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Active Ageing Index at the local level

SYNTHESIS REPORT

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Active Ageing Index at the local level

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SYNTHESIS REPORT

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Executive Summary

The Peer Review 'The Active Ageing Index at the local level' was held in Germany on 14–15 April 2016. The meeting was hosted in Berlin by the German Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ), with representatives and experts from Estonia, Finland, Germany, Italy, Malta, Poland, Romania and Spain and local administrations in Germany in attendance. Stakeholder representatives from AGE Platform Europe and the European Social Network also participated in the Peer Review, together with representatives from the United Nations Economic Commission for Europe (UNECE) and the European Commission's DG Employment, Social Affairs and Inclusion. A representative of the American Association of Retired Persons (AARP) also participated in the seminar.

The main object of the Peer Review was, taking Germany as an example, to examine whether the Active Ageing Index (AAI) could be transferred to the local level, with the calculations replicated according to the original methodology. To this end, preliminary results of a pilot study of the AAI at local level in Germany were presented. The pilot study was carried out within the Active Ageing Index project (EC/UNECE). In addition, KOSIS – a joint project by five cities and one region in Germany – was presented. The common interest of the KOSIS project lays in conducting an empirical survey of the quality of life experienced by the 55+ generation. Looking beyond Europe, there are certain other tools that could be used at the local level, such as the Livability Index created by the American Association of Retired Persons (AARP): it defines a 'livable community' as one that is safe and secure, that has affordable and appropriate housing and transport options, and that offers supportive community features and services that people need in order to age well. The goal is to make communities better, so that they support a higher quality of life for older adults.

Key lessons from the Peer Review suggest that:

- **A local-level AAI is feasible.** However, much depends on the data sources available, as well as on local and national financial resources. In addition, the German example was limited to areas with more than 300,000 inhabitants; applying the AAI to finer geographical breakdowns remains a challenge.
- A local or regional AAI can be used to **measure progress** in activating the potential of older people to contribute to the economy and society.
- An AAI can provide **guidance for policy-making** at various levels of governance. The AAI index can provide new, evidence-based insights into various components of active ageing.
- To convince local policy-makers that a local AAI is useful, clear **relevance to local circumstances and policies** must be shown. The indicators must match local needs and should focus on circumstances that can be influenced politically at the local level.
- An AAI should be **policy oriented and should lead to action driven conclusions** in order to help policy makers adapt and improve relevant framework conditions and environments.
- **Capacity building** through funding and expertise for a local application is needed, particularly in small localities.



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- It is important to **increase awareness of the benefits of the AAI** and to build local support for it. This can be done by involving a wide range of actors in the discussion on possible regional or local uses of the AAI.
 - The **promotion of exchanges of experience** across both local areas and countries is vital to facilitate mutual learning on the local and regional use of the AAI.



A. Policy context at the European level

The Peer Review 'The Active Ageing Index at the local level' was held in Germany on 14–15 April 2016. The meeting was hosted in Berlin by the German Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ), with representatives and experts from Estonia, Finland, Germany, Italy, Malta, Poland, Romania and Spain and local administrations in Germany in attendance. Stakeholder representatives from AGE Platform Europe and the European Social Network also participated in the Peer Review, together with representatives from the United Nations Economic Commission for Europe (UNECE) and the European Commission's DG Employment, Social Affairs and Inclusion. A representative of the American Association of Retired Persons (AARP) also participated in the seminar.

Contribution of the AAI to EU policy priorities and initiatives¹

Demographic changes were acknowledged as a serious challenge for the EU in the Lisbon strategy,² which called for an increase in the employment of older workers. As a follow-up, three targets of the EU 2020 Strategy³ are related to the issues of demographic change. The European Innovation Partnership on Active and Healthy Ageing,⁴ which fosters innovation to increase healthy life expectancy is one good example. Back in 2005, an intensive debate on the subject was initiated by the European Commission, with a Green Paper entitled 'Confronting demographic change: a new solidarity between the generations'.⁵ This led in 2006 to the Commission Communication "The demographic future of Europe – From challenge to opportunity".⁶ A family policy that took account of demographic changes was also launched in 2007: 'Promoting solidarity between the generations'.⁷ 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'.⁸

The year 2012 was proclaimed the European Year for Active Ageing and Solidarity between Generations (Decision 940/2011/EU).⁹ 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 younger generations. Responding to the European Year, 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 to 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

¹ 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>

² http://cordis.europa.eu/programme/rcn/843_pl.html

³ http://ec.europa.eu/europe2020/index_en.htm

⁴ http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing

⁵ http://ec.europa.eu/employment_social/social_situation/green_paper_en.html

⁶ <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:52006DC0571>

⁷ <http://www.eesc.europa.eu/?i=portal.en.soc-opinions.14321>

⁸ <http://eur-lex.europa.eu/legal-content/PL/TXT/?uri=uriserv:em0010>

⁹ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32011D0940>



activities. Guiding Principles for Active Ageing and Solidarity between Generations were drawn up 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.'¹⁰

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 healthcare). 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 information related to the development of the Active Ageing Index (on p. 10 on 'Streamlining governance and reporting').¹¹ Besides, there is also the Vienna Ministerial declaration of 2012, which goals are reflected by the domains of the index¹².

During the European Year for Active Ageing and Solidarity between Generations (EY 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 was undertaken within the joint management project of the European Commission's Directorate General for Employment, Social Affairs and Inclusion (DG EMPL) and UNECE. 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 designed to paint an overall picture of the level of use that is made by different countries of the potential of older generations. To recap, the overall aim of the AAI 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: 13). This composite indicator has been developed extensively since 2012 (the first phase of the project ran from 2012 – 2013), further analysis took place during the second phase (2013 – 2016). The work throughout both phases of the project has been supported by the Expert Group. The tool contains 22 indicators¹³ (see UNECE/EC, 2015 and Table A1 in the Appendix of the Discussion Paper of this Peer Review,¹⁴ which contains the original indicators of the AAI),

¹⁰ <http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=1743&furtherNews=yes>.

¹¹ <http://ec.europa.eu/social/main.jsp?catId=1044&langId=en&newsId=1807&moreDocuments=yes&tableName=news>

¹² <http://www.unece.org/population/ageing.html>

¹³ <http://www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home>

¹⁴ <http://ec.europa.eu/social/main.jsp?catId=1024&langId=en&newsId=2333&moreDocuments=yes&tableName=news>



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).¹⁵

Each domain can be analysed and interpreted separately, as can each indicator in a specific domain. However, the domain *Employment* is related to only one type of indicator (i.e. the employment rate for various age groups). In this way, just two policies – labour market policy 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 any 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).¹⁶ These allow us to see certain changes in the indicator values that are not yet significant, but that show clear gender differences (see Table 2).

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 that ineffective policies and programmes should be changed and adapted in the light of needs identified. ‘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: 10).

¹⁵ <http://bit.ly/296FdGH>

¹⁶ The respective years of launch of the index results; the data reflect 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 mainly from 2012. In this way, the effect of some reforms implemented would appear only after two years, so follow-up analysis is needed.



Table 2. Values and changes in the AAI over time, by sex, in selected countries¹⁷

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
Spain	30.4	32.5	32.6	2.3	1.1 3.3

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

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. If there is a plan to calculate the AAI at the local level, consideration should be given as to whether these principles can be fulfilled.

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](#): ‘Regions with declining populations consisting

¹⁷ Only those countries that participated in the Peer Review in Berlin.



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.¹⁸ The European Commission called on Member States to ensure that operational programmes support regional initiatives to meet the demographic challenges (see 'Regions for economic change'.¹⁹).

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 2014²⁰ (Karpińska and Dykstra, 2014; 2015). Mention might be made here of the **Maltese** Government's National Strategic Policy for Active Ageing (2014), where the AAI is referred to as a tool that guided preparation of Malta's National Strategic Plan. In the **Czech Republic** 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-Białas, 2014; see Discussion Paper of the Peer Review in Berlin, 2016). Also, 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 Peer Review is also to determine whether the output of analysis of AAI 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 one country, with the same welfare regime at national level, the differences between regions should not be so apparent.

The outcomes and documents of the Polish Peer Review in 2014 on 'The Active Ageing Index and its extension to the regional level' provide conclusions that remain relevant to the Berlin Peer Review.

The experience of other Member States 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 DG EMPL in April 2015, in Brussels, Belgium.²¹ 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 the AAI in non-EU countries and regions. On the subject

¹⁸ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52006DC0571>

¹⁹ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=URISERV%3Ag24240>

²⁰ <http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=2099&furtherNews=yes>

²¹ <http://www1.unece.org/stat/platform/display/AAI/International+Seminar>



of sub-national application, it is worth mentioning three presentations:²²

- Active Ageing Index: Application to **Spanish** Geographical Scales. An Opportunity to Reflect on the AAI.²³
- The Active Aging Index in a southern European region (**Biscay**): Main results and potentials for policymaking.²⁴
- Greying **Italy** across Time, Space and Gender.²⁵

One important conclusion that is relevant to this Peer Review may be cited from the Italian case. Italy managed to carry out analysis not only at the sub-national level, but also by gender in both 2007 and 2012:

{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.’

It is also important to recall the Age-Friendly Environment Innovnet (AFE Innovnet).²⁶ 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 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, 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.** There is an interesting use of various indicators in the AFE-Network project,²⁷ which targets the local level directly. Here, some ideas could provide inspiration for local use of the AAI concept in other countries. It is complex and diverse. However, the team members²⁸ of this project showed during the above mentioned conference in Brussels 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 into the future,

²² For more information, please see presentations on the web page of the Seminar, <http://www1.unece.org/stat/platform/display/AAI/International+Seminar>

²³ Dr Vicente Rodríguez-Rodríguez, Dr Fermina Rojo-Pérez, Dr Gloria Fernández-Mayoralas, Rodrigo Morillo, Dr Joao Forjaz, Dr María Eugenia Prieto-Flores.

²⁴ Amaia Bacigalupe, Unai Martín, Yolanda González, Alfonso Unceta, Sergio Murillo. See: Bacigalupe, A./Martín, U./González, Y./Unceta, A./Murillo, S. (2015)

²⁵ Luciana Quattrociochi, Daria Squillante, Mauro Tibaldi.

²⁶ <http://www.afeinnovnet.eu/about/objectives>

²⁷ WHO Global Network of Age-friendly Cities and Communities + Thematic Network Towards an Age-friendly Europe (www.afeinnovnet.eu).

²⁸ Rodd Bond, Mireia Ferri Sanz, Willeke van Staalduinen, Jordi Garcés Ferrer, Menno Hinkema.



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.



B. Host country policy

The application of the AAI in Germany was implemented at the NUTS-3 level: counties (Landkreise), kreisfreie Städte (cities that do not belong to a county) or Stadtkreise (as *kreisfreie Städte* are known in the Federal State of Baden-Württemberg). In the analysis, 88 German territorial entities were included: 50 counties and 38 kreisfreie Städte/Stadtkreise. Nevertheless, it has to be remembered that because of federalism, the policy-making power and responsibilities of cities/municipalities are decided on by the federal states (*Bundesländer*) (Wehling and Kost, 2010: 7). The German Constitution (Art. 28, 2) lays down that municipalities should have the right and the financial capability to take responsibility for the regulation of local issues.

In fact, the work done by the team from the Technical University of Dortmund (TU Dortmund) and presented in the Host Country Report during the Peer Review represents without doubt a great development in the possible application of the AAI at a lower level, and not just – as was originally the case – at NUTS-1 (country level), or later at NUTS-2 (sub-national application, as in Poland).

The host country's work thus made it possible to sum up certain issues that could be helpful if such an application was to be planned or implemented in other European countries.

First, it should be underlined that the whole exercise was presented and documented in great detail (including calculated error scores), and the analysis revealed all the pros and cons. Thus, all those interested in this application could easily follow the steps and actions, and could learn why some quite difficult and subjective decisions had to be taken.

Reasons for looking at the usefulness of the AAI at the local level in Germany stem from the demographic situation (ageing, with the baby-boom generation getting older, presents greater challenges for policy-makers), as was confirmed by a representative of the BMFSFJ.

Methodological aspects of AAI application at the local level

A look at the availability of local-level data in Germany shows that even in a country where there is quite a lot of data that could potentially be used easily for the AAI, some information may be missing or be hard to obtain, for reasons of confidentiality. In total, nine different surveys were selected: the Deutscher Alters-survey (DEAS), the European Social Survey (ESS), the Freiwilligen-survey (FWS), the German Longitudinal Election Study (GLES – pre-election and post-election), Indikatoren und Karten zur Raum- und Stadtentwicklung (INKAR), Mikrozensus, Regionalstatistik, Survey of Health, Ageing and Retirement in Europe (SHARE), and the German Socio-Economic Panel (SOEP). These are all repeated and are longitudinal in nature, which makes it possible to do comparisons over time.

Even so, it was not easy to perform analysis at the local level, due to the low number of respondents; nor was analysis by gender or socio-economic status always possible. In a few cases, the small sample size for a particular indicator meant that the results could be unreliable. Moreover, as it was found from other applications of the AAI, a perfect replication of the original methodology of the AAI is not possible, and so reliability/comparability is compromised. Values for the German territorial entities analysed cannot be compared to



the country value in the original AAI for the EU countries, but can be compared to other cities reported for Germany; thus we end up with a kind of reference analysis. And constructing the AAI for the whole country on the basis of the indicators used here could give some idea of the relationship between the AAI at the national level and this one, computed for local areas on the basis of proxy variables and surveys.

Another challenge is related to the lack of data at the level of districts (large cities) or cities and municipalities (counties). When using various sources, it should also be borne in mind that there is a difference in the timing of surveys. Finally, access to data is an important issue: in some cases the problem is not lack of data at the necessary level, but lack of access to the data.

An advanced approach for checking the results using dichotomisation – dividing the answer categories of the surveys at local level in such a way that they match the division of the answers used in the original AAI – also revealed certain new aspects of measuring active ageing in a country like Germany. This evaluation of various secondary data provides important information for a discussion of why some values differ and when (methodology, questions used differently, different possible answers, sampling, and other things related both to non-sampling and sampling errors). Also, testing of the weighting within indicators and of the weighting between indicators and domains that make up the total AAI score should be considered a useful check; it was demonstrated that this cannot be omitted from consideration, since the mere application of weights can change the results.

Interpretation of results and use of the AAI at the local level in Germany

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As Zaidi et al. (2013: 12) point out, using the example of care for the elderly, higher values are not necessarily 'better': higher values in this sphere are better from the 'perspective of valuing informal care in terms of contributions made to the family and society', but neglect the possibility that elderly (or grandchild) care 'can also be a constraint impinging on the quality of life of informal carers'. Therefore, higher values in the AAI depict a higher level of activity, without any assessment of the desirability of high values.

It is mainly southern German territorial entities that score highest: e.g. Munich, Rhein-Neckar, Esslingen, Rems-Murr, Nürnberg and Stuttgart are among the leaders in the AAI in Germany. All six eastern German territorial entities (not counting Berlin) are either in the middle (Dresden, Leipzig) of the rankings or close to the lower end (Bautzen, Mittelsachsen, Zwickau, Erzgebirge). The large cities of the Ruhr area (Dortmund, Duisburg, Essen) as well as the county of Unna (also the Ruhr area) are at the bottom, with the lowest values. The AAI can be used as a benchmark for tracking changes over time; but aside from being useful in drawing comparisons, it can serve as a ready index to detect overall changes in a particular domain of the AAI (like employment, participation, etc.).

AAI at the local level, by gender

For Germany the results are shown separately for men and women, but as was the case in Poland with applying the Active Ageing Index at the regional level (Breza and Perek-Białas, 2014, Karpinska and Dykstra, 2015), a lack of data also appeared at the German NUTS-3



level. In the pilot study the TU Dortmund team tried to carry out separate calculations – although numbers were low and data for men and women could not be obtained from all the sources used.

Compared to the EU as a whole, the German gender gap is at a medium level (UNECE/EC, 2015: 30).²⁹ Gender differences are more pronounced in Employment and Capacity and enabling environment for active ageing, and less strongly in Participation in society and Independent, healthy and secure living (UNECE/EC, 2015: 31). Table 3 presents the German approach to preparation and application of the AAI.

Table 3. Checklist for application of the AAI – a six-step approach

Steps	Example (based on German pilot study)
1. Identify the territories	The NUTS-3 level. In Germany, this meant counties (<i>Kreise</i>) and cities. Their population size ranged from 50,000 to 3.5 million. The focus was on the 50 largest counties in terms of inhabitants and the 38 largest cities. Each has a population of over 200,000.
2. Check for access to data	Various options like: Receive direct information from those responsible for the surveys. Write a statistical programme for those responsible for giving information, who then send back results. Get data from data providers and have the pilot team make its own analysis. Have personal contact and discussion at statistical offices, which later provide the data (micro censuses). One problem was that at the NUTS-3 level some data were not, or were no longer, available. Data protection rules also presented some difficulties.
3. Identify variables for the pilot study's own index	These were based on the EU AAI and, if necessary, similar variables from available survey questionnaires and online data sources.
4. Dichotomisation	To replicate the EU AAI, all values have to be between 0 (the lowest) and 100.

²⁹ In their analysis of Spanish regions, Rodríguez-Rodríguez (2015) found that men scored higher and that gender differences are stronger in regions with lower AAI scores. In an Italian regional analysis, the AAI value in 2012 was higher for men than for women in every Italian region (Quattrociochi, L./Squillante, D./Tibaldi, M. (2015).



5. Check indicators	Check several variables for each original AAI indicator. Example: In the EU AAI, participation in various forms of political activities is used as a variable for political participation. However, the pilot study used other variables, too: taking part in a demonstration; signing a petition; occupying a building, etc.; and voting. So no direct comparison with the value of the original AAI is possible for Germany.
6. Results	Dependent on population size of a particular territory included in the analysis.

Source: based on Host Country Paper and summary of discussions during the Peer Review.

Another good practice from the host country – the KOSIS project – showed that it is also possible to collect the data required for calculation of the AAI indicators directly. The survey, mainly related to the quality of life of the 55+ generation, was carried out in Freiburg and a number of other cities. It is worth noting that KOSIS is financed by, and involves the collaboration of, various city administrations, thanks to an existing network of German towns and cities. With academic support and control of the methodology and the sampling of respondents, development of the procedure proved quite successful. This example could be emulated by other German cities and towns, but could also be disseminated outside the country; it might well be recommended to share this project with partner cities in Europe. Here, it is important to stress the involvement of various actors in this process, with special reports for all participants, reports for each sub-area and a complete data set for each city involved. A joint information portal also creates an opportunity to share this practice with others. It was important to present this project during the Peer Review as a potential opportunity for collaboration between various actors dealing with the AAI. This could be important in the future, for regular meetings and the sharing of further developments in the AAI application at the local level, and for sharing knowledge and disseminating findings beyond towns and cities analysed.

During the Peer Review, the American Association of Retired Persons's (AARP) Livability Index was also presented. This provided another good example – albeit slightly different and from a non-European context – of a tool used to show in which domains communities could do better, and how the quality of life of older adults and other families living in neighbourhoods in the United States can be improved. Such a tool can kick-start a fruitful conversation to help communities understand what they need to do to allow people to age well. It is immediately noticeable that there are different communication strategies, tailored to different audiences: 1) community leaders (mayors and the people who lead city governments); and 2) individuals, the media and others. The Livability Index looks at neighbourhoods, but data from the American Community Survey may also be used. This index covers different aspects than those covered by the AAI. It focuses more on certain prerequisites for active ageing, like housing, neighbourhood, transportation, environment, health, engagement and opportunity. The aim is to take certain indicators that can be used to monitor changes in policy not only for one particular age group, but for the whole community. In this way, it is in line with the idea of an 'age-friendly environment for all ages' – a concept that is also known and recommended in Europe, for example by AGE Platform Europe. The success of this approach lies in the fact that a tool has been designed that is attractive to various interest groups: local authority staff (who want to know how to meet the housing needs of the growing population of older adults), the market (e.g. real estate



companies), non-profit organisations, community advocates and also AARP members or others (of all ages) who want to know all about their place of residence, so that they can decide where to live. It is important to explain what makes a community's score higher or lower and how that score can be improved. In this way, the index functions as an element of performance measurement. In this process, a crucial role is played by good dissemination of findings on the website³⁰ – a user-friendly, attractive and interactive portal, which offers people an opportunity to 'customise' the score by reweighting those categories that matter most to them. While communities are not ranked, there is a tool on the site to compare different locations. This might be a good option to consider for European countries that would like to apply the AAI at the subnational and local level.

³⁰ www.aarp.org/livabilityindex



C. Policies and experiences in peer countries and stakeholder contributions

To prepare for the Peer Review meeting, peer countries answered a questionnaire, in which they reflected on:

- Is active ageing in your country a national-, regional- or local-level policy?
- 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 at the local level? Is there a link to the AAI (e.g. are AAI indicators used)? Are there any local initiatives in your country which use the AAI approach (even partly)?
- 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 at the local level) in the policy domains covered by the AAI?
- 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 levels) would be needed in your country to support you in the development and application of an AAI-oriented approach, particularly at the subnational level?

Inspection of these questionnaires from participating countries reveals that a number of countries have already designed many and varied policies (e.g. Malta, Poland, Spain) in which the active ageing concept is included. Only a few regions in Spain manage to obtain analysis of active ageing using the AAI approach. However, all agree that such tools could be helpful in further monitoring and evaluating various aspects related to population ageing (including care, for example). Moreover, a number of countries show an interest in both using and developing indicators linked to the AAI (e.g. Finland, Malta, Poland and Romania). It was crucial to learn about the challenges that countries face (e.g. lack of political support/awareness) and the ways in which they would need support. Thus, almost all agree that the following is needed: sharing knowledge, learning from each other (also for smaller countries in terms of population, which have different challenges due to lack of suitable data and the fact that policies/services are not delegated so often to the regional level), statistical support in analysis, and help with (self-)evaluation and promotion of the idea/concept. Each country's input is summarised below³¹.

In the case of **Estonia**, which has 1.3 million inhabitants and is divided into 15 counties and more than 200 municipalities, there is already a difference in terms of what the 'local level' means, since NUTS-2 corresponds to the Estonian national level, and NUTS-3 (minimum 150,000 people) only corresponds to some bigger regions. Active ageing generally is a national-level policy in Estonia, but this can vary by domain (e.g. employment is national-level policy; participation in society is a local-level concern). In 2012, the first Active Ageing

³¹ For more information on the single countries see the respective questionnaires published at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=1024&newsId=2333&furtherNews=yes>

Development Plan 2013–2020 was drawn up, focusing on people aged 50 and above. At that time, the Active Ageing Development Plan did not find high-level political support in the Estonian Government, but political support for and awareness of active ageing has improved in recent years, at least in some domains of the AAI (e.g. employment, independent, healthy and secure living, and the domain of capacity and enabling environment for active ageing). Local authorities are developing services with an eye to older people's needs, creating infrastructure (roads, social housing, cultural activities, health promotion, etc.). But there is still underutilisation of older people's potential in local society (via voluntary work, in non-formal learning activities, social and political inclusion), and this needs to be improved. Even though there is a new national Welfare Development Plan 2016–2023, some domains of the AAI that involve individual activities (e.g. those related to leisure and hobbies) receive no support. Since 2014, a special instrument of the European Social Fund – Welfare Services to Support Participation in the Labour Market for 2014–2020 – has been implemented. In 2016, local municipalities have the possibility to apply for funding to develop different social services. Additionally, in 2016 a new Work Ability Reform has come into force and a new operational support system will be established; but discussion about reform of the pension system is ongoing in Estonia. In 2017, a new cash benefit for single pensioners will enter into force. In the field of education for older people, the Universities of the Third Age have garnered a lot of attention in Estonia. As in other countries, low awareness of the AAI is a problem, and so far no subnational AAI has been calculated in Estonia and the matter has not been widely discussed. Politicians and local leaders are not at all aware of the AAI approach. Numbers need to be translated into the language of policy-makers if they are to have an effect on action taken in specific domains. The causes of inactivity among older people also need to be looked into. Reforms planned in Estonia will merge smaller municipalities with larger ones. After that, it should be possible to adapt the AAI to the local level. Despite the fact that the AAI is gaining recognition as a policy-making tool, there is no general coordination for that, particularly at the local level.

Finland is one of the fastest-ageing countries in Europe: the population aged 63 years and over is currently more than a million – roughly every fifth citizen. The ageing policy is two-fold: 1) to develop accessible environments; and 2) to provide high-quality and timely community-based services that support healthy ageing and independent living. The country is interested in the AAI from the perspective of how it could be applied in regional comparison, for the forthcoming reform of social welfare and healthcare. Active ageing is a national-level policy: it can be found in the Government Programme 2015–2019, the Act on supporting the functional capacity of the older population and on social and healthcare services for older persons (which came into force on 1 July 2013) and the Quality Recommendation to Guarantee a Good Quality of Life and Improved Services for Older Persons (2013). Responsibility for active ageing in Finland mainly rests with the autonomous municipalities. The authorities responsible for active ageing are either local or regional (employment services are at the regional level, while municipalities are responsible for arranging basic services for inhabitants (child day care, schooling and social and health services). There are no local or regional examples of any analysis of active ageing or of the use of AAI indicators, though there are some ideas of how to use AAI to compare 18 areas of social care and healthcare. In many ways, these could supplement existing comparisons of municipalities, but not all aspects of AAI are included. At the political level, decision-makers seem very interested in measuring the effectiveness of various activities related to active ageing and in employing new tools (like the AAI) for that purpose. This brings a holistic approach to the inclusion of the elderly in society. Finland has not yet started on a



sub-national AAI, but its whole ageing policy focuses strongly on activation, and many types of action have already been taken to this end. A major reform of the social and healthcare system is planned, and from the beginning of 2019 responsibility for this will be shifted from the country's approximately 300 municipalities to 18 counties. Regional AAI use is now under consideration as a form of benchmarking for the counties when they take on those tasks.

In **Italy** there is a strong recommendation for a shared commitment among different administrative levels in defining policies for all the active ageing domains. In fact, the three policy levels (national, regional, local) have intertwined responsibilities, tasks and activities to achieve the common goal of social well-being – for the elderly as well – though each level has its particular roles and powers. In fact, the 2001 reform of the 5th title of the Italian Constitution clearly bolstered the regional level. The political power of these three levels differs depending on the specific domain. For example, the employment domain falls rather under the national level, whereas the health domain is more governed by local policies. There are also profound differences between regions as far as levels of active ageing are concerned. In recent years, many programmes, policies and action plans aimed at operationalising the concept of active ageing have been carried out – at both the national and the local level. These have been promoted, funded and led either by public institutions (ministries, regions, municipalities) or by the third sector/voluntary sector. Nevertheless, especially where regional policies and programmes are concerned, even if the political/programmatic phase has been concluded, the real action phase may be lacking, which limits concrete fulfilment of the programmes. At the national level, two pieces of legislation have been particularly important. Though they do not specifically address active ageing, these are crucial to the impact on elderly people. The two laws were conceived to reform the transition from work to pension and the social security system (L. 214/2011 on pensions; L. 92/2012 on the labour market). In 2015, one proposal regarding active ageing was presented to Parliament (*Delega al Governo per l'introduzione del pensionamento flessibile, la revisione dei trattamenti previdenziali, il sostegno della maternità e il prolungamento della vita attiva*). Moreover, central and local actions have been (or will be) undertaken thanks to the use of European funds targeted at achieving the Europe 2020 Strategy. The AAI in Italy is not yet used as a common and standardised indicator to evaluate the condition of the ageing population, either at the national or at the local level. Nevertheless, this powerful tool could be used to evaluate and orientate policies on active ageing at both the national and the local level. In this process, the engagement of the Italian National Institute for Statistics (ISTAT) is crucial: not only have its members been active in the Expert group on the AAI, but they have also promoted and achieved one of the first measurements of the AAI at the sub-national level. A Three-year Activities Programme aims to operationalise the concept and the Act on active ageing, using evaluation indicators and the AAI. There is a focus on the regional level: in 2014, the Regional Government of Friuli Venezia Giulia (FVG) adopted an Active Ageing Act (legge regionale n.22 del 14/11/2014). Three other regions (Liguria, Umbria and Emilia Romagna) have also adopted such acts. Meanwhile, at the national level, Italy has not yet passed a national law dedicated to active ageing, though there are policies promoting an ageing strategy, which focus mainly on employment and care. Adopting an active approach for elderly people, the FVG regional act aims to develop and promote the participation of elderly people in activities and programmes. The Three-year Activities Programme was only adopted on 25 February 2016, and the evaluation and monitoring plan has not yet been adopted. AAI has been very useful in distinguishing 'innovative' actions, programmes and projects from 'traditional' ones. The evaluation and monitoring plan will be linked to the AAI.



There are local initiatives that focus on the active ageing approach, but only those funded by the European funds are monitored and evaluated using partly an AAI approach. The level of political support for, and awareness of, the use of indicators related to the active ageing domains at the local level suffers from many problems, including political discontinuity among policy-makers, which leads to a low level of investment in plans that require a long-term perspective (indeed, results may only be visible after the end of the political term; this renders the whole business less attractive to policy-makers). There are also not enough opportunities for regions/municipalities to share their experiences of the AAI and to capitalise on different strengths/weaknesses, opportunities/threats.

In **Malta** all aspects relating to active ageing policy – the active participation of older workers and older persons in employment, social participation in society, and healthy ageing – are set at the national policy level. The Maltese Government used the 2010 and 2012 AAI results as key policy guidelines in formulating its National Strategic Policy for Active Ageing (2013). The Strategic Policy is premised on three themes – active participation in the labour market, social participation and independent living. The Strategic Policy is not content simply with technocratic solutions, but remains steadfast in its quest to contribute to a fairer society – one that is based on the principles of social justice. Indeed, the Strategic Policy is underpinned by three key values. First, that Malta should truly be transformed into a ‘society for all ages’ – one that adjusts its structures and functioning, as well as its policies and plans, to the needs and capabilities of all. The value of ‘intergenerational equity’ constitutes a second constant dimension. Ageing policy in a democratic society champions equal respect, equivalent opportunities and comparable living standards between different generations. A final emphasis present in the Strategic Policy is empowerment, as it demonstrates a commitment to renew public policies on ageing so as to revolve around the needs and wishes of the older population. The AAI is considered an acceptable and important tool by academics and practitioners alike to measure EU Member States’ successes and challenges in mainstreaming active ageing, so that upcoming and present cohorts of older persons can live productive and healthy lives. Malta analyses local trends in active ageing through work performed by academics. Local initiatives that employ the AAI approach include: ensuring a safe, adequate and sustainable income for all older persons; educating the community on the benefits of building one’s personal financial resources through savings, investment and other options; maintaining the equitable value of retirement pensions, with adjustments being made in line with movements in the cost of living; supporting local authorities in taking a lead role in the provision and coordination of late-life learning initiatives; employing a ‘wide participation agenda’ in older adult learning through outreach strategies; improving learning opportunities in long-term care; strengthening the remit of the National Council for the Elderly; supporting the Office of the Commissioner for Older Persons; encouraging more local authorities to set up a sub-committee for active ageing to work towards the improvement of the quality of life of older persons in that locality; supporting and coordinating information sessions for informal carers of older persons, in collaboration with local councils, non-governmental organisations and the private sector; reinforcing residential and community-based respite services for older persons; and exploring the possibility of introducing innovative financial support models for personal care services at home.

The level of political support for and awareness of making use of the indicators that underpin the AAI is very robust in Malta, to the extent that the indices underpinning the AAI, as well as its results, greatly influenced the formulation of Malta’s National Strategic Policy for Active



Ageing. There is no doubt that the Active Ageing Index will continue to influence both the implementation and the monitoring of the active ageing strategic policy for the foreseeable future. In addition, a change of government in Malta in March 2013 more or less coincided with the results of the 2012 AAI. This spurred the new government to take a completely different approach. As an example, one consequence has been the transformation of day-care centres, which now offer three days of lifelong learning activities each week and two days of leisure activities. Representative committees in all day centres and residential homes meet once a month to offer the management feedback. Social workers, for instance, encourage older people to participate more. Previous levels of healthcare for older people are being maintained, but at the same time there is a new focus on social participation and employment. Another good example is the creation of a National Commission for Active Ageing. It advised the government to adopt a policy containing three main sections – active participation in the labour market; social participation; and independent living. Almost 90% of the recommendations are likely to be completed by 2018. The remaining 10% will then probably be covered by a new version of the national plan. A national strategy on dementia and also national minimum standards for care homes have been drawn up, and there is to be an autonomous Commissioner for Older Persons. Improvements to the rehabilitation hospitals are expected to reduce readmission rates for older people. The Third Age University and local non-formal learning are being expanded, including for physically or mentally frail older people.

Interest in active ageing policy has increased in **Poland**, especially since 2012; this is mainly in evidence at the national level. It began with the establishment of the Department of Senior Policy at the Ministry of Family, Labour and Social Policy (in 2012); this was followed by the Government Programme for the Social Participation of Senior Citizens (ASOS); development of the Long-Term Senior Policy in Poland for the Years 2014–2020; the programme Solidarity between Generations: Measures to Increase the Activity of People Aged 50+; and then introduction of the Senior-WIGOR multiannual programme for the years 2015–2020. The scale of the policies differs: in the employment domain, there have been more initiatives such as cutting early retirement options; while in the social participation domain, projects – launched via open calls – support additional educational, social and voluntary activity among those aged 60+. In Poland, research and studies have been carried out at the sub-national level (NUTS-2) (see the Regional Active Ageing Index in Poland, 2013 and 2014); but a lot is going on at the local level, too. For example, in Cracow (local level) the Strategy for Solving Social Problems in Cracow for the years 2015–2020 has led to new senior activity centres being established for older citizens. There is great interest among seniors themselves in creating proper local active ageing policies. At the national level, government programmes use the idea of active ageing to tackle issues related to demographic change and an ageing population. At the regional level, in the 16 Polish regions, there are not only strategic documents, but also various initiatives and programmes that include the concept of active ageing; however the situation differs from region to region. Meanwhile, at the local level, each municipality is responsible for local policy aimed at seniors. Here the idea of active ageing is not fully utilised because of the low level of awareness among decision-makers; however, the increasing role of local seniors' councils in this process could be very important. Awareness of the use of the AAI and the idea of active ageing at the national level provide some direction; but it is important to see change not only at the national, but also at the regional level, especially given that programmes like ASOS provide an opportunity for projects to be funded at the regional and particularly at the local level. It was intended that the calculation of the AAI at the



sub-national level should be used in this way. One further important point is that the 2015 Law on older persons means that the Council of Ministers now has a duty to monitor the situation of the ageing population in Poland. This is the first time that the expression 'older people' has been used in a separate legal framework, although provisions covering them did exist in other laws. On the issue of monitoring, the supporters of the law in the Polish parliament pointed out that other countries, such as Germany, undertake regular surveys and that Poland also needs regular reporting on the situation, thus having knowledge about other countries' practices could be helpful.

In **Romania**, according to the provisions of the Local Public Administration Law (no. 215/2001, republished), public administration at the local level (at territorial administrative units) is organised and functions on the principles of public service decentralisation and local autonomy. In this context, the local council has the initiative and decides on all matters of local interest, ensuring the necessary framework for providing local public services, such as education; social services for child protection; protection for people with disabilities; protection for the elderly, families and other vulnerable people or groups; healthcare; culture; youth; sports; public order; public works; etc. The national social assistance system in Romania functions on the basis of the Social Assistance Law (no. 292/2011). Social assistance in Romania is thus also decentralised. Local public authorities and all social services providers have an obligation to organise and provide social services at the local/community level, as well as to plan their development based on the specific local needs identified, local priorities and available resources, and in compliance with the principles of subsidiarity, proximity and efficiency (in terms of cost-benefit). In Romania, the active ageing approach follows the same principle as the broad national social assistance system, being part of it. Despite the decentralisation of responsibilities and the empowerment of local authorities, financial resources and the strategic planning function are still centralised at the county and national levels. Romania's commitment to the active ageing concept and the broader Europe 2020 Strategy is revealed in the National Reform Programme 2011–2013 (NRP), the Partnership Agreement (PA) for the 2014–2020 programming period of the European Structural and Investment Funds (ESIF), and national legislation. Apart from the Social Assistance Law (no. 292/2011) there is the Elderly People's Social Assistance Law (no. 17/2000, republished), which contains specific measures that complement those contained in the Social Assistance Law. Moreover, in July 2015, the Romanian Government adopted the National Strategy for Promoting Active Ageing and the Protection of the Elderly for the period 2015–2020 and the corresponding Strategic Action Plan for 2015–2020 (Government Decree no. 566/15 July 2015). Adoption of an active ageing strategy was one of the conditions that had to be fulfilled for the country to access ESIF in the 2014–2020 programming period (a condition fulfilled by Romania in 2015–2016). At the heart of the Strategy lies the background study entitled Living Long, Staying Active and Strong: Promotion of Active Ageing in Romania, conducted by the World Bank for the Romanian Government and published in June 2014. The Strategic Action Plan for 2015–2020 was further detailed in an Operational Plan for 2016–2018, which is currently going through the inter-ministerial approval process and public consultations, before being adopted by Government Decree.

Currently, the AAI is not used in Romania, but there is an initiative to analyse its impact and the possibility of using it in the context of the implementation, monitoring and evaluation of the new strategy on active ageing. The only official data collected at the local level that could be useful in analysing active ageing are the demographic data gathered by



the National Institute of Statistics, through instruments such as the population census, and surveys of specific areas (such as employment, life conditions, income, etc.). Academic research has produced some additional data split regionally and sometimes locality, but there is no specific public policy (financial support, grant/research schemes) to support data collection and database administration. At the central level, there is a strong commitment of the current government to the active ageing agenda, the protection of the elderly and the creation of a society where older people are encouraged and empowered to lead healthy, productive, participative and independent lives to the greatest extent possible. In terms of the local level, there is insufficient knowledge and awareness of the active ageing concept and the AAI, and so far there have been no public consultations organised with local stakeholders to debate the future use of the AAI. In this situation, it is difficult to say whether or not there is the political will for that at the local level. The proposal for the Strategy monitoring and evaluation tool foresees the creation of a new department to promote the active ageing concept and to coordinate the monitoring and evaluation of the Strategy. It is highly likely that a more in-depth discussion on indicators, data collection and the AAI will take place.

The ‘Action Framework for Elderly Persons’, a document approved by the Council of Ministers on 23 October 2015 in **Spain**, gathered recommendations for future action to guide public policies towards promoting active ageing and the participation of the elderly in all social spheres, from the political dimension to the economic. The Framework comprises 348 recommendations, structured in four blocks: employment, social participation, healthy and independent living, and equality and non-discrimination. For the **Provincial Government of Bizkaia** the AAI overall score was 35.9 points, thus placing the territory of Bizkaia in a favourable position compared to the 28 countries of the European Union. For the **Region of Murcia**, the value of the AAI in 2011 was 30.5 while for **Galicia** the AAI for 2012 was 31.8. On the basis of the AAI and the previous Plan for Older Persons, the region is preparing an Active Ageing Strategy from Innovation 2016–2020. A few other interesting programmes might be mentioned, such as the Institute for the Elderly and Social Services (IMSERSO) Tourism and Hydrotherapy Programmes, under which the Spanish state provides access to hydrotherapy establishments at a reduced price for pensioners with a medical prescription for balneotherapy treatment and who meet certain requirements. The so-called University Programmes for the Elderly are being developed, and the country has established the Spanish Network of Friendly Cities with Old Persons, which is in line with the European Network of Age Friendly Places. In Biscay a Strategic Plan for Older People (2013) has been drawn up in response to the work done by the Council for Older People there.

Spain’s territorial councils are trying to achieve at least a common minimum of services throughout the country, and the AAI use could help to boost this. The province of **Biscay** introduced an activation plan in 2010, but there was no provision for measurement of outcomes. In 2013, the whole policy relating to older people was reviewed, and it was seen that the plan needed a monitoring focus, which was achieved, thanks to the AAI application and additional survey. A culture of monitoring and measurement of active ageing is now being created; this did not previously exist in Spain. Biscay runs its own social services. So many of the matters involved in active ageing are handled at the level of Biscay. When the AAI was considered, the main aims were to operationalise activation and shift discussion from resources to results, but also to benchmark and to achieve mutual learning for other regions in Spain. On the strength of either Spanish national or Basque surveys, some 80% of the indicators for Biscay were available. But some were rather weak, the samples



were sometimes quite small, and of the 22 indicators, 10 could be used on the basis of secondary data, and 11 others relied on an additional telephone survey. The mental well-being indicator was not available in any of the surveys, so in the end the Spanish mean was used for the Biscay measurement. As active ageing policies take some time to have an effect, monitoring has to be long-term. This may mean that it takes place over a period when there is a change of government. In the Basque Country, ultimate responsibility for AAI monitoring rests with the Observatory of Elderly People, which is made up of a wide range of stakeholders, including civil society organisations representing older people, municipalities, policymakers, service providers and care professionals, but also universities and other academic institutions.

Data sources which are and could be used for the AAI also at the local level

To show what kinds of data are already available and could be used in the analysis and calculation of the AAI in the future, Table 4 summarises the results from participating countries.

Table 4. Examples of data which are or could be used for AAI

Country	Examples of data indicated as useful for the AAI (at national, regional and local levels)
Estonia	<ul style="list-style-type: none"> • Estonian Labour Force Survey: more at the national than the regional level; • Estonian Social Survey and Elderly Survey: it is possible (on some issues) to draw conclusions at the regional level, too; • Statistics about day care centre users, by different age groups and service providers; • European Social Survey; • Data from the Estonian Ministry of Education and Research. <p>The SHARE survey is underutilised at all — local, regional and national — levels.</p> <p>The main descriptive statistics are available to public users on the websites of Statistics Estonia and the National Institute for Health Development.</p>
Finland	<ul style="list-style-type: none"> • EU-SILC data; • The Sotkanet Indicator Bank is a National Institute for Health and Welfare (THL) information service; • Statistics Finland: combines collected data with its own expertise to produce statistics and information services. Statistics Finland produces statistics like the Employment Service Statistics of the Ministry of Employment and the Labour Force Survey.



Country	Examples of data indicated as useful for the AAI (at national, regional and local levels)
Italy	<ul style="list-style-type: none"> • There are many administrative sources and a few sample surveys that allow analysis of the situation of older people, covering all the domains of the AAI; • The variety of sources means a lack of standardisation of all methodological/metadata choices (classifications, indicators, definitions, etc.); • ISTAT has initiatives to integrate and harmonise all available sources (administrative archives, sample surveys, regional archives, etc.) in a shared thematic hub: a national data warehouse containing micro/macro-data that combines and networks all databases belonging to public institutions (ministries, regions, provinces, municipalities, social insurance and pensions archives) and major private research centres; • ISTAT sample surveys allow for calculation of all the AAI indicators at the regional level (further detail where the results of calculations of the AAI at the regional level in Italy are shown see Quattrociochi, L./Squillante, D./Tibaldi, M. (2015).
Malta	Data from the National Statistics Office of Malta.
Poland	<ul style="list-style-type: none"> • Labour Force Survey in Poland; • Local Data Bank of the Central Statistical Office; • Additional surveys of Central Statistical Office of Poland; • Social Diagnosis: Objective and Subjective Quality of Life in Poland; • The PolSenior and other projects.
Romania	<ul style="list-style-type: none"> • Population Census; • World Bank studies and research; • Survey of Health, Ageing and Retirement in Europe (2014); • National Institute for Statistics data; • Eurostat data; • European Quality of Life Survey (2011–2012); • Additional surveys like Eurobarometer and UN population statistics etc.
Spain	Various like: National Institute of Statistics (INE): data are collected and presented at both national and regional level and broken down by autonomous community (and, in general, also by gender); Natural movement of the population, Population Census, and Municipal Registers (INE); Working Population Survey (EPA); Survey on the participation of adults in learning activities; National Health Survey; Financial Survey of Families; Bank of Spain; Institute for the Elderly and Social Services (IMSERSO); Level and quality of life, and living conditions; Social Indicators; New Technologies and others.

Source: based on comment papers.

To summarise: There are key data sources that are used by most countries, e.g. Labour Force Surveys (harmonised with the EU LFS). EU-SILC is another option, but for some countries it is not easy to make an analysis for a lower level of NUTS. In addition, it can be seen that government data sources are well used and this trend could easily be followed by others, thanks to the option of using register data for some indicators (like health, employment,



etc.). The role of surveys (such as the European SHARE or countries' own surveys) should be noted: still for some indicators the only possible source is a country's own survey.

Key challenges faced by Peer Review countries that could limit the use of the AAI at the local level

There are various key challenges related to the AAI, as in most countries the regional AAI has not been calculated (exceptions include Italy, Poland and Spain). In **Estonia**, for instance, the different capacities of local governments mean that it is difficult to use the same assessment methods for all municipalities. In other countries, like **Finland**, the necessary information on active ageing is not collected regularly, and must be collected separately. However, in future there may be an attempt to get the AAI indicators onto the social and healthcare knowledge base, which is being constructed to compare 18 social and healthcare areas. The **Maltese** policy direction for active ageing also suffers from lacunae and pitfalls. However, policy-makers are making an effort to ensure that active ageing policies are as inclusive as possible. This is witnessed by political decisions to launch representative committees in all public care homes; the members of these committees are elected democratically and play a role in managing the organisations. Another significant policy direction is the creation of an Active Ageing Unit which is responsible solely for the organisation of active ageing events in care homes. According to the Maltese comment paper there is no doubt that the road to an age-friendly society is a long one and is fraught with challenges. This seems a relevant comment for all participating peer countries.

Quite a detailed analysis of key challenges was presented in the **Italian** comment paper. At the national level it mentioned such things as:

1. *Weak statistical confidence, awareness, knowledge and competence*: these are basic conditions for better and more widespread use of statistical data/indicators as an administrative/political tool.
2. *The lack of a systematic approach to conducting survey waves*: this prevents the measurement of relevant phenomena over time.
3. *A weak political will* – both national and local:
 - in operationalising the concept of active ageing;
 - in establishing mandatory legislative frameworks;
 - in providing targeting funding;
 - in defining a system of local competences and a mechanism to monitor the use of the AAI during the programming phase of the administrative/political cycle, and to evaluate policy results at the end of the programming cycle, in terms of the effective positive/negative impact on the active ageing domains.
4. The lack of any systematic transfer of administrative/legislative best practice among regions, and towards a common strategy to face the 'elderly challenge' as a whole.



Additionally, at the regional level, the following key challenges were mentioned:

1. *Cultural challenges: the AAI approach is still relatively unknown and is not widespread; it is necessary to develop this approach among stakeholders.*
2. *Create an observatory: it is necessary to create a 'place' where activities and programmes can be collected and analysed to find common evaluating indicators linked to AAI.*
3. *Support policymakers in adopting disaggregated data and indicators referring to the sphere of active ageing, linked to the AAI. That means disaggregating and making evident all the costs, beneficiaries and activities dedicated to active ageing policies.*

As it is now possible in Italy to calculate the AAI at the local level (NUTS-3 and Local Administrative Unit (LAU)-2), such calculations can be performed not only for all 21 regions, but also for municipalities. However, the problem is that the political level does not have the awareness and willingness to use the indicators for the orientation of national and local policy on ageing. This mismatch poses a challenge – how can political awareness of the AAI be improved? The decentralisation of policy-making in Italy over the past decade has made this more complicated. Lack of communication between different units of governance also makes it difficult to mainstream active ageing across the various policy areas.

For **Poland**, it would seem that the key challenge is to systematically monitor the situation of older persons in the country, given the requirement contained in the Law on older persons for an Annual Development Report on the situation of older persons. The important issue is whether the AAI as an analytical tool can help effective senior policy and active ageing policy implementation in Poland at the national, sub-national and local levels.

For **Romania**, the following challenges were mentioned:

- the lack of knowledge and awareness of the concept of active ageing and the AAI;
- the lack of (or insufficient) administrative capacity (not enough financial, human, logistical, etc. resources; not enough expertise);
- the lack of a strong commitment and political will in some local authorities;
- the risk that this initiative may be perceived by local authorities as an additional burden;
- the fact that active ageing may not be on the priority list of all local public authorities;
- the lack of know-how, professional training in this area, and a clear, concrete and simple methodology for the use of AAI.

As Table 5 suggests, much more support will be needed in Romania if the AAI is planned.

For Spain, as a decentralised country, autonomous communities and municipalities are independent in their decisions. The coordination role assigned to the central administration could be the boost needed to extend the use of the AAI; but this coordination role will certainly take some time and would have to overcome political sensitivities. Support is needed in the development and application of an AAI-oriented approach, particularly at the sub-national level.

Table 5. Summary of answers to the question about support needed in the application of AAI in Peer Review countries

	EE	FI	IT	MT	PL	RO	ES
Knowledge, methodology				X	X	X	X
Support in performing analysis, advice		X		X			X
Sharing knowledge, experience (like cross-border, within the country)	X	X	X		X	X	X
Evaluation of this approach (self-evaluation; external evaluation; advisory board)				X			X
New data					X	X	
Financing	X				X	X	
Institutional support			X		X		
Political interest (at European level, national, regional and local level)	X		X			X	
Stakeholder awareness, advice, consultation, dissemination			X	X	X	X	
Other like coordination process, harmonisation, etc.	X		X				X

Source: based on comment papers.

Clearly, for many countries there is an important need for cross-border (but also national, regional and local) sharing of experience in using the AAI in practice. EU-level support for the development and application of AAI at the sub-national level could also be helpful. Moreover, in general, increased stakeholder awareness, advice and consultation are needed in countries like Poland, Romania, Malta and Italy. However, discussions about methodology, advice with calculation of the index and statistical support were all mentioned, too. Some countries with expertise could act as bilateral partners for those that lack the skills. On the other hand, some countries know better how to engage with and convince stakeholders and policy-makers to have a tool that can show changes over time in policy of active ageing (see table 5).



Summary of European stakeholder statements

AGE Platform Europe is a network of some 140 organisations representing more than 40 million older people across Europe. As part of its campaign for an age-friendly Europe, it coordinated the AFE Innovnet thematic network, which in 2015 launched the European Covenant on Demographic Change. The network cooperates on implementing smart and innovative evidence-based solutions to support active and healthy ageing as a comprehensive answer to Europe's demographic change. Within AFE Innovnet, the SEE-IT (Social, Economic and Environmental Impact Tool) was developed. One lesson learned during its development was that common guidance and monitoring tools are needed to enable sub-national authorities to classify, benchmark and assess the effectiveness of their strategies. Discussions within the network have shown that subnational actors are well aware that their action would benefit from being better coordinated with action at other governance levels. They would find it useful to have monitoring tools that enable them to relate their grassroots initiatives to national indicators collected in the AAI. This would help to create a common vision of what needs to be done and who can do what across the local, regional and national governance levels. There are challenges when developing subnational AAI versions, but Biscay's experience shows that it is feasible, at least where basic data are collected in a reliable way at the subnational level. Biscay's work could probably be transferred without too much difficulty to other interested regions of Spain, but it may not be so easy to transfer it to regions in other countries, even though there may be comparable data collected at the regional level across the EU. It is important for the EU to empower regional and local authorities that wish to develop subnational AAI versions together and spread the use of these in their respective countries. But at the same time, country-specific subnational versions of the AAI might be needed. This implies two approaches: on the one hand, more similar sub-national AAI versions in order to promote comparability; on the other, variants that take account of particular regional and local circumstances. The capacity of sub-national authorities to use these tools must also be built up. More detailed mapping should be developed of local actions that can influence each of the indicators used in the national version of the AAI. The mapping should use a participatory approach, involving grassroots citizens as well as researchers in each country, in order to gain a better view of which concrete actions fall under each of the broad action headings, and of what is or can be done at the national, regional or local level.

The **European Social Network** (ESN) presented views and examples from its member organisations in local public social services across Europe on measuring active ageing at the local level. Relevant local initiatives range from voluntary work and citizens' advice bureaux to services to help people with dementia to age actively. These initiatives are evaluated mainly in a qualitative way, through surveys and interviews with service users, their families and service staff. There is often little analysis. An exception is the Swedish National Study on Ageing and Care. Unlike the AAI, this is a longitudinal study, which follows individuals over a 30-year period and looks at how their care pathways, lifestyles and choices develop. Although financed and initiated by the national government, the Swedish study is implemented at the local level, mainly in partnerships between local authorities and local research institutes. Many of its indicators overlap with those of the AAI. Another very comprehensive example is the English Longitudinal Study of Ageing. Learning from such studies may be of benefit to the AAI. ESN members feel that comparability with the national and European levels makes the AAI a very useful benchmarking tool. It improves the evidence base, and that is beneficial for everyone. Local authorities and local social services

often look at much more specific things than the AAI – for instance, weight management or healthy eating. Encouraging them to look at the bigger picture and to situate their specific interests within it would be a good approach. In this context, the breadth of the AAI offers an opportunity. But implementation is also a challenge, due to the lack of resources and (in some cases) to different national frameworks. Comparison of active ageing activities and outcomes with other regions, municipalities and countries is an advantage of the local AAI. It can also work as a connecting point between sectors and policies, and it gives an opportunity to differentiate between various groups of older people (urban and rural, for instance – or, perhaps in the future, ethnic minorities). Lack of data is a key challenge for AAI at the local level. The sample size may exclude the use of some data. Involving service users from the start in the AAI is vital. At the European level, support for an AAI approach would imply including it into EU guidance. The Social Rights Pillar could for instance include such an element. Eurostat could perhaps play a part by working with national and regional statistics institutes. Similarly, national statistics offices could also play a big role by working with local authorities and research institutes on local AAI implementation. Existing national surveys might be amended to include questions on AAI indicators. National, regional and local policy-makers must align their policies on active ageing. Continued funding is needed to enable data collection at the regional and local levels. Partnerships with research institutes can help facilitate research using local data.



D. Main issues discussed during the meeting

The presentations of the experts and the peer country representatives led to discussion of the application of the AAI at the local level and its usability for policy-makers, and also of methodological issues related to the construction and adaptation of the index.

Issues discussed after the presentation of the pilot study of the AAI at the local level in Germany include:

- Starting is always difficult, and there are always problems in selecting indicators and their proxies. The main factors to have surveys covering all EU countries were to ensure comparability and that the indicators capture the various aspects of active ageing (in particular, according to the Vienna declaration). When moving from the national to the local level, it is quite justifiable to make changes to those indicators.
- A critical point in this exercise is to link each indicator to some kind of policy instrument, so that if a change occurs in that indicator, it is clear what policy it is associated with. In a local AAI, indicators should be linked to policies at the local level.
- When presenting results, it should be remembered that the purpose of the whole exercise is to measure the untapped potential of older people. So presenting results in terms of gaps or of untapped potential would be useful, e.g. comparing the level of Munich with other territories. However, the presenters of the study felt that calculating untapped potential might be rather arbitrary. They preferred to think in terms of setting goals. The study team emphasised that one advantage of a local (as opposed to a national) AAI is that the results of active ageing policies can be measured directly. Peer reviewers pointed out that the AAI can only give a broad picture of outcomes. It does not replace evaluation of individual policies and projects.
- As regards the image of ageing, peer reviewers stressed that older people's own self-image also often needs to be changed. They need more encouragement to take up opportunities for volunteering and activation. If approached correctly, the end of people's professional working lives can actually be a time of empowerment. A higher AAI score shows higher activation but proper interpretation of results is essential. Qualitative and contextual analysis is also needed.
- However, some participants wondered what useful purpose a local AAI index could serve, if not for comparative ranking. It was suggested that the same instrument should be used in each locality. Otherwise, the results would not really be comparable. Others felt that the AAI can help to improve the image of older people, by demonstrating their potential. An index can also enable comparison of different domains, showing how some communities are doing better in one dimension than in another and how they can learn from good practices elsewhere. Some speakers thought that competitive rankings may discourage local administrations, and so stand in the way of improvement. Others argued that competition might lead to higher standards. However, it was pointed out that different communities do not have the same starting point. In this context, competitive ranking would encourage the most advantaged communities and discourage the least advantaged. One idea was that competition should be on specific indicators, with specific, truly comparable competitors. But as the indices at various levels aim to achieve improvement, they should also stimulate 'self-competition' – i.e. 'competing' with one's own past results and trying to better them.

Some peer reviewers thought that AAI results should be used to set clear targets for the future – for instance, a 10% improvement on a specific indicator. There is also a need to interpret indicators qualitatively, taking particular local or national aspects into account, before using them to shape policy. Local leaders will want to know why AAI indicators for their community are not optimal, and what can be done in practice to improve them. So the qualitative interpretation of the indicators must provide a basis for discussion on this.

- Some felt that competition will happen anyway – if results are published for different localities, politicians and the media will inevitably start comparing them. A further suggestion was that an ‘inactivity index’ might be a more appropriate starting point for local decision-makers, as it would show more clearly what still needed to be done.
- In some countries, major social differences exist between urban and rural areas, or between inland and coastal districts, notably as regards the average age of the inhabitants. In such cases, the AAI would also need to take account of these differences. In the Spanish province of Biscay, for example, under the second measurement phase of the AAI a telephone survey will be run that would also include questions aimed at collecting some profile indicators of each person’s socio-demographic situation. This should fill in some gaps in the secondary data sources. It is likely to show big differences in health and life expectancy, even between adjacent urban areas.
- The Covenant on Demographic Change in Europe could, it was suggested, provide a framework for the exchange of experience among localities in different European countries on active ageing successes and difficulties.
- A local-level AAI could be a smart way of providing statistical dispersion, as the national-level index could be taken as the mean value, and all other information as dispersion values. Different governance levels within a country can provide different policy inputs for improving activation.

The possible use of the Survey of Health, Ageing and Retirement in Europe (SHARE) was mentioned during the Peer Review. This does not provide a local-level index, but in national terms (and regional terms, as the sample could be broken down to some extent), it is a possible source for the AAI. As more and more countries are added to the project, in future it could become also a source for national-level AAI. The use of the AAI index has been analysed in the ‘Mobilising the Potential of Active Ageing (MOPACT)’³² project, funded by the Commission, using the SHARE database to see how experiences of active ageing are distributed across different sub-groups of population.

Points discussed about the **KOSIS project**:

- Participation in this project is open to all and is not expensive.
- The learning process is important, as the partners meet regularly to discuss the outcomes with scientific support.
- The value for local policy-making lies in the qualitative part of the project, as it is more meaningful to local politicians than AAI indicator figures, and is thus more likely to lead to improvements.

Points discussed about the **Livability Index**:

³² See more about the project and relevant analysis, publications at the web page: <http://mopact.group.shef.ac.uk/>



- There was general agreement that the Livability Index makes excellent use of its website and that, if the AAI results could be put across in a similar way, they would be more attractive for users.
- Peer reviewers noted that the Livability Index looks for indicators that are suitable for all ages. This is in contrast to what the AAI is trying to do. It was also pointed out that most of the indicators of the Livability Index concern the enabling environment (healthcare quality, etc.). They are about looking at the prerequisites for active ageing, whereas the AAI is concentrating more on the outcomes. The idea of the Livability index is to focus on the community itself, and not necessarily on the people in that community, as a way of advancing change. Elements that are important to older adults are included, but are not to the fore. This technique was chosen deliberately. Hence also the emphasis on enabling environment indicators. The aim is to look at the factors that help community leaders to make changes. To that end, the website also includes a list of resources for local leaders.
- One limitation of the Livability Index is that it can only cover those policies that are measurable; however, this is made clear to community leaders and politicians, and so they generally accept and use its results. Its use of data from outside, recognised sources also helps to establish its legitimacy. Communities are encouraged to give feedback and point out any errors or misinterpretations, which can then be corrected. They can also recommend changes in future coverage, although this will depend on the budget available. Financing will be a challenge for any full-scale update of the Livability Index, which was very expensive to carry out the first time around. It is likely that in the next 6–12 months there will be an update on communities' implementation of the selected policies. The important thing here is to have a clear narrative about what the index does.
- Many potential indicators were dropped because, for instance, they were only relevant in urban areas or were particularly problematic in one part of the country. It was important to provide a comparative picture, but without compiling a ranking list. Communities are free to use the Livability Index to compare themselves with others if they wish, and they can decide for themselves which other communities are suitable for comparison. Future versions will also enable a community to compare its own performance at different points in time.
- The study is financed from the American Association of Retired Persons' own funds, and no advertising is involved. No funding comes from elements that are included in the index (like e.g. housing associations). This is important for its independence. However, some kind of partnership (or even advertising) might be necessary in the future to pay for updates.
- Community involvement in the Livability Index is stimulated through media coverage, through staff visits to and direct discussions with local community groups, and through 'passive engagement' via social media, the website and the AARP publications. It was suggested that similar cost-effective visibility drives could help to get the AAI known more widely.



During the **discussions at the Peer Review meeting** it was stressed that the AAI is not an explicit instrument to assess the age-friendliness of territorial entities, but to gauge the untapped potential of older people to participate in society and live independently. In this, it differs, for instance, from the United States' Livability Index. Nevertheless, the AAI could be helpful in improving the age-friendly infrastructure.

It was also noted that the AAI should not be used as an instrument of competitive ranking between different territorial entities. The index rather offers policy-makers comparative evidence in developing strategies for active ageing. Exchanges of experience on the AAI – between both localities and countries – can serve to establish benchmarks. Promoting exchange between countries on AAI issues is vital in this respect.

It is important to involve a wide range of actors in discussions on possible regional or local use of the AAI. These should include local government policy-makers, civil society organisations, statisticians, academics and other data providers, as well as older people themselves and their immediate circle. This will help to explain what the AAI can do and to build local support for it. Its relevance must be clearly demonstrated to policymakers, and they should be consulted on the selection of indicators, which must meet their needs.

In Germany, as in other countries, demonstrating that older people are active is a way of changing the image of ageing. It also promotes intergenerational solidarity. The AAI can highlight the contributions of older people in different dimensions of their lives.

Some statistical issues may arise when applying the AAI at different levels of governance and among EU Member States with major differences in population size (Germany with more than 80 million compared to Malta with about 400,000 inhabitants). Problems may also occur with comparisons inside countries – for example, between dense conurbations and sparsely populated rural areas. In some cases, clustering a number of localities may be statistically prudent. In others, qualitative rather than statistical analysis may be an option. The availability of data can be a challenge at a subnational level. In Germany, there was a clear difference in the number of respondents between official data (high numbers), surveys aimed at older people (medium) and other surveys (low). Low numbers of respondents reduce the scope for further subdivisions – for instance, between men and women. Separate data for women and men were not available in all data sources. Gaps in the data for individual territorial entities in single surveys can also lead to distorted results. There are ways of weighting the figures to avoid distortions, but this produces artificial results. If local entities additionally collect their own data, this should occur in such a way as to maintain the possibility of drawing comparisons between local entities – for instance, by agreeing to use surveys with similar questions in several localities.

The European Commission and UNECE will be working on the continued development of the AAI. Resources have been secured for the next three years, and the next stage of the project will be launched in 2016. There will be a focus on updating and improving the index at the national level, involving new countries, and improving presentation and communication. But it will also include further work on application of the AAI at subnational — local and regional — levels. The Commission aims to facilitate increased flexibility, as there is a clear need to develop indicators that are suitable for the local level.



E. Conclusions and lessons learned

There was quite a lot of fruitful input from presentations and background documents; this was complemented by open and honest discussions during the Peer Review meeting itself. Along with the support for the use of the AAI, it was also pointed out that there could be limitations in its use by policy-makers at the local level in daily practice. However, all agreed that tools and measures are needed, as it is essential to have an evidence base for monitoring of policies at the level where they are conceived and implemented. Taking into account all that was presented and discussed, the following key findings emerged:

- **A local-level AAI is feasible.** However, much depends on the data sources available, as well as on local and national financial resources. In addition, the German example was limited to areas with more than 300,000 inhabitants; the AAI on finer geographical breakdowns remains a challenge.
- A local or regional AAI can be used to **measure progress** in activating the potential of older people to contribute to the economy and society.
- An AAI can provide **guidance for policy-making** at various levels of governance. The AAI index can provide new, evidence-based insights into various components of active ageing.
- To convince local policy-makers that a local AAI is useful, clear **relevance to local circumstances and policies** must be shown. The indicators must match local needs and should focus on circumstances that can be influenced politically at the local level.
- An AAI should be **policy oriented and should lead to action driven conclusions** in order to help policy makers adapt and improve relevant framework conditions and environments.
- **Capacity building** through funding and expertise for a local application is needed, particularly in small localities.
- It is important to **increase awareness of the benefits of the AAI** and to build local support for it. This can be done by involving a wide range of actors in the discussion on possible regional or local uses of the AAI.
- The **promotion of exchanges of experience** across both local areas and countries is vital to facilitate mutual learning on the local and regional use of the AAI.

Contribution of the Peer Review to EU priorities and initiatives

Within the EU Europe 2020 Strategy for smart, sustainable and inclusive growth, an important initiative is the **European Innovation Partnership on Active and Healthy Ageing**. It has set a target of increasing the healthy lifespan of EU citizens by two years by 2020. This goal is a 'triple win' for Europe through improved health and quality of life for older people, greater sustainability and efficiency in care systems, and new growth and market opportunities. The AAI includes indicators that are closely related to the Europe 2020 priorities on employment, lifelong learning and social inclusion.



The AAI and its application at all levels are also closely aligned with the EU **Social Investment Package** (SIP). This package supports investment in people's skills and capacities, so as to enable full participation in employment and society. One of the issues tackled by the SIP is the challenge posed by population ageing to the sustainability of welfare systems. So the SIP emphasises active ageing policies. The AAI helps to identify which aspects of active ageing require interventions, thus enabling well-targeted policy responses. That is why the Commission's Policy Roadmap for SIP implementation calls for a 'follow-up project with the United Nations Economic Commission for Europe to further develop the Active Ageing Index, to help policymakers recognise the untapped potential of older people' (European Commission, 2014).

By demonstrating the local relevance of the AAI, this Peer Review linked it to Europe 2020 and to the SIP at the levels that are closest to people's everyday lives. The involvement of citizens in the evaluation of changes should be beneficial not only to them directly, but also to coming generations that are not yet old.



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Active Ageing Index at the local level

Host country: **Germany**

Date: **14-15 April 2016**

Peer countries: **Estonia - Finland - Italy - Malta - Poland - Romania - Spain**

Stakeholders: **AGE, ESN**

The Active Ageing Index (AAI) measures to what extent the potential of older people is used to contribute to the economy and society through paid and unpaid activities and through living independent, healthy and safe lives. Developed within a joint management project of the European Commission and the UN Economic Commission for Europe, the AAI was first applied to EU Member States at the national level in 2012.

This Peer Review discussed the possible application of the AAI at local level and was held in Germany which has been piloting a feasibility study on calculating an AAI at the local level.

