Active Ageing Index 2014
Analytical Report

April 2015

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Note

This analytical report is prepared within the framework of a joint project by the United Nations Economic Commission for Europe (UNECE) and the European Commission's Directorate General for Employment, Social Affairs and Inclusion (DG EMPL). The research is implemented by the Southampton University under the institutional consultancy contract with UNECE.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontier or boundaries.

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The report compiles the work of the Active Ageing Index project, which is managed jointly by the European Commission's Directorate General for Employment, Social Affairs and Inclusion (DG EMPL) and the United Nations Economic Commission for Europe (UNECE). It arises from the work undertaken during the 2012 European Year for Active Ageing and Solidarity between Generations by the European Centre for Social Welfare Policy and Research in Vienna. The current second phase (2013–2015) focuses on updating the Index to additional time points, extending it to new countries, dialoguing with stakeholders and encouraging its wider take-up. The research under the second phase is undertaken at the Centre for Research on Ageing, University of Southampton, the United Kingdom.

The work reported here benefitted greatly from the advice of the UNECE Expert Group on the Active Ageing Index, formed specifically for the Active Ageing Index project. Authors are grateful particularly for their comments during the 4th Expert Group meeting, held in Brussels, 13-14 November 2014.

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Errata

Note that the following revisions have been made in this version of the AAI Analytical Report in comparison to the version released during the AAI International Seminar, 16-17 April 2015.

Due to minor revisions in the data for two indicators of the Social Participation domain for the 2012 AAI, it was necessary to also revise two goalpost values. The goalpost value of the Social Participation domain has been revised to 37.4 points (previously 40.6 points), and the goalpost value of the overall AAI has been revised to 56.4 (previously 57.5).

Another minor error has also been corrected: the EU28 average (2014 AAI) of the domain-specific index of Capacity for Active Ageing is 54.4 (previously 54.1). As a result, the change between the 2010 AAI and 2014 AAI is 2.0 (previously 1.7 points).

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Executive summary

Why does active ageing matter?

The twentieth century saw the universal adoption of pension policies in Europe designed mainly to reduce the risk of older people living in poverty. The public welfare systems were gradually broadened including provision of health and social care for the elderly.

The narrow focus of policies for older people was only challenged as populations started to age, a result of falling fertility, lengthening life expectancy and large earlier birth cohorts reaching retirement. Policies for older people had to be widened in scope to ensure not only that public pensions and healthcare systems are sustainable, but also that such sustainability is achieved by an active contribution from older people themselves, by fostering lifestyles throughout the lifecourse that will support healthy and fulfilling old age.

Active ageing means growing older in good health and as a full member of society, feeling more fulfilled in our jobs and social engagements, more independent in our daily lives and more engaged as citizens. The active ageing strategies are about changing attitudes and developing a more positive approach to tackling the challenges of ageing.

The challenge for active ageing strategies is to provide an environment that is rich in opportunities where old age is not synonymous with becoming dependent on others. Such a paradigm of healthy and active ageing makes the most of the potential of older people and makes them less dependent on family and state.

Active ageing links to several specific policy areas. It is about fostering employment, promoting engagement, reducing poverty, improving health and well-being and much more. While at times these policies focus on specific goals, they must be cast in a global approach that addresses all aspects of the lives of older people, most of which are brought together in the Active Ageing Index (AAI) project.

The overall goal of the Active Ageing Index project is to identify areas in which different policies and programmes can promote the contribution and potential of older people. In this pursuit, it is imperative to provide the evidence base that can show how aspirations of active ageing at the individual level can be enhanced with effective public policies and programmes. The AAI evidence can help answer some critical policy questions:

- How do some countries fare better than others across the board and how can this motivate and orient countries lagging behind?
- In what specific areas of active ageing can certain countries do better?
- What policy lessons are on offer from the experience of other countries?

Thus, the AAI project allows policymakers to base their interventions on the comparative and substantive evidence of active ageing indicators and composite indices. It aims to help in identifying priority areas of policy development in the near future.

What does the Active Ageing Index offer?

The Active Ageing Index, the first results of which were released during the 2012 European Year on Active Ageing and Solidarity between Generations, provides a flexible tool to assess untapped potentials of older people, to monitor overall progress with respect to active ageing and identify where challenges remain. The evidence also points to policies that may have contributed towards promoting an active and healthy life of older people – a more detailed description of policies will nonetheless be required, as well as establishing causal links between the policies and the active ageing outcomes.

The AAI addresses policy issues related to older people not only in terms of pension income but in the wider areas of life, such as the promotion of health, longer working careers and continued participation in the society.

The AAI is a toolkit comprising twenty-two individual indicators grouped in four domains: Employment; Social Participation; Independent Living, and Capacity for Active Ageing. The first three domains measure achievements, while the fourth is a measure of the starting conditions for achieving positive active ageing outcomes. All indicators and their aggregation into composite measures are available separately for men and women.

The added value of the AAI is that it encourages policymakers to look at active ageing in a comprehensive way. It offers the broader perspective of different dimensions of contribution and potentials of older people. In doing so, it helps policymakers and other stakeholders understand where they could do better compared to other countries and set themselves goals for a higher and more balanced form of active ageing.

What is included in this report?

This report provides a detailed analysis of the latest 2014 AAI, which facilitates comparison of active ageing experiences and potentials across 28 European Union (EU) Member States for the data year 2012. By looking separately at men and women, it also indicates what progress could be achieved simply by closing gender gaps. The in-depth analysis of the constituent parts of the AAI and its four domains helps to explore what forms of active ageing potentials of older people have yet to be realised. Moreover, the relationship of the AAI with key economic and social measures such as GDP per capita, life satisfaction and income inequality (Gini coefficient) is explored.

The report also analyses key trends observed between the 2010 AAI and the 2014 AAI, in the domain-specific scores, and between men and women. The comparison of these two values of the AAI (the 2010 AAI and the 2014 AAI) offers insights about changes that happened in the four year period between 2008 and 2012.[1]

1 Altogether, this report examines three sets of results, and they are referred to as: the 2010 AAI, the 2012 AAI and the 2014 AAI. They correspond respectively to the data years 2008, 2010, and 2012 for most indicators.

How to interpret the Active Ageing Index?

The Active Ageing Index score for individual countries shows the extent to which their older people's potential is used, and the extent to which older people are enabled and encouraged to participate in the economy and society and to live independently.

The AAI is constructed in such a way that scores can range from 0 to 100. The intention was to ensure that any conceivable community, from the least to the highest developed, can fit into this range, but it also implies that actual AAI will not get close to the minimum or maximum values. For target setting, the theoretical maximum of 100 is of little practical value. Hence, other more realistic benchmarks are needed, showing what potentials could be realistically mobilised over a reasonable time horizon.

Every country can make further progress, even those that currently have the highest AAI scores. This can be demonstrated using the AAI value calculated for a fictitious country which features all the best observed values for each indicator, across countries and for men or for women, whichever gender does best, over the respective time period. Other possibilities for benchmarking are to either undertake pairwise comparison by looking at another comparable country or to look at the gender gap within a country and try to close it.

The AAI value for the fictitious country achieving the best observed score for each indicator can be seen as a realistic goalpost of the AAI for the longer term. The domain-specific scores and the overall AAI calculated using these maximum observed indicators' value are referred to as the 'AAI goalpost' in this report. The estimated AAI goalpost is 56.4.

Key findings

Results presented in this analytical report give a clear indication that a healthy and active life during old age is no longer considered just an ideal; rather it is a reality for many and a genuine possibility for many more. For example, the countries with the highest AAI results within EU score around 40 points, although this score in comparison to the AAI goalpost of 56.4 points implies that there is a considerable room for improvement even among the top performing countries.

The fact that the countries at the top of the AAI score have done consistently well across all domains is an indication that active ageing in different areas can be mutually reinforcing. At the same time, no country scores consistently at the very top of all the domains, indicating that there is progress to be made for everyone, albeit in different dimensions.

Looking at the trends between the 2010 AAI and the 2014 AAI, a small increase of 2 points is recorded on average in the 28 EU Member States. This improvement is observed despite the financial and economic crisis and fiscal austerity measures during this period. The highest increase is in the Social Participation domain, about 3 points, with two other domains increasing by about 2 points each, (Independent Living and Capacity for Active Ageing). For the Employment domain, the change is marginal (0.6 point). Significantly, all four domains registered increases.

In turn, the change within the Social Participation domain is influenced by a strong change in many countries across the EU in the proportion of older population (55+) caring for children and grandchildren, particularly in Italy, but also in Cyprus, Ireland and Slovakia. These large increases need to be viewed with caution as they may reflect data comparability problems.

In addition, the change in the AAI is also influenced by an improvement in relative incomes of older people in many Member States which may not be a real improvement in their own absolute income, rather merely an improvement in their position relative to the working age population.

An increase in the overall AAI by nearly three points or more is observed in nine countries: Italy, Luxembourg, Malta, Austria, the Czech Republic, Ireland, Bulgaria, France and Croatia. In five of these countries, the increase is heavily dependent on increases in the Social Participation domain.

While the AAI has generally increased, there are two exceptions. The index for Greece was a point lower in the 2014 AAI than it was in the 2010 AAI. The AAI score for Greece increased slightly during the first two years, between the 2010 AAI and the 2012 AAI, but fell afterwards. Latvia's AAI fell by over two and a half points during the first two years, but the subsequent recovery still left the index half a point lower in the 2014 AAI than it was in the 2010 AAI.

For most countries the changes in the overall index for men and for women also showed improvement, although with a significant gender gap in almost all countries. One strong exception is Latvia where a fall in the index for men of four points dominated the overall index for the whole population and is in contrast to the increase in the index for women of one and a half points over the same period. A similar gender differentiated change is observed in Greece.

Moreover, the overall AAI and the four constituent domains show a wide difference between the maximum and minimum scores observed across countries. The maximum scores prove that these are achievable scores that can be used to set feasible targets. The value of the AAI project is the wealth of information available that allows Member States to choose comparators to help frame policies towards ambitious but realistic targets.

- In general, affluent Member States in the Nordic countries and Western Europe have had greater success in sustaining employment levels among workers reaching retirement age, providing income security and achieving an active, engaged older population. But even in these countries there is scope for improvement in some individual dimensions. For example, the United Kingdom and Denmark are respectively 7th and 10th in the ranking for Social Participation. Understanding why Ireland and Italy have much higher scores in this domain may help to shape policies to foster more participation and offer a measure that helps to set achievable targets.
- Conversely, at the other end of the scale, lower-income EU Member States have faced greater challenges and need to address how they can make their policies more supportive and sustainable. For instance, within the low scores for the overall index some Member States nevertheless achieved employment scores above the EU-28 average of 28 points – e.g. Portugal with 33 points and Latvia with 32 points. In contrast Greece (20), Spain (23) and Hungary (19) are all much lower. These contrasts will help Member States focus on reasons for the differences and use this analysis to formulate policies and set targets.
- Although the global economic crisis has been detrimental to employment, especially for younger people in EU Member States, it is reassuring that policies to phase out early retirement and to raise the age of retirement were not reversed.
- An analysis of the relationship between the AAI and life satisfaction implies that a higher AAI is correlated with a higher quality of life of older people. This suggests a positive impact of active ageing strategies on individuals' well-being.
- Likewise, an analysis of the relationship between the AAI and GDP per capita suggests that active ageing can also be good for the economy. In short, active ageing does not imply a worsening of older people's quality of life, and it brings real benefits to the economy.

A look at the AAI results for individual countries shows how diverse the EU Member States can be with regard to active ageing. For example, Estonia achieves a very high employment score despite having a relatively low GDP per capita and its employment score for women (40 points) is of special note. Malta scores well across most domains and does so especially for men but its overall score is pulled down because it has the lowest AAI score for women's employment (8.5 points only). Understanding why this is so and why other countries achieve far higher levels of employment among older women will help Malta achieve a higher overall score.

When the comparison between these two countries focuses on the Social Participation domain the lessons learned are different. Malta has a Social Participation score of 17 points compared with Estonia's 13 and the difference can be seen in all the underlying indicators used to assess social participation.

The separate analysis for men and women confirms that scores for men are higher especially where the employment and income dimensions are involved. Employment differences reflect many factors and will take time to narrow as the more equal labour market experiences of younger women begin to show up in cohorts approaching retirement.

The gender differences in the non-employment domains are quite small and to some extent a reflection of women's greater life expectancy. New cohorts entering retirement tend to have higher incomes than older cohorts, but the pension income gap between men and women remains high due in part to women's shorter or non-existent work biographies. Also, more women than men depend on survivors' benefits and on minimum pensions in countries that provide them.

Social participation and health are both age-related. As a result of their higher life expectancy, women are overrepresented, compared to men, in the highest age classes where the possibilities for active ageing are much reduced. This may contribute to men having a higher AAI score. This paper does not attempt to correct AAI scores for differences in average ages between older women and older men. Such adjustments will be considered in the future.

Concluding remarks

The active-ageing framework moves policy thinking away from a one-sided concern about social protection affordability and older people as a burden. The concept of active ageing emphasises the scope for social investment to bring about more participation in employment and society and a greater capacity to live independently in old age. Policies for active ageing can yield returns by preventing the loss of valuable expertise and wisdom of older people, as well as strengthen society's human and structural resilience to deal with the longer-term economic and social challenges of demographic ageing.

Using the AAI framework will enable EU Member States to see where they currently stand. Each Member State's individual profile can help assess in which areas its policies were more effective. Comparisons with other countries will help to highlight where the biggest potential lies and where a country can look to emulate other countries' achievements. This will help design policies to ensure older people are supported in their wish to be active healthy participating members of society and that, as a result, adequate pensions and access to high-quality health and social care remain affordable. These comparisons and assessments will inform policymakers and allow them to set targets and monitor progress towards them.

All in all, the AAI evidence presented in this report will contribute to raising awareness of the challenges and opportunities for older people as well as encouraging the search for better ways to develop their full potential, not just to enhance their own well-being but also contribute towards improving the future sustainability of public welfare systems.

1. Introduction

The Active Ageing Index (AAI) aims to take a comprehensive look at the activity and independence of older people. The AAI is a composite measure that consists of twenty-two individual indicators grouped into four domains. All indicators and their aggregation into the composite measures are available separately for men and women. Many of these indicators are also available for other UNECE European countries. In principle, the AAI framework can also be used at the subnational level, in regions or municipalities, provided suitable data are available.[2]

In its design, the AAI draws from the definition of active ageing offered by the World Health Organisation (WHO 2002) during the 2nd World Assembly on Ageing (2002) as well as the strands of the European Year 2012 for Active Ageing and Solidarity between Generations (EY2012). It also connects with the Madrid International Plan of Action on Ageing (MIPAA). Its methodology is similar to the Human Development Index's (HDI) of the United Nations Development Programme (UNDP, 1990).

The added value of the AAI work is that it extends the analysis of active ageing beyond the conventional use of one-dimensional individual indicators. It offers a broader perspective of the multiple contributions and potentials of older people. In doing so, it helps policymakers and practitioners pursue active ageing in more balanced and comprehensive ways.

The overall goal of the AAI project is to identify what different policies and programmes can be followed in different contexts across countries to promote the contribution and potential of older people. In this pursuit, it is imperative to provide the evidence base that can show how aspirations of active ageing at the individual level can be supported by public policies and programmes. The AAI evidence can trigger some critical policy debates:

- How do some countries fare better than others across the board and how can it motivate and orient countries lagging behind?
- In what specific forms of active ageing can certain countries do better?
- What policy lessons are on offer from the experience of other countries?

Thus, the AAI project allows policymakers to base their interventions on the comparative and substantive evidence of active ageing indicators and composite indices. It aims to identify priority areas for future policy development.

The AAI work produces an objective and flexible framework that can be used to draw lessons from the ageing conditions and experiences of men and women in diverse policy, institutional and economic contexts. In particular, the comparative evidence presented allows the development of benchmarking of performances. In addition, policymakers can use the AAI to identify specific areas in which further progress could be made and where gains could be expected.

2 The focus of this analytical paper is on the AAI results for 28 EU countries. Under the second phase of the AAI project, the geographical coverage is being expanded to include Canada, Iceland, Norway, Switzerland and the United States. Further extension is explored through the pilot studies in Georgia, Serbia and Turkey.

The AAI is designed for a flexible use to match the needs of policymakers in different contexts and to adapt to constraints in terms of data availability. Thus, the weights assigned to individual indicators can be adjusted according to policy preferences. Moreover, alternative indicators can be used, for instance, when some AAI indicators are unavailable at the regional level, although this would limit of course the international comparability of AAI scores.[3]

This report includes the latest results that are referred to as the 2014 AAI, bearing in mind that many indicators available for the 2014 calculation of the AAI reflect the situation in 2012. These latest results are compared to two AAI data points in the past. The 2012 AAI was released at the end of 2012, during the European Year for Active Ageing and Solidarity between Generations, and it refers for the majority of the indicators to the situation observed by surveys in 2010. To monitor changes over time, a retrospective 2010 AAI has also been calculated, reflecting for the majority of its indicators the situation in 2008. All three 2010, 2012 and 2014 AAIs used the same method as described in great details in the first AAI methodology report (Zaidi et al. 2013).

The rest of this report is divided into four sections.

- Section 2 is a methodological section. It includes a brief description of how the indicators and domains of the AAI have been chosen and what data sources have been used for the individual indicators. It also discusses what methods are used in constructing the composite active ageing measures (the domain-specific scores and the overall index).
- Section 3 provides the key comparative findings on the basis of the latest 2014 AAI. It discusses the ranking of 28 EU Member States using the overall AAI, and checks how it relates to key economic and social indicators, namely GDP per capita, a life satisfaction measure, and the Gini income inequality coefficient. It also contrasts performances of EU countries across four domains. The differences in the AAI between men and women are also analysed in this section.
- Section 4 analyses key trends observed between the 2010 AAI and the 2014 AAI, in the domain-specific scores, and between men and women. The analysis of these two values of the AAI (the 2010 AAI and the 2014 AAI) offers insights into changes that happened in the four-year period between 2008 and 2012, a period during which the impact of the financial and economic crisis was felt to varying degrees across Europe.
- Section 5 offers some conclusion on what the AAI framework is good for, and in particular how it can help policymakers across EU countries.

3 See Breza and Perek-Białas (2014) for an example of subnational analysis of the AAI in Poland. For some other examples of the possible extensions of the AAI to subnational levels presented at the Peer Review Seminar in Poland, titled: The Active Ageing Index and its extension to the regional level, see: http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=2099&furtherNews=yes

2. Measuring active ageing at the national level in Europe

2.1 Main features of the Active Ageing Index and its domains

On the basis of the literature on the topic (in particular Walker and Maltby, 2012; Eurostat 2011; UNECE, 2012a, 2012b; OECD, 2008), and also in consultations with the Expert Group on the AAI, a conceptual and empirical framework was developed to aid the selection and organisation of active ageing indicators into specific domains. Underpinning this work was the definition of active ageing as:

'the situation where people are able to live healthy, independent and secure lives as they age and thus continue to participate in the formal labour market as well as engage in other unpaid productive activities (such as volunteering and care provision to family members)' (Zaidi et al. 2013, p. 6).

On this basis the following four domains of the AAI were selected:

1. Contributions through paid activities: Employment
2. Contributions through unpaid productive activities: Participation in society
3. Independent, healthy and secure living
4. Capability to actively age: Capacity and enabling environment for active ageing

The first three domains together refer to the 'actual experiences' of active ageing, reflecting various activities that older persons are involved in as well as their experiences of independent, autonomous and secure lives. The fourth domain captures the capacity and enabling environment for active ageing, i.e. factors which can facilitate or hinder active ageing.

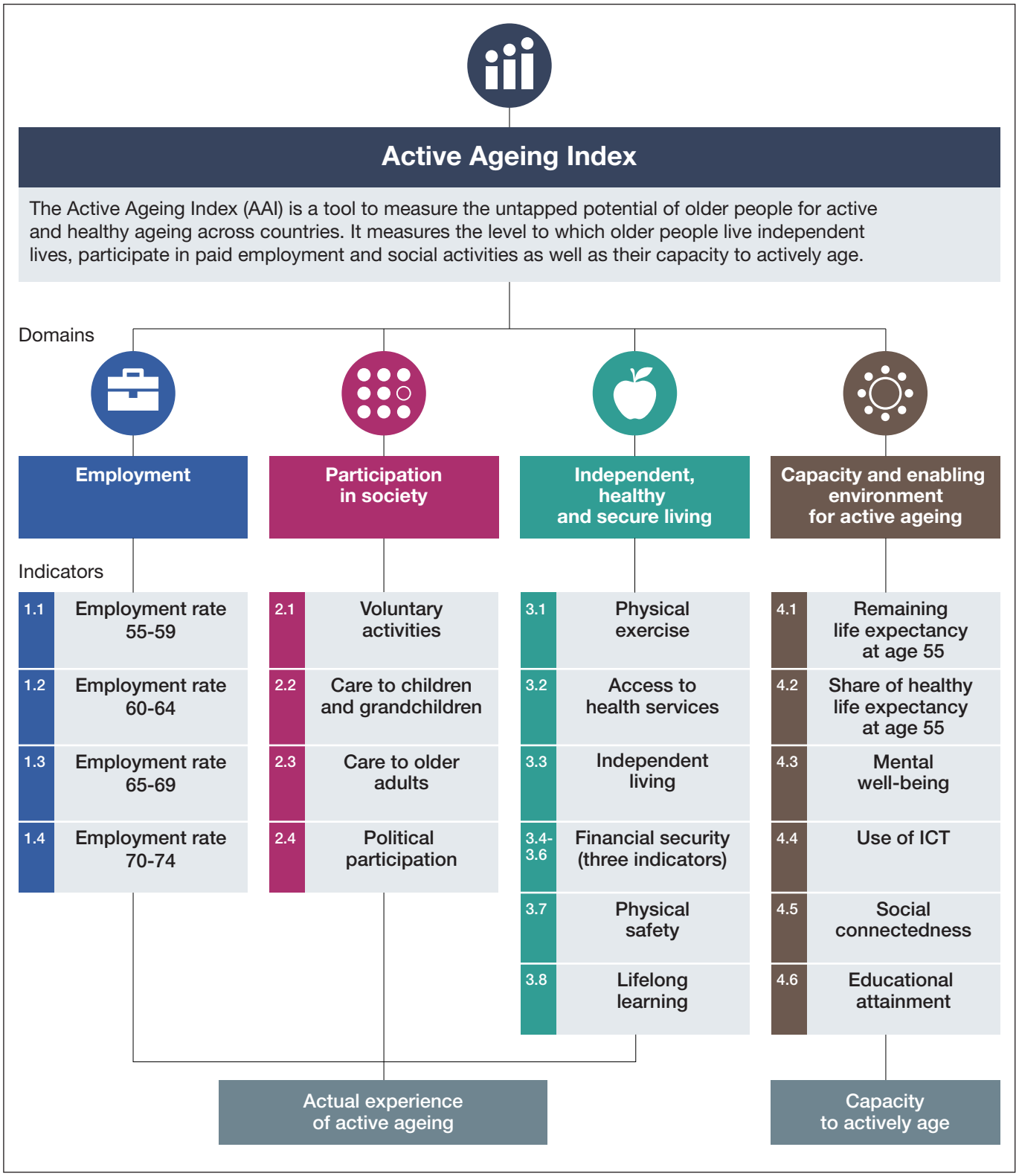
The inclusion of the 4th domain is a novelty brought by the AAI project to the measurement of active ageing. This is for the reason that the AAI goes beyond assessing how countries and subgroups fare in terms of actual experiences of active ageing by taking stock of the health and social capital of older people that can be tapped to improve their quality of life and to make public welfare systems more sustainable. When presenting the distribution of indicators within domains, the 4th domain can therefore be presented as an 'active ageing capital' which can be mobilized to achieve better outcomes in the first three domains.

Each of the indicators included in these domains is available by gender, making it possible to constructing the gender-specific indices. This is important in view of the significant gender differences in many of the indicators. Moreover, the gender breakdown allows to highlight the scope for progress that would result from a closing of the gender gap.

2.2 The indicators across the four domains

The selection and specification of indicators that are suitable for assessing active ageing have been driven by the aim to capture the multidimensional aspects of ageing, as mentioned in the definition adopted for the AAI project. The purpose is to offer policy makers comparative evidence on the position of their countries (or regions/municipalities) and encourage them to develop strategies for making progress.

Figure 2.1: The domains and indicators of the Active Ageing Index



* 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 (50% of median poverty line) and (3) No severe material deprivation rate.

A number of principles guided the selection of indicators. These reflect the objectives of the AAI: to generate independent, high quality evidence for policymaking purposes while capturing the multidimensionality of active ageing.

- **Comparability:** Various comparisons can be useful, e.g. over time, across countries, across regions, between women and men. The datasets used to construct the AAI have to allow for such comparisons. The AAI presented in this paper focused on international comparisons and comparisons between women and men. Therefore, comparable international datasets with harmonised definitions and methods were selected; indicators available only from national data sources had to be disregarded.
- **Sustainability:** Since the AAI is a tool to monitor progress towards active ageing over time, indicators derived from special one-off surveys were not included.
- **Objectivity:** The choice of the various indicators and their weights was discussed with experts from different backgrounds to ensure their acceptance and policy relevance.
- **Measuring outcomes:** In general, the indicators and weights chosen focus on outcomes rather than processes and factors that lead to active ageing, although some indicators that are clearly essential for active ageing are also included, particularly in the fourth domain.
- **Focus on current generation of the older people:** The indicators focus on experiences of active ageing among current cohorts of older people (mostly referring to those aged 55 and older). The active ageing outcomes observed will reflect experiences and vulnerabilities accumulated over the life course (Zaidi 2014).
- **Geographical coverage:** In its original design, the AAI project has aimed to assess active ageing in the EU, thus the coverage of all EU Member States was one of the major decisive factors when selecting indicators. Subsequently, the AAI project has extended its coverage to include other UNECE member countries. In the first instance, datasets which did not fulfil the criterion of the full EU coverage were disregarded in favour of datasets with broader geographical coverage. This explains the absence of potentially very relevant indicators based, for example, on the Survey of Health Ageing and Retirement in Europe (SHARE) or Generations and Gender Programme (GGP).
- **Flexibility:** The AAI can be useful beyond just comparing EU Member States. This calls for a flexible analytical framework which can be used also by non-EU countries as well as regions and municipalities that do not have datasets that are comparable to those used in the 'EU version' of the AAI.

Following these principles, 22 AAI indicators were drawn using mainly four major European household surveys. They are:

- EU Labour Force Survey (LFS)
- EU Survey of Income and Living Conditions (SILC)
- European Quality of Life Survey (EQLS)
- European Social Survey (ESS)

In addition, the indicators for life expectancy and healthy life expectancy are provided by the EU project JA-EHLEIS (Joint Action-European Health and Life Expectancy Information System, 2011-2014). The data for one indicator 'Use of ICT' was collected by Eurostat's ICT Survey.

Box 1 gives the specifications of the AAI indicators chosen. Figure 2.1 shows how these indicators are combined to calculate scores for each domain and the overall AAI score, using weights that emerged from consultations with the members of the Expert Group on the AAI.

Box 1: Indicators selected for the Active Ageing Index

The following active ageing indicators have been selected for populating the four domains:

1. Employment

1.1 Employment rate for the age group 55-59 (EU-LFS)
1.2 Employment rate for the age group 60-64 (EU-LFS)
1.3 Employment rate for the age group 65-69 (EU-LFS)
1.4 Employment rate for the age group 70-74 (EU-LFS)

2. Participation in society

2.1 Voluntary activities: percentage of population aged 55+ providing unpaid voluntary work through the organisations (at least once a week) (EQLS)

2.2 Care to children and grandchildren: percentage of population aged 55+ providing care to their children and/or grandchildren (at least once a week) (EQLS)

2.3 Care to older adults: percentage of population aged 55+ providing care to elderly or disabled relatives (at least once a week) (EQLS)

2.4 Political participation: percentage of population aged 55+ taking part in various forms of political activities (EQLS)

3. Independent, healthy and secure living

3.1 Physical exercise: percentage of people aged 55 years and older undertaking physical exercise or sport almost every day (EQLS)

3.2 Access to health and dental care: percentage of population aged 55+ who report no unmet need for medical and dental examination (SILC)

3.3 Independent living arrangements: percentage of persons aged 75 and older living in single or couple households (SILC)

3.4 Relative median income: ratio of the median equivalised disposable income of people aged 65+ to the median equivalised disposable income of those aged below 65 (SILC)

3.5 No poverty risk for older persons: percentage of people aged 65+ who are not at the risk of poverty using 50% of the national median equivalised disposable income as the poverty threshold (SILC)

3.6 No severe material deprivation for older persons: percentage of people aged 65+ not severely materially deprived (SILC)

3.7 Physical safety: percentage of people aged 55 years and older who are feeling safe to walk after dark in their local area (ESS)

3.8 Lifelong learning: percentage of older persons aged 55-74 who received education or training in the 4 weeks preceding the survey (EU-LFS)

4. Capacity and enabling environment for active and healthy ageing

4.1 Remaining life expectancy at age 55, as a share of the target of 50 years, using EHLEIS

4.2 Share of healthy life years in the remaining life expectancy at age 55, using EHLEIS

4.3 Mental well-being (for older population aged 55+, using EQLS and using WHOs ICD-10 measurement)

4.4 Use of ICT by older persons aged 55-74 at least once a week (including everyday), using Eurostat ICT Survey

4.5 Social connectedness: percentage of older population aged 55+ who meet friends, relatives or colleagues at least once a month (ESS)

4.6 Educational attainment of older persons: percentage of older persons aged 55-74 with upper secondary or tertiary educational attainment (EU-LFS)

2.3 Methods for calculating the Active Ageing Index

The AAI values produced show the extent to which older people's potentials are realised, that is the extent to which older people are participating in the economy and society and live independent, healthy and secure lives.

All individual indicators are measured on the same scale, ranging from 0 (least positive result in terms of active ageing) to 100. In this way, all indicators measure achievement of active ageing monotonously, that is as higher values indicate better outcomes in terms of active ageing. For example, the indicator of "risk of poverty" is expressed in terms of "population not at poverty risk". 'Better' should not be understood in a normative way (i.e. indicating greater satisfaction with higher values). High levels of employment or caregiving may be out of necessity rather than choice.

The AAI is constructed in such a way that scores range from 0 to 100. The intention was to ensure that any conceivable community, from the least to the highest developed, can fit into this range, but it also implies that actual AAI will not get close to the minimum or maximum values.

For target-setting purposes, the theoretical maximum of 100 is therefore of little practical value. Hence, other more realistic benchmarks are needed, showing what potentials could be realistically mobilised over a reasonable time horizon.

Every country can make further progress, even those that currently have the highest AAI scores. This can be demonstrated using the AAI value calculated for a fictitious country which features all the best observed values for each indicator, across countries and for men or for women, whichever gender does best, over the time period in question. Other possibilities for benchmarking can also be to either undertake pairwise comparison by looking at another comparable country or to look at the gender gap within a country and try to close it.

The AAI value for the fictitious country achieving the best observed score for each indicator can be seen as a realistic goalpost of the AAI for the longer term. The domain-specific scores and the overall AAI calculated using these maximum observed indicators' value are referred to as the 'AAI goalpost' in this report. The goalpost value is 56.4 points for the overall AAI. With progress in individual indicators over time, this goalpost value will increase too.

Composite indicators always raise difficult issues of weighting their constituent indicators (see, for example, HelpAge International 2013). It introduces a normative element which may have to reflect different preferences and policy priorities across countries. The AAI was calculated using weights for indicators and domains which were defined by means of consensus within the Expert Group on the AAI, comprising academics, statisticians and representatives of international organisations such as OECD, European Commission and UNECE.[4]

The weights assigned to indicators and domains reflect their political relevance as perceived by the Experts. Contributions of older people in terms of paid work (Employment domain) and unpaid work (Participation in society domain) are weighted equally.

However, the Experts acknowledged the need for flexibility. The weights and original data for each indicator are therefore publicly available for anyone who wishes to recalculate the AAI with different weights than the ones used here.[5] A template is made available on purpose to facilitate and encourage computing alternative versions of the AAI that can suit specific policy objectives.

4 For a detailed overview of how AAI has been constructed, e.g. what were the specific selection criteria for choosing the AAI domains and indicators, the weighting method and detailed information on the indicators (definitions, data sources), see the methodology report of the 2012 Active Ageing Index project (Zaidi et al. 2013), available at the Active Ageing Index wiki webpage.

5 http://www1.unece.org/stat/platform/pages/viewpage.action?pageId=76287845

Table 2.1: Weights assigned to individual indicators and domains

Domains	Domain weight (within overall index)	Indicators	Indicator weight (within domain)
Employment	35	1.1 Employment rate 55-59	25
		1.2 Employment rate 60-64	25
		1.3 Employment rate 65-69	25
		1.4 Employment rate 70-74	25
			100
Participation in society	35	2.1 Voluntary activities	25
		2.2 Care to children, grandchildren	25
		2.3 Care to older adults	30
		2.4 Political participation	20
			100
Independent, healthy and secure living	10	3.1 Physical exercise	10
		3.2 Access to health and dental care	20
		3.3 Independent living	20
		3.4 Relative median income	10
		3.5 No poverty risk	10
		3.6 No material deprivation	10
		3.7 Physical safety	10
		3.8 Lifelong learning	10
			100
Capacity and enabling environment for active ageing	20	4.1 Remaining life expectancy of 50 at 55	33
		4.2 Share of healthy life expectancy at 55	23
		4.3 Mental well-being	17
		4.4 Use of ICT	7
		4.5 Social connectedness	13
		4.6 Educational attainment	7
	100		100

3. Key findings on the basis of the latest 2014 Active Ageing Index

Figure 3.1: Ranking of 28 EU Member States on the basis of the 2014 overall AAI

2014 AAI	Country
44.9	Sweden
40.3	Denmark
40.0	Netherlands
39.7	UK
39.0	Finland
38.6	Ireland
35.8	France
35.7	Luxembourg
35.4	Germany
34.6	Estonia
34.4	Czech Rep.
34.2	Cyprus
34.1	Austria
34.0	Italy
33.9	EU28 avg.
33.7	Belgium
33.5	Portugal
32.6	Spain
31.6	Croatia
31.5	Latvia
31.5	Lithuania
31.5	Malta
29.9	Bulgaria
29.8	Slovenia
29.6	Romania
28.5	Slovakia
28.3	Hungary
28.1	Poland
27.6	Greece

3.1 The overall Active Ageing Index

The latest 2014 AAI results for the EU28 are presented in Figure 3.1. Sweden is at the top of the ranking across the 28 EU Member States, followed closely by Denmark, the Netherlands, Finland, the United Kingdom and Ireland. Four southern European countries (Italy, Portugal, Spain and Malta) are middle-ranked countries together with most other Western European countries. Greece and the majority of the Central and Eastern European countries are at the bottom of the ranking.

The current top-ranked countries like Sweden, Denmark or the Netherlands barely pass the 40 points mark which highlights the fact that even the best performing countries are still far below the AAI goalpost, established using the maximum values observed during the period in question, equal to 56.4 points for the overall AAI.

The countries at the other end of the spectrum (Greece at the bottom, preceded by Poland, Slovakia, Hungary, Romania and Slovenia) have AAI values below 30 points, suggesting that they have still half of the potential of active ageing untapped.

Two countries, Estonia and the Czech Republic, stand out from the rest of the Central and Eastern European countries, as they are ranked 10th and 11th, respectively, in the 2014 AAI. However, their AAI score is also considerably lower (around 35 points) than the goalpost.

3.2 Differences across the four domains

To analyse differences across domains and draw out policy implications, the results of the 2014 AAI are analysed in three groups.

1. Six countries that are the leaders where the aggregate AAI is 39 points or more: Sweden, Denmark, the Netherlands, the United Kingdom, Finland and Ireland.
2. The next group is defined as those countries where the AAI is below the average for the EU (34 points). These countries are: Bulgaria, Greece, Spain, Latvia, Lithuania, Hungary, Malta, Poland, Portugal, Romania, Slovakia, Slovenia and Croatia.
3. The third group in the middle will cover the remaining nine Member States: Belgium, the Czech Republic, Germany, Estonia, France, Italy, Luxembourg, Cyprus, and Austria.

The grouping is not a perfect fit and there are outliers within the third group that are better reviewed separately – they are Cyprus, Estonia, Italy, and Germany.

Note that these groupings are drawn using the latest 2014 AAI, which makes use of the survey data corresponding to year 2012. As the trend analysis in section 4 shows, the relative position of the majority of these countries is stable over the four-year period ending in 2012.

3.2.1 High-score countries

Although Sweden is virtually in a class of its own, five of these high-scoring Member States (Sweden, Finland, Denmark, the Netherlands and the United Kingdom) have in common that employment rates are high. For each of these countries the Employment domain score is above the EU average by at least 6 points, with Sweden achieving some 16 points more than the EU average in this domain. Ireland is the only exception in this respect.

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

The United Kingdom's high employment levels among older workers are one of the main factors for its inclusion in this high-performance group as its scores in the 2nd and 3rd domain are low compared to the other four countries in this group. To secure its place in the top group it would need to address its position in the Independent Living domain where its scores are above the average for the EU-28 but lower than the other five Member States.

The AAI score for Ireland is comparable to that of the United Kingdom. Its lower employment score is offset by a very high score in the Social Participation domain and also an above average position in the third and fourth domain. High social participation in Ireland largely reflects its very high score for volunteering and care for children and grandchildren. Ireland would need to address employment levels among older workers to secure a place in the top group.

The Netherlands relative weakness is in the older women's employment where its index is the lowest among the high-scoring group and only about four points above the EU-28 average.

3.2.2 Low-score countries

Among the low-score countries, Portugal, Latvia, Lithuania and Romania have above average scores in the Employment domain. Some of the high employment scores in these countries are likely to reflect problems of pension 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 without further supportive policy initiatives.

Table 3.1: Ranking of EU-28 countries on the basis of the overall 2014 Active Ageing Index and its domain-specific scores

Rank	Overall		Employment		Participation in society		Independent living		Capacity for active ageing	
1	Sweden	44.9	Sweden	43.4	Ireland	24.1	Denmark	79.0	Sweden	69.2
2	Denmark	40.3	Estonia	39.7	Italy	24.1	Finland	79.0	Denmark	65.1
3	Netherlands	40.0	Denmark	35.8	Sweden	22.9	Netherlands	78.9	Luxembourg	63.6
4	UK	39.7	UK	35.8	France	22.8	Sweden	78.6	Netherlands	61.8
5	Finland	39.0	Germany	34.4	Netherlands	22.4	Luxembourg	76.7	UK	61.3
6	Ireland	38.6	Netherlands	33.9	Luxembourg	22.2	France	75.9	Finland	60.5
7	France	35.8	Finland	33.7	UK	21.6	Ireland	74.9	Belgium	60.3
8	Luxembourg	35.7	Portugal	32.6	Finland	20.5	Germany	74.4	Ireland	60.0
9	Germany	35.4	Latvia	32.0	Belgium	20.2	Slovenia	74.2	France	59.1
10	Estonia	34.6	Cyprus	31.4	Denmark	19.6	Austria	73.8	Austria	58.2
11	Czech Rep	34.4	Romania	31.0	Czech Rep	18.8	UK	73.7	Malta	57.1
12	Cyprus	34.2	Ireland	30.6	Croatia	18.7	Belgium	72.5	Spain	56.3
13	Austria	34.1	Lithuania	30.5	Austria	18.3	Czech Rep.	71.2	Germany	55.8
14	Italy	34.0	Czech Rep.	28.0	Cyprus	18.0	Malta	70.1	Czech Rep.	54.3
15	Belgium	33.7	Bulgaria	25.1	Spain	17.8	Spain	69.8	Italy	53.4
16	Portugal	33.5	Austria	24.7	Malta	17.3	Croatia	69.5	Croatia	52.8
17	Spain	32.6	France	24.1	Slovenia	16.3	Italy	69.0	Bulgaria	52.2
18	Croatia	31.6	Spain	23.3	Hungary	15.4	Hungary	68.0	Portugal	52.1
19	Latvia	31.5	Italy	23.0	Lithuania	14.7	Cyprus	68.0	Cyprus	50.4
20	Lithuania	31.5	Poland	22.4	Portugal	14.1	Estonia	67.3	Slovenia	50.0
21	Malta	31.5	Slovakia	21.9	Latvia	13.8	Portugal	67.3	Latvia	48.2
22	Bulgaria	29.9	Luxembourg	21.9	Slovakia	13.7	Lithuania	66.2	Poland	47.9
23	Slovenia	29.8	Croatia	21.7	Greece	13.7	Slovakia	65.8	Estonia	47.5
24	Romania	29.6	Belgium	21.0	Germany	13.6	Poland	64.9	Slovakia	47.1
25	Slovakia	28.5	Greece	20.4	Estonia	12.8	Greece	64.9	Hungary	46.9
26	Hungary	28.3	Malta	20.1	Romania	12.7	Bulgaria	62.7	Greece	45.8
27	Poland	28.1	Hungary	19.3	Bulgaria	12.5	Romania	61.8	Lithuania	45.3
28	Greece	27.6	Slovenia	19.1	Poland	12.1	Latvia	58.7	Romania	40.9
	EU28 avg.	33.9		27.8		17.7		70.6		54.4
	The goalpost **56.4**		The goalpost **54.2**		The goalpost **37.4**		The goalpost **87.7**		The goalpost **77.7**	

The four Member States with the lowest overall AAI, namely Greece, Hungary, Poland and Slovakia, have low employment scores. Since active ageing is also about financial sustainability in the face of growing costs of population ageing, a top priority especially for these four countries is a set of policy initiatives that encourage and support employment among both the older working age population as well as among those over the age of retirement.

With the exception of Croatia and Spain, all other Member States in this group have low scores in the Social Participation domain, and this is particularly marked in the Central and Eastern European Member States. Greece' and Portugal's Social Participation scores are similar to those in the Central and Eastern European Member States. A priority for all these countries is therefore a concerted action to raise social participation.

All these Member States also have below-average scores in the third domain (except Slovenia) and the fourth domain (except Malta and Spain). This shows that for this group policy efforts are required across all the areas measured by the AAI domains.

Malta is a member of this group because of its low employment score, in particular for women. Malta's employment rate for women is the lowest in the entire EU: 8.5 points compared with an EU average of 23 points and Estonia's and Sweden's 40 points.

As regards the other domains, Malta is closer to the middle group. Compared with Cyprus whose overall AAI places it in the middle group, Malta's scores in these three domains are close to those for Cyprus. For comparison, Cyprus has an overall score in the Employment domain of 31 points (41 for men and 23 for women).

3.2.3 Middle-score countries

Some of the middle value AAI Member States, e.g. Belgium, Luxembourg and Italy, have below average employment scores. The promotion of employment among older workers would therefore be an area to target in these countries within the policy framework that is behind the active ageing strategies.

In particular, Belgium makes it to this middle AAI value group because of high scores in the Social Participation and the Capacity for Active Ageing domains. There is also considerable scope for improvement in both older men's and older women's employment in Belgium. In general, it is true that for all these Member States their below average employment scores tends to be offset by higher than average scores in other domains. A policy message arising for these countries is that they should seek to pursue a more balanced approach towards active and healthy ageing.

3.2.4 Diversity in the middle-score countries

Medium scores can be the result of very different indicator profiles, as the short review of three countries, namely, Germany, Estonia and Italy, shows.

Germany

Germany's score in the Employment domain is similar to that of the United Kingdom, the Netherlands, Denmark and Finland. In the other two domains, Independent Living (3rd domain) and Capacity for Active Ageing (4th domain), Germany's scores are above the EU average. It is the low score in the Social Participation domain (2nd), especially for women, that keeps Germany out of the top scoring group.

The comparison between Denmark and Germany suggests that highly developed social care services do not prevent older people from engaging in care. Denmark's Social Participation score is higher than Germany's. In particular, the care for children and grandchildren by older Germans is considerably lower than that observed in Denmark. Denmark's indicators for voluntary activities and political participation are also higher than Germany's, but care to adults is higher in Germany.

Italy

Italy secures its place in this middle group largely because it scores very high in the domain Social Participation and this is driven by a very large increase over four years in the indicator measuring care of children and grandchildren (see section for trends analysis). 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 provide informal care to children and grandchildren and older adults.

Estonia

Estonia has very high scores for employment, and for women ranks first in the Employment domain. Much higher than average employment rates for men and women in the 65-69 age group explain much of this result. Low Social Participation domain scores, due to low engagement in volunteering and political participation offset the high score in the Employment domain. The low social participation in Estonia is attributed particularly to lack of voluntary activities and political participation.

The high employment past retirement age may reflect low pension income entitlements, because Estonia has one of the lowest indicators for relative median income of the elderly: 72% (in comparison to the EU average of 86%).

Box: 2 Strengths and weaknesses highlighted in the 2014 Active Ageing Index

This Box presents strengths and potential areas for gain for each country, based on a comparative review of the individual indicators that make up the AAI. Countries are not uniformly good or bad across all areas. As a result, it may be possible to learn from each country, particularly through a comparison of countries that one would expect to be similar, but which may have quite different active-ageing profiles.

Cluster	Country		Strengths	Areas for potential improvement
High-score countries	Sweden	44.9	Excellent across the board, particularly in employment, voluntary and political participation and the ICT use.	Relative median income and unmet healthcare needs.
	Denmark	40.3	Excellent employment rates across the age range, especially beyond the age threshold of 65; political participation among the highest in the EU; low risk of old age poverty; high physical safety and lifelong learning.	Relative median income, care to children and grandchildren and care to older adults.
	Netherlands	40.0	Excellent across the domains, in particular men employment. Also, among the top level countries with respect to voluntary activities; political participation above average. Low risk of old age poverty, high physical safety, and lifelong learning.	Women employment, care to children and grandchildren. Relative to the high performing Nordic countries, physical exercise and political participation.
	United Kingdom	39.7	Excellent employment rates across the age range; social participation also good across all its aspects (especially for women); also good in independent living arrangements in meeting health care needs and in the use of ICT.	Risk of old age poverty and material deprivation.
	Finland	39.0	Excellent across the board, especially in independent living, physical exercise, mental well-being, use of ICT.	Men employment and relative median income.
	Ireland	38.6	Highest ranked in the Social Participation domain, also low unmet health care needs and material deprivation.	Employment.
Middle-score countries	France	35.8	Independent and secure living very high, high life expectancy.	Employment among the over-60 and lifelong learning.
	Luxembourg	35.7	Independent living very high, good also in the use of ICT.	Employment and care to older adults.
	Germany	35.4	High employment, independent living arrangements and material well-being, along with educational attainment.	Social participation, in particular care to older adults and to children and grandchildren.
	Estonia	34.6	High employment, especially among women.	Social participation, especially as regards care to older adults and children/ grandchildren and political participation. Also, relative median income and Capacity for Active Ageing, particularly share of healthy life years, mental well-being, and social connectedness.
	Czech Republic	34.4	Excellent educational attainment and low poverty risk.	Female employment, life expectancy and physical exercise.
	Cyprus	34.2	High men employment and care to children, grandchildren.	Relative median income and Capacity for Active Ageing, in particular social connectedness, use of ICT and mental well-being.
	Austria	34.1	Good in the Social Participation domain, especially in voluntary activities; independent living, and also meeting medical need and combating poverty; capacity.	Employment and care to children and grandchildren.
	Italy	34.0	High in the Social Participation domain, especially in care of children and grandchildren.	Employment, especially among women, and physical exercise.

Box: 2 (continued)

Cluster	Country		Strengths	Areas for potential improvement
Middle-score countries	Belgium	33.7	Good in the Independent Living and Capacity for Active Ageing domains, especially with respect to health care needs and material deprivation, in spite of low relative median income.	Employment, especially in the age group 60-64, and lifelong learning.
Low-score countries	Portugal	33.5	Above average employment rates for those 65 or over and also care to older adults; also excellent social connectedness.	Political participation, voluntary activities (especially for men), healthy life years (especially for women), physical exercise and use of ICT (especially for men).
	Spain	32.6	High life expectancy, other active ageing outcomes close to the EU average, except in employment.	Employment and independent living arrangements.
	Croatia	31.6	Just above average social participation, good at keeping material deprivation low.	Employment, poverty risk, lifelong learning and use of ICT.
	Latvia	31.5	Rather high employment, especially among women; and excellent educational attainment.	Social Participation (especially among men); meeting health and dental care needs, independent living arrangements, material deprivation, physical safety; Capacity for Active Ageing, in particular life expectancy, and mental well-being.
	Lithuania	31.5	Just above average employment (higher for women); above average care to children/grandchildren and older adults; good at physical exercise, meeting health and dental care needs, independent living arrangements; high educational attainment.	Voluntary activities and political participation; material deprivation, physical safety, lifelong learning; Capacity for Active Ageing, particularly, life expectancy, mental well-being and social connectedness.
	Malta	31.5	Average Social Participation, Independent Living and Capacity for Active Ageing scores, excellent healthy life years and meeting medical needs.	Employment, especially among women, and political participation.
	Bulgaria	29.9	Low life expectancy, but many healthy years in the remaining life expectancy, good educational attainment.	Employment, voluntary activities and political participation; physical exercise, poverty; life expectancy and use of ICT.
	Slovenia	29.8	Excellent educational attainment, met medical care needs and also good in physical safety.	Employment (for the two younger age groups 55-59 and 60-64, especially women). Also, political participation, physical exercise, mental well-being and use of ICT.
	Romania	29.6	Above average employment, especially at higher ages. Good relative median income.	Life expectancy, mental well-being, use of ICT and social connectedness; lifelong learning, unmet health care, and physical exercise; voluntary activities, political participation among women.
	Slovakia	28.5	Good care to children and grandchildren; low risk of old age poverty; good educational attainment.	Employment; voluntary activities and political participation; lifelong learning; (healthy) life expectancy.
	Hungary	28.3	High relative income; low risk of old age poverty; also good care to children and grandchildren.	Employment (in particular in the age group 60-64), as well as voluntary activities and political participation, lifelong learning, life expectancy and social connectedness.
	Poland	28.1	Good educational attainment and relative median income.	Across the board, especially employment, lifelong learning and independent living arrangements.
	Greece	27.6	Relative median income highest, although attributed to low levels of working age incomes; good care to children and grandchildren.	Across all four domains, particularly employment, voluntary and political participation, lifelong learning, use of ICT, mental well-being and social connectedness.

3.3 Relationship between the Active Ageing Index and other indicators

This section examines how the AAI is related to other key economic and social indicators. The three measures of interest are: GDP per capita, overall life satisfaction, and the overall income inequality measured by the Gini coefficient.

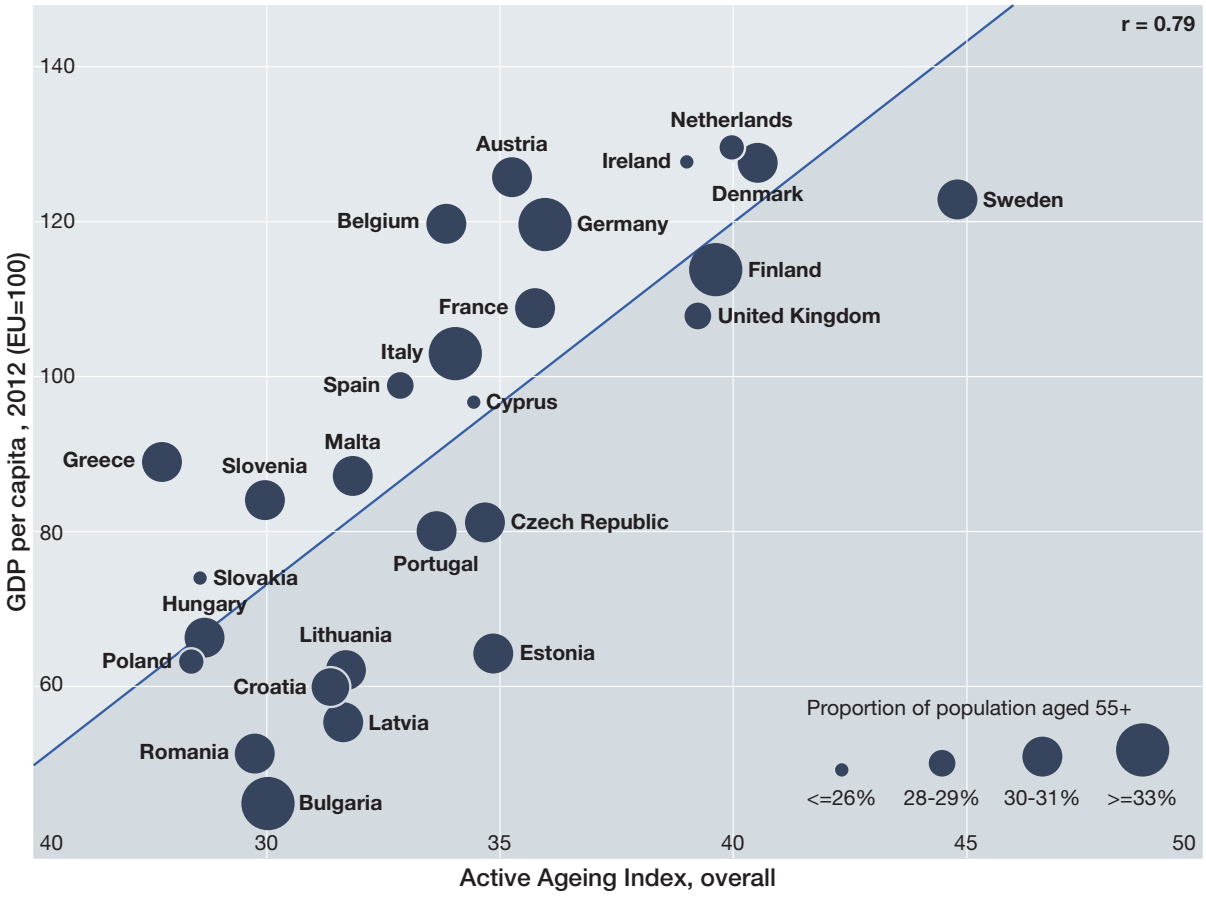
3.3.1 The Active Ageing Index and GDP per capita

A clear positive relationship between GDP per capita and the AAI is observed: countries with relatively higher living standards are generally characterized by higher levels of active ageing. Correlation of course does not imply causality, and in this case the causality could run in either direction: either higher GDP per capita leads to generating more opportunities for active ageing or active ageing itself increases GDP by making use of the potential of older people leading to greater economic prosperity.

The fit is strong but there is no deterministic relation. For example, Estonia does remarkably better in active ageing in comparison to many other Central and Eastern European countries (e.g. Hungary and Poland), despite having a lower or similar GDP per capita.

A weak correlation may arise partly because development objectives of some government policies do not map directly onto the policy priorities implied by the AAI, its domains as well as its underlying indicators. On the other hand, Member States whose development policy objectives reflect the model behind the AAI will

Figure 3.2: AAI scores and GDP per capita (a proxy of economic development and living standards)



* r stands for the Pearsons correlation coefficient between GDP per capita and the overall AAI.
Luxembourg has been left out from this scatterplot as it is clearly an outlier in terms of GDP per capita.

have a closer relationship between GDP per capita and the value of their AAI – Denmark and the United Kingdom are good examples in this case.

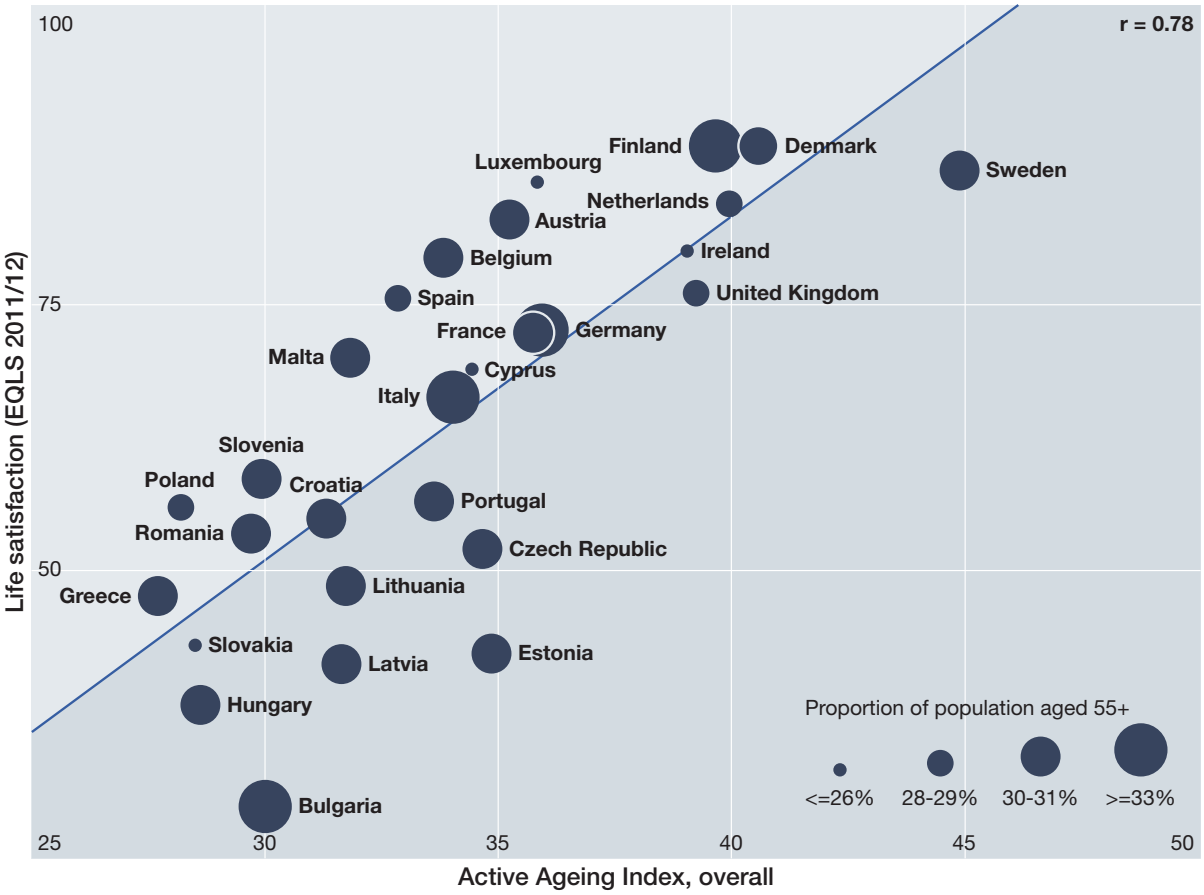
One other feature of this relationship highlights why it is only a weak indicative relationship: very low levels of income and associated low pension levels and coverage will result in more older people staying in employment.

A third factor included in these charts reflects the size of the older population (aged 55+) in these countries. One important insight obtained can be seen for the Central and Eastern European countries, in particular Bulgaria. These countries exhibit a much larger share of older people alongside a low GDP per capita and a small AAI value. These countries have a higher potential for GDP growth by mobilizing the potential of older people in their societies.

3.3.2 The Active Ageing Index and life satisfaction

The next relationship analysed is between the AAI and a self-reported measures of life satisfaction. The AAI is also strongly correlated with life satisfaction as measured by the European Quality of Life Survey. Active ageing goes hand in hand with a fulfilling life.

Figure 3.3: AAI scores and life satisfaction among 55+, drawn from EQLS 2011/12



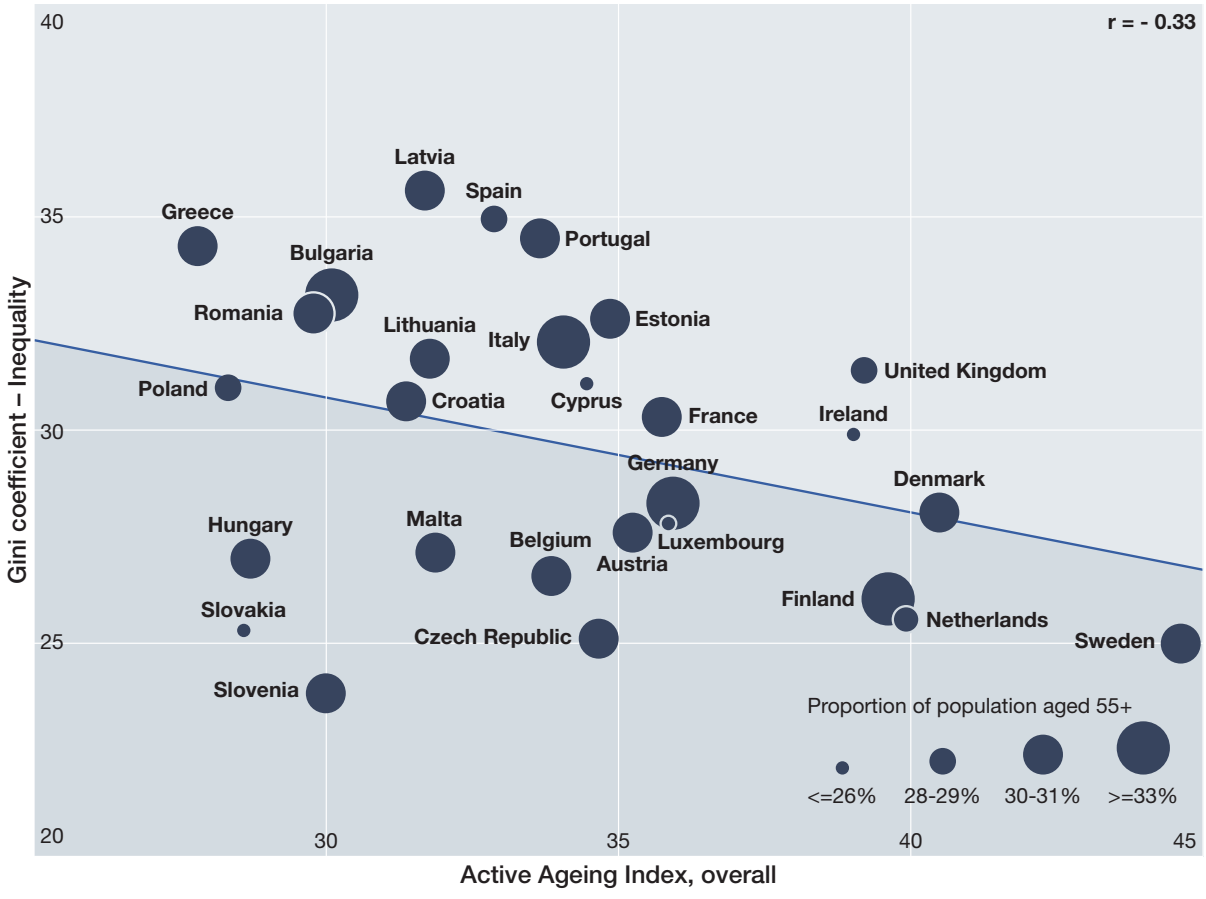
3.3.3 The Active Ageing Index and inequality measured by the Gini coefficient

The graph below shows a weak relationship between the AAI and each Member State's Gini coefficient. The AAI takes inequality into account indirectly, only in the domain of Independent Living. The underlying income indicators do this by measuring relative median income, the proportion of older people not at risk of poverty and those who are not experiencing severe material deprivation.

Unlike these AAI income indicators, the Gini coefficient measures inequality across the whole range of income levels. For example, a country might have no older people at risk of poverty or severe material deprivation and a median income of older people equal to or higher than the rest of the population but at the same time record a very high degree of inequality due to the presence of people with extremely high incomes.

The graph below shows that there is a weak inverse relation between the AAI and income inequality. For example the United Kingdom has an inequality index closer to those countries in East and Central Europe yet has a relatively high AAI score.

Figure 3.4: AAI scores and income inequality measured by Gini coefficient



3.4 Comparing men and women

Ageing experiences of women and men differ considerably. The Active Ageing Index takes this into account and allows assessing active ageing outcomes separately for men and women for individual domains and for the overall index in each country. This has been done by making use of gender-disaggregated data for all 22 AAI indicators.

Women score lower than men in almost all countries, particularly in Malta and Cyprus, but also in Luxembourg and the Netherlands (Figure 3.5). Only three EU Member States, Estonia, Latvia and Finland have better AAI results for women than for men.

However, there are some indicators where women tend to do better than men; for instance, their life expectancy is higher and they more often provide informal care. Results included in Figure 3.6 show that the gender disparity is observed across all domains of the AAI, although it is most notable in the first (Employment) and the third (Independent Living) domain where the gender gap in financial security is considerable in most EU countries. This disparity to a large extent arises from the unequal experiences of employment during the life course, a legacy which impacts severely on the income situation of current generations of older women.

1. Employment

The employment gap between men and women remains high, despite considerable improvements of women's labour force participation in the EU in recent decades. There are also some notable exceptions when women's employment rates are higher than men's: Finland and Estonia, as well as Latvia and Bulgaria, in the age group 55-59.

The gender disparity in employment is particularly large in the two Mediterranean countries Malta and Cyprus, but also in the Netherlands, Greece and Italy. In 14 EU Member States, the gender differential in employment exceeds 10 points.

2. Participation in society

In the Social Participation domain, women score worse than men particularly in Luxembourg and also in Denmark, Austria, the Czech Republic, Belgium, Lithuania, France, Germany and the Netherlands, where higher men's involvement in voluntary and political activities outweighs women's prevalence in care provision. In contrast, Latvia, Greece, Poland, Ireland, Finland and Spain are the countries that exhibit higher AAI in this domain for women than for men.

3. Independent, healthy and secure living

In the third domain 'Independent, healthy and secure living', the AAI for women is lower than the AAI for men in almost all countries as the underlying financial and physical security indicators are notably worse for women. An exception is observed for Malta, where the AAI for women is slightly higher than the AAI for men in this domain.

4. Capacity and enabling environment for active ageing

In the fourth domain 'Capacity for Active Ageing', women score worse than men particularly in Cyprus, but also in Greece and Luxembourg. The opposite is observed for Estonia where the AAI is notably higher for women than for men. Older Estonian women do better than their male counterparts in almost all individual indicators, but noticeably better in the remaining life expectancy and social connectedness. Also, the gender gap in mental well-being is second from the top for Estonia (only after Slovenia), and women fare the best in comparison to men in Estonia regarding use of ICT – in fact, it is the only country where men trail women with regard to ICT use.

Figure 3.5: Differences in the overall AAI between men and women for EU-28 countries, 2014 AAI

Gender gap 2014-AAI

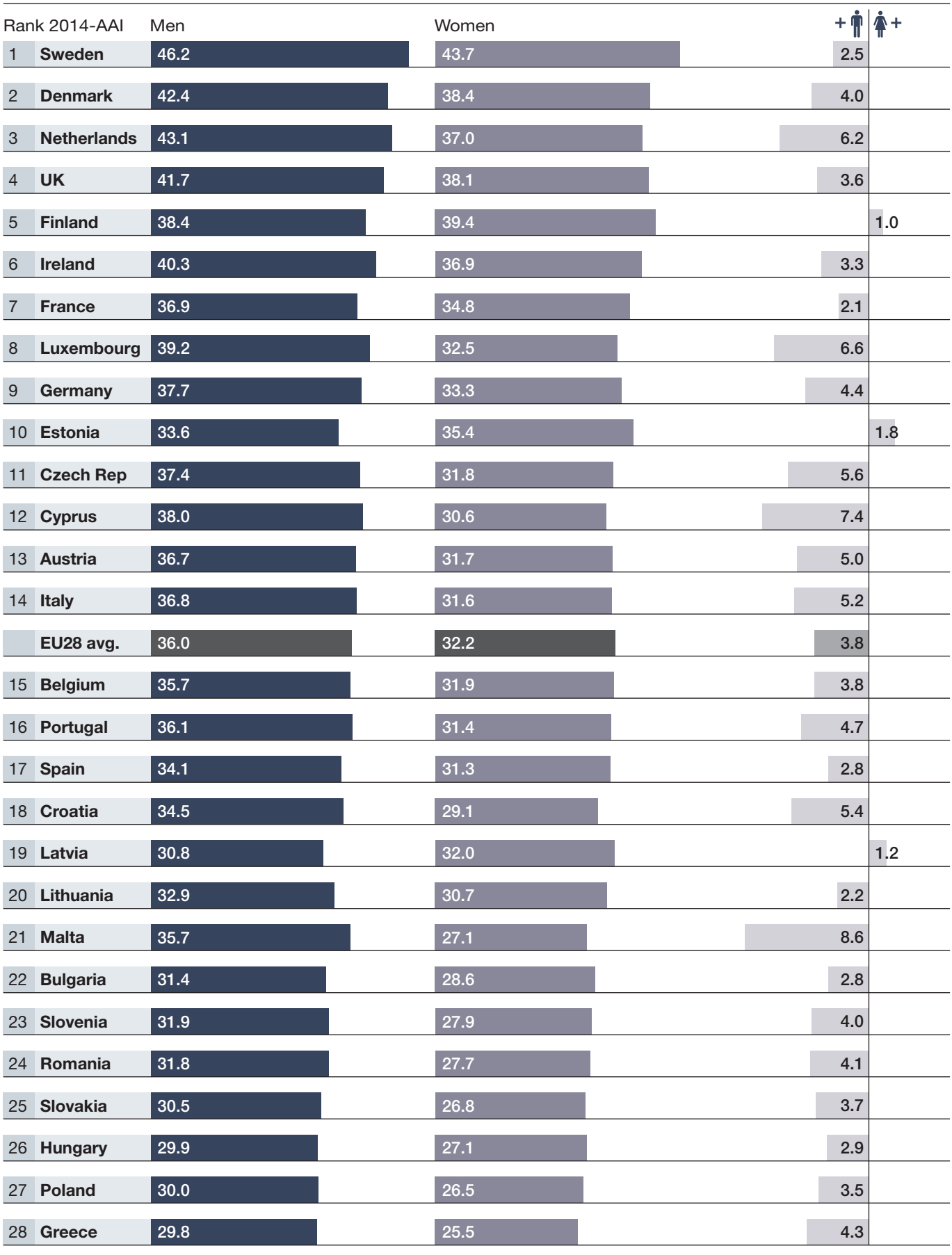
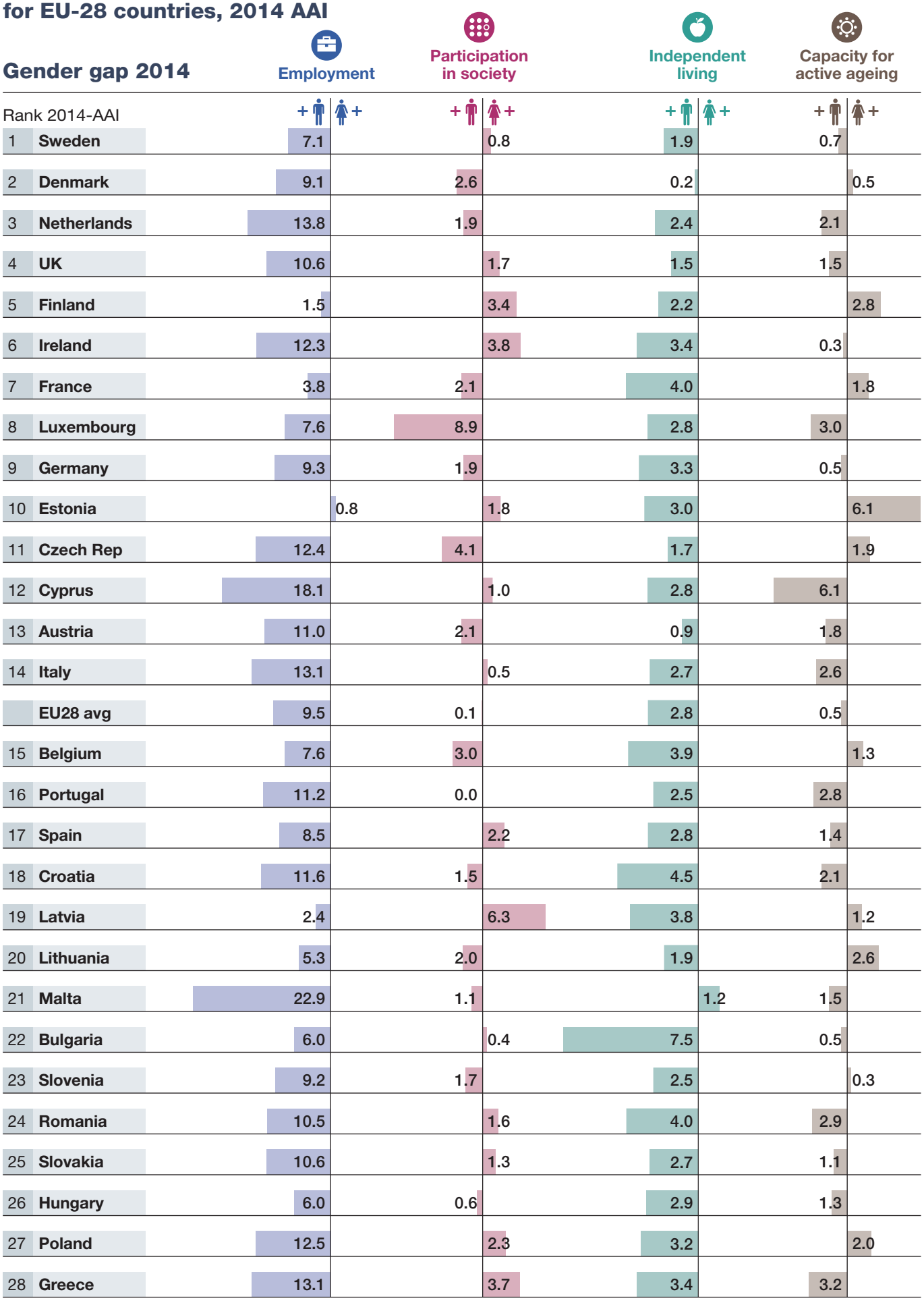


Figure 3.6: Differences in the domain-specific scores between men and women for EU-28 countries, 2014 AAI



4. Trends in the Active Ageing Index for 28 European Union Countries

This section examines three sets of results: the 2010 AAI, the 2012 AAI and the 2014 AAI. They correspond to the data years 2008, 2010, and 2012, respectively. Three factors will be important in analysing the trends:

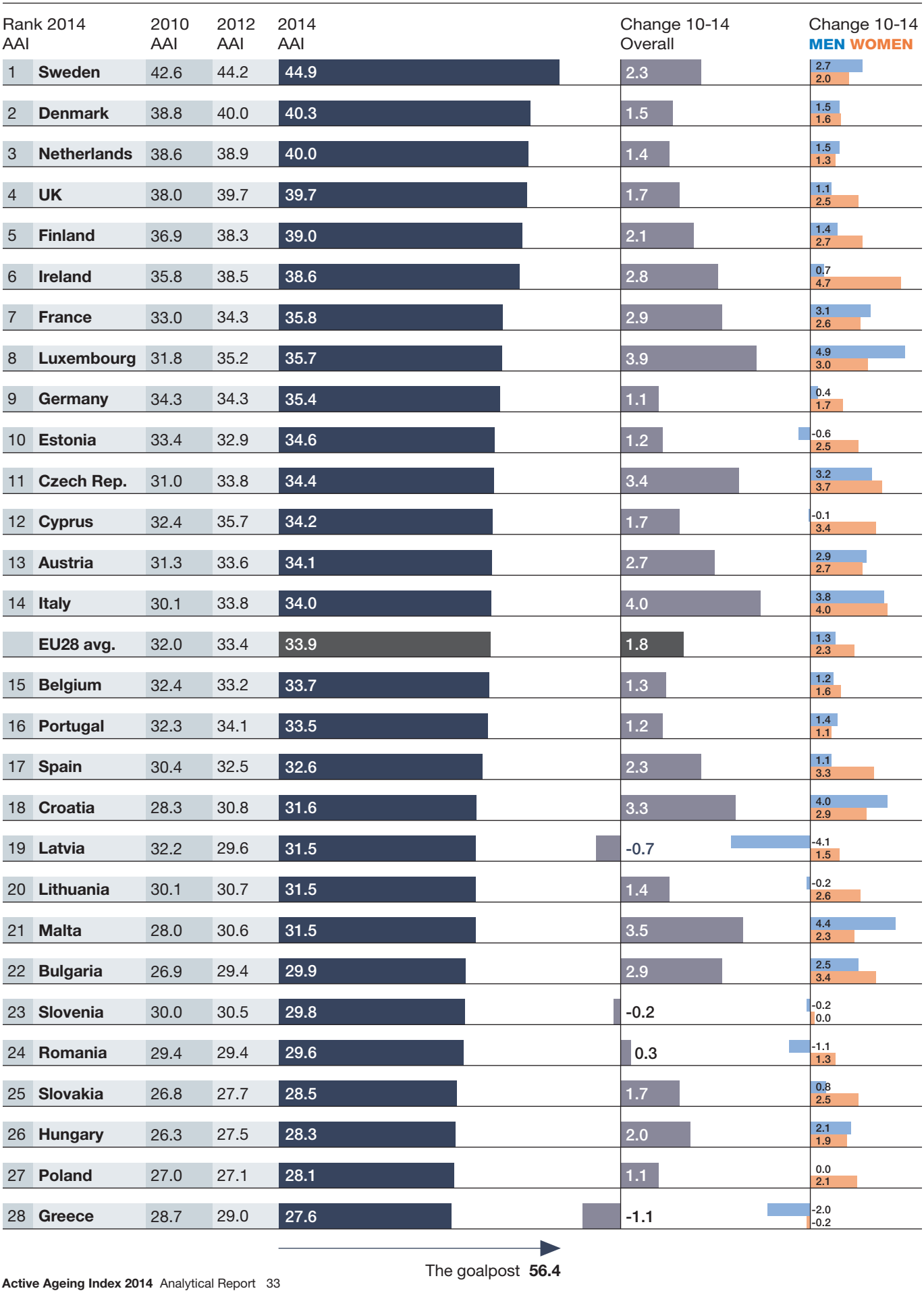
- Firstly, the EU was going through a period of economic downturn, following the 2008 global financial crisis. Although many of the indicators are not solely driven by economic factors, for some it will be the prime factor. This is especially true for the levels of economic activity, which may be partly offset by social participation. In the last 5-7 years, the economic downturn was followed by a sluggish recovery and the need to consolidate public budgets, including through pension reforms raising in particular the retirement age. This had a considerable effect on economic activity of people aged 55+ in many EU countries. Thus, improvements in employment observed during this period can be seen as robust and further progress can be expected once economic and budgetary conditions have returned to normal.
- Secondly, it may be expected that some changes will come about through cohort effects. For example there has been a long term secular increase in women's participation in the labour market in many countries. Each new cohort entering the labour market had higher levels of education, economic and social activity and earned higher pension entitlements. As the data for new cohorts are captured by the relevant indicators, the overall index value and its composition will be affected. These new cohorts also replace very old people who were less well equipped for active ageing. However, as yet it is not clear how much of the progress observed over the four year period is due to these cohort effects.

Table 4.1: Trends in the overall AAI and domain-specific scores, on average for 28 EU countries

	2010 AAI	2014 AAI	Change '10-'14
Overall AAI	32.0	33.9	1.8
Domain-specific scores			
1. Employment	27.2	27.8	0.6
2. Social Participation	14.9	17.7	2.8
3. Independent Living	68.7	70.6	1.9
4. Capacity for Active Ageing	52.4	54.4	2.0

Figure 4.1: Changes in the overall AAI, between 2010 AAI, 2012 AAI and 2014 AAI

Active Ageing Index 2010, 2012 and 2014-AAI



4.1 Trends in the overall Active Ageing Index across countries

In 25 out of the 28 EU Member States, the overall AAI increased over the four-year period, but in many countries the increases were small (Figure 4.1).

As one would expect, the relative position of countries does not change radically over these few years. Sweden, Denmark and Finland as well as the Netherlands and the United Kingdom remain at the top while Poland, Hungary, Slovakia, Romania and Greece continue to trail the ranking.

The overall AAI increased by almost three points or more in nine countries: Ireland, France, Luxembourg, the Czech Republic, Austria, Italy, Croatia, Malta and Bulgaria. A notable decline was Greece, whose index was a point lower in the 2014 AAI than the 2010 AAI.

For most countries the changes in the overall index for men and for women were similar. One exception is Latvia where a fall in the index for men of four points dominated the overall index for the whole population and is in contrast to the increase in the index for women of one and a half points over the same period. For Ireland, the increase is almost entirely due to better AAI results for women.

4.2 Trends in domain-specific scores across countries

Three Nordic countries (Sweden, Denmark and Finland), and also the Netherlands are confirmed among the top performers across all the four domains of active ageing. This evidence shows that these countries have a balanced approach in achieving higher active ageing for their older populations.

In comparison, Greece and Central and Eastern European countries (excepting Estonia and the Czech Republic) remained at the low end in almost all four domains.

1. Employment

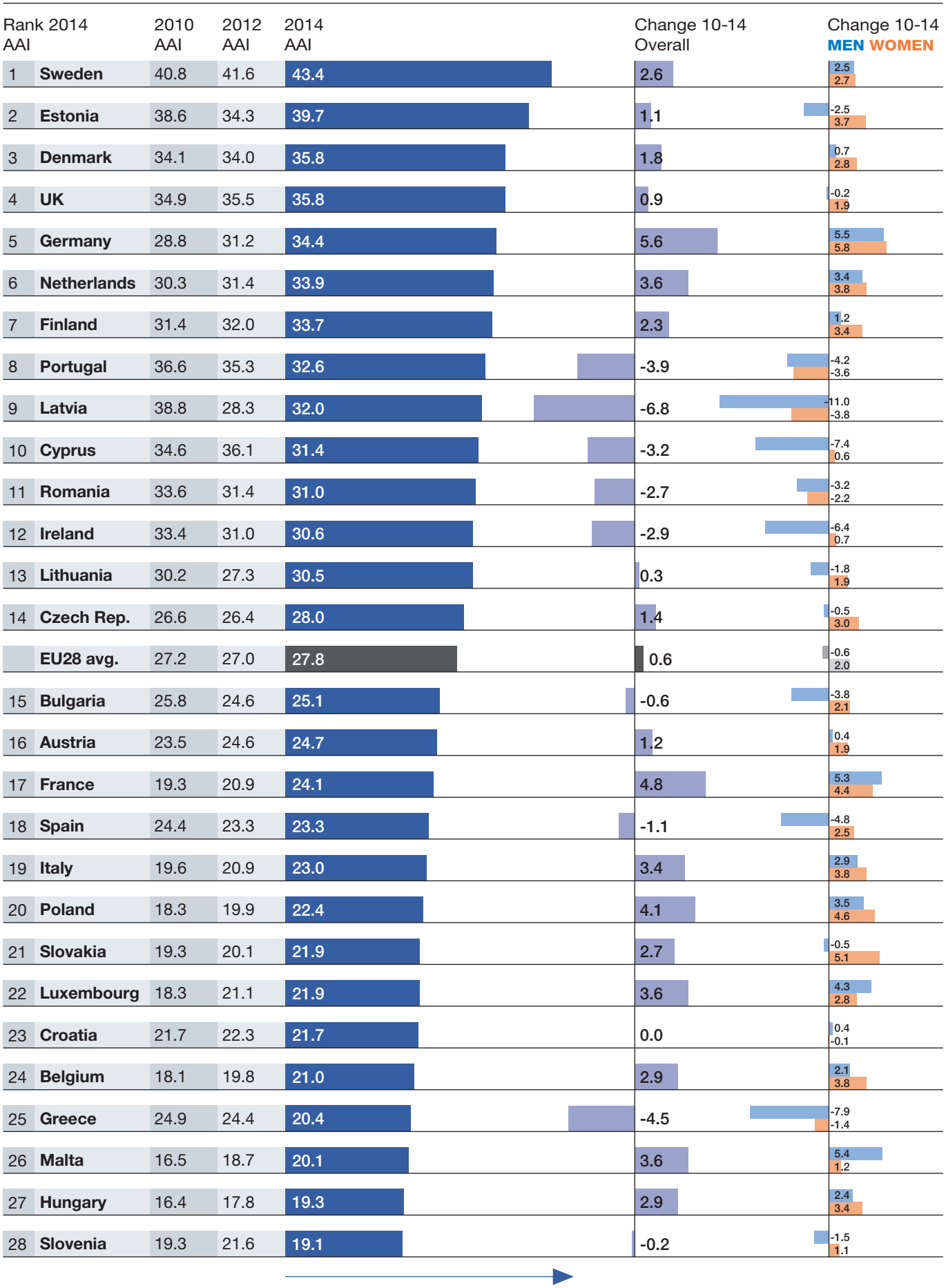
The employment-specific score shows on average smaller change than in all other domains. The trends observed for this domain can be considered robust since they are based on an essentially comparable data from the EU-LFS. However, the results reflect in part the different ways the global financial crisis disrupted labour markets in many EU Member States.

The first set of results makes use of data for 2008, included in the 2010 AAI, and they will contain an initial impact of the crisis on employment. The second set of results, for the year 2010 included in the 2012 AAI, will show an impact of a deep recession in many of the countries. Subsequently, there was a sluggish recovery as well as budgetary consolidations. These two phases have impacted employment rates differently (Figure 4.2).

- The initial impact of the crisis can be seen in terms of falls between the 2010 and 2012 Employment domain score in Latvia (in excess of 10 points), and Estonia (over 4 points). For the same period, Bulgaria, the Czech Republic, Spain, Ireland, Greece, Lithuania, Romania and Portugal also recorded falls from 2.9 points in Lithuania to a very small 0.3 of a point in the Czech Republic.
- The crisis continued to affect in the subsequent period in Greece, Romania and Portugal, where the Employment domain score continued to fall between the 2012 AAI and the 2014 AAI.
- Greece's decline in the second period together with the decline in the first period reduced their Employment domain score over the whole period by over 4 points. Portugal's fall between the 2010 AAI and the 2014 AAI was just under four points, whereas Romania recorded a four-year drop of 2.7 points.

Figure 4.2: Changes in domain-specific score for the 1st domain 'Employment', between the 2010 AAI, 2012 AAI and 2014 AAI

Employment 2010, 2012 and 2014-AAI



- In a second wave of disruption from the financial crisis, Cyprus's banking crisis took its toll on the Employment domain score for this country between the 2012 AAI and the 2014 AAI, falling by nearly 5 points. There is also a slight fall in Ireland, also a reflection of the banking crisis observed in Ireland during this period.
- For seven countries the Employment domain score rose by more than three points: Germany, France, Italy, Luxembourg, Malta, the Netherlands and Poland. The increases recorded for Germany and France were the greatest – 5.6 and 4.8.

Most other countries recorded modest increases in the Employment domain score. Because the absolute value is very similar across many countries, even quite small differences in the increase saw changes in the ranking. This is the reason behind not assigning much importance to changes in the ranking within this domain.

Most of the changes, both positive and negative, were seen for those aged between 55 and 64. The increase in employment of those aged 55 to 59 was mainly women's employment. In many Central European EU countries, this was due to the gradual retirement age increase for women from the previous rather low 55 years mark. Likewise, in other countries, the equalisation of pensionable age for men and women continued, at a sharper rate for women, which resulted in a higher rise in the short run in the employment of older female workers.

Among the population of 55+, men's employment was generally affected more than women's during the period 2008-2012. For men, the average change in the Employment domain score across all 28 Member States was effectively zero (an average of - 0.6), but the same figure for women was a two point increase.

The range of the Employment domain score narrowed for women, but widened for men.

- Some countries saw heavy falls in male employment in the age group 55 to 59 – Bulgaria -7 points, Estonia -7 points, Spain -8.5 points, Ireland -10 points, Greece – 12 points, Latvia -10 points and Cyprus -8 points.
- More modest falls in male employment in the age group 55 to 59 were also recorded for Denmark, Lithuania, Portugal, Slovenia, Slovakia, the United Kingdom and Croatia.
- Substantial increases were recorded in women's employment in the age group 55 to 59; increases of over eight points were seen in Belgium, Czech Republic, Germany, France, Italy, Hungary, Poland, Slovenia and Slovakia.

2. Participation in society

Given the makeup of this domain it is likely that the change observed would be slow. Nevertheless the Social Participation domain score increased on average across all 28 EU Member states by 3 points (Figure 4.3).

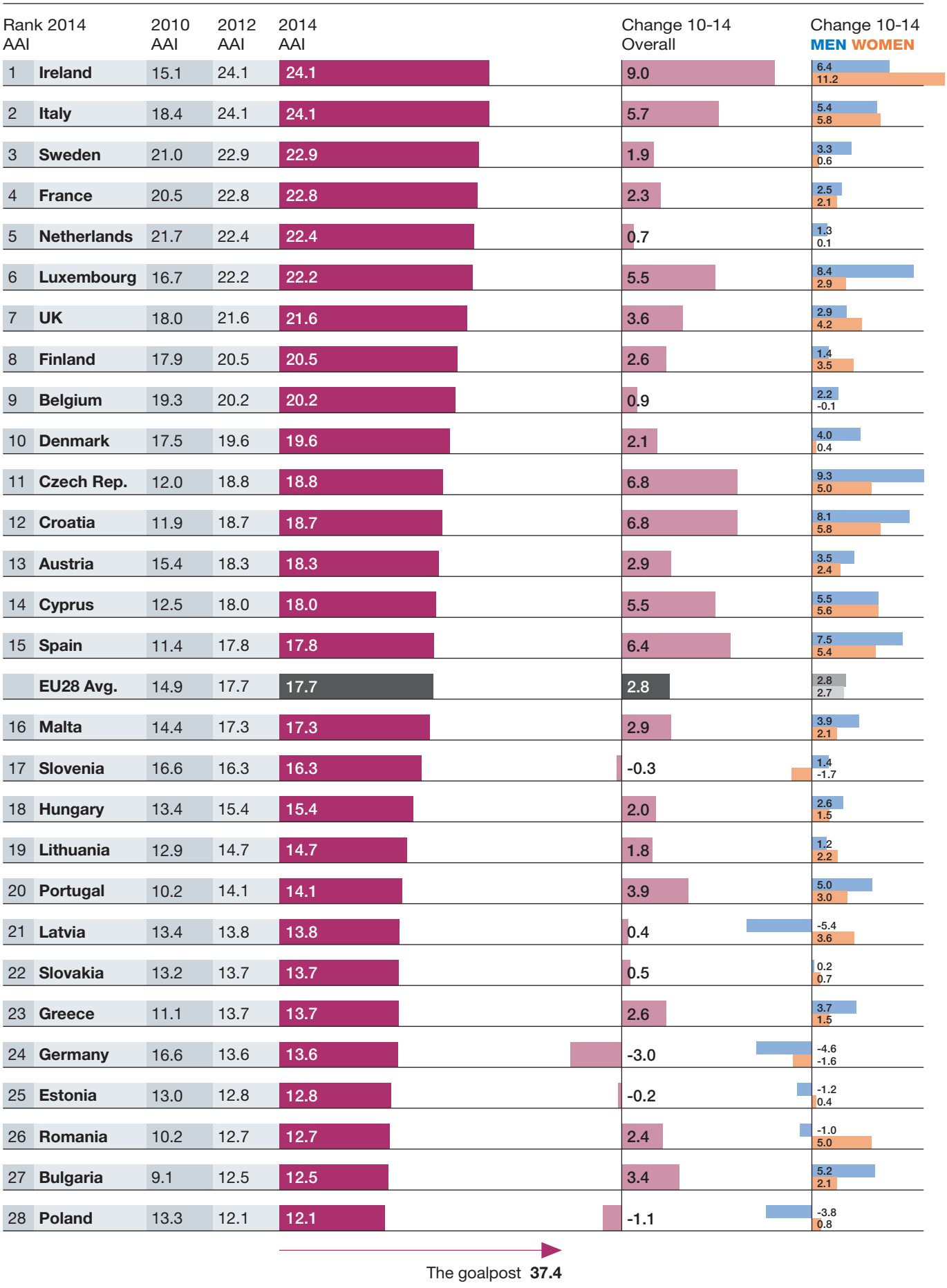
High income countries tend to be associated with an domain-specific score of 20 points or more - for example Luxembourg, France, the Netherlands and Sweden record high social participation of older people. Low income countries tend to display low social participation, in particular Romania and Bulgaria but also Poland.

Turning to political participation of 55+, which includes political activities ranging from participation in demonstrations to an email petition, there is no consistent pattern emerging.

Some Member States saw substantial falls in this domain-specific score with eight countries recording falls of more than 4 points – Belgium, Germany, Greece, Latvia, Lithuania, the Netherlands, Slovenia and Slovakia. Nine Member States had increases ranging from Croatia with a 14.6 point increase to France virtually unchanged at 0.4 points. The remaining 11 countries all showed declines of less than 4 points. A similar

Figure 4.3: Changes in domain-specific score for the 2nd domain 'Social Participation', between the 2010 AAI, 2012 AAI and 2014 AAI

Participation in society 2010, 2012 and 2014-AAI



mix of declines and increases are seen for men and women although where they occur the declines among men are larger than they are for women.

There is however a data comparability problem for several countries that makes analysing the changes in this domain particularly difficult. Some of the big changes in this domain-specific score are driven by strong changes in underlying indicators.

- For example Ireland rose from 13th position in this domain to 1st in four years. This was driven by a greater pursuit for voluntary work among the Irish older people, with only 11% involved in the 2010 AAI but a remarkable 20% in the 2014 AAI. In addition care for children and grandchildren rose from 18% in the 2010 AAI to a staggering 39% in the 2014 AAI.[6] These large changes appear to be affected by changes in the survey methodology. Further work will be necessary to fully appreciate reasons behind these changes.
- Belgium, on the other hand, slipped from 4th place to 9th despite care for children and grandchildren increasing from 22% to 39%. The increased child care was more than offset by declines in all three of the other indicators – volunteering, care for the elderly and political participation. This change in Belgium is also likely to be affected by the data quality of the indicator in question.
- Similarly the Italians rise from 5th rank to second place is driven by the older people providing care to children and grandchildren rising from 28% to 54%. This change is also most likely be affected by the data comparability issues.
- There is also a particular problem comparing the data on volunteering across East and Central European Member States with the rest of the EU. Volunteering here is restricted to volunteering through an established voluntary organization. The AAI indicator on voluntary activities will therefore be expected to show low volunteering in those countries where these activities are not carried out via formal organisations.

In conclusion, there is doubt about some of the large increases in the indicators included in this domain. Thus, the comparability issues between the 2007 EQLS and the 2012 EQLS limit what can be said about the changes over the four years with respect to social participation of people age 55+. The nature of what is measured means that small changes are to be expected and any large change will need to be confirmed as reflecting the reality.

3. Independent, healthy and secure living

This domain covers a wide range of different aspects of independent, healthy and secure living. The indicators included are measures of physical activity, the number of people over 75 able to live in their own household, access to health care, as well as measures of financial security (income adequacy and material deprivation), physical safety and lifelong learning.

In general, indicators included in this domain are likely to be influenced by factors operating with a considerable lag. This will be particularly true for the following two indicators: the proportion of over 75's who live in their own household and the (relative) median pension income.

The expectation would therefore be a small but positive increase in the score for this domain over a four-year period. The average increase across the EU28 was from 68.7 in the 2010 domain-specific score to 70.6 in the 2014 domain-specific score (Figure 4.4). For the vast majority of countries the same extent of change is observed, but in six countries the changes were larger. The largest increase was observed in Bulgaria, where the first two years saw an increase of 9.3 points between the 2010 AAI and the 2012 AAI; this was followed by a 2.3 point increase between the 2012 domain-specific score and the 2014 domain-specific score.

6 The comparability over time of the indicator "2.2 Care to children and grandchildren" is somewhat restricted. In the 2007 EQLS, this indicator is drawn from a question that refers to 'caring for and educating children'. In the 2012 EQLS, the same indicator is drawn from a survey question about 'caring for your children and grandchildren'. The large increase in this indicator for some countries may thus be due to the different formulation of the survey question in the 2007 EQLS.

Figure 4.4: Changes in domain-specific score for the 3rd domain 'Independent, healthy and secure living', between the 2010 AAI, 2012 AAI and 2014 AAI

Independent, healthy and secure living 2010, 2012 and 2014-AAI

Rank 2014 AAI		2010 AAI	2012 AAI	2014 AAI	Change 10-14 Overall	Change 10-14 MEN	Change 10-14 WOMEN
1	Denmark	78.3	78.9	79.0	0.7	0.0	1.3
2	Finland	78.6	78.6	79.0	0.4	0.0	0.7
3	Netherlands	77.8	78.5	78.9	1.1	1.3	0.7
4	Sweden	77.4	78.5	78.6	1.3	0.8	1.7
5	France	75.3	75.3	75.9	0.6	-0.2	0.8
6	Luxembourg	75.2	74.9	75.7	0.5	0.2	0.6
7	Ireland	73.9	74.3	74.9	0.9	1.5	0.3
8	Germany	74.0	74.4	74.4	0.4	0.2	0.8
9	Slovenia	70.9	74.0	74.2	3.4	2.6	4.1
10	Austria	71.7	73.2	73.8	2.1	2.4	2.1
11	UK	72.3	74.3	73.7	1.4	2.0	2.6
12	Belgium	73.6	73.1	72.5	-1.1	-0.7	-1.5
13	Czech Rep.	69.9	70.8	71.2	1.3	0.6	1.6
	EU28 avg.	68.7	69.6	70.6	1.9	1.7	1.9
14	Malta	70.8	69.4	70.1	-0.7	-0.9	-0.4
15	Spain	67.5	68.9	69.8	2.3	3.1	2.0
16	Croatia	64.4	64.8	69.5	5.0	5.3	3.5
17	Italy	67.9	69.1	69.0	1.1	0.9	1.2
18	Hungary	67.8	68.6	68.0	0.2	0.5	0.1
19	Cyprus	66.3	66.1	68.0	1.6	0.8	2.6
20	Estonia	64.1	69.6	67.3	3.2	2.8	3.3
21	Portugal	66.9	66.4	67.3	0.4	0.5	0.6
22	Lithuania	62.3	67.3	66.2	3.9	2.1	4.6
23	Slovakia	66.9	66.4	65.8	-1.1	-0.8	-1.6
24	Poland	65.9	64.9	64.9	-0.9	-0.3	-1.2
25	Greece	63.7	64.4	64.8	1.1	1.2	1.0
26	Bulgaria	51.2	60.4	62.7	11.5	12.8	10.9
27	Romania	56.7	60.2	61.7	5.0	4.5	4.6
28	Latvia	52.2	57.2	58.7	6.5	5.6	6.7

The goalpost **87.7**

The major reason for this sharp rise for Bulgaria is the improvement in the access to medical and dental care, and it is also partly an improvement in the median income of the elderly and a decline in the material deprivation. Also, Bulgaria has the second largest increase in physical safety (after Slovenia). These indicators are drawn mainly from EU-SILC, therefore the comparability overtime can be less of an issue than that observed between the two EQLS datasets.

Some interesting insights emerge from considering the individual indicators underlying this domain as well as the differences between men and women. The relative median income indicator shows that across the EU the average increased from 79% in the 2010 AAI to 86% in the 2014 AAI. This is a huge change considering the economic turmoil observed during this period in the countries in question.

The comparison of income-based indicators for men and women will largely reflect the differences in incomes of single male and single female households. Many of the single female households' incomes will be made up of survivor benefits from their deceased partners' pension and will in most cases show lower incomes than when they were couple households. In some countries, a very low survivors' pension is supplemented by old age state pension.

Consider first the indicator for relative median incomes. For men this shows that median income was 83% in the 2010 AAI and 90% in the 2014 AAI. For women the figures are 77% and 84% showing very similar increases albeit from a lower base.

Overall the income-based indicators included in this domain suggest that the incomes of older people compared with the rest of the population were better protected following the global financial crisis.

4. Capacity and Enabling Environment for Active Ageing

Across all 28 EU Member States the score for this domain rose from 52.4 to 54.4 points. Six countries, Bulgaria, Cyprus, Latvia, Malta, Austria and Portugal all recorded increases of 4 points or more (Figure 4.5).

Turning to the individual indicators of this domain, the first two, "Remaining life expectancy achievement of 50 years at age 55" and "Share of healthy life years in the remaining life expectancy at age 55" both show small increases on average across the EU-28.

Regarding the second indicator there were some Member States with large increases during the period in question: Ireland, Latvia and Croatia had increases of over 7 percentage points. There were also large decreases in the healthy life expectancy indicator for Romania and Slovenia.

The third indicator, 'Mental well-being', showed a small increase of 2 points across the EU but much larger in Bulgaria (plus 19 points), Italy (plus 13 points), Malta (plus 17 points), Austria (plus 16 points) and Portugal (plus 15 points). These large increases need to be viewed with caution as they may reflect data comparability problems.

The indicator that measures the ICT use (share of people aged 55-74 using the Internet at least once a week) shows a very strong growth over the four-year period. Across the EU-28 average ICT use rose from 26% in the 2010 AAI to 41% in the 2014 AAI. The increases apply to both men and women: men's ICT use went from 31% in the 2010 AAI to 45% in the 2014 AAI. The corresponding figures for women were 22% and 37%.

Figure 4.5: Changes in domain-specific score for the 4th domain 'Capacity and enabling environment for active ageing', between the 2010 AAI, 2012 AAI and 2014 AAI

Capacity and enabling environment for active ageing 2010, 2012 and 2014-AAI

Rank 2014 AAI		2010 AAI	2012 AAI	2014 AAI	Change 10-14 Overall	Change 10-14 MEN	Change 10-14 WOMEN
1	Sweden	66.2	68.6	69.2	3.1	3.1	3.2
2	Denmark	64.6	66.7	65.1	0.5	-0.7	1.8
3	Luxembourg	60.4	63.0	63.6	3.2	2.2	4.7
4	Netherlands	62.9	61.3	61.8	-1.1	-1.4	-0.5
5	UK	61.2	61.8	61.3	0.1	0.0	0.3
6	Finland	59.0	60.5	60.5	1.4	2.5	0.9
7	Belgium	59.7	59.6	60.3	0.6	-1.1	2.3
8	Ireland	57.4	59.2	60.0	2.6	2.7	2.4
9	France	57.5	57.5	59.1	1.6	1.9	1.4
10	Austria	52.7	56.3	58.2	5.5	6.4	5.0
11	Malta	50.6	55.4	57.1	6.5	6.3	6.0
12	Spain	55.5	56.1	56.3	0.8	-0.6	2.0
13	Germany	55.3	55.8	55.8	0.6	0.4	0.8
	EU28 avg.	52.4	53.6	54.4	2.0	1.7	2.4
14	Czech Rep.	52.4	54.4	54.3	2.0	0.3	3.6
15	Italy	50.0	55.9	53.4	3.4	4.1	2.7
16	Croatia	50.5	49.8	52.8	2.3	2.2	2.6
17	Bulgaria	48.1	51.9	52.2	4.0	3.6	4.4
18	Portugal	46.4	51.0	52.1	5.7	5.5	6.0
19	Cyprus	46.6	50.6	50.4	3.8	2.7	4.9
20	Slovenia	51.7	49.0	50.0	-1.7	-1.9	-1.2
21	Latvia	43.7	45.7	48.2	4.5	5.2	4.4
22	Poland	46.9	47.3	47.9	1.0	0.6	1.6
23	Estonia	44.7	47.4	47.5	2.8	1.9	3.6
24	Slovakia	43.5	46.0	47.1	3.5	5.0	3.2
25	Hungary	45.7	45.3	46.9	1.2	1.8	1.1
26	Greece	48.4	46.2	45.8	-2.7	-3.5	-1.9
27	Lithuania	44.1	46.4	45.3	1.2	-1.2	3.2
28	Romania	41.7	39.9	40.9	-0.8	-0.6	-1.1

The goalpost **77.7**

In six of the North Western European Member States, Denmark, the Netherlands, Luxembourg, Finland, Sweden and the United Kingdom, the ICT use in the latest 2014 AAI exceeded 66% and in these countries the gender gap is big (7 points or more, with the exception of the United Kingdom and Finland). A much sharper rise observed in the ICT use for women during the period in question helped them converge to the high use of ICT by men.

The final indicator in this domain is the percentage of older persons aged 55-74 with upper secondary or tertiary educational attainment. Across the EU this rose by 6.5 points between the 2010 AAI and the 2014 AAI. This reflects the expansion of tertiary education and the growing numbers of those who stayed on in secondary school during the 1970s (or even earlier in some countries). This cohort effect will continue to raise the indicator across the EU. For men the increase over four years was from 59 to 65 points and for women from 48 to 55 points.

Of special note are the higher levels of educational attainment in the 2014 AAI in Bulgaria (67 points), the Czech Republic (84), Estonia (82), Latvia (80), Hungary (65), Lithuania (78), Poland (74), Slovakia (79) and Slovenia (71). In all these Central and Eastern European countries the indicator increased by more than the EU-28 average between the 2010 AAI and the 2014 AAI. In all ten countries women's educational achievement was similar to that of men.

4.3 Assessment: Are we making progress?

Conclusions about trends need to be made with care. There are comparability problems with some of the indicators in the Social Participation domain. Also, the expectation over a four-year period would be that changes will be small.

Furthermore, the global financial crisis, and the subsequent sluggish recovery from the recession, caused a net effect on the Employment domain leaving it virtually unchanged during the period in question. The experience of men and women were different: the falls in men's employment was roughly offset by increases in female employment.

The Social Participation domain has a relatively large contribution to the overall AAI and therefore a large rise observed in this domain contributed strongly to the increase observed for the overall AAI.

The third domain, Independent Living, showed small increases driven by the indicators measuring relative incomes, risk of poverty and material deprivation. Given large values for these indicators, even small changes contributed strongly to the domain-specific score and the overall AAI. However, the positive developments in this domain may reflect greater negative impacts of the crisis on working-age households than on older people's households.

Finally the Capacity for Active Ageing domain reveals two important changes. Access and use of the Internet has risen across all EU Member States although there is still a wide gap between high-income and low income countries. The indicator on educational attainment reflects the rising levels of educational attainment, including tertiary education. The very high levels and continued growth of educational attainment are particularly striking in Central and Eastern European Member States.

Overall, it is probably safe to say that some significant progress has been made with regard to active ageing over the period 2008 to 2012 in the EU countries and this notwithstanding the deep economic crisis. However, it is unclear how much of this progress is attributable to recent policy changes, how much is the result of cohort effects (which may reflect policy choices of past decades, e.g. the expansion of higher education) and how much is simply the result of data inconsistencies. Further in-depth analysis is required to answer this question and to draw further policy insights from these trends.

5. Concluding remarks

The Active Ageing Index presented in this report offers a tool for measuring and mobilising the potentials of older people. It provides comprehensive evidence on the contribution of older people across EU countries because it covers not only employment of older people but also their unpaid familial and social 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 quite different, the AAI also provides a breakdown by gender.

The Active Ageing Index can be used by policymakers and stakeholders to identify challenges and opportunities and to set targets for improvements, based on international comparisons. The evidence generated is raising awareness of the challenges and opportunities for older people to seek ways to develop their full potential, thereby contributing to improving the future sustainability of welfare systems and their own well-being.

The work undertaken in the AAI project has offered a framework which can be used for a detailed analysis of active ageing and its potentials, also at the subnational level. Moving forward since the first release of the AAI results in 2012, more internationally comparable data have become available making this evidence more credible. The comparability over time is, however, restricted by the availability of consistent data series, but this aspect is also likely to improve as we move forward.

As it stands, the AAI project nevertheless already allows the development of benchmarking of country performance, and this (it is hoped) will encourage countries to look at policies and programmes that other countries have adopted, and learn from those experiences — both positive and otherwise.

An important next step could be to use the AAI framework for comparing individual regions within countries (as is being attempted in Poland, Spain and Italy). Many aspects of active ageing are influenced by policies at the regional and local level. The effectiveness of the AAI as a tool for fostering better policies for active ageing therefore depends to a large extent on its adoption by local and regional policymakers and stakeholders.

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