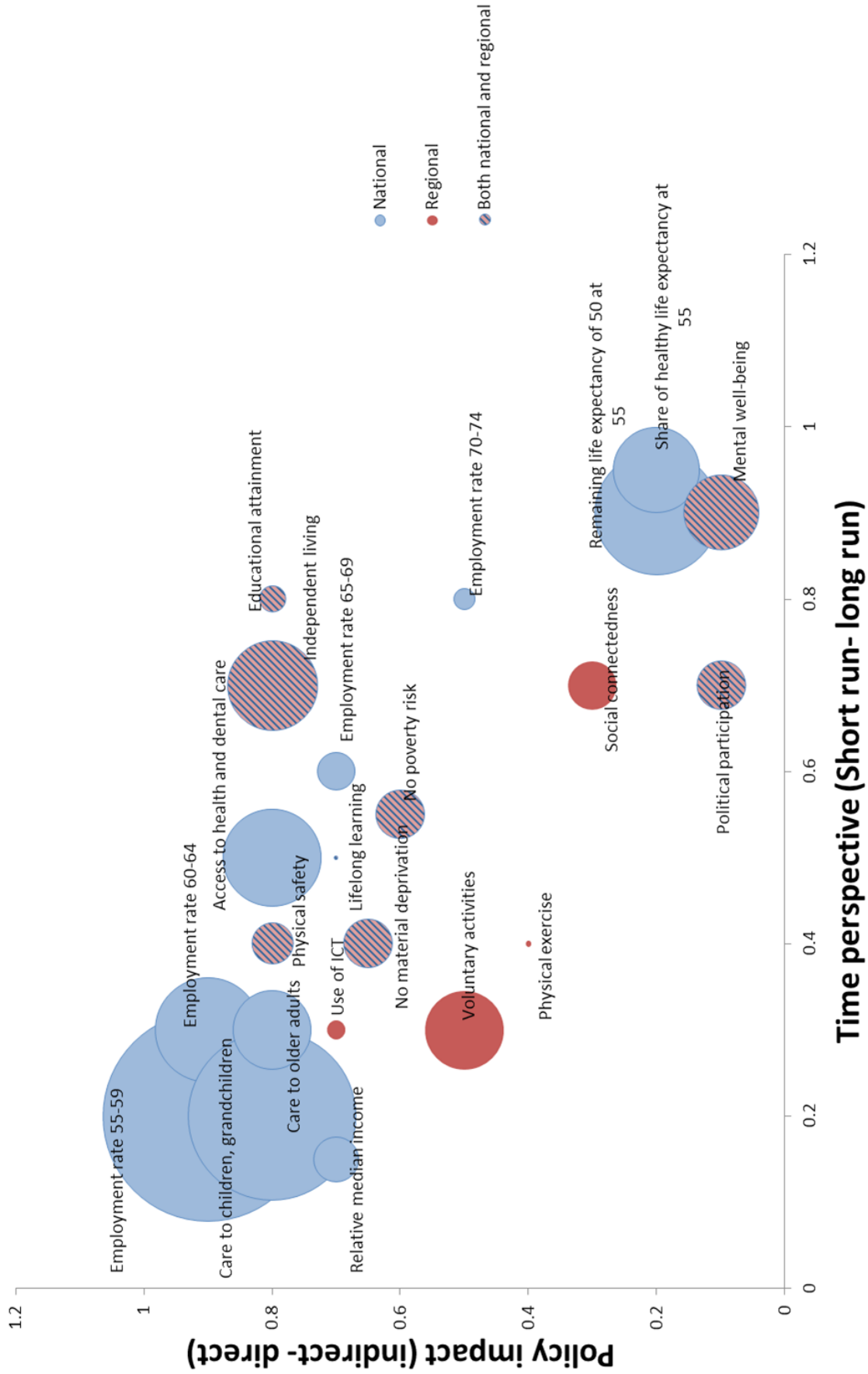
OVERALL			Employment			Participation in society			Independent, healthy and secure living			Capacity and enabling environment for active ageing		
Rank	Country	Value	Rank	Country	Value	Rank	Country	Value	Rank	Country	Value	Rank	Country	Value
1	Sweden	44.0	1	Sweden	41.0	1	Ireland	25.2	1	Denmark	79.0	1	Sweden	69.5
2	Denmark	40.2	2	Cyprus	36.1	2	Italy	24.1	2	Sweden	78.7	2	Denmark	66.7
3	Ireland	39.4	3	UK	35.5	3	Luxembourg	22.6	3	Netherlands	77.7	3	Netherlands	61.6
4	UK	39.3	4	Portugal	35.3	4	Sweden	22.6	4	Finland	76.6	4	Luxembourg	61.6
5	Netherlands	38.9	5	Estonia	34.4	5	France	22.4	5	Germany	75.8	5	UK	61.4
6	Finland	38.8	6	Denmark	34.0	6	Netherlands	22.4	6	UK	75.7	6	Ireland	60.8
7	Cyprus	36.3	7	Finland	32.0	7	Finland	22.4	7	Ireland	75.7	7	Finland	60.7
8	Luxembourg	35.1	8	Romania	31.4	8	Austria	21.4	8	Luxembourg	74.7	8	Belgium	60.3
9	Germany	35.0	9	Netherlands	31.4	9	Belgium	20.4	9	France	74.6	9	France	57.8
10	Austria	34.9	10	Germany	31.2	10	Denmark	20.1	10	Slovenia	74.4	10	Austria	57.5
11	Czech Rep	34.3	11	Ireland	31.0	11	UK	20.0	11	Czech Rep	73.8	11	Germany	56.2
12	France	34.2	12	Latvia	28.3	12	Czech Rep	19.4	12	Belgium	73.4	12	Spain	56.1
13	Portugal	33.5	13	Lithuania	27.4	13	Cyprus	18.7	13	Austria	73.0	13	Malta	56.1
14	Belgium	33.5	14	Czech Rep	26.4	14	Spain	18.3	14	Hungary	71.9	14	Czech Rep	54.4
15	Italy	33.3	15	Austria	24.6	15	Malta	18.2	15	Lithuania	70.6	15	Italy	52.8
16	Estonia	33.1	16	Bulgaria	24.6	16	Slovenia	16.7	16	Romania	70.1	16	Bulgaria	51.7

17	Spain	32.5	17	Greece	24.4	17	Hungary	16.1	17	Malta	70.1	17	Cyprus	51.1
18	Lithuania	31.6	18	Spain	23.3	18	Lithuania	15.3	18	Estonia	70.0	18	Portugal	50.8
19	Malta	31.0	19	Slovenia	21.6	19	Germany	14.9	19	Italy	69.9	19	Slovenia	48.8
20	Romania	30.9	20	Luxembourg	21.1	20	Portugal	14.3	20	Cyprus	69.1	20	Lithuania	47.9
21	Slovenia	30.6	21	France	21.0	21	Greece	14.2	21	Poland	67.5	21	Estonia	47.1
22	Latvia	30.2	22	Italy	20.9	22	Latvia	13.9	22	Spain	67.3	22	Poland	46.7
23	Bulgaria	30.0	23	Slovakia	20.1	23	Slovakia	13.7	23	Slovakia	67.0	23	Greece	46.7
24	Greece	29.3	24	Poland	19.8	24	Estonia	13.3	24	Portugal	66.7	24	Slovakia	45.9
25	Hungary	28.2	25	Belgium	19.8	25	Romania	12.9	25	Greece	65.2	25	Hungary	45.9
26	Slovakia	27.7	26	Malta	18.3	26	Bulgaria	12.9	26	Bulgaria	65.2	26	Latvia	45.4
27	Poland	27.3	27	Hungary	17.8	27	Poland	12.2	27	Latvia	63.2	27	Romania	42.0





Figure 4. The AAI indicators for the EU



European Commission

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Host country: **Poland**

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Managing population ageing relies on having the right tools to monitor the impact of a wide range of policies. The Active Ageing Index (AAI) combines 22 indicators covering four dimensions: including active ageing outcomes, namely employment; participation in society; independent, healthy and secure living; as well as capacity and enabling environment for active ageing.

All EU countries face the problem of how best to tap the potential of older people. The AAI figures in the roadmap for implementing the Social Investment Package as a tool that can help Member States invest better in the skills and capacities of older people. It is important to see whether a regional AAI could be a useful extension to this.

