A major report synthesising knowledge on active ageing in Europe

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Introduction

This document represents the first major output from MOPACT work package 1 (WP1). MOPACT (Mobilising the Potential of Active Ageing in Europe) is an ambitious 4 year, 32 partner Framework Programme 7 project which aims to assist Europe in delivering the goals set by Horizon 2020 concerning the demographic challenge facing Europe, the necessity of improving lifelong health and well-being for all and the promotion of social innovation. In particular our primary focus is on the aim of making longevity an asset for Europe.

MOPACT has five objectives:

1. To conduct the most comprehensive review to date of the social and economic challenges of ageing.
2. To collect and analyse social innovations and policy initiatives promoting active ageing.
3. To map the steps required to realise active ageing in Europe.
4. To proactively engage with stakeholders.
5. To undertake a wide and effective knowledge transfer effort.

Of the eleven work packages WP1, titled “Realising active ageing” has the core responsibility for synthesising the outputs from the other WPs and delivering the above objectives 2 and 3. It is organised around six tasks:

- Synthesising
- Reviewing empirical evidence
- Conducting a global survey of social innovations
- Mapping scenarios of active ageing
- Creating the European Active Ageing Resource
- Stakeholder engagement

The purpose of this report is to provide a first overview of the work conducted so far with regard to the global survey of social innovations for active ageing and the experience of active ageing in Europe. It comprises three main sections: the first covering social innovation and active ageing, the second presenting the evidence on active ageing in Europe and the third synthesising work of all research work packages.
1 Social Innovations and Active Ageing

This section provides a brief overview of social innovations in relation to scientific debate and relevance to policy makers while acknowledging that practitioners in the field may well be social innovators without realising it, given the lack of traction that the term has with the wider public. Although social innovation is an opaque concept it is becoming increasingly important as societies around the world face the challenges and opportunities that are presented by an ageing population. The next sub-section discusses the concept of active ageing and is followed by an account of the Active Ageing Index (AAI), the tool developed as a result of the European Year for Active Ageing and Solidarity between Generations in 2012 to measure a country’s provisions for active ageing. The following sub-section considers some methodological issues in assessing social innovations for active ageing as there is a need to develop metrics to measure the impact of new projects. The inclusion criteria, searches and approach to grading social innovations for active ageing are discussed in the next section that covers the range of possible intervention areas that were considered and an outline of the process of social innovation. There is a balance to be struck between social innovations that are established with a track record of achievement compared to new projects that are just starting to operate. Social innovations that have spread around the world over many years, such as the University of the Third Age, are still in their infancy in some countries and could be developed further. The intention is to provide information on a wide range of social innovations so that policy makers and social innovators can be informed and inspired about ideas, concepts and projects that are operating elsewhere in the world and could be developed in other places. The social innovations were summarised and assessed using a balanced scorecard containing four domains - impact, sustainability, implementation and transferability - on a simple 1-10 scale with a minimum standard of 24 for inclusion on the MOPACT website. Finally, this section concludes with examples of social innovations across the four domains of the Active Ageing Index: employment; participation in society; independent, healthy and secure living; and capacity and enabling environment for active ageing.

Social innovation

Social innovation is an elusive concept that is subject to continuing academic debate, is often discussed and championed by policymakers and it is an activity that practitioners in a wide variety of areas are engaged in although many may not be fully aware that they are social innovators. These social innovators can be in the public or private sector or in voluntary and community organisations in civil society.
who are in their different ways seeking to develop new ideas and solutions to social issues affecting people of all ages.

The academic debate on social innovation continues to develop but it is worthwhile to make a number of key points to provide some critical analysis of the ambiguous term. Gerometta and colleagues identified three core dimensions to social innovation: the satisfaction of human needs (content dimension); changes in social relations especially with regard to governance (process dimension); and an increase in the socio-political capability and access to resources (empowerment dimension). Consequently, social innovation is both a normative and analytical concept in the formation and analysis of developing solutions to social exclusion issues through institutional change, governance dynamics and empowerment (Germetta et al, 2005: 2007). In academic terms, social innovation refers to a broad and inter-disciplinary field of research concerned with the transformation of existing social relationship or the forging of new ones in order to allow people, especially disadvantaged social groups, to better satisfy their basic needs (Oosterlynck in Moulaert et al, 2010).

O’Sullivan, Mulgan and Vasconcelos noted that no society had yet 'solved' the challenges of ageing so there was no choice but:

...to innovate, experiment and learn fast...[Social innovation]...sees older people not as a burden but as a valuable resource; it enables their contribution, seeing them as active participants and not passive consumers; and it focuses on capabilities as well as needs. Underpinning all of this is a focus on improving the quality of life for older people, emphasising a shift away from an exclusive focus on health and pensions to a more holistic focus on wellbeing (O’Sullivan et al. 2010:1).

This view is broadly consistent with the general approach taken to social innovation and active and healthy ageing by the MOPACT project: we need to encourage and evaluate social innovations that recognise that older people are a valuable resource.

Social innovation is more than simply developing new ideas and processes into projects that have a positive impact on issues. Moulaert and colleagues contend that social innovation involves the dynamics of social relations, including power relations, so it is about promoting social inclusion and an ethical position of social justice although this is subject to a variety of interpretations. Consequently, "...social innovation cannot be separated either from its social-cultural, or from its social-political context” (Moulaert et al, 2010:15). It is important to acknowledge the importance of social, cultural, economic and political context in matters of social innovation as these factors strongly influence what social innovations can be attempted and to what extent they will succeed.
Social innovation is a concept that has been of great interest to policy makers around the world. Shortly after taking office President Obama established the Office of Social Innovation and Civic Participation that sought to engage the federal government with the social sector to find new ways of solving problems in the public interest through support for creative solutions developed across the USA (White House, 2015). The European Commission under the presidency of Manuel Barroso has also been committed to supporting social innovation to develop "...new ideas that work to address pressing unmet needs (EC, 2010:9)."

In terms of social innovation for policymakers, the definition offered by the *European Commission Guide to Social Innovation* (EC, 2013) is useful as it acknowledges that there is no definite consensus about SI due to linguistic nuances and different social, economic, cultural and administrative traditions playing a role in interpretation while offering a recognisably coherent definition.

Social innovation can be defined as the development and implementation of new ideas (products, services and models) to meet social needs and create new social relationships or collaborations. It represents new responses to pressing social demands, which affect the process of social interactions. It is aimed at improving human well-being. Social innovations are innovations that are social in both their ends and their means. They are innovations that are not only good for society but also enhance individuals’ capacity to act. (European Commission Guide to Social Innovation, 2013a: 6)

While recognising that there can linguistic nuances, this definition of social innovation has been used in the MOPACT project as it provides a core definition that has relevancy across the European Union. The European Commission Guide to Social Innovation also provides a useful checklist that includes the social need which is addressed, the tools and methods that are used and the innovative nature of the activities. It also poses a series of questions that are worth considering when searching for social innovations:

- Does the project address a usually untreated issue?
- Does the project address these needs in a more effective way than other?
- Is the project carried out through a novel cooperation or governance mechanism or with the participation of unusual actors?
- What is the aim of the project?
- What means are used to address these needs? Are the – human, financial, technical or administrative - resources ensured in a social way?
- Is there a strong involvement of stakeholders and users?
- Up-scaling. Is the impact of the project or programme measured?
- Are evidences used within the project or for the benefit of other projects?
- Is there an up-scaling foreseen to regional, sector or national level?
• Is sustainability ensured?

These questions informed the collection of data on social innovations and consideration in the balanced scorecard approach which will be discussed later.

**Active ageing**

Active ageing is a concept that requires critical analysis with the World Health Organization's policy framework for active ageing providing an initial definition:

...the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and population groups. It allows people to realise their potential for physical, social and mental well being through the life course and participate in society according to their needs, desires and capacities, while providing them with adequate protection security and care they require assistance...to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care. (WHO, Active Ageing: A Policy Framework, 2002:12)

Although there is often a tendency among policymakers to regard activity as being participation in the labour force or being physically active, this definition also applied to continuing participation in social, economic, cultural, spiritual and civic affairs. Older people who are ill or live with disabilities can remain active contributors to their families, communities and nations. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age including those who are frail, disabled and in need of care. Policies and programmes that promote mental health and social connections are as important as those that improve physical health (ibid). In common with the SI agenda, the WHO approach shifts away from a passive vision of older people to a rights-based approach based on equality of opportunity and treatment as people grow older.

The WHO notion of active ageing is underpinned by three pillars - health, participation and security - that apply over the life course and will require a public health approach based on inter-sectoral action. The health pillar is based on the prevention and reduction of the burden of excess disabilities, chronic disease and premature mortality through a wide range of policy interventions including prevention, effective treatments, age-friendly safe environments and policies to promote quality of life including social support to reduce loneliness and isolation. Participation includes both formal and informal work as well as voluntary activities according to individual needs, preferences and capacities as well as learning opportunities throughout the life course. The security pillar aims to ensure the
protection, safety and dignity of older people by addressing the social, financial and physical security rights and needs of people as they age, particularly by reducing inequities in the lives of older women (WHO, Active Ageing: A Policy Framework, 2002:45-55).

While recognising the paradigm shifting nature of the WHO definition, Walker (2009) has highlighted some drawbacks and attempted to introduce a multi-layered policy-oriented model:

> Active ageing should be a comprehensive strategy to maximise participation and well-being as people age. It should operate simultaneously at the individual (lifestyle), organisational (management), and societal (policy) levels and at all stages of the life course (Walker, 2009).

This definition was adopted by the FUTURAGE Road Map (FUTURAGE, 2011) and has been central to the work conducted in MOPACT. In additions there are seven principles underpinning this conceptualisation of active ageing:

1) A *wide definition* of activity that includes all meaningful pursuits;
2) A *preventive* approach that involves people across all age groups;
3) Active ageing should include *all older people* including those who are frail and disabled regardless of their chronological age;
4) It should involve *inter-generational solidarity and fairness between generations* with an emphasis on activities that span across generations;
5) *Rights* to social protection and other forms of social welfare along with *obligations* to take advantage of these opportunities and remain active in other ways;
6) Active ageing should be *participative and empowering* with a mixture of top-down and bottom-up initiatives that enable people to develop their own forms of activity;
7) It must *respect national and cultural diversity* across and within European nation states (Walker & Foster, 2013).

Furthermore, the World Health Organization's guiding principles for active ageing have also been relevant and fully considered during this process.

1) *Participatory approach* that involves older people in policy-making process of initiatives and evaluation of implementation;
2) *Empowerment at the personal and community level* is at the core of community action and voluntary initiatives that promote active and healthy ageing;
3) **Focus on equity** with particular attention for vulnerable or disadvantaged groups of older people who have accumulated inequalities over the life course;

4) **Gender perspective** is essential given the differences between men and women in their roles and experiences over the life course and into old age;

5) **Inter-sectoral action** based on ‘whole of society’ and government with health in all policies to influence the social determinants of health ageing with all relevant stakeholders;

6) **Sustainability and value for money** are critical for active and healthy ageing with improved quality of care and proven effectiveness of interventions being important concerns (WHO, 2012a: 4-5)

These frameworks and guiding principles for active ageing have informed the search and consideration of social innovations for the MOPACT project. Social innovations must contain several elements in order to be considered as worthwhile examples for the purposes of MOPACT.

**The Active Ageing Index**

The Active Ageing Index (AAI) provides unique multi-faceted evidence on the contribution of older people across EU countries to their social and economic lives. It covers not only employment of older people but also their unpaid familial, social, and cultural contributions, and their independent, healthy, and secure living. It also captures how the EU countries differ with respect to capacity and enabling environments for active and healthy ageing. As the ageing experiences of men and women are expected to be different, the AAI also provides a breakdown by gender.

The AAI serves as a flexible tool to enable a range of stakeholders to develop evidence-based strategies to address the challenges of population ageing and its impact on society. It was developed in the course of the 2012 European Year for Active Ageing and Solidarity between Generations. It is also being used to monitor the implementation of national ageing-related policies in the context of the Madrid International Plan of Action on Ageing (MIPAA).

The AAI constructed on the basis of four distinct domains:

1. Employment
2. Participation in Society
3. Independent, Healthy and Secure Living
4. Capacity and Enabling Environment for Active Ageing.
Issues in assessing social innovations for active and healthy ageing

Social innovations have an important role to play in the process of societies adjusting to ageing populations but it is important to understand both the general and particular social, economic, political and cultural contexts in which they operate. As Reeder and colleagues noted:
Community norms, incentives, levels and trust and extent of empowerment have a powerful role in determining the success or failure of a social innovation: what may encourage volunteering in one city may fail in a rural district; what might gain plentiful crowd sourcing in Poland may flounder in Paris (Reeder et al, 2012:33).

These contextual variations and the nature of social innovations - new ideas (products, services and models) to meet social needs and create new social relationships or collaborations - make assessment inherently difficult. Comparisons of effects can be difficult as they rely on counterfactuals to express what would have happened to expenditure and outcomes if the project had not taken place. There are trade-offs to be made between the practicality and robustness of evaluative assessments that need to take account of the innovation stage of a project. Mature, fully sustained initiatives can and should demonstrate a much more robust level of evidence than promising pilots at an early stage of development (Reeder et al, 2012:24-25). However, there are very few high quality outcome evaluations of social innovations, particularly measuring effects on active ageing and healthy life years. There is a strong case for ‘randomised evaluations’ of social innovations (Schmitz et al, 2013) and the use of randomised control trials for policies (Haynes et al, 2012) but in the absence of this evidence being widely available there is still a pressing need to make judgements on social innovations for active ageing.

Assessing social innovations is a developing process and can be viewed as a search for approaches and methods that can produce evidence that is broadly reliable and valid given the inherent complexity and variability of social contexts and interventions. A particularly useful schema outlined by Brechin and Siddell (2000) highlights three different ways of knowing:

- **Empirical knowing**: the most explicit form of knowing, which is often based on quantitative or qualitative research study;
- **Theoretical knowing**: which uses different theoretical frameworks for thinking about a problem, sometimes informed by research, but often derived in intuitive and informal ways;
- **Experiential knowing**: craft or tacit knowledge built up over a number of years of practice experience. (Brechin and Siddell cited in Nutley et al, 2013: 6)

Evidential knowledge on social innovations is likely to be based on experiential knowing from practitioners and people who are engaged with the project. It can also, and arguably should, be based on theoretical knowing. Ideally this should be linked to robust research to provide a plausible theory of change that explains how, why, when and for whom some form of intervention works. Social innovations will rarely have reached the empirical knowing stage but that is a worthwhile aspiration that may only be partially achieved even given an abundance of research time and resources. However, this aspiration for ‘good evidence’ inherently involves issues of
power, values and a host of other issues that are beyond the scope of this
discussion document. It is necessary and prudent to be content with evidence that
can be considered as ‘good enough’ given what is known about the social world.

Assessment of social innovations should be based on a judgement of theoretical
plausibility. For example, social activity theory contends that older people’s health
and wellbeing is maintained and improved by social participation in leisure and
physical activities and role replacement when an established role must be
relinquished. Betts Adams and colleagues (2011) in their review of 42 studies found
that despite differences in definition and measurement there were methodologically
rigorous studies that found positive associations between activity and wellbeing.
However, it is difficult to determine the direction of causality between activity and
health – are older people more likely to be healthy because of the activities they
participate in or are they more active due to the good health they enjoy? There are
likely to be multiple and complex pathways between activity and health that are
difficult to untangle. Therefore, even though we do not completely understand the
causal mechanisms if a social innovation promotes social activity, participation and
interaction that reduces social isolation and loneliness then it is likely to be beneficial
to people’s health and wellbeing (Holt-Lunstad et al, 2010).

The Centre for Disease Control provide a conceptual framework for assessing
evidence-based practice in public health interventions (Spencer et al, 2013) that can
usefully be adapted for social innovations. The evidence for many social innovations
is predominantly in the emerging to promising stages with relatively few examples of
best practice based on rigorous empirical research.

While there is certainly a need for a stronger evidence base on social innovations,
there is a pressing need to assess their potential impact in relation to active and
healthy ageing. The WHO Commission on the Social Determinants of Health (WHO,
2008) faced a similar issue in relation to evaluating evidence and rightly decided that
just relying on well-controlled experiments would have greatly hindered and limited
their work. ‘Equity and social justice, even health, would not have progressed much
(WHO, 2008:42).’ Therefore, this lack of high quality, controlled experimental
evidence ‘...cannot be a barrier to making judgements with the current evidence
(WHO, 2008:42).’ A similar approach has to be adopted for assessing the potential
impact of social innovations based on judgements of theoretically plausible
interventions in the social world.
Methods: inclusion, searches and grading

The searches were informed by the previously mentioned concepts, frameworks and guiding principles for social innovations, active ageing and the Active Ageing Index and how they related to a variety of key areas. O’Sullivan and colleagues identified a number of challenges and opportunities for social innovation in later life including:

1) Greater flexibility in pensions,
2) A greater variety of housing choices such as co-housing and supported living,
3) Novel ways of increasing social interaction so that people do not experience social isolation and loneliness,
4) Policies to encourage people to work longer,
5) New ways of providing health and social care,
6) Innovative ways of supporting carers,
7) Developing ‘age readiness’ across society,
8) Encouraging volunteering,
9) Developing inter-generational projects that benefit participants and wider society,
10) Age-friendly urban design for all people, and;
11) Inclusive transport solutions (O'Sullivan et al, 2010: 8-10).

Similarly, Khan identified the need to develop innovative solutions to achieve systemic change across five key areas if we were to meet the challenge meeting the needs of a population that has average life expectancy increasing by five hours a day:

1) Social places - mobilising people to help one another so that older people can live well and independently for longer;
2) People-powered health - bringing the social into the medical by combining clinical expertise with self-management and peer support to improve health outcomes;
3) Purposeful work - new employment options that enable people to work purposefully and enjoyably in the second half of life;
4) Plan for life - creating a sense of opportunity as we enter the second half of life;
5) Living room - enabling older people to live where they want through new housing models which combine high quality accommodation with friendships and support (Khan, 2013:11).

This range of areas provided a guide for social innovations from around the world that had achieved positive results or showed potential promise in relation to active ageing over the life course. The selected social innovations are diverse but share a dynamism that can have an impact on individuals, groups, communities and even wider society through bringing about systemic change.

Social innovations develop at different rates over time with some developing rapidly while others take much longer to mature. All of the social innovations for active ageing have gone beyond prompts and proposals to be at least prototypes (pilots) while many have been sustained and scaled up whereas some have achieved systemic change. This process of social innovation is demonstrated in the spiral diagram below that indicates that many projects can progress from prompts through proposals to prototypes relatively quickly but to achieve sustainability, scaling up and systemic change is likely to take time.
1) **Prompts**: the factors which highlight the need for social innovation as well as the inspirations which spark it from creative imagination to new evidence. This stage is about diagnosing the problem and framing the question in such a way that root causes are addressed.

2) **Proposals**: this is the stage of idea generation that draw in insights and experiences from a wide range of sources.

3) **Prototyping**: pilots are developed and tested so that they can be evaluated and refined. This process of iteration, of trial and error, is when social innovations wither or thrive.

4) **Sustaining**: this is when a pilot trial becomes everyday practice in a particular area, when social innovations are being implemented on the ground. It often involves sharpening and streamlining ideas, processes and relationships so that income streams can be secured to carry the innovation forward.

5) **Scaling**: this is when the social innovation is growing in its current location and/or being diffused to other locations and contexts. Social innovations take hold through inspiration and emulation so that an idea or project is adopted and/or adapted. Successfully transferring a social innovation to other locations and contexts indicates that it has the potential to have an impact beyond where it began.

6) **Systemic change**: this is the ultimate goal of social innovation and usually involves the interaction of many elements. Systemic change involves new ways of thinking and doing, new frameworks or architectures that enable innovations to be viable in the long term (Murray et al, 2010).
Some social innovations have been operating for many years and have achieved significant effects and systemic change while others are only at a pilot project stage but have potential to achieve results in the future. There can be no certainty about the progression of a social innovation as a promising project can be developing but then funding stops and it may cease to operate. Some examples of socially innovative projects that have followed this course have been included because innovative ideas and concepts have been put into practice and valuable lessons should have been learned. The intention is to provide policy makers and social innovators with a wide range of projects that have been tried in one part of the world that could then be used in their locality.

Social innovations were gathered from a wide variety of sources including extensive internet searches, particularly of social innovation hubs and incubators as well as government and voluntary organisation websites. Numerous examples were found from the growing literature on ageing and social innovation, projects identified as showing promise by other organisations and from colleagues working on the MOPACT project. Internet searches were focused with terms such as social innovation, project, active ageing, health and wellbeing, prevention of long-term health conditions such as type 2 diabetes, dementia or high blood pressures, older people and life course all being used. Place names of cities, regions and countries were also used in the search process to achieve a wide range of locations and a general balance in the distribution of social innovations. There was a particular effort to focus the search on social innovations from new member states and this was partially successful with examples from states across eastern Europe.

This internet search strategy is limited by the need for social innovations to have a presence on the world wide web and for it to contain sufficient information to be extracted, translated (using the translate function in Google Chrome) and assessed using the balanced scorecard approach. The narrative summaries in this report and in the European Active Ageing Resource represent only a fraction of the data that was extracted from websites for analysis and grading. Some mature social innovations had evidence from evaluation research to support the effects and impact of their work but most did not although this should not exclude them from consideration.

The major hubs and incubators for social innovation, such as the Social Innovation Exchange (SIX) which operates across Europe and globally, NESTA in the UK, Kennisland and Zorginnovatie in the Netherlands or the Centre for Social Innovation in Canada, provided a valuable resource for social innovations. These sites provided examples and links to social innovations and showed the global reach of the term and how it varies subtly across countries and cultures. The web sites of projects funded by the European Union also provided a useful source for information although a conscious decision was made to use only a limited number of examples given the large number of relevant projects. The inclusion of a project is intended to
show the potential promise of an idea or concept and there are many projects that have not been included in order to achieve as broad a range of coverage of social innovations as possible given the limitations of the MOPACT project.

Government websites and databases also provided numerous examples of socially innovative projects, particularly in relation to health interventions. The US Department for Health and Human Services through its Agency for Healthcare Research and Quality provides a useful database on innovations in numerous areas of health care as did the Optimal Aging Portal for Canada. Regional government, such as that in the Italian region of Emilia Romagna, can play a pivotal role in championing social innovations in their region and beyond and provided several good quality examples. Voluntary and community organisations develop many socially innovative projects to meet the needs of local communities across all EU states and beyond. The national organisations for older people across EU states and beyond provided numerous examples of innovation inter-generational projects that mobilised the potential of older people to share their knowledge and wisdom with children and young people. Finally, colleagues from across the MOPACT consortium provided examples and links to social innovations from their own work packages and countries. Their cooperation and diligence provided examples of social innovations that would probably not otherwise have been found and we are grateful for their valuable contribution to the task of data collection.

Given the scope of MOPACT and the cooperative operation of work packages, social innovations with relevance to work and employment (WP3), health and wellbeing (WP5), the built and technological environment (WP7), social support and long-term care (WP8) and enhancing active citizenship (WP9) are particularly well represented as they fit particularly well into the Active Ageing Index framework. The common approach used to identify social innovations is a major strength of MOPACT and has allowed their description and assessment across the project regardless of the work package. While the interpretive emphasis may change across work packages with different aims and objectives, there is a common and unified approach that links the work packages together.

All of the social innovations were included for consideration if they had some clear relevance to contributing to active ageing and contained indications of real innovation rather than standard provision. They also had to have a robust basis in terms of potential impact, which invariably involved stakeholder support from civil society and the public and private sectors, and to have some evidence across the four domains of the balanced scorecard. For resource reasons MOPACT could not possibly survey and catalogue all social innovations for active and healthy ageing. This is therefore a partial sample of social innovations for active and healthy ageing but they do represent a repository of numerous and potentially valuable exemplars. They give an indication of the types of social innovations being developed and
tested, a broad overview of the lessons that have been learned and hopefully provide inspiring ideas for others to build upon.

Data was extracted to provide a narrative summary of the social innovation that describes who is running the social innovation, where it is operating, what are the main aims and why this is important, who are the main target group(s), how is it is innovative and relevant to active ageing and the AAI, what impact it is has had and what potential it has to expand. Social innovations were assessed using a balanced scorecard with four domains that were informed by the European Commission’s Guide to Social Innovation mentioned earlier.

The process of summarising social innovations has focused on four scorecard domains – social and economic impact, sustainability, tolerance and implementation – with two elements to each domain. Social and economic impact includes an assessment of the probable (theoretically plausible) impact on active and healthy ageing and the system costs. The former refers to the range of factors that influence active ageing while the latter considers the costs of establishing and operating the project. Sustainability’s two dimensions involve an assessment of the project continuing in its current location. Social innovations often operate on pilot project funding from the public and/or private sector, philanthropic grants, membership/user fees or a market return on their goods or services in order to operate. A fixed term pilot project may be mainstreamed, in whole or partially, if it has been demonstrated to be operating effectively and satisfactorily or it could cease with little potential for continuation. If a social innovation has a diversity of funding sources and/or a long-term relationship with a funding organisation then there are reasonable grounds to think that it is likely to mature and grow although there is always uncertainty for such socially innovative projects especially if they have fixed costs in the market economy such as wages and rents to pay. Costs and being able to drawn on key personnel, professional expertise or volunteers with a wealth of experience, are likely to be the key elements to the sustainability of a social innovation.

The tolerance domain is assessed in terms of stakeholder support for the social innovation and user friendliness. The score is based on an assessment of how acceptable a social innovation appears, or is likely to be, to organisations and individuals. User friendliness is often critical to social innovations, particularly those that use or rely on new technology, if they are to successfully operate. A key feature of many social innovations is the involvement of people in the process of co-design from initial prototyping and testing through to co-production of the final product or service. Some social innovations may entrench a digital divide or fundamentally challenge notions of what is socially acceptable and these sorts of factors need to be considered in the scorecard.

The implementation domain considers how easy or difficult it is to implement a social innovation as even when good ideas have been developed through a process of co-
design they can still fail at an operational level. This why the earlier stages of social innovation (prompts and prototypes) have been excluded: we need to know that good ideas can be put into practice in the field and this can only be assessed when they have been tested and piloted or are sufficiently mature to have been operating for several years. The second element in the implementation domain is transferability to other locations in the same country or successful transplantation to operate in another country. Some socially innovative projects clearly have great potential for transfer or (re-)development in other countries and just need that creative spark from a social innovator to set the wheels in motion. While evidence of transferability being achieved is desirable as proof that it can be done, there is also scope for taking an optimistic view of the potential of an innovation to make the leap from one country to another. It is highly likely that some social innovations will have made the leap from one country to another but that we are unaware of this transfer.

The scoring system is a simple scale of 1-10 with the following criteria being used to assess the potential social and economic impact:

1 or 2 – Very low in terms of practice and potential;
3 or 4 – Low in terms of practice and potential;
5 or 6 – Some promise;
7 or 8 – Clear indications of innovatory effects or promise;
9 or 10 – Fully achieved

For sustainability (in current location and scalability), tolerance (acceptability and user friendliness) and implementation (ease in site and transferability potential) a similar 1-10 scale has been used.

1 or 2 – Very weak/poor
3 or 4 – Weak/poor
5 or 6 – Potential promise
7 or 8 – Good/very promising
9 or 10 – Very good/highly likely

This scale has been applied across the four parts of the balanced scorecard to produce an indicative score out of twenty for the social innovation. This is a rudimentary evaluation of the summarised social innovation and is supplemented with some brief comments on each scorecard element and on the project as a whole. These are based on a judgement of the available and retrieved evidence on each social innovation, which varies considerably, and can be viewed via the further information web links. A social innovation must achieve a score of 24 across the four domains of the balanced scorecard to reach the threshold of actual or potential promise to contribute to active and healthy ageing.
The scores are indicative judgements based on available and retrieved evidence that have been assigned by MOPACT researchers and should not be seen as definitive assessments of social innovations. They are used to indicate that social innovations have reached a minimum level, with many comfortably exceeding it, that represents a benchmark of potential promise or a record of achievement over a period of time. These judgements are based on readily available sources of data and are a matter of interpretation and judgement of plausibility rather than robust evaluation research. There is an increasingly urgent need for process and outcome evaluations of social innovations to be conducted so that the evidence base can be strengthened from what the CDC classified as 'emerging' to at least 'promising' on the way to 'leading' and eventually 'best' practice.

**Examples of social innovations for active ageing**

The Active Ageing Index provided a framework for broadly categorising social innovations although many are likely to have effects across several indicators within each domain or across more than one domain. For example, many social innovations are highly likely to contribute to stronger social connectedness although that may not be the principal aim of the project. Social innovations have been grouped by the primary aim of the project in relation to the AAI domain for analytical convenience while recognising that many will have effects across more than one indicator or domain.
Employment domain

The first domain of the AAI relates to employment rates of older people in the 55 to 75 years age range and there is often a particular focus on this area from policymakers who regard extending working lives as the essential element of active ageing in the face of demographic trends and the cost of retirement pensions. Increasing the employment rate of older workers faces numerous challenges, such as a potential mismatch between the skills of older workers and the types of jobs being created in the labour market or age discrimination based on stereotypical views of the diminished capacities of older workers, and it is dependent on the labour market context. The context includes the established role of legislation, the role of trade unions and employers’ associations in reaching industrial agreements and the general economic situation that all need to be considered when introducing a socially innovative solution.

Below are three of many social innovations that aim to improve the labour market position of particular groups of people in Poland, Italy and Portugal. The Polish example is directly relevant to the AAI in that it should increase the employment rate of older workers over time and thus increase Poland’s index score. However, it is important to note that active ageing occurs over the life course and therefore social innovations for employment can contribute by addressing issues that affect younger groups of workers. Lavoro Over 40 is a social innovation from Italy that addresses the position of people in their forties and fifties who have generally been well-established in the labour market but can face difficulties if they lose their job. The effects of unemployment for people in their forties or fifties can extend beyond the individual directly affected but also to older and younger generations who may rely on this main ‘breadwinner’ for household income. The life course can also be seen as a series of transitions which, if successfully navigated, contribute to health and wellbeing but if there are difficulties then the long term effects can be negative and cumulative. In the current economic climate many European nations are facing high rates of youth unemployment and the effects of a prolonged period of unemployment when entering the labour market can be damaging to individuals and wider society as there is a risk of the more able and qualified leaving the country in search of greater opportunities. The Movement for Employment is an innovative partnership in Portugal that is attempting to improve the labour market opportunities of young graduates as they are particularly likely to emigrate in search of suitable work opportunities. These three examples of social innovations to improve employment rates and labour market performance are aimed at different stages in the life course and should all have positive effects on health and wellbeing.

Solidarity of Generations, Poland: Poland in the last decade has experienced both a significant rise in living standards towards the European average and the movement of large numbers of people in the prime years of their working lives to
other European Union states. One of the results of these trends has been the prospect of Poland facing a shortage of labour in the future and it is in this context that Poland's relatively low level of labour market participation among older workers is particularly important. Since the financial crisis of 2007-08 the proportion of older workers, defined as being over the age of 50 years, has increased but it is still considerably lower than the average rate for this group across the EU (OECD, 2014). It is in this economic context that Poland has embarked on the Solidarity of Generations with a focus on the labour market position of older workers and the Senior Citizens Social Activity (ASOS) programme for the numerous dimensions of active and healthy ageing beyond paid work.

The Ministry of Labour and Social Policy and the Human Resources Development Centre run a national information and promotional campaign to promote the benefits and value of employing older workers who have experience and maturity. This is to promote cultural changes in attitudes and challenge negative stereotypes about older workers (European Commission, 2014a) that are a necessary pre-requisite for substantive economic and social changes that can then mobilise the potential of older workers. Another element has been to develop and encourage good practice in age management practices in organisations so that negative stereotypes and age discrimination in the workplace can be addressed, this work has been supported by AGE Platform Europe. This has included age-friendly job design, greater flexibility and control over work and greater recognition of the experience and expertise that older workers have in the workplace. A further feature has been the introduction of wage subsidies of up to 50% of the monthly minimum wage for employers who recruit unemployed older workers who are aged 50 years or more for a period of up to 12 months and up to 24 months if the unemployed worker is 60 years old or older. The employer must guarantee continuing employment for at least a further half of the period of the wage subsidy (6 or 12 months) when it has been completed. Employers are also exempted from obligations to pay contributions to the Labour Fund and towards the Guaranteed Employee Benefits thus lowering the marginal costs of older workers. Finally, the National Training Fund (KFS) has been created to finance education and training with a focus on workers aged 45 years and over in order to develop skills and improve productivity.

This is a socially innovative approach with multiple elements that are designed to increase the employment rate of older workers as Poland seeks to avoid a labour shortage in the future that could restrict economic performance and wider social welfare.

**Lavoro Over 40, Italy:** Unemployment damages people's health and wellbeing no matter what their age but there is a tendency for policy makers to focus their attention on the issue of youth unemployment as it is hyper-cyclical (higher than the average rate of unemployment) and it can blight the career prospects and lives of
even highly qualified young people. In comparison, the issue of people who become unemployed in their forties or fifties is relatively neglected even though this group are many years away from their retirement pension. A young person who is unemployed can often rely on the support of their parents but when somebody in their forties or fifties loses their job then they are unable to provide that support and it affects the health and wellbeing of the whole family. To address this relatively neglected issue, Lavoro Over 40 was established as a voluntary association in 2003.

Lavoro Over 40 aims to collaborate with existing labour market organisations and institutions to promote the re-entry of mature workers into paid work. It is not an employment agency but an association that lobbies for legislative change, challenges ageism as a form of discrimination and participates in innovative research projects and employment initiatives that break down barriers to paid work for mature workers. Lavoro Over 40 works in partnership with trade unions, trade associations and all levels of government to promote the interests of mature workers and has more than 6,000 individual members from across Italy. The main sources of income are from modest membership fees, donations and income from research and employment/training projects with most of the work of the association undertaken on a voluntary basis.

Activities in recent years have included Project Maieuta (midwife) that validated the prior learning of mature workers to improve their level of formal qualification and to increase their self-confidence that can easily be eroded by a period of unemployment. Project Nanny provided a bespoke training course for people interested in providing care in the domestic setting, potentially up the generational tree to older people and down to children, and has run three times. Project Needle and Thread provided training for women to acquire tailoring skills and Lavoro Over 40 also provides advice and support to mature workers who want to set up their own business. They also work with UNAR, the Anti-discrimination Office of the Presidency of the Council, to combat age discrimination which still blights Italian society.

This social innovation operates in the context of the Italian labour market and the wider social structure that can involve middle aged adults having caring and financial responsibilities up the generational tree towards to their parents and downwards to their young adult children. The loss of a ‘breadwinner’ in their forties or fifties can have negative effects not only on that individual but the wider family and so demonstrating the importance of the wider social, economic, cultural and political context to social innovations.

**Movement for Employment, Portugal:** Active ageing is a process that takes place over the life course rather than starting at an arbitrary chronological age such as 50 or 60 years of age. The life course can be seen as a series of transitions - the
circumstances into which people are born, go to school during childhood and develop through education and then work and live through adulthood - that influences how long people live and how well they age. A key transition point is leaving education and entering the labour market as a period of unemployment in early adulthood can have profound effects on the career trajectory and opportunities for a healthy working life over subsequent decades (European Commission, 2013b). Youth unemployment (under the age of 25 years) is hyper-cyclical and has been much higher across the European Union than the general level of unemployment. This has certainly been the case in Portugal where youth unemployment rates have ranged from 25-33% over the period since the 2007-08 financial crisis (European Commission, 2014b) and there has been a significant movement of young people, often with high level qualifications, leaving Portugal in search of employment opportunities and a better life.

The Movement for Employment is a partnership initiative of the Institute of Employment and Vocational Training and COTEC, the national business association for innovation, with support from the Calouste Gulbenkian Foundation. It started in 2013 and involves companies, public organisations and the social economy across Portugal taking unemployed young graduates into their organisation on an intern basis to give them work experience and increase their employability. The Movement for Employment is characterised as a mixture of corporate social responsibility and providing innovative ways for highly qualified young people to gain work experience and to stay in Portugal. Internships are aimed at people between the ages of 18 and 30 years and can last up to 12 months with individual and organisational participants receiving allowances and incentives to take part. By December 2013 approximately 160 organisations had signed up to participate in the Movement for Employment and more than 1,400 young people had embarked on work placements. By 2015, the number of offers had increased to nearly 4,000 with more than 2,500 offers available. This is an example of an active labour market policy that targets young graduates who are at particular risk of starting their working lives at a disadvantage compared to earlier cohorts. They are also a cohort which is important to the future of Portuguese society that has witnessed a large number of highly qualified adults leave the country for lack of economic opportunity leading to the risk of an ageing society lacking skilled people in the future. In terms of active ageing, this is a life course intervention that seeks to ease the transition into paid work after studying that shows how it is important to adopt a range of policies and innovations to address contemporary issues.

Participation in Society domain

The participation in society domain refers to the actual experience of active ageing and focuses on voluntary activities of and with older people, care provided to
children and grandchildren, care given to older adults and political participation by older people. There are well recognised health and wellbeing benefits from older people undertaking voluntary activities (Betts Adams et al, 2011) while providing care up the generational tree to older adults and downwards to children and grandchildren is an essential feature of all societies and can provide health and wellbeing benefits for all generations although there is a risk of carers becoming 'burnt out' due to a lack of financial and social support. Providing support to informal care giving is one of the WHO European Region's five priority interventions for active and healthy ageing (WHO, 2012a:1) and is an issue of increasing importance as the number of care givers and those in need of care continue to grow. Political participation is an important part of civil society and older people who have the opportunity to be active citizens in their local community and beyond are likely to contribute to the needs and potential contributions that older people can make to the organisation of everyday life.

Three examples of social innovations from the social participation domain include the Age Advocacy and Awareness of Older People project from Bulgaria that has developed a range of activities that promote voluntary activity, care giving to children and political participation for older people. Read to Read in France provides opportunities for voluntary activity by older people that involves providing educational support to young children and effectively acting as a positive role model. Participatory budgeting for older people in the Portugese municipality of Alfandega da Fe highlights a social innovation that encourages political participation of older people in a small community.

**Age Advocacy and Awareness of Older People, Bulgaria:** Older people can face social exclusion and discrimination in many societies but they also represent a potential force for social change if they can be mobilised. This highlights the diversity of life chances that older people have to live a good life with poorer and older old people the most likely to be disadvantaged whereas there are growing numbers of more affluent younger older people who have the potential to bring about social change. The Active Ageing Index for 2014 places Bulgaria in 22nd place in the EU 28 with particularly low rankings for participation in society and independent living domains indicating that there is considerable scope for improvement in social conditions for older people and active ageing.

An innovative intervention to improve the situation of older people now and in the future was the Age Advocacy and Awareness project (AAAP) implemented by the Bulgarian Red Cross Society with financial assistance and support from the Swiss Red Cross. It started in 2003 in 10 regions of Bulgaria with the aims of encouraging participation of older people in defining and finding solutions to the issues that they faced in their daily lives through actively participating in the process. The AAAP involved over 1500 older people through the establishment of self-help groups, the
training of older people (defined as being over the age of 60 years) and younger people as advocates in order to raise public awareness of the challenges that older people faced in Bulgarian society. This participatory approach was genuinely innovative in the Bulgarian context and created a number of self-help groups and advocates who continued to press for changes to better meet the needs of older people now and to prepare for the future through active and healthy ageing. A range of issues affecting older people including public transport, social services and loneliness were raised with municipalities across the regions and a range of activities were undertaken with the underlying purpose of empowering older people. For example, home visits to socially isolated older people by older volunteers were organised in several municipalities in order to address social isolation and loneliness. Older people were mobilised to be active participants in local food banks, there were some improvements in access to specialist medics for older people in poor health, 54 older volunteers engaged in inter-generational activities with 139 children in six orphanages as part of a Grandma and Grandpa for the Children project and there were visits to nursing homes to support older people with dementia. The original project ran up until 2009 but was revived by further funding for the 2011-14 period and expanded to two further regions of Gabrovo and Yambol as well as the original ten areas. This revival can be seen as testimony to the achievements of the first iteration of the project and the legacy of self-help groups and trained advocates in making the case for older people and active and healthy ageing.

In relation to active ageing, the Age Awareness and Advocacy project is likely to have positive effects in relation to promoting voluntary activities, providing care to children and older adults as well as encouraging political participation. It also involved elements of improving access to health services and building social connectedness and it is entirely plausible that making older people more aware of their rights contributed to increasing their level of financial security through access to any additional benefits and pensions. The training of advocates improved lifelong learning for a group of participants and the ethos of the project was to work with older people in a participatory and empowering fashion embodies the spirit of social innovation for active and healthy ageing.

**Read to Read, France:** Older people often have the time, resources and skills to act as role models for children while assisting the younger generation with their education and general socialisation. There are potential social and health and wellbeing benefits for both younger and older generations from this kind of process through structured social interactions and mutual understanding. Given the ageing population across Europe, there is a growing pool of older people with the talents to support the development of the younger generation as they pass through adolescence.
Read to Read is an inter-generational programme operated by Lire et faire lire, a voluntary organisation that receives funding from a wide variety of corporate and other sources, that is supported by the League of Education and the National Union of Family Associations and works in partnership with the Ministry of Education. The concept originated in Brest in the mid-1980s when members of a local voluntary organisation for older and retired people were asked by a head teacher to assist with the work of the school library. It is based on older people, usually defined as being over the age of 50, reading and helping small groups of children to read in schools, libraries or community centres for 30 minutes at least once per week during the school year. Children who are struggling in school with their reading are particularly targeted for this additional support from older volunteers who are trained and vetted for suitability for working with children. This is a national programme that is coordinated at departmental level by the League of Education or the National Union of Family Associations so that volunteers and schools can be appropriately matched at the local level. It grew significantly during the 1990s and there are now more than 14,000 older people reading on a regular basis with more than 550,000 young children in over 8,000 schools across France. The initiative has been positively evaluated on several occasions as being beneficial to participants across the generations and demonstrates the potential benefits of an ageing population in supporting the educational and social development of children who face educational disadvantage due to poor reading skills. In terms of active ageing, Read to Read provides scope for inter-generational and voluntary activity that has potentially profound and long-lasting social benefits for children and older people. The complementary goals of educational development and inter-generational exchange provide a synergy that is mutually beneficial for children and older adults as well as schools and wider society and is a good example of the possibilities of mobilising the potential of older people.

Participatory budgeting for senior citizens, Portugal: In 2014 the municipality of Alfandega da Fe, a small area in north east Portugal with a population of just over 5,000 people, introduced provisions for senior citizens (defined as being aged 60 years and over) to propose initiatives to better meet the needs of older people in the locality. Alfandega da Fe has seen its population decline from nearly 8,000 people in 1981 and with approximately one third of people in the locality aged 65 or over there is a pressing need to ensure that older people have the opportunity to develop solutions to the challenges that they face in a predominantly rural area. The provisions for participatory budgeting for senior citizens that the municipality adopted are aligned with the Dublin Declaration on age-friendly local government and the promotion of healthy ageing.

Older people can make proposals either individually or as a group in May and June that are broadly defined as being relevant to the social action sector and health. The proposals will then be analysed by administrators of the municipality for technical
feasibility and cost before going forward to the Senior Citizens' Council for consideration in October or November. The municipality allocated a €10,000 budget for innovative projects that are selected by the Senior Citizens' Council and they are then included in the municipality's annual plan and budget for the following year. Although this innovation is in its infancy in Portugal it follows the example established for participatory budgeting that has been operating in Porto Alegre in Brazil since 1989 that has spread to approximately 1,500 municipalities in Latin America, North America, Asia and Europe. In terms of active ageing, the participatory budgeting model adopted in Alfandega da Fe fits belongs to the political participation domain. There are potential benefits for older people from participating in the political process as well as from the initiatives that the innovation will develop as a result of their ideas and input.

Independent, Healthy and Secure Living domain

This domain covers areas ranging from the promotion of physical exercise, improving access to health and care services, independent living, financial security, physical safety and lifelong learning. As with the employment and participation in society domains, this category of the AAI is concerned with the actual experiences of active ageing among older people. While there are many social innovations that aim to promote physical activity or lifelong learning among older people, it is important to remember that active and healthy ageing people starts much earlier in life and cannot simply be left until people are over the age of 50 or 60 years.

Four examples of social innovations in this domain include Enhance Fitness from the USA that is a physical activity programme for older people that started in Washington in 1993 and now operates in more than 500 locations and covers all 50 states. The fear of crime can particularly affect the behaviour and wellbeing of older people by restricting the times when they leave their homes and the places that they will visit. Brno, the Czech Republic's second largest city, established a Senior Academy to educate older people on crime, law and order and how they can reduce their risk of being a victim of crime. Older people who complete the course are also encouraged to become volunteer crime prevention and voluntary police assistants in their local community. In Latvia, the Riga Active Seniors Alliance provides lifelong learning opportunities for people to prepare for a good life in old age by promoting active and healthy lifestyles and the prevention of age-related diseases. While in the Netherlands, Sustainable Trynwalden demolished a traditional long-term care home and constructed an apartment complex with assisted living technology and a range of educational and social amenities. Within this context, a specialist role was developed, the Omtinker, who liaises with older people to discuss their care needs and preferences and then commissions services from multi-disciplinary health and
social care teams using a voucher system within a ‘supermarket’ model with differing levels of service and price.

**Enhance Fitness, USA:** Enhance Fitness is a physical activity programme aimed at older people that was first piloted in the state of Washington in 1993 and now operates in over 500 locations involving more than 40,000 older people in nearly every state across the USA. It was developed by Senior Services, a state-wide non-profit agency that promotes positive ageing through senior centres and intervention programmes, and the University of Washington’s Health Promotion Research Centre who have been the primary research evaluators of the initiative.

Enhanced Fitness classes typically run for one hour three times a week in a variety of settings including senior centres, assisted living facilities, hospitals and continuing care retirement communities. They are guided by a certified instructor in organisations that have signed up and paid for a licence to operate the programme, receive training as well as benefit from guidance and support to successfully operate classes in a variety of settings. The sessions typically cater for groups of around 25 older people and involve appropriate aerobic exercise to increase cardio-vascular health, strength, balance and flexibility training that is delivered in a fun and positive fashion by instructors of all ages.

Research evaluations have shown improvements in social functions through participating in group activities with 99% of participants reporting that they would recommend Enhance Fitness to a friend, marked reductions in reported levels of depression and improvements in physical functioning. There is also evidence from the Centres for Medicare and Medicaid Services (CMS) to suggest that Enhance Fitness reduces the number of falls among older people who participate in the programme leading to reduced levels of unplanned hospitalisation and consequently to lower health care costs. Studies have shown a 72% decrease in hospital days, a 35% decrease in the use of psychoactive drugs, an 11% decrease in depressive symptoms and a lower mortality rate (1.4%) among participants compared to controls (2.9%). It has been operating for more than twenty years and a strong evidence base has been developed to demonstrate the efficacy of the intervention in terms of improved health and wellbeing alongside reduced health care use and costs. Enhance Fitness is a socially innovative programme that primarily relates to the increasing levels of physical activity domain of the Active Ageing Index. However, there is also an important social dimension to the programme that is likely to contribute to social connectedness among participants while increasing levels of physical activity is also highly likely to contribute to increasing healthy life expectancy.
Senior Academy and Helpline, Czech Republic: Brno, the second largest city in the Czech Republic with a population of 370,000 people, faces an ageing population that is at risk of being a victim of crime either in their own home or when they are out and about. The fear of crime is a major inhibitor of older people being active, especially after dark, and this can have negative effects on their health and wellbeing. In order to address this issue, Brno Metropolitan Police in partnership with the University of the Third Age at Brno Masaryk University established the Senior Academy in 2007 to provide education and information to older people on crime, law and order, traffic and fire risks. After attracting more than 100 older people in the first year of operation the Senior Academy has developed further courses relating to consumer rights, health and social care issues and financial questions. The courses take 12 months to complete with weekly sessions and partnerships have been developed with other local organisations such as the regional court, the fire brigade, probation and mediation service, the Office of the Ombudsman, the Czech National Bank and the Consumer Protection Association. Older people who graduate from the free course can participate in further study and activities and are encouraged to become volunteer crime prevention assistants and voluntary police assistants for their local community. Several hundred older people have completed the course at the only Senior Academy in the Czech Republic and are now playing a more active role in preventing crime in their city.

To supplement the activities of the Senior Academy, in 2010 the city of Brno launched the Senior Helpline to encourage older people to report on people who called on them whom they regarded as being suspicious. Older people are at greater risk from door-to-door fraudsters and are often unable to defend themselves against the threat of physical attack. The Senior Helpline also provides information and reassurance to older people who are fearful of being defrauded on their own doorstep. In terms of the active ageing domains, the Senior Academy provides older people with opportunities for lifelong learning, voluntary activity and, with the Helpline, is likely to improve their sense of physical safety. Crime and the fear of crime are a public order and health issue for older people who are a group who are particularly likely to limit their social activities and interaction if they do not feel safe and this can have negative effects on their physical health and mental wellbeing.

Riga Active Seniors Alliance, Latvia: Being prepared for a good life in old age is an important part of the life course as is primary and secondary education for life skills and preparing for the world of work and social roles. As societies age there is an increasing need for social innovations to develop institutions and programmes that prepare older people for the next stage in life so that more people are able to fulfil their maximum potential in terms of health and wellbeing for as long as possible.

In Latvia, Riga Active Seniors Alliance (RASA) was established in 2010 to promote social inclusion for older people - who are defined as being 50 years of age or older -
by promoting and supporting active and healthy lifestyles and preventing age-related diseases. RASA works through a participatory model with older people to mobilise their experiences and resources to enhance their health and wellbeing. They also work partnership with a range of organisations in both the public and non-governmental sector to realise the ambition of active and healthy ageing for all. Internationally, RASA is affiliated to the European Federation for Older People (EURAG) and seeks to extend the developments achieved in other parts of the European Union to Riga, Latvia and the wider Baltic region. This is to be achieved through the promotion of volunteering, lifelong learning and inter-generational activities. Examples of the projects that RASA has developed include 'To Act in Good Health' with Riga City Council's welfare department to provide classes at Sigulda senior's centre on nutrition, physical activity such as Nordic walking and life skills for older people. The RASA Education Institute is an accredited provider of training courses in foreign languages (English, French and German), computers and ICT and textiles. It also offers a child care training course that enables older women to then be matched with young families to provide child care for which they can receive up to €142 per month, a valuable means of supplementing income for older people while enabling parents with young children to continue to engage in paid work. RASA also offers tai chi/eastern gymnastics, fitness classes and healthy nutrition guidance that can be of particular benefit to older men. They also collaborate on a pre-retirement lecture course provided by the City of Riga to prepare older people for life after they have left paid work. Some courses are free although most have relatively modest fees for participants in order to cover part of the costs of the activities.

In terms of active ageing, RASA provides a range of opportunities for lifelong learning that focus on how to age well. The ethos of RASA is to work with older people in a partnership to promote empowerment and knowledge transfer within and across generations that recognises the assets and expertise that older people have while also seeking to develop the skills that they will need to live well in old age. This includes the promotion of volunteering and the development of new roles, such as child care, that can contribute to active and healthy ageing.

**Sustainable Trynwalden, Netherlands**

Trynwalden is a rural area in north east Frieseland in the Netherlands that had a declining population of around 10,000 people in the mid-1990s spread relatively equally across seven villages. Facing the prospect of an ageing and declining population, the Sustainable Trynwalden project was formed as a partnership of the local municipality, a health insurance company, local health and social care providers and older people in the form of an advisory council. Under the prevailing model of long-term care funding they were able to apply for funding and have the freedom to develop innovative solutions to the local challenges that they faced. Under the leadership of Foeke de Jong, a trained architect who had a career in nursing care homes, Trynwalden took a number of radical and innovative steps. The
long term care home was demolished and replaced by an apartment complex containing state of the art assisted living technology to enable older people to live independently and safely in a purpose built communal environment. The complex has a restaurant, offers a range of social and educational activities, occupational and speech therapy, childcare, library, assistance with daily care, physiotherapy and a meal service at home. There is also scope for inter-generational activities in the social centre that caters for the needs of people of all ages. In addition, Trynwalden developed a specialist role - the Omtinker - who liaises with older people to establish how they perceive their care needs and then acts as a commissioner using a voucher system to purchase care services that are offered in a 'supermarket' model with different levels of service and price. There are four Omtinkers who work with approximately 300 older people each and they effectively act as a voice for older service users while not being restricted by as much bureaucracy as is often present in social care commissioning. The final element that makes the Trynwalden model operate effectively is the five multi-disciplinary teams of health and social care workers - the Doarpstallen - who provide services across the area that can provide assistance at any hour of the day. The preventive emphasis of the project, with the extensive use of occupational therapy and support for older people to live independently in the home has led to higher cost and quality services being chosen but at a lower level of demand meaning that it is a cost effective programme.

In relation to active ageing, Sustainable Trynwalden provides older people with the built environment and social support that they need in order to live independently and in physical safety. The Omtinker and multi-disciplinary teams of health and social care workers improves access to health and care services and enables older people to stay in the local community that many have lived in for their whole life. The inter-generational activities at the social centre of the apartment complex provides a community hub that contributes to social connectedness and provides scope for care to grandchildren as well as older adults.

Capacity and Enabling Environment for Active Ageing domain

This domain includes indicators such as remaining life expectancy at age 55 and share of healthy life expectancy at the same age that many social innovations should contribute to through extending both life expectancy and healthy life years by improving social conditions. The domain also includes mental well-being, the use of ICT, social connectedness and educational attainment that should all increase the capacity of individuals and groups to actively age both now and in the future.

Four social innovations that are relevant to this domain include the BIG LAUNCHER operating system for Android smart mobile phones that was developed in the Czech Republic to enable people with visual impairments and older people to more easily use their device. It is now available in partnership with mobile telephone companies
in several European countries as well as from the Google Play Store and is a good example of making it easier to use ICT in order to strengthen social connectedness. Another innovative use of ICT featuring the use of smart mobile phones in the VinclesBCN app that is being piloted in Barcelona to strengthen social care networks for older people at risk of social isolation and loneliness who are in need of some level of social support. Improving mental wellbeing is a global challenge as common mental disorders, such as anxiety and depression, are increasing and forecast in the next 15 years to become the leading cause of disability in terms of total number of years lost. Beyondblue from Australia provides an excellent example of a complex intervention that aims to improve mental wellbeing by reducing stigma and developing a range of innovative courses across the life span. Repair Cafes pair social innovation for environmental sustainability with active ageing through people of all ages meeting in suitable venues in the community to repair broken goods through the use of the online iFixit manual. This process repairs social connectedness and also contributes to lifelong learning in local communities.

**BIG LAUNCHER, Czech Republic:** BIG LAUNCHER is an innovative operating system for Android smart mobile phones that enables people with visual impairments, older people especially those who have dementia or Parkinson’s disease and people who are paralysed to more easily use their device. The operating system was devised by Daniel Kunes and Jan Husak after Jan’s mother broke her old phone and they realised that older people were put off smart mobile phones by their complex user interface. Kunes and Husak started a company and developed BIG LAUNCHER to resemble the linear operating systems of older mobile telephones, such as Nokia, that allows users to take one step back if they do not get the function that they want. With enlarged icons, large fonts and full screen notifications available in a variety of themes it is easier to use for people who are registered blind or who have decreased level of manual dexterity. It can also be used when linked to a keyboard or via the Tecla wheelchair interface that people who are paralysed commonly use in their daily lives. BIG LAUNCHER is available as both a free version, which has been downloaded more than half a million times from the Google Play Store, and as an enhanced version for $10 that more than 30,000 people have purchased. They have also established partnerships with a number of mobile phone companies to pre-load BIG LAUNCHER in the Czech Republic and international arrangements with Vodafone in Italy, Ucall in France, Sim in the Netherlands, Easiphone in the UK, Overmax for Inutab tablets in Poland and Jeenee in Australia. These arrangements with mobile phone companies makes it even easier for people to access the system rather than having to download it from the Google Play Store. BIG LAUNCHER in relation to the domains of active ageing enhances the use of Information and Communication Technology in order to enhance social connectedness. With the number of smartphones in use continuing to increase it is increasingly important that older people, people with visual and physical impairments are able to use this form of communication technology to enhance their social inclusion.
VinclesBCN, Spain: Social activity theory contends that a person's health, particularly older people, is improved by social participation and physical activities whereas social isolation and loneliness are harmful to health and wellbeing (Betts Adam et al (2011). While the causal links between social isolation and loneliness with poor health and wellbeing are not fully understood, there are clear risks that cities with ageing population are going to have increasing numbers of older people who will experience loneliness as their ability to interact with their social network diminishes.

In common with many cities in Europe and around the world, Barcelona has an ageing population with the proportion of residents aged 65 and over set to increase from 20% to 25% by 2040 although this increase is relatively modest compared to many other cities. Even in a very densely populated city like Barcelona with traditionally strong family and community structures there are likely to be more older people experiencing social isolation and loneliness and more people engaged in social support activities.

As part of the solution to this issue, Barcelona has supported the development of the VinclesBCN app that links at-risk elderly people with their families and neighbours in order to strengthen social care networks. The app can be installed on a tablet or a smart phone and enables older people to communicate easily with their social network, create care collaborative networks, share a calendar and transfer money easily and safely. This should reduce the isolation and loneliness that older people can feel and strengthen links between formal and informal carers. The VinclesBCN app won the Bloomberg Philanthropies Mayor's Challenge prize with €5million in funding that will enable piloting and scaling up to potentially 20,000 older people and approximately 100,000 people in their trusted social network who will need some training and support to make the best use of the app. In terms of active ageing, the VinclesBCN app is likely to be beneficial to older people by improving their social connectedness, their mental wellbeing and enhance their use of ICT. There are also potential benefits for younger people through the same domains as well as care giving to older activities. The challenges of ageing populations in urban environments characterised by anonymity, social isolation and loneliness will require a range of socially innovative solutions to be piloted and scaled up to operate across cities with different cultures and levels of social care provision.

Beyondblue, Australia: Depression and other common mental disorders affect hundreds of millions of people of all ages around the globe. The World Health Organization estimates that at least 350 million people around the world experience depression and there are large treatment gaps, even in more affluent countries where (WHO, 2012b). Depression is the leading cause of disability worldwide in terms of
The total number of years lost due to disability with diagnosis rates for women approximately twice as high as they are for men. However, it is a condition that can be effectively treated although there continues to be a widespread reluctance to acknowledge how commonplace it is due to a combination of factors including stigma and lack of knowledge (Marcus et al, 2012). There is, therefore, an urgent need to develop social innovations that address depression and other common mental disorders, such as anxiety, in order to improve the quality of life of people over the life course and to contribute to the reduction of the million lives that are lost each year to suicide.

Beyondblue is an independent partnership of the Commonwealth (national) and territory (state) governments of Australia that was founded in 2000 by the former Victorian Prime Minister Jeff Kennett to address depression and other emotional disorders over the whole of the life course. Beyondblue started by addressing the issue of depression through building greater public understanding of the condition but over time it has developed to cover a range of common mental disorders from childhood through to old age. The Kids Matter programme for infant school pupils and the Mind Matters initiative for secondary school students start the process of awareness of mental health issues. The core programmes for adults include an online forum, blueVoices, that encourages volunteering in a range of mental health awareness and promotion projects and a support service. The support service targets awareness campaigns at the general population and is supplemented by projects that target groups that are at greater risk of poor mental health such as the LGBT community, male-dominated workplaces where acknowledging mental ill health can be difficult and Aboriginal and Torres Strait Islanders who are particularly likely to experience social exclusion and poor health. The Taking Action to Tackle Suicide programme is part of a wider Commonwealth government strategy to reduce the number of suicides and there are a large number of health awareness campaigns and promotion projects that operate under the organisational umbrella of Beyondblue. Beyondblue has also developed a programme for older people, Over Bloody Eighty (OBE), that recognises that they can experience intense loneliness and depression if they live in the community or in institutional care. There is also a Professional Education to Aged Care programme that trains members of staff in institutional care settings in the recognition of mental health conditions and how they can be addressed.

In relation to active ageing, Beyondblue takes a life course approach to improving mental wellbeing and provides people with a wide range of opportunities for voluntary activity. It seeks to strengthen social connections between people who due to depression can feel isolated and alone in life and it aims to improve access to care services so that common mental health issues can be addressed.
**Repair Cafes, Netherlands and international:** Social innovation can combine the need for environmental sustainability and active ageing in a variety of ways and one of the most promising examples is the Repair Cafe Foundation movement. Repair Cafes provide a free to use meeting place that has a range of tools and materials that help people to make repairs to items that they might otherwise have discarded. There are people with specialist skills - electricians, carpenters, bicycle mechanics and so on - who volunteer their time and knowledge to support people to learn repair a broke item and to learn new skills.

The first Repair Cafe was founded by Martine Postna in Amsterdam in 2009 and the charitable Foundation was established in 2010 to act as an incubator and source of support for the development of Repair Cafes. The concept has quickly spread to scores of locations across the Netherlands, Belgium, Germany, France, the UK and the USA as local user-led initiatives have sprung up. As part of the process of scaling up, Repair Cafes have joined forces with iFixit GmbH, a free to use publicly editable online repair manual that is based in Stuttgart and is the sister organisation to iFixit in the USA, that has hundreds of thousands of users across Europe. As local user-led initiatives the scope and scale of each Repair Cafe is different but they share a common ethos of consumers having the right to repair their goods rather than discarding and replacing them. They do not compete with professional repair services but act as a social centre for learning new skills and social interaction between people who are interested in leading a more sustainable lifestyle. Up until 2013, the Repair Cafe Foundation provided free support to local groups but as the scale of the movement has grown - there were at least 700 Repair Cafes operating worldwide at the end of 2014 compared to only 275 in 2013 - but now charges a modest fee for providing guidance and support to local people interested in setting up a branch. The Foundation is funded by a mixture of grants from commercial organisations and individual donations and is a small organisation that promotes this big idea. Repair Cafes are open to all ages although they tend to be used more by men, particularly older men, who have acquired craft skills and want to develop and share them with the wider community. In relation to active ageing, Repair Cafes provide a community-based place for voluntary activity and lifelong learning through the development of new skills. The social nature of the undertaking provides further opportunities for enhancing social connections as people share common experiences. The composition of Repair Cafes varies but a core element is likely to be older men who already have a good deal of practical expertise in this area and this is particularly valuable as this group are often reluctant than older women to join clubs or organisations. The open-source and collaborative ethos also enhances the use of ICT as online forums are a key feature of the operation of Repair Cafes around the world.

**Conclusion**
This section highlights how social innovation is an essentially contested concept that none the less has considerable appeal to academics and policy makers. Social innovations have a long history although a distinct 'field' of social innovation is a new idea that is continuing to develop in the academic community, for policy makers and for practitioners in the field. There is still a great deal of work to be done, particularly in developing metrics for measuring the impact of socially innovative projects, before the value of the field of social innovation is more widely recognised. The process of social innovation in relation to active and healthy ageing is still in its early stages but some initial steps have been taken by the MOPACT project. The multi-faceted nature of active ageing in combinations with the contested and diverse nature of social innovations has presented numerous challenges but the exemplars that have been identified all have potential promise or a track record of achievement that indicates that they could be scaled up and transferred to other locations. There is a constant risk of being biased towards 'feel good' case studies of social innovation 'successes' with very little research on failures and there is also a strong tendency towards incremental improvements rather than organisationally disruptive innovations (Chalmers, 2013). The MOPACT exemplars have been critically assessed using the balanced scorecard approach and offer insights into what is happening around the world and what is possible in communities around the globe in the future. There are many lessons to be learned and it is essential that the evidence base for assessing the impact of social innovations is developed alongside the process of innovation, experimentation and learning. As Reeder and colleagues noted: “The challenge is to create a 'virtuous circle of learning' in which improvements in knowledge lead to the conditions for more improvements (Reeder et al, 2012:7).” MOPACT through its comprehensive approach to social innovation and realising active ageing is making a contribution to this process.
2 Active Ageing in Europe

The evidence on active ageing reported in this section is drawn in the first instance from the Active Ageing Index, which is calculated for all 28 European Union countries using the latest data available. The AAI reports on the active ageing experiences of the current generation of older people, referring in most indicators to persons aged 55 and older.

Further analyses were also undertaken by looking at the AAI differentiated across men and women and across age groups of older persons. This evidence points to inequities in experiences of active and healthy ageing within EU countries.

The AAI does not as yet use the prospective indicators (i.e. how the future older people might do in terms of active ageing) or the retrospective indicators (i.e. how past life course experiences have led to certain outcomes in old age). Additional information on prospective indicators for the younger age groups is also provided to point towards the determinants of active ageing.

The trends of population ageing and inequality are major concerns for the advanced economies. Some key evidence is also presented that brings together the experiences of active ageing of older persons and the inequality among them for selected European countries.

Key findings using the Active Ageing Index

To analyse differences and draw out policy implications, the AAI results are analysed in three groups of EU countries: High-, Low- and Middle-score countries. Sweden, Denmark, the Netherlands, the United Kingdom, Finland and Ireland are the high-score countries. Then, there are nine countries that cluster together as the middle-score countries: Belgium, The Czech Republic, Germany, Estonia, France, Italy, Luxembourg, Cyprus and Austria. The remaining thirteen countries are categorised as low-score countries: Bulgaria, Greece, Spain, Latvia, Lithuania, Hungary, Malta, Poland, Portugal, Romania, Slovakia, Slovenia and Croatia.

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1 The analysis included in this section are drawn from the latest AAI report “Active Ageing Index 2014: Analytical Report”, Report prepared by Asghar Zaidi and David Stanton, under contract with United Nations Economic Commission for Europe (Geneva), co-funded by the European Commission’s Directorate General for Employment, Social Affairs and Inclusion (Brussels), June 2015.
The grouping is not a perfect fit in every respect, thus it can be expected that there are other important differences among the countries within each of this grouping. In particular, there are outliers within the middle-score countries that are better reviewed separately, in particular Estonia, Italy and Germany. However, for the purpose of setting feasible and relevant milestones, this grouping of countries on the basis of the overall value of the AAI serve a good purpose.

High-score countries

Sweden tops the overall ranking and it has in common with other high-score countries that the employment rates for older workers are high. Ireland is the only exception in this respect and its lower employment score is offset by a very high score in the social participation (due mainly to its very high levels for volunteering and care for children and grandchildren).

The United Kingdom’s high employment levels among older workers are one of the main factors for its inclusion in the high-score group of countries as its scores in the 2nd domain (Social participation) and the 3rd domain (Independent Living) are low compared to other countries within this group.

All six high-score countries also have an above average score in the other three domains, although they are more spread out in the second domain.

The results highlighted above identify nuances in the different national experiences of active ageing. For example, many countries seem to exhibit a pattern of a contribution through employment as well as through social participation. Denmark and Sweden stands out as the only exceptions where the care provision for older adults is less than the average. This may reflect generous provisions of long term care services at the local level for these two countries.

Middle-score countries

Some of the middle-score countries also have above average employment scores, namely Germany, Estonia and Cyprus. In general, it can be said that for all the middle-score countries the below average employment scores tends to be offset by higher than average scores in other domains. A policy conclusion arising for these countries is that they should seek to pursue a more balanced approach towards active ageing.
Three countries stand out as outliers in the middle-score group:

- Germany’s score in the 1st domain (employment) is similar to that of the top performing countries like United Kingdom, the Netherlands, Denmark and Finland. In the 3rd domain (independent living) and the 4th domain (capacity for active ageing), Germany’s scores are also above the EU average. It is the low score in the 2nd domain (social participation), especially for women, which has kept Germany out of the top scoring group. This result is largely due to relatively low levels in Germany for one indicator: care of children and grandchildren (for both men and women).

- In contrast, Italy secures its place in this middle group largely because of its high score in the social participation domain. This is driven by a very large increase over four years in one indicator: care of children and grandchildren. The rising retirement age of women in Italy, and also in many other EU Member States, and the expectation of longer working careers of women will put pressure on the work-life balance of women and affect their ability to continue to provide informal care to children and grandchildren and older adults.

- Estonia has very high scores for the 1st domain (employment), especially for women’s employment where it ranks first among the EU countries. Estonia also has one of the lowest indicators for relative median income of the elderly, so this high employment rate past retirement age may reflect low pension income entitlements. There are also low scores in the 2nd domain (social participation) for Estonia, due to lower engagement in volunteering and political participation, and this is a common phenomenon among the Central European countries.

Low-score countries

The four countries with the lowest overall AAI (namely Greece, Hungary, Poland and Slovakia) have low employment scores. Malta is a member of this group mainly because of its low employment score for older workers, in particular for women. Malta’s employment rate for women is the lowest in the entire European Union. Since active ageing is also about securing financial sustainability in the face of growing costs of population ageing, a top priority especially for these four countries must be policy initiatives that encourage and support employment among both the older working age population as well as among those over the age of retirement.
Four countries in this group, namely Portugal, Latvia, Lithuania and Romania, have above average employment scores. As for Estonia, these high employment scores are likely to reflect problems of pension income adequacy constraining people to remain longer in employment. When this problem is addressed, the higher levels of employment (especially among people over retirement age) may not be sustainable in these countries without further supportive policy initiatives.

With the exception of Croatia and Spain, all other Member States in this group have low scores in the 2nd domain (social participation), particularly in the Central European countries but also in Greece and Portugal. A priority for all these countries is therefore a concerted strategy to promote social participation among older adults which will reduce loneliness and will have a positive impact on health.

All these low-score countries also have below-average scores in the 3rd domain (except Slovenia) and in the 4th domain (except Malta and Spain) – these two domains together have 14 indicators (out of total 22) of active ageing. This shows that for this group of countries policy efforts are required across most of the areas measured by the AAI.

**Inequities in active ageing experiences**

Women have the AAI scores that are lower than those for men in almost all European Union countries, particularly in Malta and Cyprus but (surprisingly) also in Luxembourg and the Netherlands. This is despite the fact that there has been considerable progress in reducing the gender gap in socio-economic outcomes in many of the same countries. Women also do better than men with respect to life expectancy and they more often provide informal care. Only three European Union countries, Estonia, Latvia and Finland have better AAI results for women than for men.

The breakdown of the AAI result shows that the gender disparity is most notable in the 1st domain (employment) and also in the 3rd domain (independent living) domain where the gender gap in financial security is considerable in many EU countries. This disparity to a large extent arises from the unequal experiences of employment during the life course, a legacy of the past male breadwinner model which impacts severely on the income situation of current generations of older women.
Life course indicators of active ageing

The conceptual work of Walker (2010) promotes the life course perspective. Accordingly, active ageing should be a comprehensive strategy that should affect the individual lifestyle, organisational management and societal policy and at all stages of life. Following this line of thinking, two types of additional indicators can be considered.

- **The prospective indicators** which reviews the past life experiences of the current younger generation so as to draw inferences about how the future older generation will do in terms of active and healthy ageing.

- **The retrospective indicators** which connects past life experiences with active and healthy ageing outcomes in old age.

The indicators

Social competence acquired at younger age strongly affects social participation as an adult. People with stronger support networks were found to live longer (Argyle, 1999, p. 362). People with more friends live longer in part they avoid the biochemical effects of social isolation, and in part because public health systems are more effective in areas of higher social capital (Stiglitz et al. 2009). Social isolation is a risk factor for premature death, to nearly the same degree as smoking (Berkman and Glass 2000).

Parental support at an early age is one of the key ways in which the family can act as a protective asset, promoting pro-social values that equip young people to deal with stressful situations or buffer them against adverse influences. Young people who report ease of communication with their parents are more likely to report positive body image (Fenton et al 2010), higher self-rated health (Pedersen et al 2004), not smoking (Pedersen et al 2004), higher life satisfaction (Levin and Currie 2010) and fewer physical and psychological complaints (Moreno et al 2009). Social support and emotional well-being is shown to be a strong predictor of life satisfaction (Layard et al 2014) and good social skills later in life. They are also less likely to participate in aggressive behaviours and substance use (Pickett et al 2009), which affects their social participation and social integration as adults.

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2 The analysis included in this section are drawn from the work “MOPACT WP 1 Task 2 - Additional evidence on Active Ageing - Indicators on ‘Capability and Enabling Environment’ and ‘Life Course’ - Revised and extended version”, by Katrin Gasior, Orsolya Lelkes, Eszter Zólyomi of the European Centre for Social Welfare Policy and Research Vienna.
Establishing **peer friendships** is a critical developmental task for young people and may have a long-term effect on their social adjustment (Poulin and Chan 2010). Friends provide a unique social context for the acquisition of essential social competencies (Hartup 1996), afford different kinds of social support and help young people face new situations and stressful life experiences. Friendship is associated with positive development, promoting higher levels of happiness, self-esteem and school adjustment (Schneider 2000). Perceived peer support also represents a protective factor against feelings of depression and isolation (Moreno et al. 2009, Zambon et al. 2010). This affects their learning performance and ultimately educational attainment. Social skills are a key factor in employability and employment performance.

The life course health development model reflects a growing body of evidence that health outcomes and health status follow a developmental process in which current health status and outcomes are the product of cumulative inputs across the course of life (Halfon et al, 2014). For example, lifelong patterns of tobacco use may be most dependent upon smoking behaviors established in adolescence.

The health development trajectory also recognizes that individuals have different starts in life which influence the initial rate of rise in their personal trajectory. Thus, it is important to think of individual's greatest attainable health-related quality of life as something that can be improved through preventive and early interventions in childhood which can then be maximized throughout the adult life years.

In line with the above discussion, 12 prospective indicators are identified in Table 1 below.

**Table 1: Life course indicators of active and healthy ageing**

<table>
<thead>
<tr>
<th>Nr</th>
<th>Early education and care indicators</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1</td>
<td>Early childhood education and care (ECEC): Percentage of children under 3 cared for in formal structures</td>
<td>SILC 2013</td>
</tr>
<tr>
<td>L2</td>
<td>Parental support, Communication with mother: Percentage reporting to communicate easily with their mothers about problems, children aged 11-15</td>
<td>HBSC survey 2009/2010</td>
</tr>
<tr>
<td>L3</td>
<td>Parental support, Communication with father: Percentage reporting to communicate easily with their fathers about problems, children aged 11-15</td>
<td>HBSC survey 2009/2010</td>
</tr>
<tr>
<td>L4</td>
<td>Peer contacts, Close friendships: Having three or more friends of the same gender, children aged 11-15</td>
<td>HBSC survey 2009/2010</td>
</tr>
<tr>
<td></td>
<td>Employment history indicators</td>
<td></td>
</tr>
</tbody>
</table>
### Employment experience in young age:
Percentage of young persons aged 15-24 with no unemployment experience in young age

**L6**  
LFS 2013

### Years in employment before the age of 50:
Share of years in employment between the age of 25-50 of older persons aged 50+

**L7**  
SHARELIFE 2008-09

### Healthy lifestyle indicators

#### Adolescent smoking:
Percentage of 15 year olds who reported smoking at least once a week.

**L8**  
HBSC survey 2009/2010

#### Obesity among children:
Percentage of children who are currently overweight or obese

**L9**  
HBSC survey 2009/2010

### Other early life experience indicators

#### Social respect:
Sense of being appreciated, young adults, aged 18-24

**L10**  
European Social Survey 2012

#### Meaningful life and future optimism among young adults, aged 18-24

**L11**  
European Social Survey 2012

#### Resilience / Stress resistance among young adults (aged 18-24)

**L12**  
European Social Survey

**Notes:**  
HBSC = Health Behaviour in School-aged Children (HBSC)

### Additional indicators of ‘enabling environment and capacity’

The inclusion of the external physical and social factors (the enabling environment) contribute strongly to capacity of active and healthy ageing, and this aspect has been taken into account in the AAI. In this way, the AAI goes beyond assessing how active ageing is determined by personal intrinsic factors. The domain ‘capacity and enabling environment’ takes into account the following aspects:

- human capital by indicators such as education and lifelong learning;
- health capital by remaining life expectancy and the healthy life expectancy as well as mental wellbeing; and
- social capital as captured by educational attainment, access to Information and Communication Technology (ICT) and social connectedness.

This domain can therefore be presented as a prerequisite condition for the outcomes in the first three domains.
The indicators

Additional indicators are considered within the MOPACT project to further strengthen the enabling environment and capacity for active ageing aspects.³

Table 2: Enabling environment and capacity for active ageing indicators

<table>
<thead>
<tr>
<th>Nr</th>
<th>Education and skills indicators</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>Financial literacy / financial inclusion</td>
<td>SHARE; Special Eurobarometer 230; and OECD/INFE Measuring Financial Literacy</td>
</tr>
<tr>
<td>E2</td>
<td>Problem solving in technology-rich environments</td>
<td>OECD PIAAC database</td>
</tr>
<tr>
<td>E3</td>
<td>Cognitive functioning</td>
<td>SHARE</td>
</tr>
<tr>
<td>E4</td>
<td>People in local area help one another</td>
<td>ESS</td>
</tr>
<tr>
<td>E5</td>
<td>Autonomy in life</td>
<td>ESS</td>
</tr>
<tr>
<td>E6</td>
<td>General trust</td>
<td>ESS</td>
</tr>
<tr>
<td></td>
<td><strong>Social well-being and participation</strong></td>
<td></td>
</tr>
<tr>
<td>E7</td>
<td>Access to local healthcare services</td>
<td>EU-SILC / ESS</td>
</tr>
<tr>
<td>E8</td>
<td>Access to public transport</td>
<td>EU-SILC / ESS</td>
</tr>
<tr>
<td></td>
<td><strong>Health outcomes</strong></td>
<td></td>
</tr>
<tr>
<td>E9</td>
<td>General limitations in activities</td>
<td>EU-SILC</td>
</tr>
<tr>
<td>E10</td>
<td>Physical and sensory functional limitation</td>
<td>EU-SILC</td>
</tr>
</tbody>
</table>

ESS: European Social Survey; SILC: Survey of Income and Living Conditions; SHARE: The Survey of Health, Ageing and Retirement in Europe; PIAAC: Survey of Adult Skills, Programme for the International Assessment of Adult Competencies

³ These indicators are drawn from the work “MOPACT WP 1 Task 2 - Additional evidence on Active Ageing - Indicators on ‘Capability and Enabling Environment’ and ‘Life Course’ - Revised and extended version”, by Katrin Gasior, Orsolya Leikes, Eszter Zólyomi of the European Centre Vienna.
Inequality in experiences of active ageing

The study of inequality in experiences of active ageing is based on an individual level composite indicator of active ageing inspired by the country level composite AAI analysed above. Two observations motivate this line of inquiry: first, it is of interest in its own right to study how active ageing outcomes are distributed across different segments of population within countries. Second, it adds an additional dimension to the ‘country average’, as presented by the AAI, and insofar as policy makers have preferences over distributional issues, an active ageing inequality measure informs about additional dimensions of policy actions required. In fact, in the context of challenges and opportunities of population ageing, it can be argued that a study of inequality in active ageing outcomes is at least as important for social policy considerations as inequality of incomes.

Figures 1 plots the ‘macro’ AAI against the ‘micro’ AAI. While the correlations are not high, they do show a close relationship between the micro and the macro AAI. It can therefore be concluded that the approach adopted in calculating the micro AAI is able to represent the same country-specific characteristics as in the macro AAI. Similar level of strong correlations are observed in the domain-specific comparison of the micro AAI and the macro AAI.

The results included in Table 3 below show the micro level AAI and also the Gini inequality coefficient, for each country and by age group. Generally, the average micro AAI-scores vary between 0.54, which is the average score for Denmark and Sweden for the age group 55-64, and 0.14 as the average score for Portugal for persons aged 75+.

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4 The analysis included in this section are drawn from the work “Inequality in Active Ageing: An untold story from 15 EU member States” by Mikkel Barslund, Marten von Werder and Asghar Zaidi, MOPACT.
In line with what can be expected, the average micro AAI scores are highest for the youngest age group and are decreasing with age. This pattern indeed appears in all countries. Thus, age is a driving force behind inequality in active ageing. This observation is also robust to the leaving out of the AAI specific weights that particularly stress the significance of employment. Then, after the adjustment of weights, the association between age and active ageing becomes less strong.

Table 3: Average micro AAI score and its Gini inequality coefficient

<table>
<thead>
<tr>
<th></th>
<th>Average Score</th>
<th>Gini</th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>55-64</td>
<td>65-74</td>
<td>75+</td>
<td>55-64</td>
<td>65-74</td>
<td>75+</td>
<td></td>
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<tr>
<td>Germany</td>
<td>0.48</td>
<td>0.28</td>
<td>0.24</td>
<td>0.22</td>
<td>0.19</td>
<td>0.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netherlands</td>
<td>0.49</td>
<td>0.30</td>
<td>0.25</td>
<td>0.22</td>
<td>0.22</td>
<td>0.19</td>
<td></td>
<td></td>
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<tr>
<td>Belgium</td>
<td>0.45</td>
<td>0.29</td>
<td>0.23</td>
<td>0.25</td>
<td>0.22</td>
<td>0.19</td>
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</tr>
<tr>
<td>Hungary</td>
<td>0.35</td>
<td>0.21</td>
<td>0.18</td>
<td>0.34</td>
<td>0.22</td>
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<td>France</td>
<td>0.42</td>
<td>0.26</td>
<td>0.21</td>
<td>0.26</td>
<td>0.22</td>
<td>0.21</td>
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<td>Slovenia</td>
<td>0.31</td>
<td>0.23</td>
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<td>0.24</td>
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<td>Denmark</td>
<td>0.54</td>
<td>0.32</td>
<td>0.26</td>
<td>0.18</td>
<td>0.22</td>
<td>0.19</td>
<td></td>
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</table>

Note: Countries ordered according to Gini coefficient for age group 65-74.

It is well known that there are important gender differences when it comes to active ageing experiences (Foster and Walker, 2013; Corsi and Samek Lodovici, 2010). Evidence included in Table 3 therefore adds gender differences to the analysis. The AAI scores now vary between 0.56, which is the average score of Danish men between the age of 55 and 64, and 0.13 as the average score of Portuguese women above the age of 75. Again, and as reflected in the overall score, for both men’s and women’s age has a negative influence on active ageing. The average scores are generally higher for men, but not by a large margin and not for all countries. Where it is observed to a considerable degree, as in Slovenia, Spain, Poland and Italy, it is for the subgroup of 55 to 64 year olds. Most of the difference for this age group originates in differences in labour market participation rates. Gender differences for the older age groups are small, with the exception of Portugal and Hungary for the 75+ year olds. In Hungary, women score much higher on the AAI whereas the opposite is the case for Portugal.
Table 4: Average micro AAI score and its Gini inequality coefficient, by gender

<table>
<thead>
<tr>
<th>Country</th>
<th>Gender</th>
<th>55-64</th>
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<tr>
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</tbody>
</table>

Note: Countries ordered according to Gini coefficient for males from the age group between 65 and 75.

On the whole, results of the micro AAI show consistency with the findings of the macro AAI, however no large gender differences are observed in the micro AAI. The main finding is that countries with a higher level of active ageing tend to have a more unequal distribution of active ageing. It is therefore the case, as with measures of income inequality, it is important to look beyond averages and pay a particular attention to reducing inequalities.
Three important observations can be made here:

- First, countries that have achieved higher active ageing outcomes have also been able to keep the inequality in active ageing experiences low.

- Second, helping the most vulnerable in countries with low active ageing will also improve equality across member states.

- Third, the experience of active ageing has become more equal in the period from 2004 to 2011 in the selected nine EU countries where data was available for this time period.

Additional evidence on active ageing

Five additional streams of findings emerge from the research prompted by the AAI. Firstly, some papers provided evidence on how the findings of the AAI are consistent with the welfare regimes in the European countries. For instance, Olivera (2015) finds that the Social-Democratic regime (Nordic countries), with its strong redistributive policies, is most favourable for active ageing. On the other end of the ranking, the Post-Communist countries are the least favourable for active ageing. Quite interestingly, the Liberal regime (United Kingdom and Ireland) is also associated strongly with better outcomes in employment and social participation in old age. The study also recommend that analysing the effects of welfare regimes on active ageing can be an important task for future research which will improve our understanding of the relationship between policies and outcomes in old age.

Secondly, papers examine whether societies with a high value on the AAI are more age-integrated? This line of research also shows whether close ties between the young and the old are not limited to the family, and that both the young and the old tend not to be prejudiced towards one another. Dykstra and Fleischmann (2015) show that high AAI countries generally offer work-related (both paid and unpaid) settings enabling cross-age interactions. Also, sharing a household with a person who strongly differs in age and frequently attend religious services are conducive to the formation and maintenance of cross-age friendship. Such opportunities are greater in low AAI countries than in high AAI countries.

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5 The analysis included in this section are drawn from the papers presented in the AAI International Seminar, “Building evidence base for active ageing policies: Active Ageing Index and its potential”, organised by the United Nations Economic Commission for Europe (UNECE) and European Commission’s Directorate General for Employment, Social Affairs and Inclusion (DG EMPL), April 14-15, 2015.
Along the same lines, Hess et al (2015) examine whether there is a conflict between the interests of the younger and the older generation? And, whether the strength of the conflict increases with population ageing (i.e. with the rising share of older population)? And, finally, can active ageing strategies, which is better integrating older generations into society, moderate the conflict? They answer these questions in a comparative study of 27 European countries using data from the Eurobarometer 2009. They find a moderate conflict between generations. Compared to spending preferences of the younger generation, older people are more likely to support increased spending for old age at the expense of educational spending. Linking country differences in the strength of the generational conflict to the degree of population ageing with multilevel regression techniques they do not find any evidence that the conflict itself is increasing with population ageing. In the final step of their analysis they evaluate the potential of generational policies- measured with the Active Aging Index - to mitigate the generational conflict. Most interestingly, they find that the intergenerational conflict is weaker when older people actively participate in the political life and are visible in society.

Thirdly, one paper examines how quality of life of older people links with the active ageing outcomes, using the case studies of Latin American countries (Fanta, 2015). The Quality of Life of the Elderly Index (QLEI) was constructed using the same methodology as the AAI. From the application of the QLEI to six Latin American countries, it was noted that the life quality of the elderly has a better performance among countries that are currently placed in advanced stages of the demographic transition. However, the countries mentioned herein are, in general, a long way off from offering generalized conditions of the life quality for their older citizens observed in the AAI countries of Europe.

Fourth, several papers provide in-depth analysis of the AAI analysed at a sub-national level. For example, Rodriguez et al (2015) adopts the AAI methodology to measure AAI for Spain and its regions. The AAI for Spain, calculated according to Spanish sources, is consistent with the calculation of the national AAI, although slightly lower. Moreover, the regional AAI is found closely connected with other general indicators in Spain (viz. GDP, Synthetic Quality of Life Index, New Index of Human Development) and thus it serves as a good proxy to differentiate the level of economic and social development of the Spanish regions.

Bacigalupe et al (2015) provides the AAI results for the province of Biscay in Spain and discuss its role as a useful tool to support political decision-making. The calculations were carried out using both secondary data as well as primary data through the results of a specific survey to people aged 55 and older living in Biscay. The AAI value for the province of Biscay is in the mean of the EU28. The relatively better position of Biscay compared to the rest of the countries was evident in the dimension of “Participation in Society”, where Biscay’s value was clearly higher than the EU28 mean and the score of most European countries. Therefore, it is
recommended that the degree and types of current participation of the elderly in Biscay could well be used as a good experience for other regions. On the contrary, in the dimensions of “Employment” and “Independent and secure living” the value is clearly below the EU28 and most countries’ mean. Authors conclude that Biscay’s experience with the AAI calculation shows that the AAI can be a good tool for monitoring and evaluation and it could be well used as an advisory tool for policymaking in the regions of the EU.

Quattrociocchi et al (2015) constructs the regional level AAI for Italy, with the purpose to monitor the economic and social living conditions of the elderly. Their analysis cover the period 2007 to 2012 and show that the active ageing situation is extremely diverse at subnational levels, using the AAI results for 21 regions, for each of the four domains as well as the overall AAI. The goal has been to understand what regions of the country lags behind and what are the policy priorities to reduce inequality across Italian regions. They also recommend that the AAI can become a monitoring and evaluation tool for regions within a country.

Finally, some papers provide a detailed pair-wise comparison of two countries, to understand better the policy mechanisms that may have been responsible for the differences. For example, Karpinska (2015) analyses differences in the AAI in two Eastern European countries: Poland and the Czech Republic. The focus on those two countries is justified by perceived similarities of their historical legacy, social background and transitions to the EU structures. Despite those resemblances, active ageing outcomes vary significantly between the two countries: the Czech Republic ranks 13th in the overall Active Ageing Index for 2012, while Poland occupies the bottom position, in both overall and domain specific indices.

The most remarkable differences are observed in terms of employment, care responsibilities and health system. In case of Poland, the most urgent policy priority refers to the labour market participation, especially of older women. Promoting employment until the statutory retirement age and investments in the lifelong learning or training are among the measures that can help achieving this goal. In the Czech Republic, further improvement in this domain would rely on promoting labour market participation beyond the mandatory retirement age, with similar measures as in Poland.

The study also suggests that labour market participation of older people in Poland and in Czech Republic is also related to care responsibilities and good health. In both countries, involvement in care and, to some extent, exit from the labour market for older women—can be linked to lack of or insufficient provision of care arrangements. Implementation of institutionalized care facilities (for both old and young) would give older people more agency over their activity and would eventually help increase the labour market participation of older women, especially in Poland. Moreover, the labour market participation of older people is strongly related to their
health situation. Improvements in the provision of healthcare (i.e. shortening waiting times to health specialist, more focus on (occupational) health prevention) can help increase the labour market participation of older people further.

In analysing the differences between the countries, the paper also aimed at piecing together polices for the indicators that affected the ranking of the countries the most. Some of the aspects of the active ageing, however, are not easily amenable to policy measures and require a life course approach (i.e. remaining healthy life expectancy). Responsibilities for most aspects of active ageing are likely to rest with the regional or local level authorities and not at the national level. Recently both countries have been intensifying their efforts to implement active ageing strategies and analysis of the future AAI’s will help establishing how those strategies shaped active ageing outcomes of older people. Moreover, the data for the 2012 AAI was collected at the onset of the economic crisis. Poland’s economic standing is fairly good in comparison to other European countries. Whether Poland will compensate for the economic disadvantages of the early transformation and what consequences this will have to increasing active potential for older people in this country are interesting questions for future inquiry.
3 Synthesising

The multidisciplinary research work of MOPACT is undertaken in nine work packages (Chart 1 below). These work packages together provide a rich array of scientific findings.

Figure 6: MOPACT’s strategic research design - Nine work packages with a central role for WP1

Seven key findings from MOPACT work packages

At the broad level, seven sets of findings can be drawn from the work undertaken across these nine research work packages.

1. The multifaceted and aggregative form of active ageing has been rising during recent times, despite the economic downturn and austerity in many of the EU countries. Therefore, the potential for future progress in all these countries appears to be good, with a scope for improvement even in the top performing
countries. The inequality in active ageing is also observed to be a concern, especially since inequality is high in countries where overall average country levels of active ageing outcomes are low (e.g. Central European countries).

2. One of the future challenges facing the European societies is a fast rising proportion of people aged 80+ who live alone. It is therefore important to look into the special needs and aspirations of this specific group of population in improving their experiences of active and healthy ageing. It can be safely concluded that special (integrated) social services will need to be developed to sustain the quality of life of this subgroup.

3. Another challenge is to (continue to) introduce measures that increase healthy life expectancy alongside the rising life expectancy. Greater emphasis needs to be placed on social engagement of older people (especially for those with limiting health) and early-in-the-life-course interventions that improves healthy ageing of older individuals.

4. Many molecular and cellular changes which take place during ageing are well understood. To improve and define new early intervention strategies, it is vital to develop excellent translation practices. A strong coherent thread of findings suggest that interventions that extend healthy lifespan include ‘dietary restrictions’ of various kinds; therefore the positive effects of caloric restriction on healthy ageing should be communicated effectively.

5. Long term care has been increasingly acknowledged as a social risk and it is also emerging as a system in its own right in most countries. Important distinctions are necessary between health and social care and between formal and informal care. The LTC is still a policy area of ‘muddling-through’ in most countries – with clear strategies and objectives missing and policy-makers paying only lip-service to the implementable ideas of ‘ageing in place’. A coherent policy design for the provision of long term care is therefore needed in many EU countries.

6. Fiscal sustainability and pension income adequacy (old age poverty) will remain a challenge in many EU countries, especially for Greece and also for many of the Central European countries. In this respect, universal minimum pension (the so-called social pensions) is considered a powerful policy instrument to enhance income adequacy and independent living for future retirees. The promotion of minimum income guarantee should displace efforts to promote private pension savings (DC+DB), which should continue to complement public pensions for the financial sustainability purposes, by providing adequate incentives for working age population to save for their retirement. Moreover, linking retirement age to life expectancy is efficient and equitable way of safeguarding public finances against longevity uncertainty. In the pursuit of longer working careers, the observations so far suggest that the actuarially fair adjustments are not enough and effective
incentives to keep constant the ratio of working years and retirement years. A better organisation is required of working time over the whole of the life course, supplemented by improvements in the quality of work environment, better work-life balance and on-the-job training.

7. Measures untapping the unfulfilled potential of the ICT use will be effective in promoting active and healthy ageing. An increasingly greater use of the ICT by the current and future generation of older people offers a great scope for innovations and improving their cost effectiveness in the future. Silver economy potential has been going largely untapped in many countries, due to low user involvement and administrative constraints.

Work package specific conclusions

Key conclusions and policy messages arising from the nine work packages can be specified as follows.

WP1: Realising Active Ageing

- Northern and Western Europe have had greater active ageing success and Greece and Central European countries are lagging behind;

- Top performing countries are not at the top of each dimension, so there is a scope of progress for all. Active ageing for men higher than women, especially for employment and income aspects;

- Active ageing increasing in the EU in the recent past, despite economic crisis and austerity measures;

- No trade-off between AAI and inequality – countries with higher AAI score tend to be also more equal. Higher active ageing is also linked with higher life satisfaction and higher per capita national wealth, at the average level.

The work undertaken in this WP is described in good details in Sections 1 and 2 of this report. In short, a three step process is required: 1) To measure the extent & potential of AA across EU countries in all its multifaceted form; 2) To identify actions necessary at different levels and in different contexts for HLE and in making longevity an asset; 3) To engage with stakeholders to identify socially innovative strategies and their potential to upscale and effective in promoting active ageing.
The work reported here benefitted greatly from the brain storming meeting of the WP leaders (during March 2014).

WP2: Economic consequences of ageing

Demographics

- Two trends – longer lifetimes and a higher share of people living alone – will multiply the number of elderly living alone in next three decades. The projected convergence in the life expectancy of males and females might limit the increase in their shares is far from certain. Living alone increases risks in income adequacy and poor health, difficulties in ADLs and IADLs and other welfare reducing problems. These risks should be tackled with policies related to determination of pensions and housing arrangements.

- Long-term population projections have turned out to be very unreliable and there is no reason to expect that the future ones will be more precise. Uncertainty is also often underestimated in the high and low variants of assumptions. It is very likely that the ongoing population ageing will continue during the next two decades, but no credible statements can be made about the long term trends after that. Population projections are used for many policy purposes and in general discussions are misunderstood to be reliable. The tax and transfer systems should be tested with the large extent of realizations of stochastic population projections, which provides probabilistic estimates of social and financial unsustainability. If problems are observed, reforms should be designed to improve resiliency of the system.

Population ageing and the economy

- Traditional demographic dependency ratios describe poorly the economic implications of population ageing. Large increases in employment rates of older workers have taken place in recent decades, even during the recession. In addition to the increased working capacity, also the extensive reforms related to early retirement schemes and increases in the eligibility ages of old age pensions have had strong effects on the employment rates.

- Substantial increases in the length of working lives are necessary to maintain current economic dependency ratios. The improvements reached so far are not adequate, if the increase in life expectancy continues.

- Prospective indicators of ageing provide a complement to the traditional measures. The prospective old age dependency ratio has the number of
people at or above the old age threshold in the numerator and the number of people from age 20 to the old age threshold in the denominator. The threshold is the age at which remaining life expectancy first falls below a given number of years, e.g. 5, 10 or 15. Prospective indicators of ageing indicate that the challenge of population ageing is less immense than the traditional chronological measures would suggest. It is supported by the studies showing the importance of proximity to death on the use of health care and long-term care services. On the other hand, the prospective old age dependency ratio does not contain information on the size of the potential labour force. The relevance of prospective indicators rests on the premise of policy changes emerging according to the changing age structure of the population.

- Keeping health transfers constant for a given mortality rate when mortality declines has a modest effect on public finances in most countries.

- Separation of the elements of the demographic transition helps to understand their interaction with the public economy. Mortality changes affect health and long-term care financing relatively quickly. Fertility variation has mainly expenditure effects during the coming decades, before the impact on tax bases grow, while migration affects the number of taxpayers already in the first decades.

- Population ageing has international spillover effects that influence world trade and capital movements. If the consumption of the retired continues to be dominated by services and low-tech goods, population ageing may have large implications on the production structures and trade flows. World interest rates tend to decline due to increased saving.

- When households are living longer, they will invest in education during their working lives. These investments generate higher wages and pensions and reduce the need to save for old age. The reduction diminishes supply of capital on world markets and limits the decline in the interest rates caused by population ageing.

**Policy issues**

- Realizing the potential of active ageing in the formal labour markets presumes that the tax and transfer system does not incentivize retirement. In many countries the loss in after-tax income due to the use of some route out of employment is rather small especially for the low income workers. Also labour income after retirement may be taxed heavily.
• Adjusting pensions to life expectancy may not lengthen working lives enough to preserve social sustainability of the pension system. Experiences from countries like Sweden and Finland, which have adapted flexible retirement age and longevity adjustment of pensions, show that people do not postpone their retirement enough to compensate for the loss in pensions due to higher life expectancy.

• Adopting automatic adjustments in pensions and earliest eligibility ages is a very promising way of preserving both social and financial sustainability of earning-related pensions, when longevity increases. These adjustments should apply all routes (except due to disability) out of employment. Increasing only the retirement age would generate ever increasing replacement rates. In a country like Finland, where unemployment benefits are progressive and disability pensions increase, when eligibility age for old age pensions increases, the policy may even reduce lifetime income differences. Doing the adjustments automatically avoids the long negotiation and implementation processes. Observation from Finland is a delay of nine years and the baby boomers succeeded to retire in this window. There are many possibilities to design the adjustments, but maintaining the current ratio of working and retirement years provides obvious guidance for the link between retirement age and life expectancy.

The first year was spent in collecting data and improving models (for Finland), providing important insights on how life expectancy differentials are emerging (in an overlap with WP5). Three major reports have been developed during the course of the project. In addition, two progress workshops organised, one book edited on Nordic models of pensions and LTC provision, and also additional sustainability gap estimations done to provide a sense of future challenges (alongside the estimates generated by the AWG of the European Commission). This WP has strong linkages with WP3, and WP4 (and benefits from an input from WP5). An important consideration in this work package is that the productivity growth need to be accounted for, and also more elaborate exploration of linkages between health and retirement is required.

WP3: Extending Working Lives

• A broad conclusion is that a better organisation is required of working time over the whole of the life course, supplemented by improvements in the quality of work environment, better work-life balance and on-the-job training;

• A comprehensive conceptual framework has been prepared at the outset for many of the tasks undertaken in this WP, drawn from the country reports. The
conceptual framework highlights which dimensions need to be considered in the research for this WP.

- The best practice cases are highlighted, on the level of companies and social partners in thirteen countries. One finding is that there are numerous easy-to-devise and easy-to-implement instruments which are highly transferable between various sectors, company and organizations of different sizes. Also some hiring policies are easily transferable.

- Concerning training, the on-the-job-measure consists of age-mixed teams, which could facilitate transferring of knowledge from younger workers to older workers. Other training measures identified included apprenticeship schemes for older job applicants. Also, in the case of self-employment, measures identified are primarily focused on mentoring, networking or simply spreading knowledge concerning the possibilities.

- A good example identified as the Polish Agency for Enterprise Development offering training for Entrepreneurs to increase awareness and knowledge concerning age management, competitive and productivity advantages of older workers. Another good example is Experience@work, in which four Belgian companies (assisted by a consultancy firm) share a platform to exchange experienced high-skilled white collar older workers. This example provides a good role model for similar groups of companies considering such a programme. Another example is Unicredit (IT): ‘Over 55 – Being Senior in Unicredit’: Initiatives for skill development, work-life-balance, and promotion of workers.

- A Dutch example is the Interactive Digital Portal to enhance sustainable employability, offering a learning platform/network (open innovation) and high-quality advanced instruments. The Portal can provide employees information about their own employability through their own account and see which facets of their employability they have to improve (a plan can be devised and change can be monitored by the same Portal).

- Another innovative measure goes to the root of the problem that the bulk of workers is working for companies too small to have a professionalised HR department. Danish ‘senior packages’ to SMEs is provided by a fund (under a national Ministry) and helps SMEs in what might simply be called ‘age management’.

This WP has also highlighted importance of the underprivileged and a focus on both supply and demand side of labour marker for older workers. The WP produced a useful template to account for good practices and innovative approaches to promote longer working and learning. It has also produced several in-depth national policy reports on multiple topics: pensions, silver work and work after retirement,
unemployment among older workers, part-time work and part-time pensions, health and disability, self-employment, employment protection, wage subsidies, life-cycle approaches, and anti-age legislation.

The WP3 research on lifelong learning also provides strong insights. One conclusion is that the policy framework adopted in many countries seems to impact more on the employers-based training than the personal ISCED upskilling.

- A more specific finding is that only in Italy, Estonia, Latvia and Denmark there is no age restriction to education grants and financial support. In most cases, however, grants and financial support are awarded only up to a certain age. Two of the countries examined (Netherlands and Denmark) offer a rich variety of financing schemes for adult education.

- In Lithuania, Latvia, Poland and the UK there are no mandatory policies to ensure employer-based training. However, in Belgium, Czech Republic, Denmark, Estonia, Germany Italy, Netherlands and Greece employer-based training is more clearly regulated, with (in most cases) obligations for employers to provide training for their staff.

WP4: Pension systems, Savings and Financial Education

- Various pension system adjustments are required to meet the challenges of population ageing, which includes raising retirement age for the financial sustainability of pension systems, ensuring adequate income after retirement, and a better risk management in the pension saving systems.

- A strong finding is that the actual retirement age often rises insufficiently to keep up with pensions. This also means that employability for workers should be promoted strongly to keep up with the rising retirement rates. Moreover, inequality may increase if pensions are more dependent on past contributions.

- Private savings must complement public pensions, but they need to be customized to individual needs, by being more flexible. Also, there is a need to improve liquidity of retirement wealth, e.g. the home equity release should be given a greater emphasis. Moreover, funded pensions should be strengthened, not least for the reasons that they contribute to deeper capital markets and thereby foster economic growth.

- There is a strong need for a better choice architecture to stimulate private pension savings and to make life annuities more attractive. Risk management becomes more important as pensions are less secure due to economic and demographic shocks. Enabling people to adjust to shocks, for example by
working longer or working after retirement, contributes to a more robust income for elderly.

Three major pieces of work have been carried out in this WP: Study 1: Insights on how individuals are best equipped to prepare for retirement (studying behaviour towards savings for retirement); Study 2: Impact of pension savings on economic growth and financial markets (shocks included); and Study 3: Financial education and its impact on savings for retirement.

WP5: Health and well-being

- Increases in life expectancy at EU-level are not accompanied by increases in healthy life expectancy, with large differences in trends between countries. In light of this finding, the real challenge is not so much to delay the onset of disease, but to achieve socially productive and satisfying lives for older people in poor health;

- WP5 provides strong insights into how meso-level organizations and practices foster the social involvement of older people with health limitations, and identifies the success factors, barriers and preconditions encountered, in a selection of four European countries (Austria, Estonia, Netherlands and Poland).

  - In general it was found that there were only few projects fostering social participation for older people that specifically targeted people with health limitations. However, projects are often open for all older people, with or without health limitations. The underlying assumption of the projects is that almost all older people have some form of health limitation.

  - Many success factors, barriers and preconditions were identified, and some of them were similar across the four countries studied. For example, financial feasibility was a concern for almost all the projects. Factors specific for each country are closely related to the culture or economic conditions in a country. For example strategies to motivate volunteers involved more often financial compensation in Estonia and Poland, and more often a present such as tickets to a theatre in Austria and the Netherlands.

- At the macro-level, governments and municipalities are recommended to create an infrastructure that supports the meso-level organizations in reaching their goals and facilitating social participation for older people with health limitations by creating more awareness about the benefits of active ageing in society and introducing more accessible and feasible funding systems.
- Level of social participation of different kinds (including: paid work, volunteering, caregiving outside the household, social leisure activity, educational activity, religious activity) are found to be lower among older people in poor health than in those in good health. In contrast, in most instances, predictors for social participation for people with and without poor health are similar. An exception was depressed mood that limited participation in older people over and above the presence of poor physical health.

- To avoid competition between different social participation roles, our recommendations concern the offering of regulations by employers to combine for example working with caring or volunteer work.

- Policies and regulations in the two social participation domains, caregiving and volunteering, are often not targeted at older people or those with disabilities. Recommendations regarding these types of activities are:
  - The availability of appropriate respite care for informal carers and
  - The availability of funds for hiring volunteer coordinators, who support and train all unpaid workers, especially those with poor health.

WP5 places its focus on social participation (areas covered in the 2nd and 4th domains of the AAI). The WP undertook an EU-wide empirical work on the SILC data to monitor trends in the prevalence of morbidity and disability, and in healthy life years. Additional work on selected Europe-wide surveys (SHARE, EPOSA) helped identify predictors that improve social participation of older people both in poor and in good health. The final product of WP5 is a set of scenarios of the contribution of various improvements in social participation to healthy life years. One contribution for the AAI measurement is that the health aspects should not solely be in the 4th domain of the AAI.

WP6: Biogerontology

Many molecular and cellular changes which take place during ageing are already well understood. To improve and define new early intervention strategies, it is vital to develop excellent translation practices. A strong coherent thread of findings suggest that nutrition plays a crucial role in extending healthy lifespan; therefore the positive effects of dietary interventions on healthy ageing should be communicated effectively.

example:

- Childhood vaccination programmes are considered important and provide an excellent basis for life-time protection against infectious diseases. And, adult vaccination is in general a neglected area in public health policies. Thus a life-course perspective on vaccination should be implemented. It is crucial to provide herd immunity for those at highest risk (new born, immunocompromised, elderly) and to maintain immunity till old age before immune-senescence develops.

- Nutrition is a crucial factor to maintain health till old age, thus education on healthy nutrition must start as early as possible and continued throughout life. There is scientific evidence that especially over-nutrition is a main contributor to the development of non-communicable diseases such as diabetes, cardiovascular disease, and cancer. Ideally healthy nutrition already starts in the womb as this already determines our later disease risk. The communication of the positive effects of dietary interventions on healthy ageing should be strongly promoted. Also, a healthy diet should be available at an affordable price for low-income households.

- Promote exercise/sports in schools, workplace etc., to help maintain a healthy and active lifestyle, also for the elderly (for example, regular exercise reduces risk of sarcopenia in elderly). Foster use of bicycles, design of cities to make less car-friendly and more age-friendly.

The broad objective of this WP is that the research undertaken should provide insights about biological limitations to active ageing, and a greater emphasis placed on interventions on earlier phases of life. The work on dietary interventions has been extremely insightful, as at least six papers have been published already. During 2016, the WP will organise a symposium for social scientists to appreciate better the relevance of the biogerontology work.

**WP7: Built and Technological Environment**

- ICT is a strong instrument for making public infrastructure, services and products more age friendly. However, work undertaken so far shows great untapped potential in all countries – for example, eHealth solutions have not been deployed sufficiently, and assistive technologies are lacking diffusion;

- Possible reasons include lack of development of innovative holistic system; low users engagement; little knowledge of healthcare systems, and inadequate regulatory framework paralysed by conflicting business interests;
Silver economy potential has also not been fulfilled in many countries. The reasons underlying this deployment gap is identified as: ‘unfriendly’ reimbursement regulations, low user high-tech literacy and low end-user involvement;

Measures should include encouragement of social and health service providers to speed up with the use of innovative technologies and to push policy makers to provide for more adequate reimbursement regulations.

Three key areas are covered in this WP, namely ICT and telemedicine; housing and mobility, with an emphasis on identifying special needs of the ageing populations. Throughout WP7, the importance of user engagement, social inequality and social and product innovation have been emphasized. The WP also places strong emphasis on the links to industry and business development in the silver market. WP7 also provides a very useful input for the enabling environment domains of the AAI. It will make available the innovation prospect report and case studies of good practices.

WP8: Social Support and Long-Term Care

- Long term care “LTC” has been increasingly acknowledged as a social risk and it is also emerging as a system in its own right in most countries. In them, important distinctions are necessary between health and social care and formal and informal care. One critical conclusion drawn from WP8 is that the LTC is still a policy area of ‘muddling-through’ in most countries – with clear strategies and objectives missing and policy-makers paying only lip-service to the concept of ‘ageing in place’.

- A key finding is that a fundamental distinction persists between those countries that have well-established, publicly-financed LTC systems with dedicated funding, and those for which LTC is a new and developing (or stagnating) sector with insecure and often insufficient resources. The countries studied in this WP include Austria, German, Finland, Italy, Portugal, Netherlands, Hungary, Romania and Estonia) - spending on LTC ranges between 0.3% and 4% of GDP, and also often ‘wrong’ financial incentives are provided.

- Latest reforms reflect the rather fragile status of the LTC between health care and social care. The often still-missing structural roots are making the sector also vulnerable during the on-going financial crisis and austerity. As provisions in many countries are based on discretionary regulations they are convenient subjects to cuts (e.g. the discontinuation of the Italian ‘Fund for long-term care’ or cuts during the implementation of the Spanish ‘Dependency Act’) and/or to silent deflation, e.g. in the case of cash-benefits not being
adapted to general price indices (Austria, Germany, Italy). In a counter
tendency to a generally enhanced acknowledgement of LTC as a social risk
that needs solidaristic support, Hungary has recently even strengthened the
responsibilities of families to care for their relatives.

- Social innovations for LTC are often restricted to individual projects, but they
  address a wide range of issues, from basic emergency call services to
  initiatives trying to overcome fragmentation. The problems of sustainability
  arise in most cases. The triggers for success and innovations include:
  community-orientation, integrated care models, support for informal carers,
  workforce issues, quality development.

- An important pre-requisite is that service provision becomes a precondition for
  facilitating active ageing, making societies and communities ‘care-ready’

The interface between LTC, active ageing and social innovation has been greatly
emphasized in WP8. It also makes available specific information on the LTC
environments that enhance active ageing.

Key factors have been identified as most influential in promoting and/or prohibiting
social innovation in those practice examples that had been analysed during the first
phase of research. They include: Coordination/integration of systems/partners;
Design of innovative practice; Framework/structural conditions; Funding; Institutional
leadership; Local/community focus; LTC specificity; Network (including public-private
partnerships); Sustainability (not just in making a transition from pilot programmes
but also integration of services into publicly-provided services); Coverage of target
groups; User involvement (not just as recipients) and Upskilling and mainstreaming
of the workforce.

Analysis of results shows a number of caveats in promoting the concept of social
innovation in LTC.

- On the one hand, many countries, in particular in Southern and East
  European welfare regimes, are still struggling with constructing a general
  framework for LTC, with guaranteed access to services, proper information
  and public awareness for the needs of frail older people.

- On the other hand, stakeholders in countries with a more advanced LTC
  infrastructure (e.g. Austria, Germany) continue to underline that good practice
  and related concepts, e.g. community-orientation, preventive approaches or
  have already been developed, but would need to be implemented,
  disseminated and streamlined.

Policy recommendations under consideration focused therefore in all countries on
the general enhancement of structures and processes in LTC and social support for
frail older people, rather than being able to bring ‘new’ and original innovations to the fore.

The current evidence does not provide a clear picture about whether countries provide “adequate protection, security and care” when older people need assistance. Recommendations are made in WP8 for the indicators that will improve our understanding of the LTC provisions across EU countries. The suggested indicators are: The proportion of LTC expenditures as a percentage of GDP; Ratio of expenditures for community care as against residential care; Coverage rates (Share of older people that have been assessed to be in need of care according to national eligibility criteria and receiving formal care services in the community or in residential care); and Proportion of LTC-workers (FTE) as a percentage of the total labour force.

**WP9: Enhancing Active Citizenship**

Several good practices have been identified from the work of WP9:

- **Senior Citizens’ Participatory Budget in Alfândega da Fé (Portugal):** The only case found where a participatory budget mechanism is specifically targeted at senior citizens;

- **Senior Citizens’ Councils in Denmark:** Consultative bodies where members are, by law, directly elected by the local senior citizens (aged 60 plus);

- **Programme for Older People Partnerships (POPP) in Dorset (UK):** Senior citizens are consulted in a wide range of policy-areas, namely in social and health care public services - a rather strong form of empowerment.

Several policy recommendation arise from the work of WP9:

- Political authorities aiming to promote participation with senior citizens should ensure high levels of governance coordination between EU, national, meso (Region/County) and local scale.

- Political authorities should make sure that participatory initiatives are sustained by broader institutional changes aimed at overcoming entrenched bureaucratic processes and addressed to improve open public data systems.

- Political authorities should take into consideration the ways senior citizens from different social status - not only of highly-educated citizens – and different ages – as the older senior citizens aged +80 – can have access and participate to the initiative.

- Participation needs public statements of commitments between political authorities and civil society. They should pay equal attention to the ways
political and social leaderships can catalyse senior citizens’ participation and support the self-organisation of senior citizens in activities that aim to enhance their capacity of decision.

- The agencies in charge for the organisation of participatory initiatives should invest on training activities for the actors involved in the process. Public and elected officials should have the opportunity to improve technical and relational skills for better perform the process.

- Civil society should have the chance to be informed about the state of the art of the policies to be debated, and should also be regularly updated about the advancement of the participatory process. More specific training activities should regard the nature of the participatory methods as well as the policy-areas debated in the initiative.

The WP emphasize the study of stereotypes on ageing and their impact. In the process, it makes an important contribution towards identifying the determinants of active ageing. Data analysis on participation of senior citizens also provide very useful insights. One of its recommendation for the AAI is that the actual act of voting should be part of the enabling environment domain.
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