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New Evidence on Active Ageing in Europe

The debate on the impact of ageing on European societies is often concentrated on the potential economic impact on such things as public finances, pensions and labour markets. While we do share the view that the economic dimension is critical, there are also other important aspects to consider when discussing the issue of ageing societies. A large part of this falls under the label of "active ageing", which also has major economic implications with regard to employment and productivity in later life.

The two main purposes of this paper are to report new findings on the extent of active ageing in Europe, based on the application of the novel Active Ageing Index, and to explore possible major challenges to active ageing.[1] Active ageing is the leading global policy response to population ageing. We distinguish here between three groupings of European countries with regard to the extent to which active ageing goals are being achieved. Our starting point is the concept of active ageing itself.

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The active ageing concept

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

1 Most of the evidence we present in this text stems from the project MOPACT, which has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 306058. The Active Ageing Index was financed jointly by the UN Economic Commission for Europe and the DG Employment, Social Affairs and Inclusion, during 2012-2015.

> Active ageing is 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 realize their potential for physical, social, and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance. 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.[2]

The WHO approach shifts away from a passive vision to a rights-based approach based on equality of opportunity and treatment as people grow older. This notion of active ageing is underpinned by three pillars – health, participation and security – that apply over the life course.

- 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.[3]

The active ageing agenda promoted by the WHO served as the foundation of international policy frameworks as early as 2002 by forming the basis of the Madrid International Plan of Action on Ageing (MIPAA), particularly for the regional implementation strategy for the European region.

Earlier, Rowe and Kahn provided the MacArthur Model of "Successful Aging".[4] They identified three factors critical for "better-than-normal" individual experiences of ageing: low risk of disease and disease-related disability, maintenance of mental and physical functioning, and continued engagement with life (through relations with others and productive activities).

Riley made explicit the importance of enabling factors for successful ageing.[5] While recognising the paradigm-shifting nature of the WHO definition, Walker 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 (age management), and societal (policy) levels and at all stages of the life course.[6]

This definition was adopted by the FUTURAGE Road Map.[7] In addition, there are seven principles underpinning this conceptualisation of active ageing:[8]

- A wide definition of activity that includes all meaningful pursuits,

- A preventive approach that involves people across all age groups,

- The inclusion of all older people, including those who are frail and disabled, regardless of their chronological age,

- Inter-generational solidarity and fairness between generations, with an emphasis on activities that span across generations,

- 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,

- 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,

- It must respect national and cultural diversity across and within European nation states.

2 World Health Organization: Active Ageing: A Policy Framework, Geneva 2002.
3 Ibid., pp. 45-55.
4 J.W. Rowe, R.L. Kahn: Human ageing: Usual versus successful, in: Science, Vol. 237, No. 4811, 1987, pp. 143-149.
5 M.W. Riley: Letters to the editor, in: The Gerontologist, Vol. 38, No. 1, 1999, p. 151.
6 A. Walker: The Emergence of Active Ageing in Europe, in: Journal of Ageing and Social Policy, Vol. 21, No. 1, 2009, pp. 75-93.
7 FUTURAGE: A Road Map for European Ageing Research, 2011.
8 A. Walker, L. Foster: Gender and Active Ageing in Europe, in: European Journal of Ageing, Vol. 10, No. 1, 2013, pp. 3-10.

Furthermore, the WHO's guiding principles for active ageing were also relevant and were duly considered during this process:

- A participatory approach that involves older people in the policy-making process of initiatives and evaluation of implementation,
- Empowerment at the personal and community level is at the core of community action and voluntary initiatives that promote active and healthy ageing,
- A focus on equality with particular attention for vulnerable or disadvantaged groups of older people who have accumulated inequalities over the life course,
- A gender perspective is essential given the differences between men and women in their roles and experiences over the life course and into old age,
- Inter-sectoral action to influence the social determinants of healthy ageing with all relevant stakeholders,
- Sustainability and value for money are critical for active and healthy ageing with improved quality of care and the proven effectiveness of interventions being important concerns.[9]

The EU designated 2012 as the European Year for Active Ageing and Solidarity between Generations (EY2012).[10] This decision had the overall objective of changing attitudes towards older people, so as to offer them better opportunities to remain active and to participate as full members of society.

Measuring active ageing

The Active Ageing Index (AAI) project started as one of the activities of the EY2012 under the patronage of the UN Economic Commission and the European Commission. The AAI project emphasised the importance of environments where people are able to live healthy, independent and secure lives as they age, and where they have opportunities to participate in the labour market and engage in other productive activities and relationships.[11]

Table 1
Domains and indicators of the Active Ageing Index

Employment	Participation in society	Independent, healthy and secure living	Capacity and enabling environment for active ageing
Employment rate 55-59	Voluntary activities	Physical exercise	Remaining life expectancy at age 55
Employment rate 60-64	Care to children and grandchildren	Access to health services	Share of healthy life expectancy at age 55
Employment rate 65-69	Care to older adults	Independent living	Mental well-being
Employment rate 70-74	Political participation	Financial security (three indicators)	Use of ICT
		Physical safety	Social connectedness
		Lifelong learning	Education attainment
		Actual expercience of active ageing	Capacity to actively age

Note: Financial security aspects are captured by three indicators: (1) relative median income of 65+ relative to those aged below 65, (2) no poverty risk for older persons and (3) no severe material deprivation rate.

Source: A. Zaidi, D. Stanton: Active Ageing Index 2014: Analytical Report, United Nations Economic Commission for Europe, Geneva, and European Commission, Directorate General for Employment, Social Affairs and Inclusion, Brussels 2015.

The AAI is a summary measure that monitors progress across European countries with respect to active and healthy ageing of its older population (in most instances referring to the 55+ age group). It provides an assessment of the untapped potential among older people using 22 indicators that are grouped in four domains: employment, social participation, independent living and capacity for active ageing (see Table 1).

As the ageing experiences of men and women are expected to be different, the AAI also provides a breakdown by gender. This evidence points to inequities in experiences of active and healthy ageing within EU countries.

Evidence on active ageing in Europe

The evidence on active ageing reported here is drawn from the AAI, calculated for all 28 European Union countries using the latest data available.[12] To analyse differ-

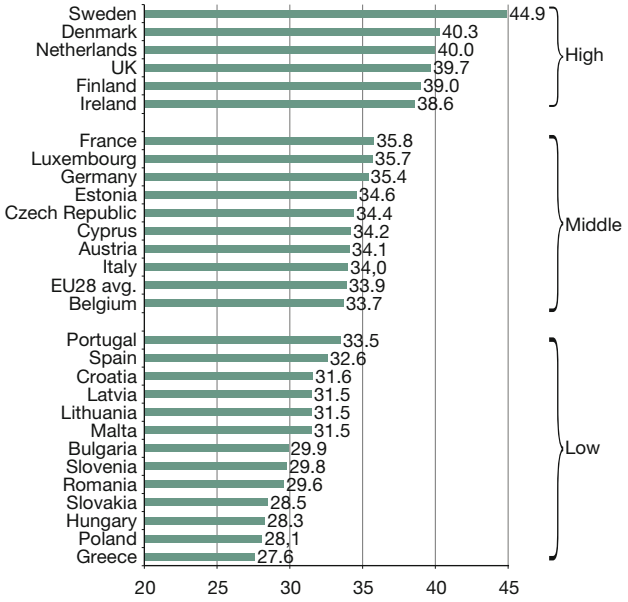
9 World Health Organization: Strategy and action plan for healthy ageing in Europe, 2012-2020, WHO Regional Office for Europe, Copenhagen 2012.

10 European Parliament: Decision No. 940/2011/EU, 2011.

11 A. Zaidi, K. Gasior, M.M. Hofmarcher, O. Lelkes, B. Marin, R. Rodrigues, A. Schmidt, P. Vanhuysse, E. Zolyomi: Active Ageing Index 2012: Concept, Methodology and Final Results, European Centre Vienna, March 2013.

12 The analysis included in this section is drawn from the report A. Zaidi, D. Stanton: Active Ageing Index 2014: Analytical Report, United Nations Economic Commission for Europe, Geneva, and European Commission, Directorate General for Employment, Social Affairs and Inclusion, Brussels, 2015.

Figure 1
Active Ageing Index results, 2014



Source: A. Zaidi, D. Stanton: Active Ageing Index 2014: Analytical Report, United Nations Economic Commission for Europe, Geneva, and European Commission's, Directorate General for Employment, Social Affairs and Inclusion, Brussels 2015, p. 18.

ences and draw out policy implications, the AAI results are analysed in three groups of EU countries: high-, low- and middle-score countries (see Figure 1). Sweden, Denmark, the Netherlands, the United Kingdom, Finland and Ireland are the high-score countries. 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 13 countries are categorised as low-score countries: Bulgaria, Greece, Spain, Latvia, Lithuania, Hungary, Malta, Poland, Portugal, Romania, Slovakia, Slovenia and Croatia.

High-score countries

Sweden tops the overall ranking, and as in the other high-score countries, 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 social participation, which is 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 second domain (social participation) and the third domain (independent living) are low compared to other countries within this group.

All six high-score countries also have above-average scores 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 patterns of contributions through employment as well as through social participation. Denmark and Sweden stand out as the only exceptions where the care provision for older adults is below 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, however, it can be said that below-average employment scores in middle-score countries tend 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.

Germany's score in the first domain (employment) is similar to that of the top-performing countries like the United Kingdom, the Netherlands, Denmark and Finland. In the third domain (independent living) and the fourth domain (capacity for active ageing), Germany's scores are also above the EU average. It is the low score in the second 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 for 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 first 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 the retirement age may reflect low pension income entitlements. Estonia also re-

ceived low scores in the second domain (social participation) due to lower engagement in volunteering and political participation. This is also a common phenomenon among the central European countries.

Low-score countries

Of the 13 countries in this group, the four with the lowest overall AAI scores (namely Greece, Hungary, Poland and Slovakia) all have very 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 the growing costs of population ageing, a top priority for these four countries in particular must be policy initiatives that encourage and support employment among both the older working age population as well as among those over the retirement age.

Four countries in this group, namely Portugal, Latvia, Lithuania and Romania, have above-average employment scores. Similarly to Estonia, these high employment scores likely reflect problems of pension-income adequacy which force people to remain longer in employment. When this problem is addressed, the higher levels of employment (especially among people over the 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 second 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 have a positive impact on health.

All these low-score countries also have below-average scores in the third domain (except Slovenia) and in the fourth domain (except Malta and Spain) – these two domains together account for 14 of the 22 total active ageing indicators. 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 lower AAI scores than 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 these 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 these AAI results shows that the gender disparity is most notable in the first domain (employment) and the third domain (independent living), 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 the current cohort of older women.

Some challenges ahead

The AAI indicators provide good guidance as to where more research and policy action are needed in order to transform European societies into genuinely active ageing societies. Results so far have documented that the multifaceted and aggregative form of active ageing has been rising recently, despite the economic downturn and austerity measures enforced in many of the EU countries. Therefore, the potential for future progress in all countries appears to be good, with scope for improvement even in the top-performing countries. However, inequity in active ageing is a concern.

This ties in with the overall messages that the challenges presented by population ageing are not insurmountable but require new thinking about ageing, especially by policy makers.[13] However, as outlined below, there are pertinent non-economic challenges to overcome.

Living alone

One of the future challenges facing European societies is a significantly increasing proportion of people aged 80+ who live alone.[14] It is therefore important to look into the special needs and aspirations of this specific population group in improving their experiences of active and healthy ageing. Individuals should be informed about the increased economic risks of living alone, and possibly for a longer period than expected. Societies also should prepare for a likely strong increase in the number of older citizens in one-person households.

13 A. Walker (ed.): The New Science of Ageing, Bristol 2014, Policy Press.

14 N. Keilman: Probablistic Household Forecasts for five countries in Europe, MOPACT, 2015.

Healthy life expectancy

Another challenge is to (continue to) introduce measures that increase healthy life expectancy (HLE) alongside the rising life expectancy.[15] For this purpose, a greater emphasis needs to be placed on upstream, early-in-the-life course interventions that improve healthy ageing at older ages.[16] There needs to be greater focus on the countries with the largest differences between life expectancy and healthy life expectancy (Slovakia, Portugal, Germany, Slovenia, Estonia, Spain and France).

Many molecular and cellular changes which take place during ageing are well understood: only 20-25% of HLE is predetermined by genes, and it is therefore the lifestyle and environment that are critical determining factors for active and healthy ageing. To improve and define new early intervention strategies, it is vital to develop excellent transfer practices. For example, novel strategies (e.g. dietary interventions, novel drugs, stem cells) need successful transfers from the understanding of molecular mechanisms to animal models to clinics.[17]

Long-term care

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. In this respect, important distinctions are necessary between health and social care and between formal and informal care.

Long-term care policy is merely a process 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.[18]

Active citizenship and political participation

There is a need to significantly increase the opportunities for seniors to be involved in the decisions about the delivery of services. Currently, the evidence suggests that the direct involvement of seniors in policy-making is an exception rather than the rule. Where it happens, it is mostly done through the creation of consultative bodies (e.g. Seniors' Councils or Seniors' Forums) at the local level.[19]

Tapping the silver economy

Measures tapping the unfulfilled potential of ICT use will be effective in promoting active and healthy ageing. An increasingly greater use of ICTs by the current and future generation of older people offers a great scope for innovations and improving their cost effectiveness in the future. The silver economy potential has been largely untapped in many countries, due principally to low user involvement and administrative constraints.[20]

Unleashing social innovation

Social innovation has the promise to assist the active ageing transformation. Already now, a wide range of social innovation projects exist. In recent work, we have together with collaborators documented and assessed a wide range of social innovations so that policy makers and social innovators can be informed of and inspired by ideas, concepts and projects that are operating throughout the world and could be developed in other places. The social innovations were summarised and assessed using a balanced scorecard containing four domains, namely impact, sustainability, implementation and transferability, on a simple 1-10 scale with a minimum standard of 24 for inclusion in the list. Examples span 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.[21]

The challenge is to support those examples that can be successfully scaled up and translated into policy and practice.

Conclusion

Ensuring active ageing is an important growth strategy for the EU – not only in economic terms, e.g. spending on pensions, health and long-term care, but equally so in terms of wider societal growth. As noted above, overcoming obstacles and responding to the challenges of ageing are surely possible, but this requires a sea change in thinking about what ageing means in both economic and social terms over the coming decades.

15 A.H.P. Luijben, H. Galenkamp, D. Deeg: Mobilising the Potential of Active Ageing in Europe. Trends in Healthy Life Expectancy and Health Indicators Among Older People in 27 EU Countries, 2013.
16 World Health Organization: Policies and priority interventions for healthy ageing, WHO Regional Office for Europe, Copenhagen 2012.
17 G. Lepperdinger: Biogerontology, paper presented at MOPACT Active Ageing Forum, Vienna, 15 March 2016.
18 K. Leichsenring: Social Support and Long-term Care for Older People – Potentials for Social Innovation and Active Ageing, paper presented at MOPACT Active Ageing Forum, Vienna, 15 March 2016.
19 A. Moreira: How can we promote the participation of seniors in policy-making processes?, paper presented at MOPACT Active Ageing Forum, Vienna, 15 March 2016.
20 J. Hilbert: MOPACT Workpage7: Built and technological environment, paper presented at MOPACT Active Ageing Forum, Vienna, 15 March 2016.
21 MOPACT: Social innovations database, 2016, available at http://mopact.group.shef.ac.uk.