

Peer Review Active Ageing Index at the local level (Berlin, 14–15 April 2016)

Active Ageing Index at the local level as a tool for better- designed age-related policies¹

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1. Introduction

This discussion paper aims to introduce readers to the idea of how an Active Ageing Index (AAI) at the local level could be used to improve the design of various age-related policies. In order to see how the AAI could be applied at the local level, it is necessary to understand the overall concept and measurements; to present a short overview of the related European policy context which supports the idea of an index; and to offer examples from some European countries where an AAI is calculated. Therefore, this initial discussion paper – drawn up prior to the Peer Review, which will take place in Berlin in April 2016 – will briefly outline some of the key information mentioned above. It also seeks to present the way in which the index is applied at the sub-national level (in Poland), and to raise questions that should stimulate discussion during the Peer Review.

2. Setting the scene – overview of the related European policy context

2.1. The Active Ageing Index

During the European Year for Active Ageing and Solidarity across Generations (EY 2012), in 2012, for the first time the Active Ageing Index (AAI) managed to operationalise the multidimensional concept of active ageing, which up until then had been considered only theoretically (see ActivAge Consortium, 2008; WHO, 2002; UN, 2002; Walker, 2002; Walker and Maltby, 2012). The work undertaken within the joint management project of the European Commission's Directorate General for Employment, Social Affairs and Inclusion (DG EMPL) and the United Nations Economic Commission for Europe (UNECE) by experts from the European Centre for Social Welfare Policy and Research in Vienna, Austria (led by Professor A. Zaidi), in consultation with the Expert Group on the Active Ageing Index produced a tool that tried to paint an overall country picture of the level of use that is made of the potential of older generations. As a reminder, the overall aim is to: 'measure the untapped potential of older people for active and healthy ageing across countries. It measures the level to which older people live independent lives, participate in paid employment and social activities as well as their capacity to actively age' (UNECE/European Commission, 2015, p. 13). This composite indicator has been extensively developed since 2012 (the 1st Phase of the project from January 2012 to 2013), and has been supported by the Expert Group (see link to the UNECE web page)² with further analysis during the 2nd Phase (from 2013 to

¹ Prepared for the Peer Review in Social Protection and Social Inclusion programme coordinated by ÖSB Consulting, the Institute for Employment Studies (IES) and Applica, and funded by the European Commission.
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² <http://www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home>



the end of 2016). This tool contains 22 indicators (Table A1 in the Annex gives the original indicators of the AAI), which were calculated at the country level and by gender. The unique feature of the tool is that the whole concept is presented as a single composite indicator, shown in Table 1 below.

Table 1. Conceptual framework of the domains of the Active Ageing Index

Employment/labour market	Participation in society
Independent, healthy and secure living	Capacity and enabling environment for active ageing

Source: Zaidi et al. (2013).³

Each domain can be analysed and interpreted separately, as can each indicator in a specific domain. However, there are some domains, such as *Employment*, which are related to only one type of indicator, i.e. the employment rate for various age groups. In this way just two policies – labour market and pension policy – largely determine the value of this overall domain indicator. However, other domains, such as Domain 3: *Independent, healthy and secure living*, include various types of indicators, and analysis of changes of values in those domains is more challenging, as no single policy is responsible for the increase or decrease. It is also not so obvious which level of policy (national, regional or local) bears the greatest responsibility for the score in that domain.

Currently, results are available for the AAI for three periods (2010, 2012, 2014).⁴ These allow us to see certain changes in the indicator values that are not yet significant, but that show clear differences between the genders (see Table 2).

Table 2. Values and changes in the AAI over time, by gender, in selected countries⁵

Country	2010	2012	2014	Change/Overall	Change (Men-Women)
Finland	36.9	38.3	39.0	2.1	1.4 2.7
Germany	34.3	34.3	35.4	1.1	0.4 1.7
Estonia	33.4	32.9	34.6	1.2	-0.6 1.7
Italy	30.1	33.8	34.0	4.0	3.8 2.7
Malta	28.0	30.6	31.5	3.5	4.4 2.3
Romania	29.4	29.4	29.6	0.3	-1.1 1.3
Poland	27.0	27.1	28.1	1.1	0 2.1
Greece	28.7	29.0	27.6	-1.1	-2.0 -0.2

Source: UNECE/European Commission (2015, p. 33).

³ <http://www1.unece.org/stat/platform/download/attachments/76287837/activeageingindex.pdf?version=1&modificationDate=1366286568393>

⁴ However, it should be added that for some indicators, the data come from previous years, due to a delay in the delivery of the data; for example, the results are not actually for 2014 – they are calculated on the basis of data from 2012, but are issued in 2014. In this way, the effect of some reforms implemented could appear after two years, so follow-up analysis is needed.

⁵ Only those countries that have confirmed participation in the Peer Review in Berlin.



In terms of the advantages offered by the AAI at the country level, this system allows us to determine how rapidly countries are changing in the way they utilise the untapped potential of the ageing population. In this context, it is important to consider not only the ranking of countries; the system further enables us to see whether or not the position of a particular country changes if a reform is introduced. Another advantage of the AAI is that the concept can readily be grasped: it provides an easy method of evaluating which policy should be changed or improved. In this way, low values of the AAI should definitely help policy makers see how ineffective policies and programmes should be changed and adapted in the light of needs identified. As a reminder, the 'overall goal of the AAI project is to identify what different policies and programmes can be followed in different contexts across countries to promote the contribution and potential of older people' (UNECE/European Commission, 2015, p. 10).

Extensive exercises of this sort always involve debate about what should be included, why and how – in this case in the overall AAI. Such discussion addresses the expectations of scientists and experts; however, there are limits in terms of the use of the AAI in day-to-day practice for those who design, implement and monitor a concrete policy related to the active ageing domains. For example, for many stakeholders it is not easy or possible to apply the knowledge directly to policy. But it is crucial to stress that, in seeking a more coherent policy on ageing populations (OECD, 2015), we cannot focus on just one aspect (such as labour market policy); other aspects must also be addressed, and these could demonstrate the scale of the potential of older persons in society (e.g. not necessarily via labour market participation, but perhaps by caring for others, given the lack of available care infrastructure).

There are certain accepted principles that are applied in this work: *comparability, sustainability, objectivity, measuring outcomes, focus on current generation of the older people, geographical coverage and flexibility*. For overall discussion of the application of the AAI at the local level, these could also be important. If there is a plan to calculate the AAI at the local level, it should be considered whether these principles can be fulfilled.

There are a few examples of how the AAI is used directly in European countries – for example, in strategic documents related to ageing populations. This aspect was also linked to policy governance, as presented and discussed during a Peer Review in Poland in 2014 (Karpińska and Dykstra, 2014). Mention might be made here of the 'National Strategic Policy for Active Ageing: Malta 2014–2020' (Government of Malta, 2014), where the national government of **Malta** refers to the AAI as a tool that guided preparation of that country's National Strategic Plan. In the **Czech Republic**, too, extensive work has been carried out to link AAI indicators with the Strategy of Social Inclusion 2014–2020 within the Europe 2020 Framework; this has involved more than 20 strategic documents, including the National Action Plan for Positive Ageing 2013–2017 (seminar in Brno, November 2015). And thanks in particular to EY 2012, the **Polish** government managed to design and promote programmes to boost the contribution and potential of older people; this was directly linked to the country's low AAI score (Breza and Perek-Biafas, 2014).



2.2. Contribution of the AAI to EU policy priorities and initiatives⁶

Demographic changes were acknowledged as a serious challenge for the EU in the **Lisbon strategy**,⁷ which called for an increase in the employment of older workers. As a follow-up, three targets of the EU 2020 Strategy⁸ are related to the issues of demographic change. The Innovation Union also belongs among the flagship strategies within Europe 2020 with the **European Innovation Partnership on Active and Healthy Ageing**,⁹ which fosters innovation to increase healthy life expectancy. Earlier, back in 2005, an intensive debate on the subject was initiated by the Commission, with the Green Paper '**Confronting demographic change: a new solidarity between the generations**'.¹⁰ A family policy that took account of demographic changes was also launched in 2007: '**Promoting solidarity between the generations**'.¹¹ Social aspects of the labour market and long-term care needs of ageing workers were the most important topics discussed by the Commission in the document '**Renewed social agenda**'.¹²

The year 2012 was proclaimed the **European Year for Active Ageing and Solidarity between Generations** (Decision 940/2011/EU).¹³ This initiative sought to change attitudes towards older people, by engaging all levels of society in an effort to offer older people better opportunities to remain active and to participate as full members of society alongside the younger generations. Responding to the European Year for Active Ageing and Solidarity between Generations, the European Economic and Social Committee proposed numerous initiatives related mainly to issues faced by older citizens. The Committee identified four areas that are crucial for active ageing policies implemented at the regional level. These include: *access to social services; mobility and accessibility of transport; adapted housing for the ageing population; and participation in community activities*. And **Guiding Principles for Active Ageing and Solidarity between Generations** were elaborated by the Social Protection Committee and the Employment Committee, with the following aim: 'The legacy of the European Year 2012 needs to be preserved and further developed at European, national, regional and **local** level, along the lines outlined in the Guiding Principles for Active Ageing and Solidarity between Generations.'¹⁴ These principles are worth recalling, in order to see how they are linked to the AAI tool, which could be further developed at the local level (Table 3).

⁶ See the relevant documents from the ADAPT2DC project, in which the author was involved, for a more extensive overview of how European institutions are dealing with demographic change, and with ageing in particular: <http://www.adapt2dc.eu/adapt2dc/homepage.htm>

⁷ http://cordis.europa.eu/programme/rcn/843_pl.html

⁸ http://ec.europa.eu/europe2020/index_en.htm

⁹ http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing

¹⁰ http://ec.europa.eu/employment_social/social_situation/green_paper_en.html

¹¹ <http://www.eesc.europa.eu/?i=portal.en.soc-opinions.14321>

¹² <http://eur-lex.europa.eu/legal-content/PL/TXT/?uri=uriserv:em0010>

¹³ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32011D0940>

¹⁴ <http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=1743&furtherNews=yes> (emphasis added).



Table 3. Guiding Principles for Active Ageing and Solidarity between Generations with a link to local level impact/responsibility

Dimension	Actions	Possible local level responsibility
Employment	Continuing vocational education and training	+
	Healthy working conditions	+
	Age management strategies	+
	Employment services for older workers	+++
	Prevent age discrimination	+
	Employment-friendly tax/benefit systems	++ (if taxes at local level)
	Transfer of experience	+
	Reconciliation of work and care	+
Participation in society	Income security	+ (additional support)
	Social inclusion	+++
	Senior volunteering	+++
	Life-long learning	++
	Participation in decision making	+++
	Support for informal carers	+
Independent living	Health promotion and disease prevention	+
	Adapted housing and services	+++
	Accessible and affordable transport	+++
	Age-friendly environments and goods and services	+++
	Maximising autonomy in long-term care	+

+ small impact/responsibility (if at all) of local level

++ medium impact/responsibility of local level

+++ high impact/responsibility of local level

In addition, the **Social Investment Package** is an integrated policy framework that takes account of the social, economic and budgetary divergences between Member States and that focuses on: 1) ensuring that social protection systems respond to people's needs at critical moments throughout their lives; 2) simplified and better-targeted social policies, to provide adequate and sustainable social protection systems; and 3) upgrading active inclusion strategies in the Member States (among other things, training and job-search assistance, housing support and accessible health care). To stress the role of better monitoring of the integrated policy, in the Policy Roadmap for the implementation of the Social Investment Package there is a direct link about development of the Active Ageing Index (in the part on 'Streamlining governance and reporting', on p. 10).¹⁵

However, even earlier, the European Parliament and the European Economic and Social Committee drew attention to the **regional dimension of demographic challenges** and to their importance for the EU cohesion policy: '[R]egions with declining populations consisting mainly of senior citizens will face difficulties in supplying essential public goods and services, such as health care, housing, urban planning, transport and tourism services.'¹⁶ The European Commission called on Member States to ensure that operational programmes support regional initiatives to meet the demographic challenges. Explicit measures designed to be carried out at the regional level and related to demographic ageing are included in the document '**Regions for economic change**'.¹⁷

¹⁵ <http://ec.europa.eu/social/main.jsp?catId=1044&langId=en&newsId=1807&moreDocuments=yes&tableName=news>

¹⁶ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52006DC0571>

¹⁷ http://ec.europa.eu/regional_policy/archive/cooperate/regions_for_economic_change/index_en.cfm



In this part of the discussion paper, it is also important to recall the **Age-Friendly Environment Innovnet** (AFE Innovnet).¹⁸ This thematic network on innovation for age-friendly environments was an EU-funded network which ran from February 2014 to January 2016. It highlighted the role of AGE Platform Europe, which has coordinated the network with the aim of mobilising a large community of local and regional authorities, and other stakeholders, committed to making the EU more age-friendly. As a result, thanks to the **Covenant on Demographic Change**, all local, regional and national authorities, and other stakeholders can commit to cooperating and implementing evidence-based solutions in support of active and healthy ageing, as a comprehensive answer to Europe's demographic challenge.

3. Application of the AAI at the sub-national level

3.1. Poland

The lack of an active ageing policy in Poland was noticed long before 2012 (for a comparison of Poland and the Czech Republic in their active ageing policies, see Perek-Białas, Ruzik and Vidovičová, 2006; Ruzik, Perek-Białas and Turek, 2013). For Poland, EY 2012 could be regarded as an obvious starting point for various government initiatives in the area of an active ageing policy for senior citizens at the national, regional and local levels:

- Government Programme for 50+ – labour market participation of 50+ and 60+;
- Government Programme on social participation 2014–2020;
- Long-term senior policy approach 2014–2020.¹⁹

Poland's low score in the first edition of the AAI (Zaidi et al., 2013) provided an incentive to try to see what the value of the AAI was at the lower, regional level, and whether the differences between regions were significant – after all, these had ultimately contributed to the low AAI value at the country level. The idea behind a regional AAI for Poland was to identify those regions where active ageing is weakly supported, so that regional and local authorities can be encouraged to intervene and possibly make changes to the policy. The Polish research project of preparing a regional AAI for Poland followed the original approach of the Active Ageing Index, and also consisted of four domains. The Polish regional extension of the AAI (first in 2013, and then at the end of 2014 – Perek-Białas and Mysińska, 2013; Perek-Białas and Zwierzchowski, 2014) intended to present the main differences between AAI scores not only at the national level, but also (or mainly) at the regional.

The idea was topical, since there was an open question over how best to use the European Structural Funds under the regional operational programmes. If necessary, these can include actions in support of the active ageing concept (depending on the goals and priorities of different regions, regional operational programmes can differ across various domains).

In Poland's 16 voivodships the regional governments are responsible for many aspects of the various policies on seniors and active ageing. The objective of this study is also to determine whether the output of such analysis could somehow be used by regional policy makers to improve the planning of regional-level interventions in the domains of active ageing. Analysis of the AAI across countries needs to take account of different welfare regimes, which can lead to obvious and predictable differences between countries. If we undertake such an analysis for only

¹⁸ <http://www.afeinnovnet.eu/about/objectives>

¹⁹ www.senior.gov.pl



one country, with the same welfare regime and national policies, the differences between regions should not be so apparent.

The research showed that in some areas specific data (the same indicators as in the original approach) are not available, and so the final concept differs from the original approach – for instance, data on employment rates among citizens over 70 are not included.²⁰ Research was mainly based on data from the Central Statistical Office or nationwide representative surveys, such as *Social Diagnosis (Diagnoza Społeczna)*. In the first wave, the data used came mostly from 2010 and 2011, as in the original index, in order to create a baseline year before EY 2012. This could then be treated as a starting point from which to monitor changes in domains over one, two or more years, especially after the interventions which began in EY 2012. The monitoring work could also be used to identify innovative policies and programmes that promote active and healthy ageing.

Advantages

Variations in the AAI (see Table A2 in the Annex) reveal what works better and where. We can analyse the AAI and take account of what is missing, in order to utilise the untapped potential of older citizens at the regional and the local level in Poland; we can also identify the areas in which regions should intervene and take steps to change the regional position (Perek-Białas and Mysińska, 2013; Perek-Białas and Zwierzchowski, 2014). The regional AAI provides a tool and shows the approach an individual region should take to be more age-friendly in various domains, as well as how it could change its position compared to other regions of Poland. That will then enable Poland to improve its overall position in the European ranking of active ageing indicators.

Limitations

In the Polish version, because of the lack of data at the lower level of analysis, it was not possible to use the same indicators as in the AAI. This hinders the direct overall regional use of the AAI in Poland. The EU-SILC is run frequently in Poland and could be the best basis for calculating some AAI indicators; however, the results at the NUTS-2 level (regions/voivodships) are biased. This is because the sample size of people aged 65+ is small. For this reason, other techniques for collecting the information were considered for future testing (like Small Area Estimation).

At the European level, it is possible to analyse EU-SILC data (for example) on the basis of what is revealed in cross-country comparisons; but it is not yet possible to apply these indicators (e.g. material deprivation) directly at the regional level, because of methodological problems (as was shown by the Polish example). And currently available data, such as *Social Diagnosis* (see above) cannot be used instead.

The research into a Polish AAI sought to answer a key question: is it possible to adapt the original concept of AAI to our Polish regional perspective, so that comparison is possible not only between countries but also between regions within the country? The aim was then to test whether this tool could be used in policy making. So far it does seem to be useful, but as has been shown (Perek-Białas, 2014), we need to think how to calculate some indicators better (e.g. the material

²⁰ It should be emphasised that this presentation of the Polish extension of the AAI in a regional perspective refers to the first analyses, which were prepared using data from 2011. The new updated version of the regional AAI is now available; in this second edition 'no poverty risk' was calculated, but 'no material deprivation' could not be obtained (Perek-Białas and Zwierzchowski, 2014; www.senior.gov.pl).



deprivation indicator – and currently self-evaluation of the financial situation has replaced this indicator).

Lessons learned

As regards the **methodology** of regional analysis, there are certain challenges:

- Lack of many data (replacement not always possible)
- No access to some data
- Control of sample size for some variables if they are from surveys
- Weighting (should be adjusted to the specific country context)
- No 'easy' possibility to use the same original variables which we need (like material deprivation)
- No gender perspective possible at the regional level
- Limited possibility to calculate the index by place of residence (urban/rural)

As regards **policy-making issues**, a regional AAI:

- is regarded as a good tool for monitoring overall policies related to the active ageing concept;
- can help in the planning of interventions using the next EU funds (available in Poland in the period 2015–2020);
- is still not recognised, as it is not obligatory (the question arises: should it be?);
- helps in assessing which parts of the country are better on active ageing policy and whether that is correlated with economic performance only (analysis using GDP);
- is of great interest to older citizens (via conferences, publications), but not yet to policy makers (Why not? How could their interest be increased?).

In a follow-up study planned for 2016, every single indicator included in this analysis should be re-checked, evaluated and compared with data from the first and second editions, which will be used in further analysis. The problem is that some data (especially at the regional level) are not available, e.g. data differentiated by gender or by some potentially useful categories (e.g. rural/urban, education, etc.).

Nor is it possible each year to capture all the necessary indicators for the regional AAI in Poland, since many are based on surveys that are not carried out annually. Some data are just not updated as promptly as we need them if we are to design and effectively implement the best possible measures in active ageing policies.

3.2. How has the AAI concept been received and elaborated in Poland?

First, the AAI was used as a basis for the previously mentioned government programmes, which address policies related to the topic of AAI. Secondly, there was a direct reference to the AAI during a meeting of the Parliamentary Commission on Senior Policy in spring 2015;²¹ the Ministry of Labour and Social Policy and the Ministry of Health were asked to present their activities and concrete actions that have the potential to change the situation – and as a result, to improve Poland's position.

²¹ http://www.sejm.gov.pl/Sejm7.nsf/transmisje_arch.xsp%3Frok%3D2015%26month%3D06?page=3&unid=22226E8BA12DFA8FC1257E6900496D55



The finding that Poland has at least noticed the need for tools that can stimulate action is a very concrete consequence of the AAI application. A new **law on older people**²² was passed by Parliament in September 2015: it obliges the government to present an annual report on the situation of older people; the AAI could definitely be included in this analysis.

3.3. How has analysis of AAI at the regional level in Poland been used and how will it be used?

We need to say a few words here about the contribution of the AAI to EU policy priorities and initiatives. In October 2014, a **Peer Review in Poland: the Active Ageing Index and its extension to the regional level** was organised in Cracow.²³ The results of this meeting and other documents (Karpínska and Dykstra, 2014; 2015) provide certain conclusions that could offer a starting point for discussion at the forthcoming Berlin Peer Review and that could help to establish whether anything has changed in this field in any countries; and if so, what that is exactly.

Box 1. Key messages of this Peer Review in Poland

The AAI has been taken up mainly in Central and Eastern European countries that are still in the process of developing active ageing policies. EU recommendations could be helpful in advancing policy in other Member States.

Many active ageing policies are the responsibility of **local** and regional government, and so the AAI can be a useful guide at that level, too. To cope with regional diversity, it should be applied in a flexible way, but should still adhere to the original concepts. It can act as a useful framework for dialogue.

When using the index, it is vital to engage with stakeholders – primarily older people, but also young people, employers, trade unions, service providers and researchers.

While the aggregated index gives policy makers an overview of the way in which a combination of policies affects the contribution that older people make to society and the economy, the 22 individual indicators are also necessary to develop solutions and monitor implementation of specific policy initiatives.

The wide gender disparities that the index reveals show that it is vitally important to take a gender approach to preparing indexes on ageing.

The AAI can also be a useful tool in offering guidance on how best to use European Structural and Investment Funds.

Source: Peer Review web page; Synthesis Report.

Małopolska, where the meeting was organised (Cracow being the capital of that voivodship), offers an example of what can happen at the interface between the regional and the local levels. Together with a group of experts, the Regional Office prepared a publication entitled '**Silver Economy as an opportunity for**

²² <http://dziennikustaw.gov.pl/du/2015/1705/1>

²³ <http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=2099&furtherNews=yes>



Małopolska.²⁴ This contains not only recommendations that directly seek to promote active ageing and consider what should be changed, but also examples of how this change could best be brought about. The publication is intended to be disseminated widely, largely among policy makers at the local level of the region. And there are plans for the AAI for Małopolska to be used in local policy makers' own evaluation of how they can make better use of the potential of older persons.

3.4. The experience of others in applying the AAI

Aside from Poland, there have been a few other examples of the AAI being applied at the sub-national level. These examples were presented for the first time at an international seminar entitled 'Building an evidence base for active ageing policies: Active Ageing Index and its potential', organised by UNECE and the European Commission's Directorate General for Employment, Social Affairs and Inclusion (DG EMPL) in April 2015, in Brussels, Belgium.²⁵ The seminar brought together 150 participants, including researchers, policy makers and representatives of civil society from around the world.

Two sessions were about the use of AAI in non-EU countries and regions. On the subject of sub-national application, it is worth mentioning three presentations:²⁶

- Active Ageing Index: Application to **Spanish** Geographical Scales. An Opportunity to Reflect on the AAI.²⁷
- The Active Aging Index in a southern European region (**Biscay**): Main results and potentials for policymaking.²⁸
- Greying **Italy** across Time, Space and Gender.²⁹

One important conclusion that is relevant to this Peer Review may be cited from the Italian case, which managed to carry out analysis not only at the sub-national level, but also by gender in both 2007 and 2012: 'Our country [Italy] has to target broad margins of improvement in the future, and the AAI, with a regional perspective, might provide sound support to:

- evaluate living conditions at the local level;
- find out gaps in specific areas;
- monitoring the areas of intervention and contribute to active ageing policies' (presentation, slide 22).

Linked to the previous part of this discussion paper, there is an interesting use of various indicators in the **AFE-Network project**,³⁰ which targets the local level directly. Here, some ideas could provide inspiration for local use of the AAI concept in other countries. It is much more complex and diverse than just simple application of the AAI. However, the team members³¹ of this project during

²⁴ https://www.jmpdesign.eu/3D_books/UMWM/Srebrna_Gospodarka/

²⁵ <http://www1.unece.org/stat/platform/display/AAI/International+Seminar>

²⁶ For more information, please see presentations on the web page of the Seminar, <http://www1.unece.org/stat/platform/display/AAI/International+Seminar>

²⁷ Dr Vicente Rodríguez-Rodríguez, Dr Fermina Rojo-Pérez, Dr Gloria Fernández-Mayoralas, Rodrigo Morillo, Dr Joao Forjaz, Dr María Eugenia Prieto-Flores. In this paper, the calculation of Active Ageing Index for Spanish regions was presented.

²⁸ Amaia Bacigalupe, Unai Martín, Yolanda González, Alfonso Unceta, Sergio Murillo.

²⁹ Luciana Quattrocioni, Daria Squillante, Mauro Tibaldi.

³⁰ WHO Global Network of Age-friendly Cities and Communities + Thematic Network Towards an Age-friendly Europe (www.afeinnovnet.eu).

³¹ Rodd Bond, Mireia Ferri Sanz, Willeke van Staaldouin, Jordi Garcés Ferrer, Menno Hinkema.



conference showed how they have made use of elements of the AAI in the framework of SEE-IT (Social, Economic and Environmental Impact Tool), which was developed to assess the impact of AFE initiatives. Furthermore, SEE-IT proposes a simple process, making the AAI usable at low levels and replicable at the European level. It would seem that the AAI offers an analytical framework for further extensions at the regional and local level, as SEE-IT has done. This is one of the first approaches to try to make use of the AAI at the sub-regional level. Looking to the future, it is crucial to have the promised validation of the SEE-IT indicators and to develop online participatory tools for local authorities and older citizens.

4. Conclusions

In summary, it is worth stating that the development of the AAI perspective at the country level has inspired an extension to the sub-national level (region) and now, thanks to the Peer Review in Germany, even to the local level.

In fact, this is in line with many claims concerning a local policy for older people (Błędowski, 2012; Theiss, 2012). The Berlin Peer Review could also provide an opportunity to address the issue of whether AAI is possible at the local level and how it could be linked to such a policy.

Just as the Polish national case in a way motivated analysis at the regional level, so local-level analysis of the AAI discussed at the meeting in Berlin could provide an incentive for other cities or small local units in Europe to employ a tool that shows the extent to which the potential of ageing populations is used. However, it is likely that more needs to be included in this local context (transport, age-friendly facilities, etc.).

Although some policies (labour market policy, pension) linked to the AAI are undertaken at the national level, many **regional** (e.g. education and cultural activities) and **local** initiatives (e.g. opportunities for voluntary activities) can be more important in terms of their contribution to the differences found in the AAI.

That is why it is worth making the effort to convince stakeholders that we also need a tool that could contribute to the development of well-designed, age-friendly policies at the local level. This needs to be discussed using the questions outlined below, in the next section.

5. Questions/issues for debate

- How problematic is it that different countries use different definitions of 'local level' in NUTS, and what are the implications for the Active Ageing Index?

Just to add another aspect in the analysis of AAI at the local level, it should be stressed that the aim of such an 'exercise' should not be just to draw a comparison between the 'local units' of the different countries, since there are country differences in NUTS. Table 4 recalls the simple three-level hierarchical classification based on unified methodological principles; while Table 5 presents examples (for selected countries) of how the same level in the public statistics system (like NUTS-3, NUTS-2, etc.) could vary in different countries, depending on population size.

Table 4. EU NUTS Levels

Level	Minimum Population	Maximum Population
NUTS-1	3 million	7 million
NUTS-2	800,000	3 million
NUTS-3	150,000	800,000



Table 5. Differences between NUTS in EU terms and in selected countries

NUTS level	EU Terms	DE	IT	PL	SI
NUTS-0	Nation	DE – DEUTSCHLAND	IT – ITALIA	PL – POLSKA	SI – SLOVENIJA
NUTS-1	Major socio-economic regions	16 – States (Länder), e.g. Thuringia	5 – Groups of regions (Gruppi di regioni), e.g. Nord-Ovest	6 – Regions (regiony) – groups of voivodships, e.g. Central Region	1 – the same as NUTS-0
NUTS-2	Basic regions for the application of regional policies	39 – Government Regions (Regierungsbezirke), some smaller Länder (=NUTS-1, as Thuringia)	21 – Regions (Regioni), e.g. Piemonte	16 – Voivodships (Województwa) e.g. Województwo Małopolska)	2 – Macroregions (Kohezijske regije) – Vzhodna Slovenija, Zahodna Slovenija
NUTS-3	Small region for specific diagnoses	Districts (Landkreise, Kreisfreie Städte)	107 – Provinces (Province), e.g. Torino	66 – Sub-regions (Podregiony) – groups of districts, e.g. Podregion Katowicki	12 – Statistical regions (Statistične regije), e.g. Gorenjska
LAU-1	Local administrative units 1	1,457 – Collective municipalities (Verwaltungsgemeinschaften)	107 – the same as NUTS-3	379 – Districts (Powiaty), e.g. Powiat Krakowski	58 – Administrative units (Upravneenote)
LAU-2	Local administrative units 2	12,379 - Municipalities (Gemeinden)	8,101 – Municipalities (Comuni)	2,478 – Municipalities (Gminy), e.g. Suszec, and for example city like Cracow/Warsaw	211 – Municipalities (Občine)

Source: based on Annex 1 from the European Strategy for regional responses to demographic changes, <http://www.adapt2dc.eu>

Besides this question, there are several others that could be addressed at the Peer Review in Germany on the AAI at the local level:

- Is active ageing in your country a national, regional or local-level policy? If appropriate, please separate between domains (employment; participation in the society; independent, healthy and secure living; capacity and enabling environment for active ageing; for example: employment = national level; independent living = local level, etc.).
- Are there any programmes, policies, concrete Action Plans which aim at operationalising the concept of active ageing? To what extent is the AAI used in your country?



- Does your country have any examples of analysing active ageing on the local level? Is there a link to the AAI (e.g. are AAI indicators used)? Why/why not? Are there any local initiatives in your country which use the AAI approach (even partly)? (If yes, please describe them.)
- What is the level of political support and awareness of using indicators related to the active ageing domains at the local level in your country?
- What data sources on the situation of older people are widely used in your country (particularly also on local level) in the policy domains covered by the AAI (employment; participation in the society; independent, healthy and secure living; capacity and enabling environment for active ageing)
- What are the key challenges that you face that could limit the use of the AAI in your country at the local level?
- What kind of support (at local, national and EU level) would be needed in your country to support you in the development and application of an AAI oriented approach, particularly at sub-national level?

For example:

- Knowledge, methodology (gained from where?);
- Support in performing analysis, advice (from whom?);
- Sharing knowledge, experience (with whom, in what way?);
- Evaluation of this approach (self-evaluation; external evaluation; advisory board);
- New data (what kind?);
- Financing (what source?);
- Institutional support (from which institutions?);
- Political interest (at European level, national, country and local level);
- Stakeholder awareness, advice, consultation (which? In what way?).



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Annex

Table A1. Indicators selected for the Active Ageing Index

Employment	1.1.	Employment rate for the age group 55–59
	1.2.	Employment rate for the age group 60–64
	1.3.	Employment rate for the age group 65–69
	1.4.	Employment rate for the age group 70–74
Participation in society	2.1.	Voluntary activities (55+)
	2.2.	Care of children, grandchildren (55+, at least once a week)
	2.3.	Care of older adults (55+, at least once a week)
	2.4.	Political participation (55+)
Independent, healthy and secure living	3.1.	Physical exercise (55+, at least 5 times a week)
	3.2.	Access to health and dental care (55+, no unmet need for medical examination, last 12 months)
	3.3.	Independent living arrangements (75+ living in a single household alone or in a couple household)
	3.4.	Relative median income (65+)
	3.5.	No poverty risk (65+)
	3.6.	No severe material deprivation (65+)
	3.7.	Physical safety (55+)
	3.8.	Lifelong learning percentage of older persons aged 55–74
Capacity and enabling environment for active and healthy ageing	4.1.	Remaining life expectancy at age 55, as a share of the target of 50 years
	4.2.	Share of healthy life years in the remaining life expectancy at age 55
	4.3.	Mental well-being (55+)
	4.4.	Use of ICT (55–74)
	4.5.	Social connectedness (55+)
	4.6.	Educational attainment of older persons (55–74)



Table A2. Overall regional Active Ageing Index in Poland (the original weighting system)

Regions		2013 (1st edition)						2014 (2nd edition)					
		Values of indicators of all four domains				Overall regional index of AA		Values of indicators of all four domains				Overall regional index of AA	
		1	2	3	4	Value	Ranking	1	2	3	4	Value	Ranking
1	Dolnośląskie	29.7	13.3	49.7	25.6	25.1	9	35.9	19.85	61.01	28.3	31.3	5
2	Kujawsko-pomorskie	24.3	11.0	49.3	26.7	22.6	15	35.6	15.75	59.07	27.7	29.4	13
3	Lubelskie	38.3	17.3	47.3	23.7	28.9	2	40.0	19.90	59.11	24.7	31.8	4
4	Lubuskie	30.3	16.5	48.1	24.1	26.0	6	34.4	17.85	59.05	26.5	29.5	12
5	Łódzkie	36.2	11.2	46.8	24.7	26.2	5	38.3	13.76	58.95	27.7	29.7	11
6	Małopolskie	32.5	13.9	50.3	25.5	26.4	4	36.8	17.79	59.41	25.2	30.1	9
7	Mazowieckie	39.5	13.5	51.7	27.5	29.2	1	43.6	19.61	59.43	27.8	33.6	1
8	Opolskie	29.3	12.3	49.9	26.4	24.8	12	36.3	17.01	64.86	27.5	30.6	8
9	Podkarpackie	39.8	13.3	46.5	24.8	28.2	3	39.5	22.58	57.19	25.5	32.6	2
10	Podlaskie	32.9	11.0	47.5	20.5	24.2	13	38.0	13.98	56.72	22.3	28.3	15
11	Pomorskie	28.9	12.1	50.7	30.2	25.5	8	37.9	18.26	61.64	31.7	32.2	3
12	Śląskie	27.9	12.0	53.9	28.4	25.0	11	32.5	16.82	64.95	30.4	29.8	10
13	Świętokrzyskie	36.7	11.6	44.4	21.5	25.6	7	37.4	16.27	57.35	24.2	29.4	14
14	Warmińsko-mazurskie	27.8	9.6	45.6	23.2	22.3	16	34.0	14.14	54.93	26.3	27.6	16
15	Wielkopolskie	30.0	13.0	52.8	24.0	25.1	10	37.4	18.38	62.22	26.8	31.1	6
16	Zachodniopomorskie	25.2	13.7	47.5	25.4	23.5	14	37.8	16.49	63.76	27.2	30.8	7
	Weights	35	35	10	20			35	35	10	20		

Source: own preparation based on Perek-Białas and Mysińska (2013) and Perek-Białas and Zwierzchowski (2014).

