

**Active ageing:
local and regional solutions**

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Table of Contents

Executive Summary	1
PART 1 - Challenges met by LRAs in today's crisis context in the EU27	5
1. Introduction	7
1.1. Population ageing: overview	7
1.2 Basic figures on demographic ageing at regional level	13
2. Employment of older workers.....	15
2.1 EU27 situation and projections	16
2.2 Regional data and labour market-related challenges for LRAs	18
3. Access to social services (health and long-term care)	21
3.1 EU27 situation and projections	21
3.2 Regional data and social services-related challenges for LRAs	25
4. Mobility and accessibility of transport.....	29
4.1 EU27 situation and projections and common challenges for LRAs	29
5. Adapted housing for the ageing population.....	35
5.1 EU27 situation, national data and common challenges for LRAs	35
6. Participation in community activities	41
6.1 EU24 situation, national data and common challenges for LRAs	41
7. The horizontal domain of ICT	45
PART 2 – Developing a set of model regional approaches on active ageing.....	49
8. Typology of regions	51
8.1 Methodological approach: criteria considered	51
8.2 Outlining the types	54
8.3 Proposed typology of regions.....	54
9. Regional and local solutions by policy area and types of region	61
10. Main responses by LRAs to common challenges	85
10.1 Main responses by policy area	85
10.2 Characterisation of the types of region	90
Appendix I – Statistical table.....	97
Appendix II – List of References.....	101
Appendix III – Navarro’s typology: list of regions by group	105

Executive Summary

Projected demographic changes to 2060 at EU27 level point to a contraction in the size of the young population by 9% and in the working-age population (15-64 years) by 15%; furthermore, a dramatic increase (+79%) in the number of elderly people is expected. The increasing proportion of older people and decreasing proportion of people of working age in the whole population will have social, economic and budgetary repercussions; labour supply and employment will shrink, challenging economic growth, while the demand for services by the ageing population will rise.

These trends, although not affecting all regions across Europe evenly, call for a common European strategy for active ageing '*creating more opportunities for older people to continue working, to stay healthy longer and to continue to contribute to society in other ways*'. The challenges associated with ageing need to be turned into opportunities for increased labour participation and productivity, job creation in health and social services, and the creation of new markets, generating a 'silver economy' that encompasses a broad range of economic activities from health and care products and services, to mobility and ambient assisted living, i.e. one that is not limited to specific social market segments.

In this report, the impact of population ageing is analysed with respect to five main policy areas: employment, access to social services, mobility and accessibility of transport, adapted housing and social inclusion.

Part I provides an overview of the main trends in demographic changes (Chapter 1) and within each policy area (Chapters 2 to 6), in both quantitative and qualitative terms; it highlights, wherever these are available, medium to long-term projections and major challenges likely to be faced by local and regional authorities (LRAs). The European and national level is analysed and regional data have been used as extensively as possible to demonstrate heterogeneity across Europe. Since IT availability and penetration may be, or may become, a barrier within each of the policy areas considered, Chapter 7 highlights the role ICT plays with regard to the five policy areas under examination.

Part II focuses on solutions adopted at local and regional level to address ageing-related challenges. Firstly, a typology of regions is outlined so as to create clusters with similar features in respect of some key characteristics (Chapter 8), namely: (i) growth and innovation (Navarro *et al.*, 2008), divided into three categories: high/average/low; (ii) old age dependency ratio (Eurostat data), whether above or below the EU average; (iii) population crude growth

rate (Eurostat data), whether positive or negative; and (iv) prevalence of urban vs. rural population (EU methodology, derived from OECD methodology). According to these indicators, seven types of region have been outlined, ranging from those with strong economic growth, a growing population and a relatively low old age dependency ratio, to those with poor economic conditions, and declining and ageing populations. Secondly, some 35 examples of solutions adopted by LRAs, collated through a bibliographic search, are presented (Chapter 9). For each example, the challenges addressed, governance structure and funding sources are outlined. Finally, on the basis of the typology and the examples compiled, an overview of local and regional solutions is given and conclusions drawn on a possible correlation between types of region on the one hand, and prevailing solutions on the other (Chapter 10).

There is evidence that a demographic dimension to regional and local policy is being developed, as processes of demographic change need to be increasingly taken into account in territorial development, regardless of the type of region involved. Furthermore, even if demographic changes have a cross-sectoral impact, they are most often addressed through sector-specific strategies.

The social inclusion of elderly people is a policy area where no significant differences have been noted among the different types of regions in terms of initiatives undertaken. Similarly, all regions, including those with a relatively low old age dependency ratio, look for ICT-based solutions for the delivery of health and long-term care services. Regions with dynamic economic growth (types 1 and 2) more frequently implement business innovation and services that mainstream initiatives, tackling efficiency through the integration of processes and partnerships. Regions with old and declining populations (types 5 and 6) place efforts to keep older workers in the labour market high on their agenda, as do regions belonging to type 7, even though, in their case, scarce labour supply is often due to economic migration. Adapted housing schemes are often implemented within integrated business and community models where the provision of housing goes together with the provision of services. In a few cases houses are rented out at special rates tailored to the financial capacities of tenants, thus making the schemes more socially-oriented than business-oriented. Regions with extensive rural areas (in particular type 4) have particular challenges to face and their measures are often part of a wider framework for regional economic development.

In general it has been noted that ICT plays an important role in all of the five policy areas that are the focus of this report, as it facilitates adult learning and life-long learning, provides access to eServices, is the backbone of home automation, supports innovation in mobility and may prevent social exclusion if initiatives are undertaken to reduce the digital divide between generations. Also,

the social divide within the older generation needs to be taken into account if equal opportunities for improving quality of life are to be made available to everyone and not just to a few.

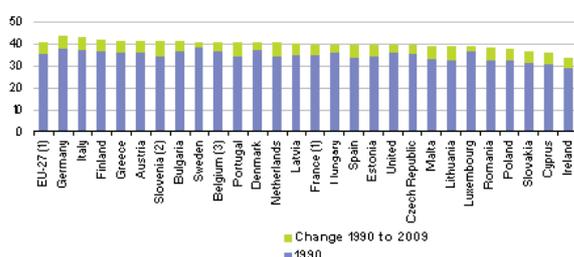
PART 1 - Challenges met by LRAs in today's crisis context in the EU27

1. Introduction

1.1. Population ageing: overview

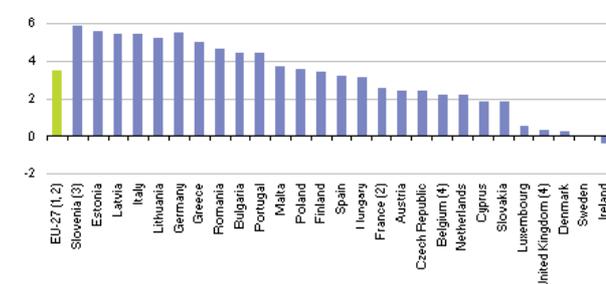
Population ageing is not a new phenomenon in Europe; data clearly show that significant increases have occurred since the 1990s, both in terms of population median age and the share of people aged 65 or over (Charts 1 and 2).

Chart 1 – Median age of population, in years, 1990 and change 1990 to 2009



(1) Excluding French overseas departments.
 (2) Data may be affected by the change of population definition in 2008.
 (3) 2008 instead of 2009.
 Source: Eurostat (demo_pjanind)

Chart 2 – Percentage change in the share of the population aged 65 years or over between 1990 and 2009



(1) Estimate.
 (2) Excluding French overseas departments.
 (3) Data may be affected by the change of population definition in 2008.
 (4) Change between 1990 and 2008.
 Source: Eurostat (demo_pjanind)

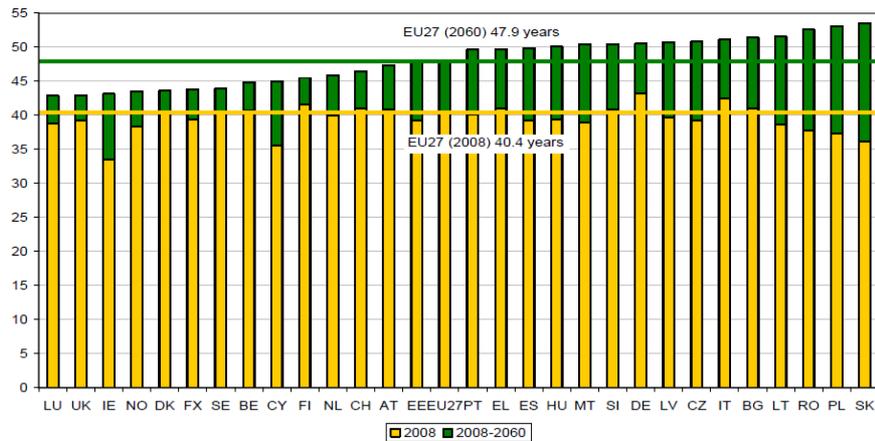
Source: Eurostat [Population structure and ageing](#) statistics.

Source: Eurostat [Population structure and ageing](#) statistics.

According to EUROPOP2008 projections¹, this ageing trend is expected to continue in the next decades as a result of developments in fertility, life expectancy and total net migration. Overall: (a) EU population size is not expected to vary much between now and 2060 (+2% change); but (b) the EU population age structure is projected to change substantially. In particular, population ageing is expected to occur in all EU Member States (MS) as a consequence of the existing population structure, lower levels of fertility vs. replacement, and steadily rising life expectancy (Chart 3).

¹ These population projections refer to a 'convergence scenario' where demographic values are conceptually considered to converge over the long-term as a result of decreasing socio-economic and cultural differences between Member States. The convergence year has been assumed to be 2150. Details on assumptions made for the three demographic components considered in these projections (fertility, mortality and migration) are provided by the European Commission (DG ECFIN) and the Economic Policy Committee (AWG), 2008.

Chart 3 – Projected median age of population, in years, 2008 and 2060



Source: Eurostat, EUROPOP2008 convergence scenario

Source: Giannakouris, 2008.

The highest increases in population median age are anticipated in several new MS such as Slovakia, Poland, Romania, Lithuania, the Czech Republic, Malta and Hungary; Spain, Greece and Portugal will also experience significant increases, reaching levels well above the EU27 average, while the populations in Italy and Germany will continue their current ageing trends. Table 1 provides an overview of projected changes to 2060 in population size and age structure. The following main trends can be observed: (i) the size of the young population is expected to contract by 9% at EU27 level, with major reductions taking place in the new MS and Germany; (ii) the size of the working-age population (15-64 years) is expected to contract by 15% at EU27 level, with 20 countries having negative rates; reductions are once more higher and above the European average in the new MS, as well as in Germany, Greece and Italy; and (iii) the elderly (65+) age group is projected to dramatically increase at EU27 level (+79%), with increases being more evenly distributed between EU15 and EU12 countries; the highest percentage changes are expected in Cyprus, Ireland, Slovakia, Luxembourg, Malta, Spain, Poland and the Czech Republic.

Table 1 – Projected changes in population size and age structure, in millions and percentage

	Total population			Young population (1-14)			Working-age population (15-64)			Elderly population (65+)		
	2008	2060	% change	2008	2060	% change	2008	2060	% change	2008	2060	% change
BE	10,7	12,3	15	1,8	1,9	7	7,0	7,1	1	1,8	3,3	80
BG	7,6	5,5	-28	1,0	0,7	-36	5,3	3,0	-44	1,3	1,9	42
CZ	10,3	9,5	-8	1,5	1,2	-21	7,4	5,2	-30	1,5	3,2	110
DK	5,5	5,9	8	1,0	1,0	-5	3,6	3,5	-4	0,9	1,5	74
DE	82,2	70,8	-14	11,3	8,9	-21	54,4	38,9	-29	16,5	23,0	39
EE	1,3	1,1	-15	0,2	0,2	-20	0,9	0,6	-31	0,2	0,3	51
IE	4,4	6,8	53	0,9	1,1	27	3,0	3,9	29	0,5	1,7	245
GR	11,2	11,1	-1	1,6	1,4	-10	7,5	6,2	-18	2,1	3,5	68
ES	45,3	51,9	15	6,6	6,7	1	31,1	28,4	-9	7,5	16,8	123
FR	61,9	71,8	16	11,3	12,0	6	40,3	41,2	2	10,2	18,6	82
IT	59,5	59,4	0	8,3	7,2	-14	39,2	32,7	-17	12,0	19,4	63
CY	0,8	1,3	66	0,1	0,2	42	0,6	0,8	40	0,1	0,3	251
LV	2,3	1,7	-26	0,3	0,2	-34	1,6	0,9	-43	0,4	0,6	48
LT	3,4	2,5	-24	0,5	0,3	-39	2,3	1,3	-42	0,5	0,9	66
LU	0,5	0,7	52	0,1	0,1	35	0,3	0,4	35	0,1	0,2	153
HU	10,0	8,7	-13	1,5	1,1	-27	6,9	4,8	-30	1,6	2,8	71
MT	0,4	0,4	-1	0,1	0,1	-23	0,3	0,2	-23	0,1	0,1	131
NL	16,4	16,6	1	2,9	2,5	-15	11,1	9,6	-13	2,4	4,5	87
AT	8,3	9,0	8	1,3	1,2	-2	5,6	5,2	-8	1,4	2,6	83
PL	38,1	31,1	-18	5,9	3,5	-40	27,1	16,3	-40	5,1	11,3	120
PT	10,6	11,3	6	1,6	1,4	-11	7,1	6,3	-11	1,8	3,5	88
RO	21,4	16,9	-21	3,3	1,9	-40	15,0	9,1	-39	3,2	5,9	85
SI	2,0	1,8	-12	0,3	0,2	-19	1,4	1,0	-32	0,3	0,6	83
SK	5,4	4,5	-16	0,9	0,5	-40	3,9	2,4	-39	0,6	1,6	154
FI	5,3	5,4	2	0,9	0,9	-5	3,5	3,0	-14	0,9	1,5	72
SE	9,2	10,9	18	1,5	1,8	16	6,0	6,2	3	1,6	2,9	80
UK	61,3	76,7	25	10,7	12,7	18	40,7	45,0	11	9,9	19,0	92
NO	4,7	6,0	27	0,9	1,0	11	3,1	3,5	11	0,7	1,5	121
EU27	495,4	505,7	2	77,5	71,0	-9	333,2	283,3	-15	84,6	151,5	79
EU15	392,2	420,5	7	62,0	60,9	-2	260,7	237,7	-9	69,5	121,9	75
EU12	103,2	85,2	-17	15,5	10,1	-35	72,6	45,6	-37	15,1	29,5	96

Source: European Commission, DG Economic and Financial Affairs (2010); data from Eurostat

The increasing share of older people and decreasing share of working-age people in the overall population have social, economic and budgetary repercussions (B.1). Public authorities are urged to make available and/or deliver more/higher quality services to their ageing population while financing health care and pensions for a growing number of people, a situation whose sustainability is increasingly challenged by the current economic crisis; they will also face a decrease in labour supply and employment with a consequent overall negative impact on economic growth.

Europe's strategy for facing these ageing challenges points, among other things, to the need for reforms to pension, healthcare and long-term care systems and for steps to boost employment, in particular by *'helping and encouraging the ageing baby-boomers to stay in the labour market rather than retire early, as previous generations have tended to do'* (European Commission, 2009).² Hence, the call for 'active ageing', aimed at *'creating more opportunities for older people to continue working, to stay healthy longer and to continue to contribute to society in other ways'* (DG Employment, Social Affairs and Inclusion, 2010), and at transforming ageing challenges into opportunities for: increased labour participation and thus productivity; job creation in health and social services delivery; and the development of new products and innovative services with the consequent opening up of new markets (B.2). Additionally, within the Europe 2020 Strategy, ageing should also provide opportunities for *'increasing social, economic and territorial cohesion'* (Committee of the Regions, 2010).

² The baby-boomer generation encompasses those born in the years 1945-1964, and now reaching their retirement age.

B.1 Age-related expenditure

In 2009, age-related expenditure projections (2008 – 2060) by the Economic Policy Committee were released for the EU27 and subsequently endorsed by the ECOFIN Council. Such projections, based on the EUROPOP demographic projections produced by Eurostat in 2008 and on a series of macroeconomic assumptions and projection methodologies, refer to five main expenditure items: pensions, health care, long-term care, education, and unemployment. The main findings of the EPC were: (i) declining working-age population and progressively reduced net migration over the projected period will entail a decrease in labour supply and employment, with an overall negative impact on economic growth; (ii) age-related public expenditure is expected to increase substantially at EU27 level (GDP growth of 4.7% by 2060), especially with regard to pensions (GDP growth of 2.4%), health care (GDP growth of 1.5%) and long-term care (GDP growth of 1.1%), although a large variation is expected among MS. In particular, the increase in public spending is expected to be: very significant for Luxembourg, Greece, Slovenia, Cyprus, Malta, the Netherlands, Romania, Spain and Ireland, with GDP growth of 7% or more; significant for Belgium, Finland, Czech Republic, Lithuania, Slovakia, the United Kingdom, Germany and Hungary, with GDP growth between 4 and 7%; and moderate for Bulgaria, Sweden, Portugal, Austria, France, Denmark, Italy, Latvia, Estonia and Poland, with GDP growth of 4% or less. *Sources: Council of the European Union (2009); European Commission (DG ECFIN) and the Economic Policy Committee (AWG) (2008); European Commission (2009).*

‘Recent analysis confirms that there is a window of opportunity – a period of about ten years during which labour forces will continue to increase – for implementing the structural reforms needed by ageing societies’ (European Commission, 2009). It is with this window of opportunity in mind that ‘the European Year for Active Ageing 2012’ was proposed, with a view to contributing to the momentum for necessary reforms and measures.

B.2 The ‘Silver Economy’

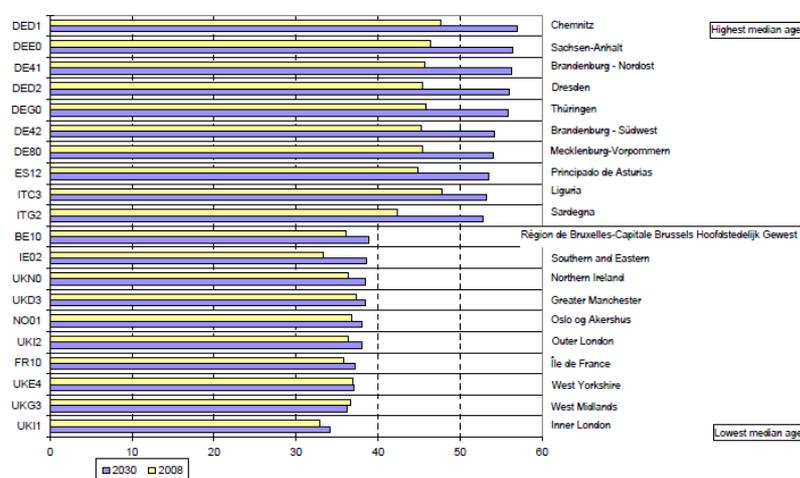
The ageing of the European population could become an opportunity for growth, as older people may generate demand for products and services; but while the burdens associated with population ageing are well reported, the economic potential and investment opportunities that may arise from this phenomenon are less so. Since 2005, the SEN@ER - Silver Economy Network of European Regions was established upon the joint initiative of European regions and under the leadership of North Rhine-Westphalia, Germany. In Germany, research had forecasted *‘more than 900,000 employees in the ‘silver economy’ within the next two decades’*, and for North Rhine-Westphalia in particular *‘around 100,000 new jobs by 2010...’* (Ferry M., Vironen H., 2010), increasing its tax revenue by over 1.2 billion EUR by the same year. The SEN@ER network *‘regards the ageing of our society not as a threat but rather as a challenge and an opportunity for regional economic growth and for improving Europe’s competitiveness’* and promotes *‘the development and marketing of innovative products and services aimed at this new market segment, thereby contributing to regional development and job creation’* (SEN@ER [website](#)). Overall, the term ‘silver economy’ refers to a broad range of economic activities, from health and care products and services, to mobility and ambient assisted living, thus touching upon not only social market segments but also wellness, fitness, leisure, travel, culture, communication, entertainment and, consequently, ICT. The assumptions behind the silver economy concept include: (i) retirees of the baby boomer generation will be wealthier than their predecessors; (ii) the higher education level of future retirees, together with the fact that they are used to higher standard of services than their predecessors, is likely to increase demand for quality services; (iii) more active retirees will impact on consumption and use. However, it is also noted that if purchasing power might facilitate the process of re-establishing respect for age, on the one hand, there is indeed a potential danger, through concentrating only on the economic factor age, of worsening social inequalities *‘if the focus is primarily on the privileged elderly with a high spending power’* (Heinze R.G., Naeg G., 2009). Therefore, strategies for developing the silver market should take these socio-economic and cultural differences into account, as well as social divides within the generation of seniors. *Sources: Ferry M., Vironen H. (2010), Heinze R.G., Naeg G. (2009), Kunz J. (2007).*

1.2 Basic figures on demographic ageing at regional level³

Population ageing is forecast for 274 out of the 281 regions of the EU27. By 2030, in fact, only one region in Austria (Wien) and two regions each in Germany (Hamburg and Trier), Greece (Sterea Ellada and Peloponnisos) and the United Kingdom (West Midlands and North Eastern Scotland), will not see their median age increase.

In the EU27, the average median age of the population is forecast to rise from 40.4 in 2008 to 45.4 in 2030 and to 47.9 in 2060. At regional level, the population median age will vary from 34.2 years to 57 years in 2030, with a wider range than seen in the 2008 figures (from 32.9 years to 47.8 years); additionally, in 2030, 'almost one in four regions may have a median age of the population higher than 48 years'. Chart 4 compares the forecasted regional highest and lowest median age; the ten highest values are forecast for seven German regions, two Italian regions and one Spanish region; several capitals (Brussels, London, Ile de France, and Greater Manchester) are among the regions for which the ten lowest values are forecast.

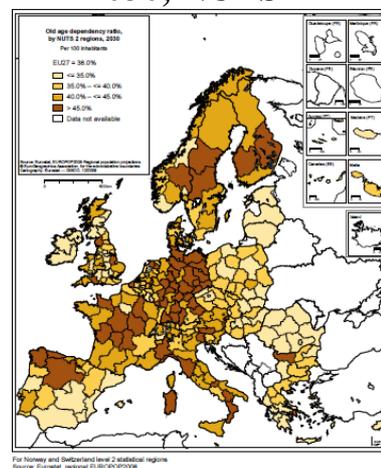
Chart 4 - Regional highest and lowest median age, 2008 and 2030



Source: Eurostat, regional EUROPOP2008

Source: Giannakouris, 2010.

Map 1 - Old age dependency ratio, 2030, NUTS 2

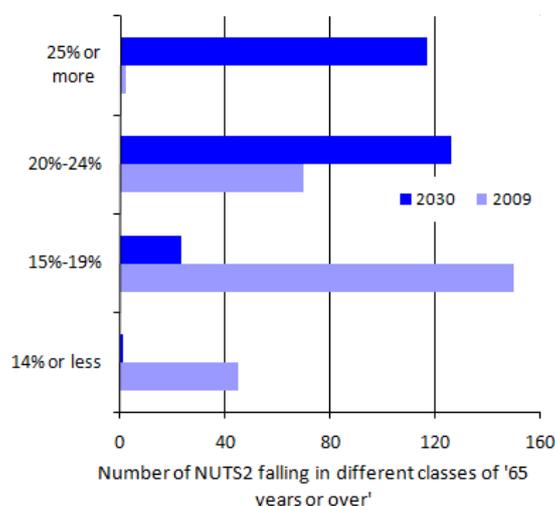


For Norway and Switzerland level 2 statistical regions
Source: Eurostat, regional EUROPOP2008

Source: Giannakouris, 2010.

³ Based on Giannakouris, 2010.

Chart 5 – Regional distribution of population aged 65 years or over, in 2009 and 2030



Source: Eurostat data. Last data update: 3/12/2010.

The share of the EU27 overall population aged 65 years or over is projected to increase from 17.1% in 2008 to 23.5% in 2030; at regional level, this share will vary from 10.4% to 37.3%, higher than the 2008 figures (from 9.1% to 26.8%). Additionally, as can be seen in Map 1,⁴ at EU27 level the number of elderly people to be supported by those of working age (measured using the old age dependency ratio) is expected to increase from 25.4 % in 2008 to 38 % in 2030, ranging from 14.8% to 70.2% at regional level (compared to the 2008 figures of 12.7% to 43.3%).

Across Europe, the ratio is lower in eastern regions, in Estonia, Latvia, Lithuania, and southern parts of Spain. The highest values are in continental regions, in Scandinavia, in the northern regions of Spain and Portugal, and in several regions of Italy, from north to south.

Chart 5 shows the latest available Eurostat data on, and EUROPOP2008 projections for, the distribution of NUTS2 across four different classes of ‘65 years or over’; in 2009, the class represented in the highest number of NUTS2 regions was ‘15% - 19%’, followed by the ‘20% - 24%’ class and the ‘14% or less’ class. In 2030, as a consequence of population ageing, there will be very few NUTS2 with the ‘14% or less’ class; the ‘15%-19%’ class is also scarcely represented, most of the NUTS2 having more than 20% of the population aged 65 years or over.

⁴ [Eurostat Glossary](#): The old-age dependency ratio is the ratio of the number of elderly people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old).

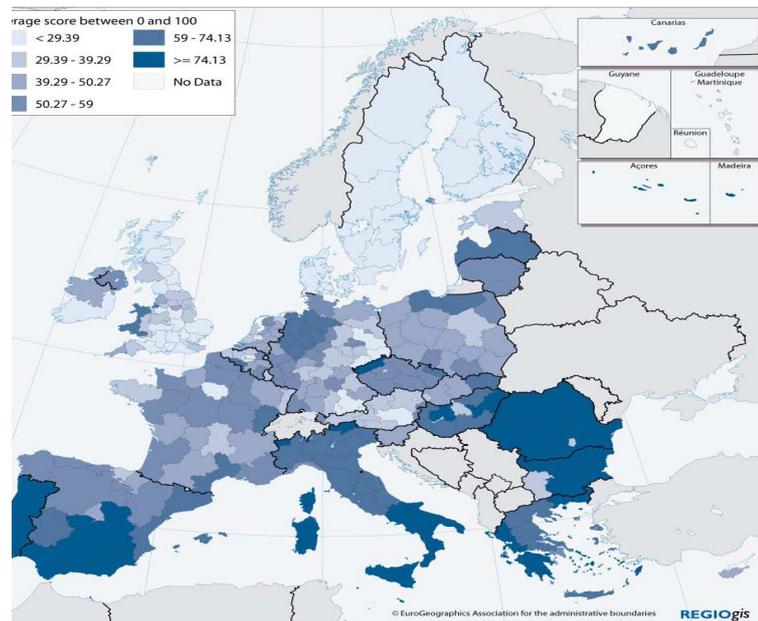
2. Employment of older workers

Challenges faced by LRAs in terms of the impact of population ageing on the employment of older workers need to be considered in the broader framework of ongoing economic restructuring. This restructuring process is nowadays continuous as a consequence of some major driving forces, all affecting the participation and productivity of older workers in the labour market, including:

- Innovation and technological change, mainly due to the rapid development of Information and Communication Technologies (ICT).

- Globalisation and trade liberalisation, often associated with the transfer of production and employment to low-cost economies ('relocation' to other areas, or 'delocalisation' to other countries) and the emergence of new major (supra-national) regions in the economy, impacting on both people's decisions to move, i.e. workforce mobility, and the occurrence of structural unemployment. Map 2

Map 2 – Globalisation vulnerability index, 2020



Source: European Commission, 2008.

shows that the regions most vulnerable to the effects of globalisation are those located in the southern and eastern parts of Europe, their vulnerability mainly being due to reliance on low-value-added economic activities, an unskilled workforce and difficulties in attracting investment or in keeping firms in their region.

- Structural economic changes occurring as a result of the severe financial and economic crisis and the associated recession hitting the developed world. The magnitude of the economic and financial crisis, in terms of job losses, became evident in the 2009 Eurostat statistics, according to which unemployment rates in 2009 rose dramatically compared to 2008 rates; this is a general trend for all EU MS⁵ and for the EU27 as a whole.
- Prevailing societal changes such as population ageing (B.3).

⁵ The only exception, at national level, is the Grand Duchy of Luxembourg, whose unemployment rate was stable at 5.1% both in 2008 and 2009.

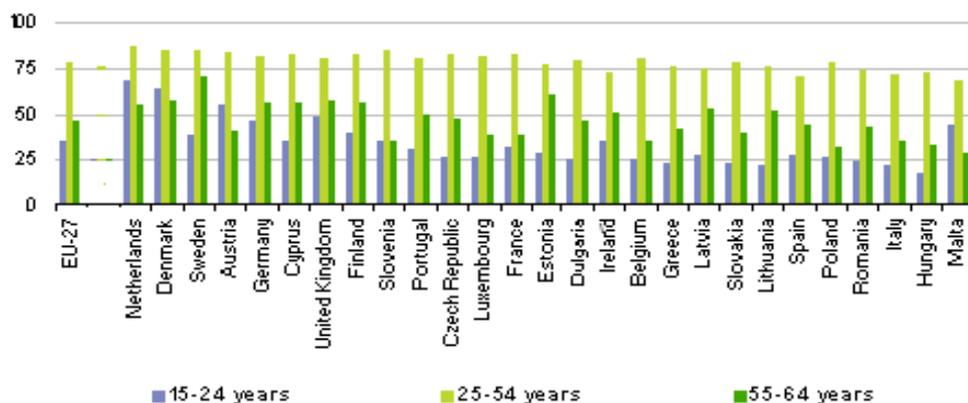
B.3 The impact of population ageing on local and regional labour markets

Population ageing affects local and regional labour markets in quantitative and qualitative terms as it determines the supply and demand side of local/regional employment and the composition of the workforce. In an empirical analysis of the influence of an ageing work force on unemployment rates at the regional level in Germany, Ochsén (2009) demonstrates that regional unemployment rates increase when the ratio of young to old workers increases. Reasons for this may lie either in the supply side, as young people tend to move to areas with comparatively low unemployment rates, or in the demand-side, as firms may prefer to employ younger workers; it is also clear that job destruction is higher in regions where there is a prevalence of older workers.

2.1 EU27 situation and projections

Taking the employment rate of people aged 55-64 vs. that of the total population provides information on the potential number of ‘older workers’, since this age-class is considered the oldest segment of people of working age, the latter conventionally set at 15 to 64 years. Within the EU27 at national level, this rate ranges from 10% in Ireland and Lithuania to 14% in Malta and Finland; regional variation is wider, ranging from 7% in Inner London to 16% in Itä-Suomi.

Chart 6 – Employment rates by age group, 2009, percentage



Source: adapted from Eurostat [Employment statistics](#).

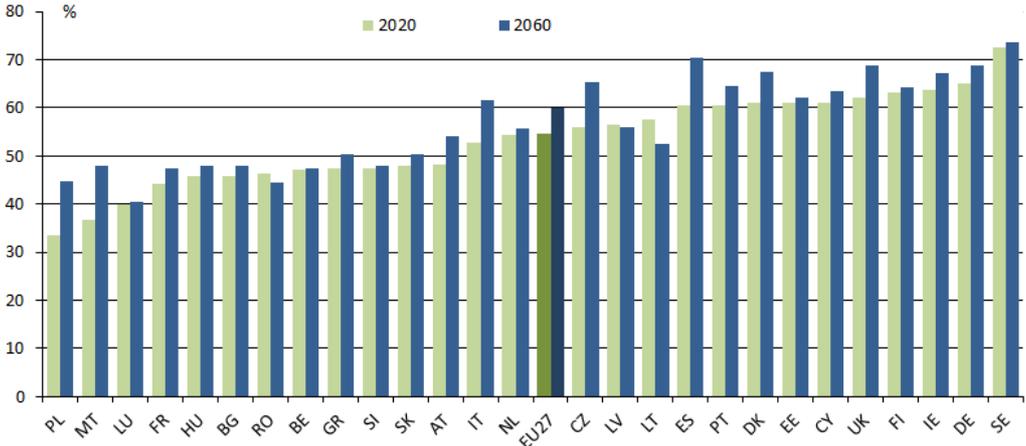
Chart 6 shows the employment rate of the three main age groups in 2009, as a percentage of the national employment level. In all MS, the highest levels of employment can be found in those aged between 25 and 54 years. Overall, employment of older workers (55 - 64 years) is higher than that of the young (15

- 24 years), with exceptions recorded in Austria, Denmark, Malta and the Netherlands. Slovenia shows an employment rate which is similar for young and older workers.

Projections on employment rates in the EU27 indicate a rising trend. In particular, ‘...the overall employment rates (of people age 15 to 64) in the EU are projected to increase from 65.5% in 2007 to 69% in 2020, and to almost reach 70% in 2060.’.... ‘The employment rate for older workers will increase..... from 44.9% in 2007 to 54.5% in 2020 and further to 59.8% in 2060.’⁶

Chart 7 shows projections for the employment rate of the 55-64 years age group. Some major trends may be identified: (i) on average, the employment rate of older workers is projected to increase in all MS with the exception of Romania, Latvia and Lithuania; (ii) a substantial increase is expected in Poland, Malta,

Chart 7 – Employment rate projections, age group 55-64 years, 2020 and 2060, percentage



Source: ‘The 2009 Ageing Report’ - European Commission (DG ECFIN) and the Economic Policy Committee (AWG) (2008).

Austria, Italy, the Czech Republic, Spain, Denmark and the United Kingdom; (iii) in 2020, 15 countries will meet the European Employment Strategy target of at least 50% employment of older workers; and (iv) in 2060, 9 MS will still have an older-worker employment rate of below 50%.

⁶ European Commission (DG ECFIN) and the Economic Policy Committee (AWG) (2008).

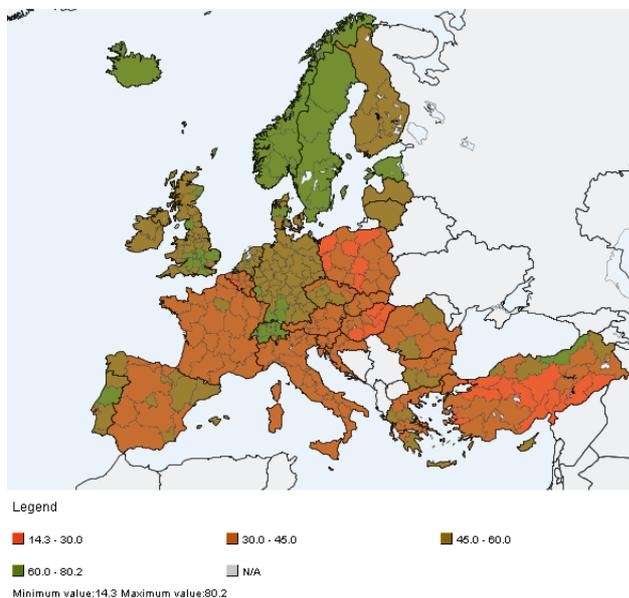
2.2 Regional data and labour market-related challenges for LRAs

The employment rate for older workers is generally higher in northern regions than in southern ones, although there are several exceptions in Portugal, Spain, and Greece (Map 3). However, the labour market participation of the 55-64 years age group varies greatly between regions.

Unemployment rates rose between 2008 and 2009 in 90% of the 271 NUTS2 regions of the EU27, but the number of older workers (55-64 years) decreased in only 87 NUTS2 over the same period, in particular in Bulgaria (4), the Czech Republic (6), Denmark (3), Ireland, Greece (4), Spain (11), France (7), Latvia, Lithuania, Malta, Austria (4), Finland (3), Sweden (5) and the UK (22).

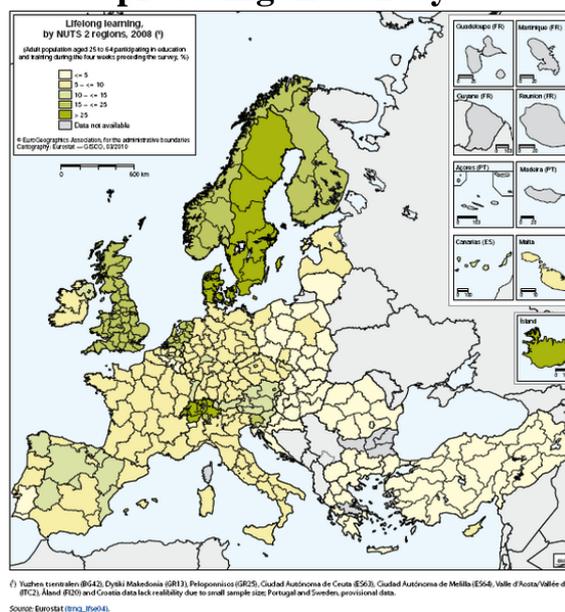
Among the major implications expected from the current restructuring process of regional economies is an increasing importance of services and, more specifically, of knowledge-based and knowledge-intensive services associated with a shift from low-skilled to higher-skilled employment (Haahr *et al.*, 2006). In this context, lifelong learning, enabling workers to adapt and maintain their employability, becomes crucial. Interestingly, data on lifelong learning shows limited regional variation (Map 4).

Map 3 – Employment rate of older workers, NUTS2, percentage, 2009⁷



Source: map generated with Eurostat software on the basis of Eurostat data. Last data update: 16/2/2011. Date of creation of the map: 28/2/2011.

Map 4 – Lifelong learning, by NUTS2 regions, 2008, expressed as a % of the adult population aged 25 -64 participating in education and training during the four weeks preceding the survey



Source: Eurostat [‘Education statistics at regional level.’](#)

Participation in lifelong learning is high in Denmark, the Netherlands, Slovenia, Finland, Sweden and the United Kingdom, without regional variation, although *‘Within countries, the highest rates of participation in education and training are often found around the largest cities...’* (Eurostat, 2010).

There is a marked gender dimension in the employment rate of older workers. Employment of older male workers is higher than that of their female counterparts. On average, at EU27 level, 58% of employed older workers are male and 42% are female, but at NUTS2 level, such differences vary greatly. The most significant variations of employment rates between men and women are found in Malta, Warminsko-Mazurskie and Opolskie in Poland, and Kentriki Makedonia in Greece, where the share of older male workers ranges from 80% to 71%. On the other hand, Estonia, Latvia and Picardie and Poitou-Charentes in France have the largest share of older female workers (58%, 57%, 56% and 55% respectively).

⁷ Clusters in the map have been created according to the average 2009 employment rate of older people in EU27 (46%), according to European Commission, DG for Employment, Social Affairs and Equal Opportunities (2010).

According to the above data analyses, the main challenges associated with the employment of older workers include: (i) mitigation of the impact on the most vulnerable categories of workers of significant factors such as economic recession and the rapid transition to a knowledge-based or knowledge-intensive society leading to an rising demand for skilled work force; (ii) the need to retain older workers in the labour market due to the decrease in the active population and also as a consequence of changes in population dynamics; (iii) consideration of flexible mechanisms to adapt working conditions to an older workforce; and (iv) prevention of the poverty risk for vulnerable groups of workers.

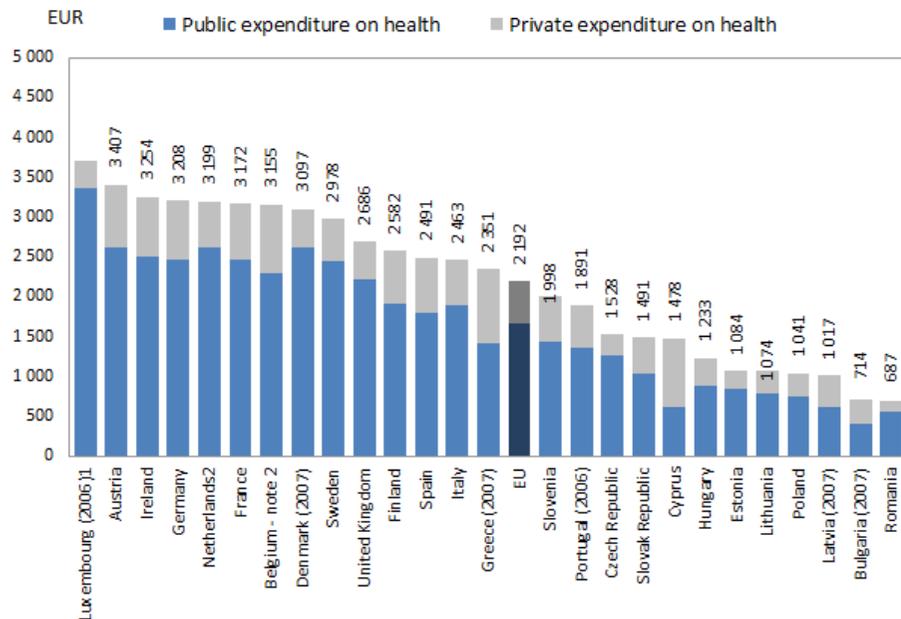
3. Access to social services (health and long-term care)

Access to social services is examined with respect to a number of determining factors, including: health care expenditure, the number of professionals available and progress in the uptake of eHealth. However, the complexity of the institutional framework for health and social systems across the EU MS and the fact that within these systems LRAs may have different levels of accountability on health and social matters, depending on the extent to which powers and responsibilities are decentralised, mean that these factors can only be taken as proxy to a broad understanding of the level of access to services.

3.1 EU27 situation and projections

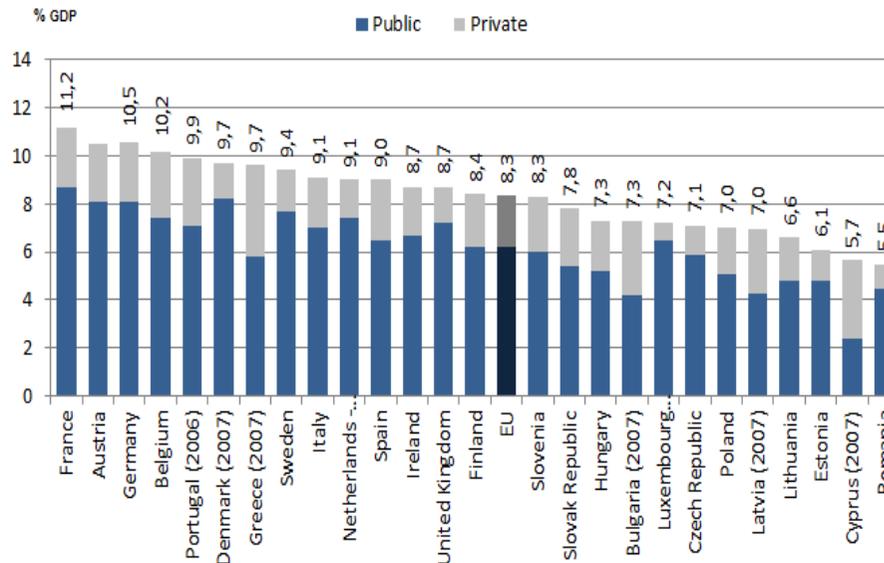
According to OECD data, in 2008, the highest total (public and private) per capita spending on health was in Luxembourg and Austria, followed by Ireland, Germany, the Netherlands, France, Belgium and Denmark, all spending more than 3 000 EUR per person. Countries spending below the EU average of 2 192 EUR per capita include the new MS and Portugal (Chart 8). Public expenditure is higher than private expenditure in all countries but Cyprus; however, in Bulgaria, Greece and Latvia, private expenditure is about 40% of total expenditure. As a percentage of GDP, the largest share is spent by France (11.2%), followed by Austria, Germany and Belgium, all allocating more than 10% of their GDP to health (Chart 9). All new MS, together with Luxembourg (7.2%), have lower allocations than the European average of 8.3%.

Chart 8 – Public and private health expenditure per capita, 2008



Source: adapted from OECD data (2010).

Chart 9 – Total (public and private) health expenditure as a share of GDP, 2008



Source: adapted from OECD data (2010).

It is observed that *'health spending per capita grew more quickly than GDP per capita between 1998 and 2008, resulting in an increasing share of the economy devoted to health in most countries'* (OECD, 2010). Moreover, as a consequence of the economic crisis and recession, the ratio of health expenditure to GDP rose sharply in 2008, compared to 2007, further to contracted economic growth alongside constant or increasing expenditure on health. OECD projections expect public expenditure on health and long-term care as a share of GDP to increase in the long run, and even to double, on average and across OECD countries, over the 2005 – 2050 period.

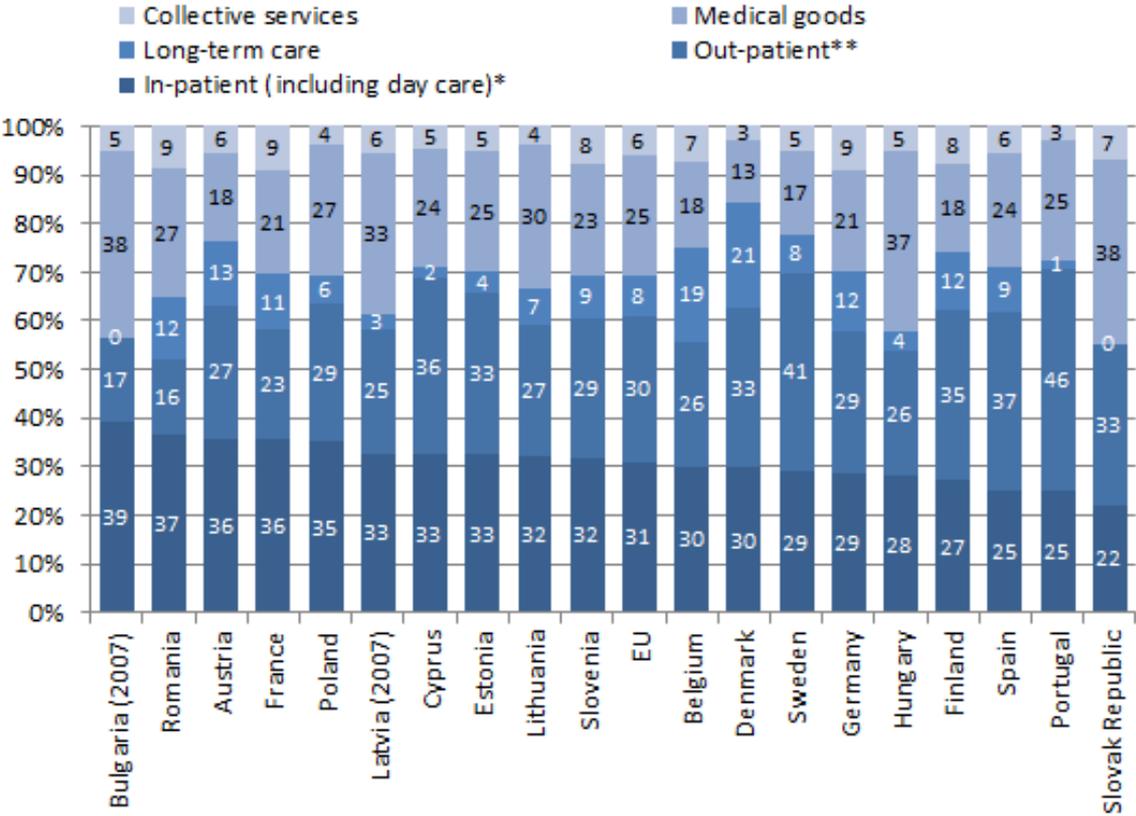
Along the same lines, EC data also forecast an increase in health expenditure. In the light of current demographic and social changes, the European Commission DG for Economic and Financial Affairs recently published the results of a major exercise predicting public health care expenditure, aimed at identifying suitable policy responses based on the view that healthcare expenditure significantly impacts on public finances. Projections, however, are not only based on demographic assumptions but also on a series of other forces driving spending, which are related to both the supply and the demand side of health care provision. Among these driving forces are: people's health status, social determinants of health (environment and living conditions), health behaviour and rising incomes, on the demand side; and technological development, medical research, resource (human and financial) input, market competition and insurance schemes, on the supply side. Different scenarios were developed as sensitivity tests on the impact of individual factors, together with a 'reference scenario' based on a set of limited and relatively well-known factors mostly related to the demand side (demographic changes, health status, and income elasticity). According to this reference scenario, in 2060 there will be an *'average growth in public health care spending of 1.7% of GDP in the EU27 Member States, which equals approximately 25% of the initial (2007) level. The relative percentage increase varies considerably across countries, from 11% in Sweden and 15% in France to as much as 45% in Slovakia and 71% in Malta. The relative increase is on average slightly higher in the EU12 (30%) than in the EU15 countries (23%)'*.⁸

With regard to the allocation of health spending across the different types of health services and goods, there are large differences between countries. Factors underlying such differences include institutional arrangements for the delivery of services, availability of resources (infrastructure, personnel) and the degree of access to new technology.

⁸ European Commission, DG Economic and Financial Affairs (2010a) where the assumptions made for the 'reference scenario' are also explained.

As shown in Chart 10, Denmark and Belgium have the highest shares of expenditure allocated to long-term care (21% and 19%, respectively), implying that formal arrangements are in place for the care of the elderly; where such arrangements are of a more informal nature, long-term care expenditure accounts for smaller shares, as is the case for Portugal (1%).

Chart 10– Health expenditure by function, 2008



Source: adapted from OECD data (2010).

Public spending on long-term care is also projected to increase by 1.1% of GDP by 2060, due, among other things, to the increasing size of the older segments of the population, changes in family structure, the increasing proportion of female workers and increasing mobility, i.e. factors potentially impacting on the availability of informal care (European Commission, 2009).

Besides the financial input, quantifying human input may contribute to an understanding of the way healthcare is provided to the public. In particular, the number of healthcare staff provides an indication of the resources available for healthcare provision. Data on healthcare personnel show significant variation across MS. For example, the number of ‘nurses and midwives’ ranges from 344 per 100,000 inhabitants in Greece to 1,486 per 100,000 inhabitants in the Netherlands; and the number of physicians/doctors ranges from 216 per 100,000 inhabitants in Poland to 555 per 100,000 inhabitants in Greece ([Eurostat data](#)

[online](#)).

Technological developments and, more precisely, ICT applications for health (or ‘eHealth’) may substantially change the way health services are delivered, contributing to: (i) increased efficiency in the delivery process; (ii) a reduction in hospital stays; (iii) increased potential for remote long-term care; (iv) increased access to services and therefore reduced health inequalities; and (v) improved quality through a reduction in the number of mistakes, the rationalisation of procedures and processes and steps to ease the administrative burden on health professionals.

Countries that spend a larger share of their GDP on healthcare generally have a longer history of national authorities prioritising the implementation of eHealth solutions.⁹ The main exception is Romania which, although it has the lowest level of healthcare expenditure in the EU, published its first national IT health strategy as long ago as 1991. Other countries which made eHealth solutions an objective of their healthcare system early on (in the nineties) include Denmark, Finland, France, Germany, Belgium and the Netherlands. Of the 27 EU MS, 11 implemented an eHealth strategy in 2005 or 2006. Cyprus only adopted a national eHealth plan for the first time in 2008.¹⁰

3.2 Regional data and social services-related challenges for LRAs

The number of healthcare staff per region varies greatly across the EU. Tables 2 and 3 show the ten regions with the highest and the lowest number of physicians/doctors and ‘nurses and midwives’ per 100,000 inhabitants. Several capital regions have a high number of doctors, with Belgium featuring three NUTS2 regions among the highest ten. The lowest number of doctors is found in Polish and Romanian regions. Nurses and midwives are most numerous in several regions of the UK, while the lowest numbers are in nine regions of Greece and in Brussels.

⁹ European Commission, DG Information Society and Media (2007), [eHealth ERA country reports](#) website.

¹⁰ Committee of the Regions (2011).

Table 2 – Regional highest and lowest number of physicians/doctors per 100,000 inhabitants, 2008

Liguria	680,5	Sud-Vest Oltenia	191,3
Praha	656,0	Podkarpackie	187,9
Bratislavský kraj	652,5	Vzhodna Slovenija	185,1
Lazio	651,7	Opolskie	184,1
Prov. Brabant Wallon	650,9	Lubuskie	181,5
Wien	641,6	Warminsko-Mazurskie	178,8
Aragón	601,3	Nord-Est	175,3
Région de Bruxelles-Capitale / Brussel	592,3	Wielkopolskie	168,1
Prov. Vlaams-Brabant	527,5	Sud-Est	154,5
Lisboa	527,1	Sud - Muntenia	127,3

Table 3 – Regional highest and lowest number of nurses and midwives per 100,000 inhabitants, 2008

Praha	1290,5	Région de Bruxelles-Capitale / Brussel	323,6
Northern Ireland (UK)	1180,5	Anatoliki Makedonia, Thraki	301,5
London	1067,7	Dytiki Ellada	269,0
North Eastern Scotland	1061,3	Kentriki Ellada	255,5
Limousin	1040,4	Voreio Aigaio	249,2
Yorkshire and The Humber	1026,9	Dytiki Makedonia	245,9
West Midlands (UK)	980,8	Peloponnisos	227,9
Provincia Autonoma Bolzano/Bozen	939,1	Ionia Nisia	220,3
Wien	935,8	Notio Aigaio	195,0
Midi-Pyrénées	933,6	Sterea Ellada	133,7

Source: Data from Eurostat. Last data update: 1/2/2011.

According to an inventory compiled for the Committee of the Regions on eHealth initiatives undertaken by LRAs¹¹, countries with centralised healthcare systems invest more in ‘Support initiatives’ on a local and regional level than countries with a more decentralised healthcare system, ‘support initiatives’ being fostered in 43% of the cases (as compared to 34% in decentralised and 30% in partially decentralised systems). Provision of ‘services’ represents a significant share of the initiatives undertaken in ‘partially decentralised’ and ‘decentralised’ healthcare systems (40% and 32%, respectively). ‘Health knowledge infrastructure initiatives’ are undertaken almost to the same extent in centralised and decentralised healthcare systems (19% and 21%, respectively), while ‘IT infrastructure’ is more developed in centralised systems than in decentralised ones (19% of initiatives vs. 13%, respectively).¹²

¹¹ Committee of the Regions (2011).

¹² *Service Initiatives*: Services addressing wellness and disease management; *Support Initiatives*: Support activities for management, administration, logistics and supply of health-related goods and services; *Health Knowledge Infrastructure Initiatives*: Health knowledge infrastructure, medical education, medical research and clinical trials, and collaboration platforms; *IT Infrastructure Initiatives*: IT infrastructure development.

Main challenges relating to health care and long-term care are not only determined by demographic changes and the financial implications thereof for public expenditure, but also by the often poor financial situation of elderly people (see chapters 4.1 and 5.1 for information on the at-risk-of-poverty rate for older people and some general considerations on pension systems). These challenges include: (i) increasing public health expenditure for health and long-term care as a consequence of the increased number of people requiring such care, increased life expectancy and increasing demand for long-term care, as well as the decreasing number of ‘active’ individuals; (ii) increasing demand for (quality) services; and (iii) a lack of staff for the provision of services (B.4).

B.4 Need for more demand-driven workforce in social care

The increasing need for social care services is reflected in the increase in people employed in health and social care: *‘In the EU-27, over 21 million people are employed in health and social services. This represents an increase of 24% since 2000 and 10% of the total workforce in 2009. And despite the crisis, employment in the sector continued to grow in 2009’*. Employment levels in health and social care range from over 18% in Denmark to 4% in Cyprus and Romania, and are, in general, higher in northern and western parts of Europe. Most of the care workers (78.5%) are women, and many are migrants. The research by Cedefop concludes that the sector needs to be more demand-driven by market-based mechanisms and that, rather than specialised staff, generic competences are needed. *Source: Cedefop, 2010.*

4. Mobility and accessibility of transport

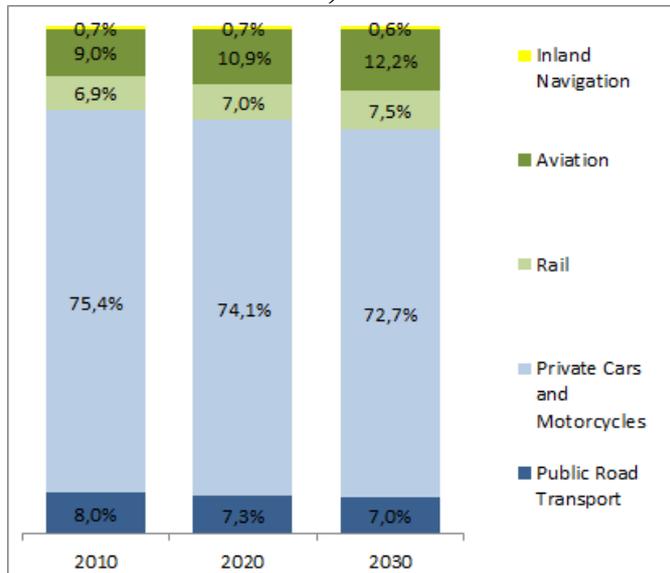
Population ageing is expected to change mobility patterns. The coming years will see the ageing of generations used to travel-intensive lifestyles; it may therefore be expected that, depending on their individual financial means and health status, these generations will try to maintain high mobility levels also in their later life. This has several implications for the transport system, such as: a higher demand from the elderly for collective forms of transport, commercial individual transport (such as taxis) and technology-assisted car driving; the increased relevance of safety issues; a rising need for accessible public transport and infrastructure (such as longer times at traffic lights for road crossing, and limited walking distance to and from stops); an increasing need for the provision of medical and special support services at airports and railway stations.

4.1 EU27 situation and projections and common challenges for LRAs

Changes in the EU population age structure will impact on mobility. Most of the data on transport are available at European or national level and do not distinguish between passenger age groups or vehicle owner age groups. Only data on road fatalities are available by age group at national level. However, overall, the data confirm people's increasing mobility, with the use of air transport constantly on the increase; more specifically, growth in air travel in the decade *'to 2008 has been greater than in any other mode (37%) and in 2008 could add as much as 10% to the overall demand for passenger transport'* (EEA, 2011a).

Private cars and motorcycles are the most sought-after mode of transport, followed by air, public road and rail transport, as well as, with a very small share of the demand for transport, inland navigation (Chart 11).

Chart 11 – Outlook for demand for passenger transport, by mode, 2010, 2020, 2030, EU25



Source: EEA [Trends and outlook for the demand for transport in the different modes of transport](#).

2008, and fell by around 20% in the EU12 during the same period (EEA, 2011a).

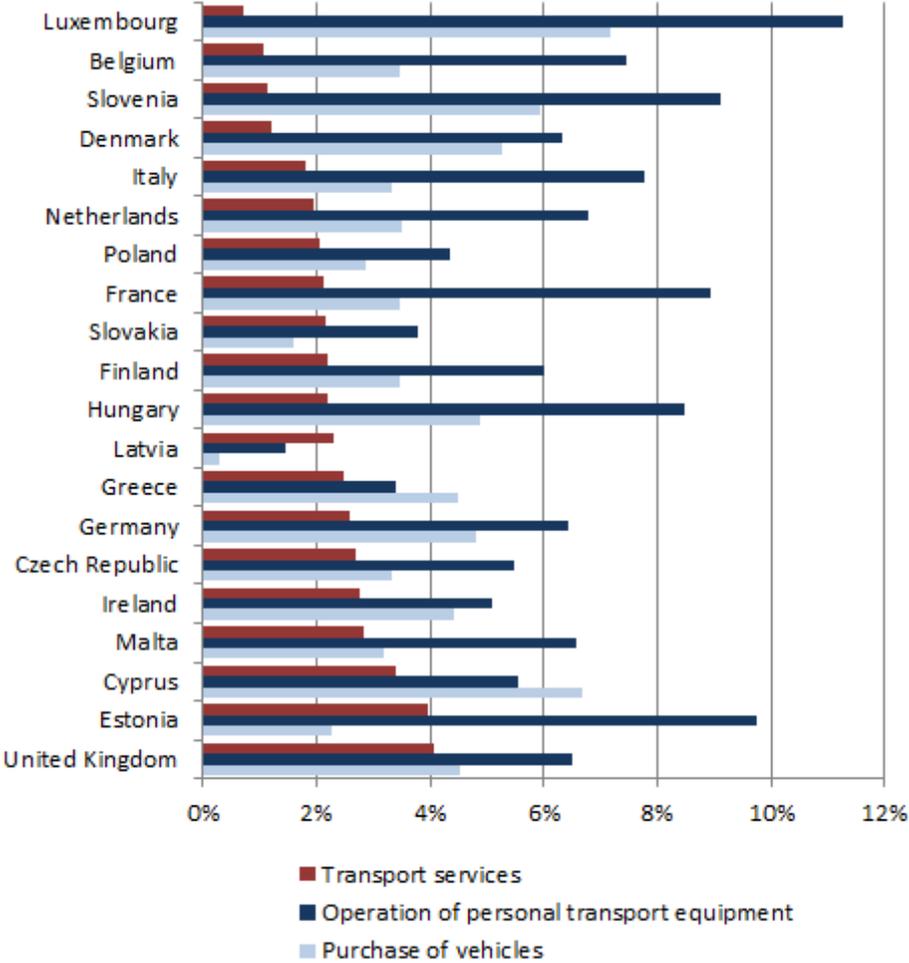
Older people are expected to ‘*compose a larger share of the driving population than in the past*’ (Tetraplan A/S *et al.*, 2009), with women substantially increasing car and driving license ownership. Over the 2005-2009 period, car ownership increased in all EU countries except for Cyprus. Increases are in the range of 1-5% for EU15 countries and higher for EU12 countries, with peaks of +22% in Romania and +24% in Bulgaria.¹³ According to the IEA/SMP Transportation Model (EEA, 2010), car ownership is projected to increase by 46% over the 2000-2050 period in OECD Europe.

Mobility has a cost. Chart 12 shows the level of expenditure on personal mobility as a share of household expenditure, with data ordered by increasing expenditure on transport services. The cost of transport services is a factor that needs to be taken into account by public authorities, as an increasing proportion of older people live alone as a result of changes in family structures, relying on individual incomes or pensions; additionally, elderly people ‘*face a higher risk of poverty than the total population*. In 2008, the at-risk-of-poverty rate for those aged 65 years and over was 19% in the EU27. The highest rates were

¹³ EEA dataset, indicator TERM32, specified source: TREMOVE v3.3.1.

observed in Latvia (51%), Cyprus (49%), Estonia (39%) and Bulgaria (34%), and the lowest in Hungary (4%), Luxembourg (5%) and the Czech Republic (7%).’ (Eurostat, 2010).

Chart 12 – Expenditure on personal mobility, share of total household income, 2008



Source: EEA, 2011b.

Population ageing will also have implications for safety, as age-related constraints cause functional limitations while driving. Data (Charts 13 and 14) show that older drivers (65 years or over) have a relatively high fatality rate, probably due to their physical vulnerability. Older drivers’ fatality rates are above 1 in 4 in Malta, the Netherlands and Austria; while in Malta fatalities occur only in the urban setting, in the Netherlands and in Austria fatalities are more frequent in rural areas, as is the case in Spain and France. Italy has the highest number of fatalities for older drivers, followed by Germany, France and Poland.

Chart 13 – Road fatalities for people aged 65 or over, 2009*

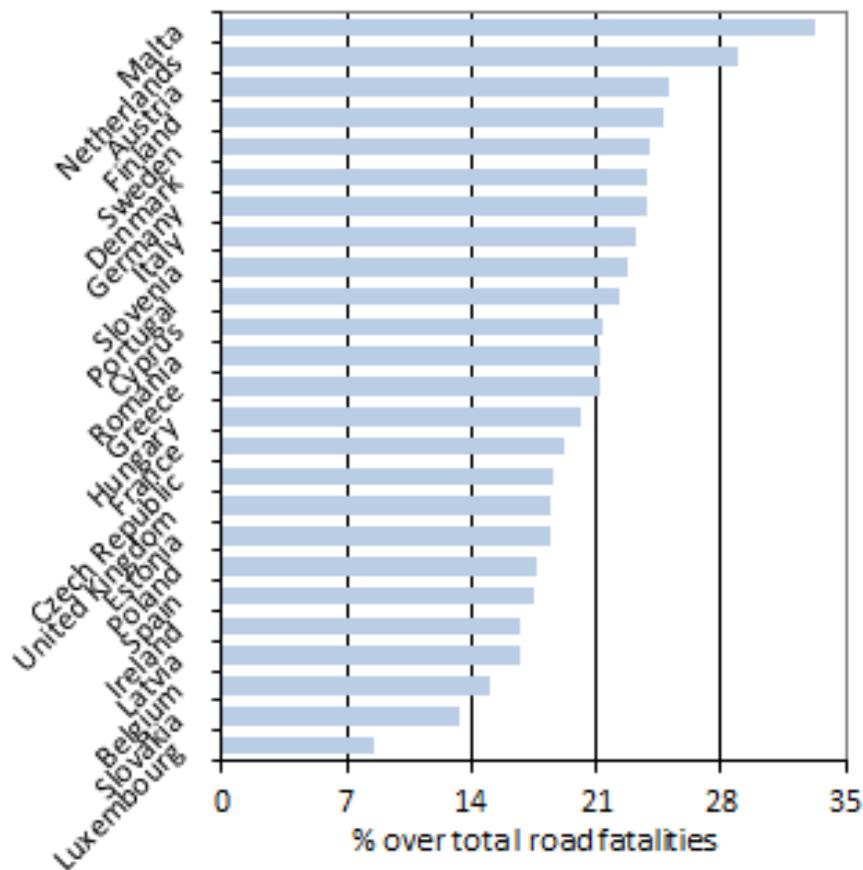
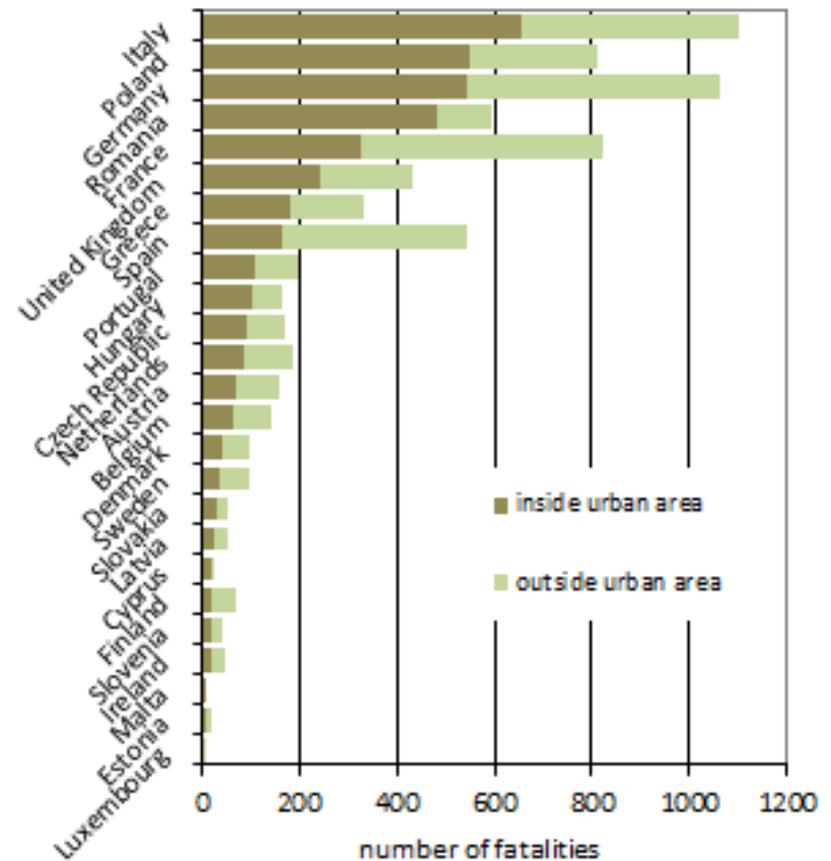


Chart 14 – Distribution of road fatalities in urban and rural areas, for people aged 65 or over, 2009*



Source: CARE database. *Note: 2008 for BE, DK, DE, IE, GR, ES, FR, IT, LV, LU, PT, SE; 2004 for CY. Last data update: 2010.

Main challenges relating to mobility and transport for the elderly relate to (i) accessibility of transport facilities; (ii) availability of transport in less-serviced areas such as rural and peripheral areas; and (iii) demand-driven public transport systems for an increasing share of ageing customers.

5. Adapted housing for the ageing population

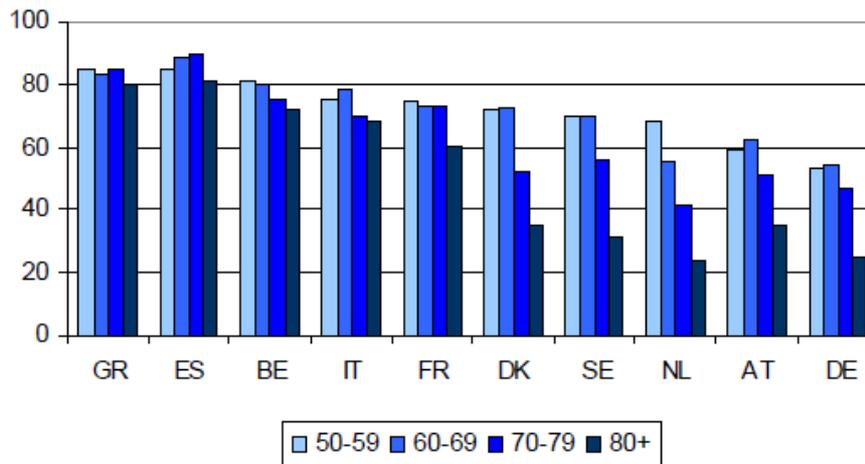
The most comprehensive information on adapted housing is sourced from a report produced in 2007 by the UEPC - European Federation of Housing and Building Companies - and the German Federation of Independent Property and Housing Companies. Apart from scattered information that may be gathered from national reports, no other comprehensive overviews are available; statistics are produced for the EU27 on housing stock, but do not distinguish between adapted, non-adapted and potentially adaptable houses. Additionally, adaptation is often intended for impaired or disabled people, but 'senior housing' nonetheless has different scopes and features and needs to be considered as a separate category.

5.1 EU27 situation, national data and common challenges for LRAs

According to the UEPC report, *'The segment of barrier-free housing or housing adapted to the needs of senior citizens accounts for an average market share of approximately one percent of the entire housing stock in European countries and the trend is growing. In Germany the proportion of homes suitable for the elderly is approximately one percent, whereas Belgium and the Netherlands dominate with shares of two and five percent.'* Further, in the Netherlands, 50% of new houses are designed and constructed as 'adaptable' according to existing regulations. The study, based on a survey of 12 EU countries plus Turkey, reports that barrier-free or low-barrier accommodation adapted to the needs of the elderly exists in Austria, Belgium, Finland, France, Germany, Great Britain, Italy, the Netherlands, Poland and Sweden, while it is still lacking in Romania and Latvia. There are two main models of adapted housing: in-patient nursing units or 'care models', and housing communities, and 'housing models', the latter being established within normal residential environments slightly adapted to the needs of the elderly and associated with the provision of a certain level of services. Adaptation is reported to be *'subsidized by national governments directly or under tax law'* and, usually, when support from public authorities is provided, there are regulations which have to be complied with during construction/adaptation.

Adapted housing or housing for the elderly is considered a potentially important market that is developing as a consequence of population ageing. According to the UEPC study, in order to cope with raising demand, initiatives by developers will have to come in addition to public efforts.

Chart 15 – Owners by age group



Source: Vienna Institute of Demography and Austrian Academy of Science (2010).

Among the factors that may drive the development of adapted houses, besides policies and public incentives there is housing ownership and the income level of older people. In general, statistics show that the older the people, the lower the share of housing ownership, with differences across the age groups being greater in northern countries than in southern Europe (Chart 15). As mentioned in section 4.1, almost 1 in 5 individuals aged 65 or over is at risk of poverty. Over the 2007-2009 period, the average at-risk-of poverty rate for people aged 65 years or over decreased by 2.4% at EU27 level; however, this average decrease corresponds to a decrease in the EU15 countries (from 20.2% in 2007 to 17.8% in 2009) and an increase in EU12 countries (from 16% in 2007 to 17.9% in 2009).

Elderly people living alone are amongst the most vulnerable categories in economic terms, and within that group, women *‘are particularly at risk of poverty, due to the fact that retirement pensions for women are significantly less generous than for men. Moreover, women have shorter careers and earn less during their working lives...’* (European Social Housing Observatory, 2008). The number of older people living alone is projected to increase significantly over the next decades; more specifically, the number of people aged 60 years or more living alone is expected to increase from 32.3 million in 2001 to around 51.6 million in 2050; most of these elderly people living independently will be located in EU15 MS (Table 4). A sharper increase is expected in the number of people aged 80 years or more living alone, from 6.1 million in 2001 to 22.5 million in 2050.

Table 4 – Older people, total and singles, in 2001 and 2050, millions

	2001		2050	
	Total	Singles	Total	Singles
	60 +			
EU-27	111.5	32.3	170.9	51.6
EU-15	90.2	26.8	135.8	42.0
EU-12	21.2	5.5	35.0	9.6
	80+			
EU-27	13.0	6.1	48.8	22.5
EU-15	10.8	5.2	39.9	19.1
EU-12	2.2	0.8	8.8	3.4

Source: 2001 Eurostat Population Census, 2050 DIW calculation using EUROPOP2008 convergence scenario.

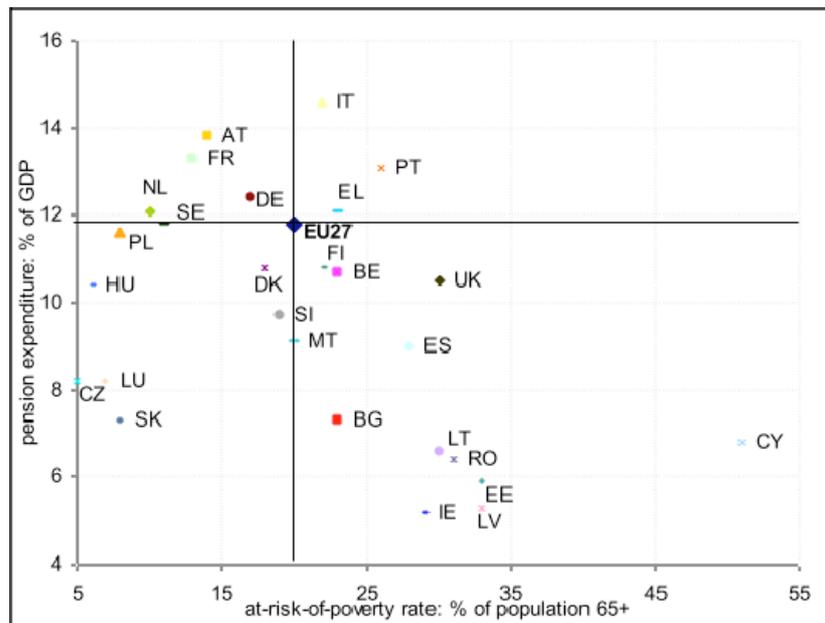
Source: European Commission, DG Employment, Social Affairs and Equal Opportunities, 2009.

The wealth of current and future pensioners depends greatly on the impact of current pension system reforms across the EU. The overall reform process is complex due to the fact that it is country-specific, although rooted in a common EU framework for policy learning (the Social Open Method for Coordination) and for fiscal policy (the Stability and Growth Pact). In addition, the financial crisis and economic downturn further stressed the need to strike the right balance between public pay-as-you-go (PAYG) systems and supplementary collective or private schemes, i.e. across the three main conventional pillars of pensions.¹⁴

A few major challenges being addressed by pension reforms, as highlighted in the 2010 Joint Report on Pensions, are summarised in B.5. Reforms are carried out at national level, although local and regional authorities may contribute to efforts to mitigate the risk of vulnerable categories of people falling into poverty by incentivising supplementary pension funds.

¹⁴ Developed by the World Bank, the following pillar structure acts as a point of reference in the European debate: first pillar – public pay-as-you-go (PAYG) pensions; second pillar – private occupational pension schemes; third pillar – private individual pensions.

Chart 16 - At-risk-of-poverty rate of people aged 65+ and pension expenditure in EU Member States, 2007



Source: European Commission, DG Economic and Financial Affairs, 2010b

In Chart 16, a comparison between national levels of poverty risk for older people with pension expenditure outlines the effectiveness of pension expenditure in combating poverty. Only a few countries achieve relatively low at-risk-of-poverty rates associated with low pension expenditure, but it should be noted that poverty levels take only monetary income into account, thus excluding house ownership, private savings and other non-monetary benefits such as subsidised or free health care; it should also be noted that, for example, low levels of expenditure may be a consequence of a significant increase in GDP, especially in EU10 countries, since expenditure is expressed as a share of GDP.

B.5 Some major challenges of European pension systems

Among the challenges addressed by pension reforms across EU countries are: (i) the extension of coverage to vulnerable categories such as farmers, the self-employed and women with low entitlements; (ii) steps to better gear the schemes to gender roles, for example by crediting caring years; or to changing labour markets, with more atypical careers and short-term contracts; (iii) the increase in minimum pensions and supplementary allowances; (iv) adjustments for periods of unemployment, lower contributions and poorer returns on the financial market – especially as a consequence of the ongoing financial crisis – mostly impacting on the currently active population and its pension rights. *Source: European Commission, DG Economic and Financial Affairs (2010b).*

Finally, besides economic considerations, the attitude of the elderly to changes and mobility (i.e. moving into new housing specifically designed from the outset to meet with ageing needs) should also be considered when planning the adaptation of housing: *‘some believe that elderly people should be allowed to keep living in their homes in order to avoid losing their connection to their own physical, social and psychological environment. For example, the UK strategy on ‘lifetimes homes’ aims to provide adaptable ‘homes for life’, (European Social Housing Observatory, 2008).*

Demographic changes and financial considerations are the main drivers of upcoming challenges for LRAs, namely: (i) an ageing population wishing to live as long as possible in their own home; (ii) the opening up of new employment and economic opportunities for both care providers and building companies; and (iii) potentially increasing inequalities in terms of quality of life between those elderly people who can afford to adapt their homes and those who cannot, due to an overall fragile nature of the target category in physical (possibly social and psychological) and often financial terms.

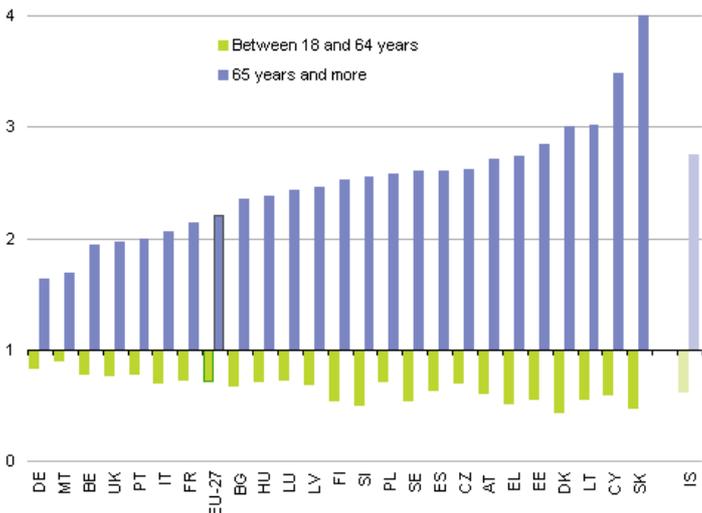
6. Participation in community activities

Information on the participation of older people in the activities of their local communities is available through the EU SILC – Statistics on Income and Living Conditions – survey. In 2006, a special module on social participation was included in the survey, gathering additional information.

6.1 EU24 situation, national data and common challenges for LRAs

Social isolation is found to increase with age; elderly people experience a decrease in the number of their friends over time, in parallel with a growing difficulty in establishing new relationships. In particular, *‘in two thirds of the countries, over 1 in 10 persons aged 65 or more have no friends or never meet them. This share increases to more than 1 in 4 in case of Hungary and Latvia, indicating that a large proportion of elderly people are isolated.’*, (Eurostat, 2010c). Chart 17 shows the ratio of those aged between 18 and 64 years and those aged 65 or over with no friends vs. the total population; this ratio is much higher for the older age group, with the highest values found in Slovakia, Cyprus, Lithuania and Denmark.

Chart 17 – Ratio of those with no friends compared with the total population, 2006



Source: Eurostat 2010c

On the basis of the information gathered through the 2006 EU SILC survey, we can see that, on average, almost 1 in 4 of people aged 65 years or more participates in religion-related gatherings; 1 in 5 participates in recreational

groups or similar; and only a few take part in political activities, although there are significant differences across countries. Cyprus and Poland have very high participation rates in religious-related events, 87% and 69% respectively, and interestingly, in these two countries the same high rates apply to all age groups; the lowest level of participation in religious events is found in France (2.3%) and Hungary (4.3%). The highest rates of participation in recreational groups are in the Netherlands (42.5%) and in the UK (37.9%), the lowest in Poland (1.7%) and Lithuania (2.5%). With regard to participation in political activities, rates throughout Europe are below 9%, with the highest rates in Denmark (8.2%) and Cyprus (7.3%), and the lowest in Lithuania and Greece (1.4% in both countries).

Table 5 – Participation in community activities, by age group and type of activity, 2006, in %

Churches and other religious organisations

	All	By age group		
		16-24	25-64	65+
Total	20.5	18.2	19.7	24.5
AT	13.6	8.5	13.8	16.9
CY	87.3	85.8	87.8	87.1
CZ	5.9	3.0	5.4	10.6
DE	15.4	12.4	14.5	20.2
DK	11.3	7.9	10.7	15.8
EE	5.3	2.4	4.9	8.9
ES	17.5	7.9	14.1	35.3
FI	15.8	12.1	14.5	22.8
FR	1.4	0.6	1.3	2.3
GR	29.1	20.1	29.1	34.5
HU	3.5	2.3	3.6	4.3
IE	49.0	41.7	48.4	62.6
IT	19.1	17.3	18.4	21.8
LT	21.0	13.5	20.3	30.4
LU	33.9	23.9	32.6	46.9
LV	8.9	5.6	8.2	14.0
NL	44.5	39.5	43.5	53.1
PL	68.7	68.9	68.5	69.2
PT	43.0	36.7	42.9	47.5
SE	19.6	13.8	19.0	24.4
SI	22.7	19.4	20.8	31.9
SK	35.9	33.9	34.5	44.1
UK	10.3	5.5	9.9	15.3

Political parties and trade unions

	All	By age group		
		16-24	25-64	65+
Total	4.2	2.2	5.0	3.0
AT	5.6	2.2	6.6	4.5
CY	8.3	6.7	8.9	7.3
CZ	2.5	0.7	2.7	3.4
DE	6.4	3.8	6.9	6.4
DK	12.9	13.4	13.9	8.2
EE	3.7	2.1	4.7	1.8
ES	3.7	1.1	4.8	1.5
FI	11.1	5.3	13.9	5.7
FR	2.7	0.4	3.5	1.6
GR	5.0	3.6	6.6	1.4
HU	3.2	1.1	4.0	1.9
IE	4.0	2.0	4.9	2.9
IT	4.0	2.7	4.9	2.1
LT	2.0	0.8	2.5	1.4
LU	4.7	2.3	5.5	2.9
LV	7.0	2.7	8.5	5.7
NL	4.3	3.5	4.5	4.3
PL	3.7	1.6	4.7	1.9
PT	2.8	2.5	3.2	1.5
SE	8.9	8.1	10.5	5.0
SI	5.3	1.9	6.3	4.1
SK	7.3	2.1	9.6	3.5
UK	2.4	1.9	2.7	1.9

Recreational groups and organisations

	All	By age group		
		16-24	25-64	65+
Total	20.4	25.0	20.2	18.3
AT	22.9	23.3	24.3	17.5
BE	33.0	42.5	32.0	29.7
CY	29.8	34.0	29.7	25.0
CZ	21.8	31.5	21.5	14.7
DE	21.3	29.0	20.0	20.6
DK	33.8	31.4	35.9	26.5
EE	14.6	21.8	14.6	9.3
ES	13.8	24.4	14.1	6.1
FI	38.3	42.6	40.0	29.6
FR	23.2	25.0	21.8	26.4
GR	8.2	16.2	8.1	4.1
HU	5.7	9.7	5.7	2.7
IE	35.1	38.4	36.0	25.7
IT	10.4	15.2	10.5	8.0
LT	6.7	15.6	5.6	2.5
LU	35.4	44.0	36.5	24.0
LV	3.9	5.8	3.5	3.4
NL	46.8	53.7	46.5	42.5
PL	5.9	11.8	5.4	1.7
PT	11.2	18.0	11.8	4.6
SE	37.1	42.5	39.2	28.7
SI	19.8	31.7	21.0	7.0
SK	19.5	39.7	19.8	6.0
UK	34.5	29.8	34.5	37.9

Source: European Commission, DG Employment, Social Affairs and Inclusion, 2009.

Some data collected through the SHARE project (Survey of Health, Ageing and Retirement in Europe) indicates that those aged 50 years or more are commonly involved in ‘informal’ activities such as volunteering, care of adults, child care, charity works or other social initiatives, although participation rates vary greatly across the 12 European countries surveyed.

Social exclusion is determined by various factors ranging from economic considerations to the structural organisation of the society, as well as technological development. The first challenge facing LRAs is that elderly people are highly vulnerable to isolation and that vulnerability is greater as a consequence of common trends across Europe such as decreasing opportunities for family care, changing family structures and a widening generation divide driven by the internet and new technologies. A poor financial situation may add to the above factors, making an exacerbation of the social divide within the generation of senior citizens a real risk.

7. The horizontal domain of ICT

IT availability and penetration may become a barrier within each of the policy areas considered. More specifically, it can be a constraint on: (i) regional and local economic growth, as well as access to life-long learning; (ii) access to eServices; (iii) technological innovation in mobility; and (iv) automation in the home, in housework and in rough household activity. Additionally, (v) the digital divide can make social exclusion more acute.

Table 6 – Regional highest and lowest % of households accessing internet through a broadband connection, 2010

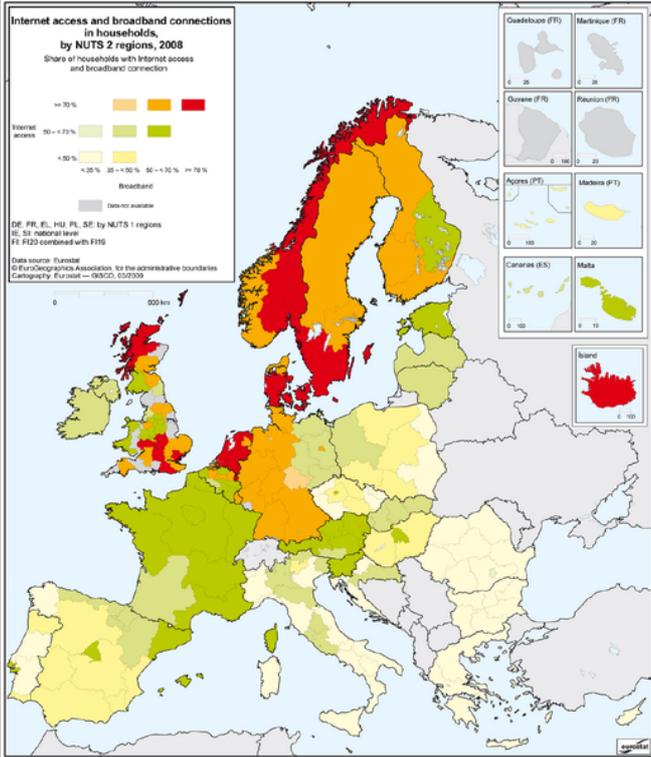
Stockholm	87
Noord-Holland	84
Utrecht	84
Sydsverige	84
Västsverige	83
Hovedstaden	83
Östra Mellansverige	82
Niedersachsen	81
Schleswig-Holstein	81
Drenthe	81
Inner London	81
Yuzhen tsentralen	24
Severozapaden	24
Sud-Est	23
Sud - Muntenia	23
Centru	23
Severen tsentralen	23
Vest	22
Yugoiztochen	22
Severoiztochen	17
Nord-Est	17
Sud-Vest Oltenia	15

Source: Eurostat. Data from 18/2/2011. Last data update: 4/2/2011.

Differences between regions in terms of IT availability and penetration are huge. Access to the internet ranges from 90% in Noord-Holland (the Netherlands) to 17% in Severozapaden (Bulgaria). Broadband access ranges from 79% in Groningen and Noord-Holland (both in the Netherlands) to 12% in Severozapaden (Bulgaria): *‘The six leading regions in terms of Internet access are all located in the Netherlands, whereas the six regions with the lowest share are located in Bulgaria and Greece.’* (Eurostat, 2010).

Household access to the internet through a broadband-type connection is highest in Swedish and Dutch regions and lowest in Romanian and Bulgarian regions (Table 6); in general, spatial patterns have been discerned, with higher values in the north of Europe than in the south, and higher in the centre than in the east and west (Map 5).

Map 5 – Share of households with internet access and broadband connection, NUTS 2, 2008



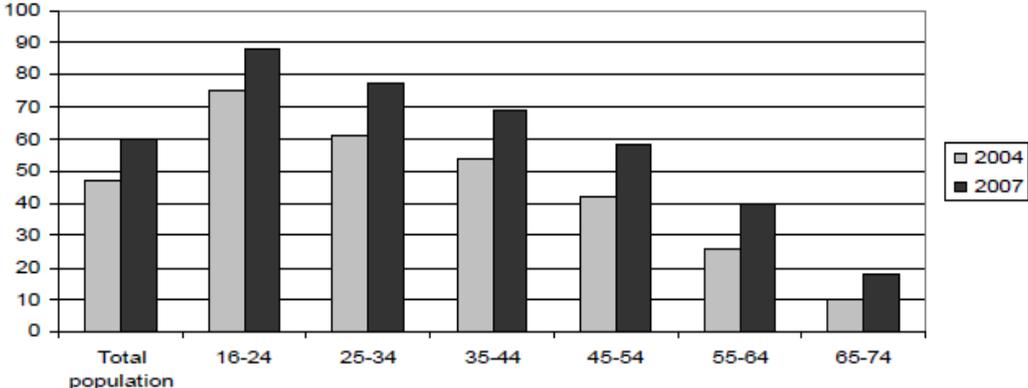
Source: Eurostat, 2010.

While the role of ICT is obvious in terms of eServices such as telemedicine and telecare, or house automation such as domotics, the impact of ICT on regional growth, productivity, and employment was recently researched by Barrios *et al.* (2008). These authors found that the ICT industry is concentrated geographically both in rich regions where it was originally clustered, and in less wealthy areas, including those located in new MS such as Poland, Slovakia, Slovenia and the Czech Republic, where, it has been noted, concentration has developed over the last decade. Although based on the evidence of limited empirical data, the ICT industry seems to be contributing to regional convergence and growth; additionally, the ICT sector has been found to have a higher share of educated people compared to other economic sectors, and to be attracted by the presence of local ICT SMEs and workers’ skills.

Finally, lack of digital literacy may increase social exclusion if it contributes, for example, to older workers dropping out early from the labour market or to an

inability to contact, communicate or associate with relatives or friends. Although the digital divide among generations is expected to lessen over time with the ageing of those currently familiar with new technologies, a trend of decreasing internet usage with age is nevertheless evident (Chart 18).

Chart 18 – Internet use by age group, EU27, 2004 and 2007, in %



Source: European Commission, DG Employment, Social Affairs and Equal Opportunities, 2009.

PART 2 – Developing a set of model regional approaches on active ageing

8. Typology of regions

8.1 Methodological approach: criteria considered

The proposed typology of EU regions has been outlined on the basis of four criteria:

1. Growth/innovation level (Navarro *et al.*, 2008).
2. Old age dependency ratio (Eurostat data).
3. Population crude growth rate (Eurostat data).
4. Prevalence of urban vs. rural population (EU methodology, derived from the OECD methodology).

Criteria 1: regional level of growth and innovation

In order to consider multiple variables contributing to economic development, an existing typology capturing the innovation level of a region, understood as the capacity to absorb and generate knowledge and to transform R&D into growth, has been considered. The typology is taken from Navarro *et al.* (2008) and is developed on the basis of 21 indicators, covers 25 EU MS and places great emphasis on employment, with six indicators relating to employment rates (total employment and employment in the main economic sectors – agriculture, livestock and fishing; industry; business and financial services; medium and high-tech services; and high-tech services); additionally, it considers an accessibility index and places emphasis on R&D (with five indicators) as well as education. Seven main types of regions are outlined within this typology:

- G1: Restructuring industrial regions with major weaknesses. These regions are usually hallmarked by high specialisation in manufacturing (with the exception of Estonia), with *‘low levels in tertiary education, life-long learning, accessibility, human resources in science and technology and expenditures on R&D’*.
- G2: Regions with weak economic and technological performance, mostly relying on the service sector (tourism) or agriculture. These regions have low income per capita, low accessibility, low population density and low *‘R&D intensity, tertiary education, employment rate, life-long learning and human resources in science and technology’*.
- G3: Regions with average economic and technological performance. This group encompasses a high number of regions, all from EU15 countries, with the exception of Slovenia, characterised by a wide range of productive structure (from industry to service or agriculture).
- G4: Advanced regions, with a certain amount of industrial specialisation. Historically based on the industrial sector, some of the regions belonging to this group have managed to *‘base their industry in medium-high and high-tech manufactures, with a strong development of R&D activities’*,

while others have converted their industry to new sectors. *‘On average, these regions have a high level of accessibility, high population density and high R&D expenditures’.*

- G5: Innovative regions, with a high level of economic and technological development. This is the smallest group and contains ten regions, all from the north of Europe. These regions have high level of education and life-long learning, high expenditure in R&D and high patent creation.
- G6: Capital-regions, with a certain amount of specialisation in high value-added services. This group encompasses national capitals from EU15 and EU10 countries (the so-called ‘re-invented capitals’ *‘considered as champions of the economic transition and engines of the economic activity’* of the new MS) with good economic development and a technological development level above the European average, mostly due to a high level of R&D. Regions *‘with a high concentration of private and public research activities and a high level of economic development’* also belong to this group: they have high density population and high income and education levels, with a certain amount of specialisation in high-tech services, financial and business services.
- G7: Innovative capital-regions. These regions are specialised in high value-added services. In this group are capitals and regions that have become ‘knowledge-hubs’. They *‘have high levels of income, tertiary education, life-long learning, accessibility, population density and patents’*, and high levels of R&D expenditure. *‘Their sectoral specialisation is in high-tech services and financial and business services, all of them acting as a support to innovation activities’.*

It should be noted that, by comparing the typology of Navarro *et al.* with the classification of regions according to the Convergence and Competitiveness and Employment Objectives, there is a relatively good correlation between G1 and G2 on one hand, and the Convergence regions on the other; and between G3 to G7 on one hand, and the Competitiveness and Employment regions on the other.

Criteria 2: old age dependency ratio

The old age dependency ratio is the ratio of the number of elderly people (65 years or over) to the number of people in the working-age population (i.e. 15-64 years old). It is an indicator of the extent to which the working-age population must support the older population. Higher values of the ratio may combine an increased proportion of older people with a decreasing proportion of working-age people. It is expressed as a percentage.¹⁵

¹⁵ For example, the EU27 average old age dependency ratio of 25.9% (Giannakouris K., 2010) means that 100 people of working age support almost 26 people aged 65 or over.

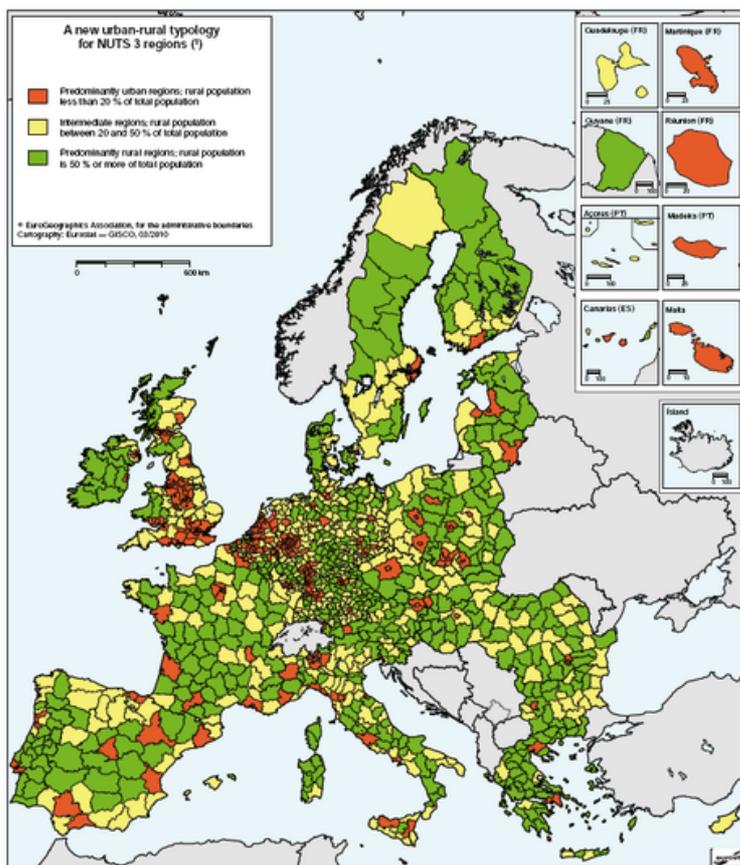
Criteria 3: population crude growth rate

The crude growth rate is the crude birth rate minus the crude death rate (or natural change) plus the total net migration rate, i.e. the difference between inward and outward migration flows. The crude rate of population growth is ‘*the ratio of the total population growth during the year to the average population of the area in question in that year*’.¹⁶ It is expressed per 1,000 inhabitants (%). The growth rate is an indicator for monitoring population size.

Criteria 4: prevalence of urban or rural population

To distinguish between regions on the basis of the prevalence of urban or rural populations, the typology developed by DG Agriculture and Rural Development, Eurostat, the Joint Research Centre (JRC) and DG Regional Policy has been used. This typology is based on a variation of the OECD methodology and

Map 6 - Urban-rural typology, NUTS3



(*) This typology is based on a definition of urban and rural 1 km² grid cells. Urban grid cells fulfil two conditions: (1) a population density of at least 300 inhabitants per km² and (2) a minimum population of 5 000 inhabitants in contiguous cells above the density threshold. The other cells are considered rural. Thresholds for the typology: 50% and 20% of the regional population in rural grid cells. For Madeira, Açores and the French outermost regions, the population grid is not available. As a result, this typology uses the OECD classification for these regions. Source: Eurostat, JRC, EFGS, REGIO-GIS.

Source: [Eurostat website](http://ec.europa.eu/eurostat).

provides a classification at NUTS3 level (Map 6). Three main classes are defined within this typology: (i) predominantly urban regions, with a rural population of less than 20% of total population (red areas in the map); (ii) intermediate regions, with a rural population of between 20 and 50% of total population (yellow areas); and (iii) predominantly rural regions, with a rural population of 50% or more of total population (green areas).

¹⁶ Eurostat, 2009.

8.2 *Outlining the types*

For the purposes of this report, the seven groups of Navarro *et al.* were initially aggregated into three groups as follows: (i) regions belonging to G1 and G2 characterised by weak economic development (WEAK); (ii) regions belonging to G3 characterised by average development (AVERAGE) and (iii) regions belonging to G4, G5, G6 and G7 characterised by strong development (STRONG).¹⁷

With respect to the old age dependency ratio, regions were divided into two groups: (i) regions with a ratio below the EU27 average of 25.9% (YOUNG); and (ii) regions with a ratio above the EU27 average of 25.9% (OLD).

With respect to the population crude growth rate, regions were divided into two groups: (i) regions with a negative rate or zero growth (DECLINE); and (ii) regions with a positive rate (INCREASE).

The developers of the urban-rural typology have argued that aggregation at NUTS2 level would change the typology substantially so, rather than the aggregation of data, the prevailing type of NUTS3 units was considered to classify a region type as ‘predominantly urban’ (U), ‘predominantly rural’ (R) or ‘intermediate’ (IN). In practice, for each region, NUTS3 units labelled PU (predominantly urban), IN (intermediate) or PR (predominantly rural) were counted and the most relevant label attributed to the region.

8.3 *Proposed typology of regions*

Table 7 summarises the proposed typology according to the criteria and approach presented in sections 8.1 and 8.2. Seven types of regions are distinguished within the proposed typology.

¹⁷ Bulgarian and Romanian regions, originally not encompassed in the Navarro typology, have been attributed to G2.

Table 7 – Proposed typology of regions

	Growth & innovation	Old age dependency	Crude growth rate	N° regions	Urban/rural
TYPE 1	STRONG	YOUNG	INCREASE	51	Prevalence of URBAN (30) regions and INTERMEDIATE (15) - few RURAL (6). Navarro group: 4,5,6,7
TYPE 2	STRONG	OLD	INCREASE	50	Prevalence of URBAN (22) regions and INTERMEDIATE (20) – few RURAL (8). Navarro group: 4,5,6,7
TYPE 3	AVERAGE OR WEAK	YOUNG	INCREASE	24	Prevalence of INTERMEDIATE (13) and RURAL (9). Two URBAN. Navarro group: 1,2,3
TYPE 4	AVERAGE OR WEAK	OLD	INCREASE	42	Prevalence of RURAL (31); then INTERMEDIATE (11). Navarro group: 2 and 3.
TYPE 5	STRONG	OLD	DECLINE	30	Prevalence of INTERMEDIATE (21) regions. Navarro group: 4,5,6

	Growth & innovation	Old age dependency	Crude growth rate	N° regions	Urban/rural
TYPE 6	AVERAGE OR WEAK	OLD	DECLINE	23	Prevalence of RURAL (16) regions; then INTERMEDIATE (6) + 1 URBAN. Navarro group: 2 and 3, and a few 1.
TYPE 7	WEAK	YOUNG	DECLINE	43	Prevalence of RURAL (27) regions and INTERMEDIATE (11). Few URBAN (2). Navarro group: 1 and 2. NOTE: also included in this type are three regions being YOUNG and in DECLINE but with AVERAGE or STRONG growth and innovation, namely: Vzhodna Slovenija (SI), Nord - Pas-de-Calais (FR) and Lorraine (FR)
				263	¹⁸

Types 1 and 2 encompass regions with a high growth and innovation rate as well as a growing population. These regions are characterised as predominantly urban or intermediate (with a few exceptions of rural regions). All G7 regions (Navarro's classification) and most of the G6 regions belong to these two types. The two types differ in the value of the old age dependency ratio - below the EU27 average level in type 1 and above the EU27 average in type 2.

¹⁸ The following eight NUTS2 have not been included in the categorization: Ciudad Autónoma de Ceuta (ES), Ciudad Autónoma de Melilla (ES), Guadeloupe (FR), Martinique (FR), Guyane (FR), Réunion (FR), Região Autónoma dos Açores (PT) and Região Autónoma da Madeira (PT).

Types 3 and 4 include regions hallmarked by a growing population and weak or moderate economic growth and innovation levels. These regions are predominantly rural or intermediate (with a few exceptions of urban regions); rural regions are, in particular, found where the old age dependency ratio is high. Regions of types 3 and 4 belong to G1, G2 and G3 (Navarro's classification). The two types differ in the value of the old age dependency ratio - below the EU27 average level in type 3 and above the EU27 average in type 4.

Types 5, 6 and 7 are all characterised by shrinking populations. Across these three types, economic growth varies from weak to strong; two types (5 and 6) have an old age dependency ratio above the EU27 average. Type 5 includes only intermediate regions; types 6 and 7 are predominantly rural.

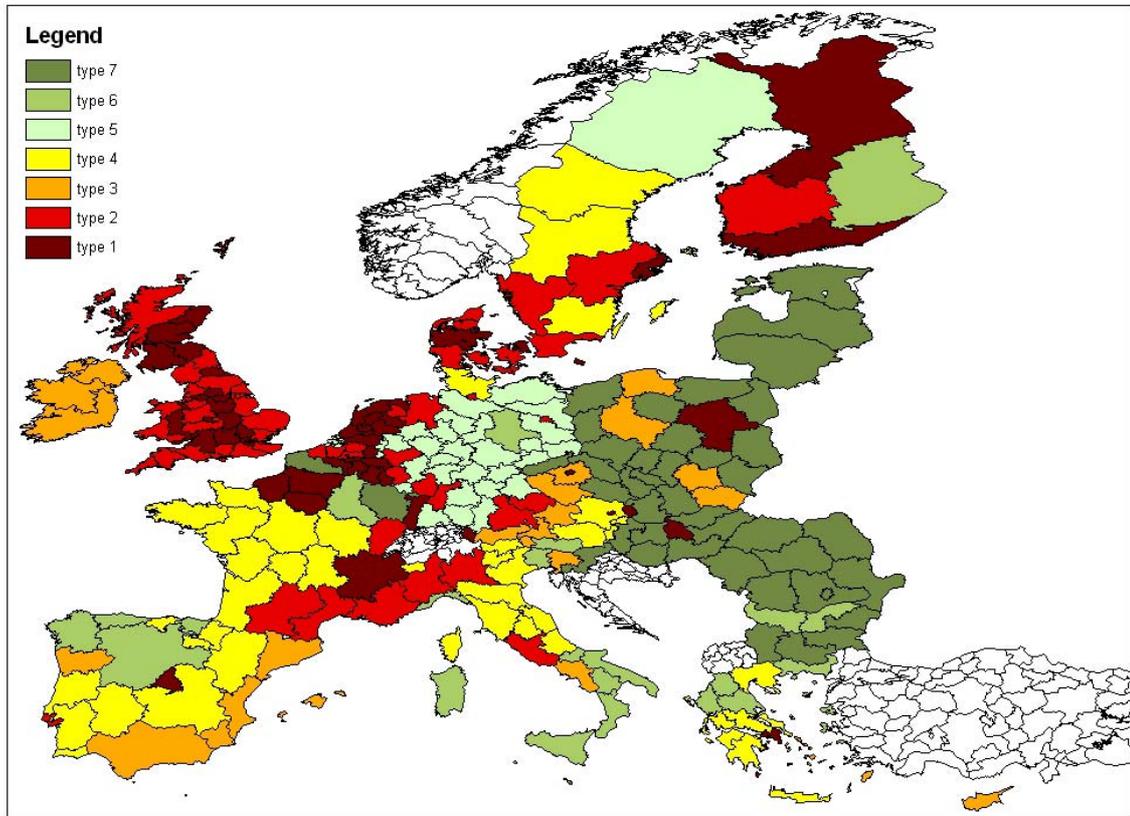
Regions by type are specified in Table 4 and set out in image form in Map 7.

Table 4 – Regions by type

Type	Regions
TYPE 1	Région de Bruxelles-Capitale/Brussels Hoofdstedelijk Gewest, Prov. Limburg (BE), Prov. Brabant Wallon, Prov. Hainaut, Prov. Liège, Prov. Luxembourg (BE), Prov. Namur, Praha, Hovedstaden, Midtjylland, Attiki, Comunidad de Madrid, Île de France, Picardie, Haute-Normandie, Alsace, Rhône-Alpes, Luxembourg, Közép-Magyarország, Groningen, Friesland (NL), Overijssel, Gelderland, Flevoland, Utrecht, Noord-Holland, Zuid-Holland, Noord-Brabant, Wien, Vorarlberg, Mazowieckie, Bratislavský kraj, Etelä-Suomi, Pohjois-Suomi, Stockholm, Tees Valley and Durham, Greater Manchester, South Yorkshire, West Yorkshire, Derbyshire and Nottinghamshire, Leicestershire, Rutland and Northamptonshire, West Midlands, Bedfordshire and Hertfordshire, Inner London, Outer London, Berkshire, Buckinghamshire and Oxfordshire, Gloucestershire, Wiltshire and Bristol/Bath area, East Wales, Eastern Scotland, South Western Scotland, North Eastern Scotland.
TYPE 2	Prov. Antwerpen, Prov. Oost-Vlaanderen, Prov. Vlaams-Brabant, Prov. West-Vlaanderen, Sjælland, Syddanmark, Nordjylland, Karlsruhe, Oberbayern, Niederbayern, Berlin, Bremen, Hamburg, Weser-Ems, Köln, Trier, Rheinhessen-Pfalz, Franche-Comté, Midi-Pyrénées, Languedoc-Roussillon, Provence-Alpes-Côte d'Azur, Piemonte, Lombardia, Lazio, Drenthe, Lisboa, Länsi-Suomi, Östra Mellansverige, Sydsverige, Västsverige, Northumberland and Tyne and Wear, Cumbria, Cheshire, Lancashire, Merseyside, East Yorkshire and Northern Lincolnshire, North Yorkshire, Lincolnshire, Herefordshire, Worcestershire and Warwickshire, Shropshire and Staffordshire, East Anglia, Essex, Surrey, East and West Sussex, Hampshire and Isle of Wight, Kent, Dorset and Somerset, Cornwall and Isles of Scilly, Devon, West Wales and The Valleys, Highlands and Islands.
TYPE 3	Border, Midland and Western, Southern and Eastern, Cataluña, Comunidad Valenciana, Oberösterreich, Salzburg, Tirol, Zahodna Slovenija, Northern Ireland (UK), Střední Čechy, Jihozápad, Notio Aigaio, Illes Balears, Andalucía, Región de Murcia, Canarias (ES), Campania, Cyprus, Malta, Malopolskie, Wielkopolskie, Pomorskie, Norte, Východné Slovensko.

TYPE 4	Kentriki Makedonia, Ionia Nisia, Dytiki Ellada, Sterea Ellada, Peloponnisos, Kriti, Castilla-la Mancha, Extremadura, Corse, Burgenland (AT), Algarve, Centro (PT), Alentejo, Schleswig-Holstein, Cantabria, Comunidad Foral de Navarra, La Rioja, Aragón, Centre (FR), Basse, Normandie, Bourgogne, Pays de la Loire, Bretagne, Poitou-Charentes, Aquitaine, Limousin, Auvergne, Valle d'Aosta/Vallée d'Aoste, Provincia Autonoma Bolzano/Bozen, Provincia Autonoma Trento, Veneto, Emilia-Romagna, Toscana, Umbria, Marche, Abruzzo, Niederösterreich, Steiermark, Åland, Småland med öarna, Norra Mellansverige, Mellersta Norrland.
TYPE 5	Stuttgart, Freiburg, Tübingen, Oberpfalz, Oberfranken, Mittelfranken, Unterfranken, Schwaben, Brandenburg – Nordost, Brandenburg – Südwest, Darmstadt, Gießen, Kassel, Mecklenburg, Vorpommern, Braunschweig, Hannover, Lüneburg, Düsseldorf, Münster, Detmold, Arnsberg, Koblenz, Saarland, Chemnitz, Dresden, Leipzig, Thüringen, Zeeland, Limburg (NL), Övre Norrland.
TYPE 6	Sachsen-Anhalt, País Vasco, Champagne-Ardenne, Liguria, Friuli-Venezia Giulia, Kärnten, Itä-Suomi, Severozapaden, Severen tsentralen, Anatoliki Makedonia, Thraki, Dytiki Makedonia, Thessalia, Ipeiros, Voreio Aigaio, Galicia, Principado de Asturias, Castilla y León, Molise, Puglia, Basilicata, Calabria, Sicilia, Sardegna.
TYPE 7	Severoiztochen, Yugoiztochen, Yugozapaden, Yuzhen tsentralen, Severozápad, Severovýchod, Jihovýchod, Střední Morava, Moravskoslezsko, Estonia, Latvia, Lithuania, Közép-Dunántúl, Nyugat-Dunántúl, Dél-Dunántúl, Észak-Magyarország, Észak-Alföld, Dél-Alföld, Łódzkie, Slaskie, Lubelskie, Podkarpackie, Swietokrzyskie, Podlaskie, Zachodniopomorskie, Lubuskie, Dolnoslaskie, Opolskie, Kujawsko-Pomorskie, Warminsko-Mazurskie, Nord-Vest, Centru, Nord-Est, Sud-Est, Sud – Muntenia, Bucuresti – Ilfov, Sud-Vest Oltenia, Vest, Západné Slovensko, Stredné Slovensko. <u>Exceptions:</u> Vzhodna Slovenija (SI), Nord - Pas-de-Calais (FR) and Lorraine (FR)

Map 7 – Proposed typology, NUTS2



Source: Progress Consulting S.r.l.

9. Regional and local solutions by policy area and types of region

The policy areas addressed in the examples below are indicated by the following acronyms placed prior to the title: EMPL = employment; CARE = access to social services (health and long-term care); TRAN = mobility and accessibility; HOUS = adapted housing; and PART = participation in community activities.

EMPL - Concerted plan of action for equal access to work in Île-de-France – Type of region: 1

Challenges: ▶ significant inequalities within the region requiring increased social cohesion to generate stability and growth ▶ higher regional rate of unemployment of older workers (6.6%) than the national average (5.2%)

Description. In 2010, a plan of action to combat inequalities in the regional labour market was agreed among relevant public and social stakeholders in the Île-de-France. The plan has four main targets: (i) gender equality; (ii) access to the labour market for people with disabilities and the possibility of remaining in employment; (iii) steps to combat regional and local discrimination; and (iv) efforts to keep older workers employed. The plan follows up a series of regional measures for facilitating the employment of older workers, including the Senior Competence pilot initiative launched in 2006 and co-funded by the ESF, under article 6 for innovative actions. The plan will be subject to regular evaluation. Several initiatives have been undertaken at regional and local level, ranging from the provision of counselling and professional training services (as of 2010) to the organisation of forums for facilitating contacts between older unemployed people and businesses (as of 2009, organised on two occasions so far), and consulting services and awareness-raising for entrepreneurs to encourage them to keep older workers in employment.

Governance structure. The plan has been agreed upon by the Île-de-France *Préfecture* and the following regional organisations (trade unions and business associations): UR (union régionale) CFTC, UR CFE CGC, UR CFDT, UR CGT, UPA, CGPME (*Confédération Générale des Petites et Moyennes Entreprises*), MEDEF (*Mouvement des entreprises de la région*). Signatories to the agreement will be responsible for managing and piloting the initiatives, as well as managing funds.

Funding. Funding is from regional and state resources.

Source: Plan of Action [website](#).

EMPL - The Older Workers Employment Network (OWEN), East Yorkshire and Northern Lincolnshire (UK) – Type of region: 2

Challenges ▶ *difficulty in re-entering the labour market for mature workers*

Description. The network started in 2004 with financial support from the European Social Fund (ESF). Over the 2006-2009 period, the network secured further funding from Yorkshire Forward under the MORE (Making Opportunities Realistic For Everyone) employability programme. The network mainly supports people aged 45 or over who are seeking employment, by providing employability skills through courses, counselling and training; ‘Support is available in the form of workshops including CV-writing, confidence and motivation building, interview skills, conducting job searches and completing job applications. Every client joining OWEN is allocated an OWEN personal adviser. The PAs work closely with clients from the moment they join and for the duration of the programme, providing information, advice and guidance.’ OWEN was nominated for an adult learner award in the 2011 awards run by NIACE (National Institute of Adults Continuing Education).

Governance structure. The project is managed by a team including management personnel, a soft skills coordinator/trainer, personal advisers and marketing staff.

Funding. The project is currently funded in East Yorkshire by Yorkshire East Riding Council and the European Social Fund, and in North East Lincolnshire by the Change programme.

Sources: OWEN [website](#).

EMPL – Territorial Employment Pact, Tyrol (AT) – Type of region: 3

Challenges: ▶ *preventing and combating unemployment* ▶ *supporting workers through restructuring processes*

Description. The Tyrol Employment Pact is a regional networking framework for Tyrolean employment policies, the main aim of which is to make the labour market accessible to vulnerable people through a comprehensive partnership at regional level that works towards the efficient and effective use of all available resources. Older workers are among the target groups of the initiative. Planned measures include learning, internship, professional training and labour market monitoring. The current Pact runs from January 2011 to December 2015.

Governance structure. A Steering Group is responsible for strategic planning; it encompasses representatives of the Provincial Government of Tyrol, Public Employment Service, Federal Social Welfare Office, Economic Chamber, Chamber of Labour, Austrian Trade Union Federation, Federation of Austrian Industries, Chamber of Agricultural Workers, Agricultural Chamber of Tyrol, Association of Municipalities, Association of Austrian Cities and Towns, and other regional stakeholders. A Pact Coordination Unit is in charge of

operational tasks and cooperation among the partners.

Funding. The Pact has been allocated 74 million EUR per year; funding is also partially available through the European Social Fund.

Sources: TEP [website](#).

EMPL - Cayado y Zurrón, Extremadura (ES) - Type of region: 4

Challenges: ▶ *retaining professionals in the sheep and goat sector* ▶ *coping with a severe sectoral crisis* ▶ *regaining dignity for sectoral workers who often come under vulnerable categories*

Description. Extremadura has several areas devoted to sheep and goat breeding. This, however, is not looked upon as a dignified profession and is not economically rewarding. The project, implemented over the 2008-2010 period, aimed at retaining professionals in the sector by providing incentives to individuals and businesses, and in particular to: women, immigrants, those aged 45 years or more and low skilled workers. The objectives of the project were: to improve sectoral employment; enhance workers' skills through training, seminars, individualised support, etc.; and to support the establishment of economically and environmentally sustainable and more modern enterprises.

Governance structure. The *Dirección General de Desarrollo Rural de la Consejería de Agricultura y Desarrollo Rural* is responsible for the whole project.

Funding. The project budget was 523,510 EUR, 80% of which is funded through the ESF via the Empleaverde Programme of the Biodiversity Foundation, with 20% being funded by the regional government (*Consejería de Agricultura y Desarrollo Rural de la Junta de Extremadura*).

Source: Cayado y Zurrón [website](#).

EMPL - The 'Akademie 50plus' programme, Brandenburg State (DE) – Type of region: 5

Challenges: ▶ *low employment rates of older workers, in particular women. In 2001, older male workers represented 6% of the total work force, against a 3% share of female workers within the total work force; according to Eurostat statistics, these shares rose to 8% and 7% respectively for men and women in 2009* ▶ *responding to the EU call for active ageing*

Description. The *Akademie 50plus* is a programme aimed at helping older unemployed people return to the labour market. Because it is particularly difficult for women to access the labour market, it was decided to introduce a gender quota for participation: 60% for female participants and 40% for male participants. The core concept behind this programme is to use, maintain and develop the skills of older people, and thus harness their potential, by delivering the following services: (i) organisation and implementation of

professional qualification and training services, adapted to the needs of the regional economy and performance requirements; (ii) training and aftercare, if needed, of programme participants after they are employed; (iii) liaison with employers and labour market stakeholders in the regions; (iv) individual advice to participants as well as motivational and psychological support to help them through the integration process; and (v) public relations and media relations to promote a regional/local exchange of views on ‘older workers and public employment’. The programme started in 2001 and has been extended to April 2011. Between 2001 and 2008, it provided support for more than 8,000 people; in 2008, 217 older people re-entered the labour market.

Governance structure. The programme is run by the Ministry of Labour, Social Affairs, Health and Family of the State of Brandenburg; through calls for projects, its implementation throughout the districts of the State is being encouraged. Services are delivered through local employment offices. Among the municipalities participating in the programme are Cottbus, Eberswalde, Frankfurt (Oder), Neuruppin and Potsdam.

Funding. The project is co-funded by the Ministry of Labour, Social Affairs, Health and Family of Brandenburg State and the European Social Fund (ESF).

Sources: *State Agency for Structure and Labour (LASA) Brandenburg GmbH website: [Förderung von Projekten "Akademie 50 plus"](#); [Akademie50plus website.](#)*

EMPL - Welfare to Work, Puglia Region – Type of region: 6

Challenges: ▶ *mitigating the impact of the economic crisis and subsequent dismissals by firms* ▶ *high unemployment rates* ▶ *providing vulnerable people with opportunities for employment*

Description. In July 2009, the Regional Authority of Puglia joined the Welfare to Work System Action promoted by the national government by presenting a proposal for implementation where regional priorities and target stakeholders were identified. Welfare to Work in Puglia aims to provide individual grants for self-employment and business start-ups to facilitate access to the labour market for individuals in vulnerable groups. All initiatives are to be implemented in the region. The grant (25,000 EUR) targets people who have been unemployed for a period of at least 24 months and unemployed people aged 45 years or over. It was launched at the beginning of 2010 with a deadline for applications in October 2010.

Governance structure. The measure is managed by the Puglia Region, including financial administration. Technical assistance is provided by Italia Lavoro S.p.a.

Funding. Funding is from national sources but managed at regional level. A total of 3,195,000 EUR is available for implementation.

Source: *Bollettino Ufficiale della Regione Puglia n.32 del 18 Febbraio 2010.*

EMPL - Dobrich Municipality Local Action Plan 'Age and Economy', Severoiztochen (BG) - Type of region: 7

Challenges: ▶ the increasing share of elderly people in the total resident population, driven by negative migration flows mostly concerning people aged 20 to 39 years and a shrinking population due to negative natural population growth ▶ impact of the economic crisis that led to structural changes in employment rates, with massive redundancies ▶ few opportunities for older workers to re-enter the labour market after redundancy, due to poor qualifications, prejudice and unfavourable legislation encouraging early retirement

Description. Under its 2007-2013 Development Plan, updated yearly when setting the objectives and financial resources for implementation, in early 2010 the municipality of Dobrich prepared its first Local Action Plan 'Age and Economy' outlining problems faced by 45+ in re-entering the labour market and in re-qualifying. The overall objective of the plan is to 'Create conditions for the better use of the potential of 45+ from the town of Dobrich and to foster their more active participation in the public life and to reduce the poverty in the municipality through improvement of the opportunities for participation in the economic processes and particularly in the labour market'. The plan encompasses specific objectives and activities: (i) improve employment opportunities for people aged 45 or over (45+) by means of needs analysis, supportive training and the provision of personalised services; (ii) make it easier for them to stay in the labour market by enhancing their skills through professional training and training in ICT knowledge and use; (iii) foster entrepreneurship through training in business development; and (iv) public debate and campaigns about problems faced by older people through the establishment of a Municipal Council with representatives of national, regional and local stakeholders, institutions, including trade union organisations.

Governance structure. The plan was prepared by the Municipality of Dobrich as Lead Partner, in cooperation with the Local Employment Office of the National Employment Agency, a business centre and a private consulting company.

Funding. Budgets are allocated by activity and are in the range of a few thousand EUR, though not all expenses are quantified in the plan. Sources include the municipality project budget and the Local Employment Office budget.

Sources: [Local Action Plan, Part I](#), Dobrich Municipality, Active A.G.E. First Action Learning Set: Age and Economy.

Challenges: ▶ increasing needs of elderly people ▶ decreasing number of care-providers ▶ changing structure of welfare organisations and service processes requiring new working and cooperation methods, networking of different types of services, and mainstreaming of services

Description. CaringTV (*HyvinvointiTV*) is an example of business innovation and telecare where ICT supports the transfer of medical information and permits the delivery of clinical services to patients and/or older people in their homes. On the technological side, CaringTV relies on a two-channel interactive TV system utilising a safe broadband connection for the delivery of services; users can access the system via a customer-tailored interface on their ordinary TV set and have a two-way video link which allows both the sender and the recipient to see and hear each other simultaneously. The system allows high-quality interaction between the elderly, on one hand, and social workers and health care professionals, as well as relatives and/or friends, on the other. The CaringTV system has been developed within the framework of the Finn Well/InnoElli Senior programme, an 'innovative action' administered by the South Finland Regional Alliance and aimed at creating integrated service models enabling public, private and third-sector organisations to adopt new working methods and provide ICT-based services in the field of elderly care in a cost-effective manner. The system was aimed at providing support, guidance and counselling to senior citizens living at home or being discharged from hospital, and to people at high risk of illness. The main categories of virtual services identified were health, mental health, nutrition, rehabilitation, social and care services. After a pilot phase, the application was introduced in several other projects of the InnoElli Senior Programme.

Governance structure. The project is a collaborative effort between public and private stakeholders. The Finnish Laurea University of Applied Sciences is responsible for the research and development of the CaringTV concept, as well as the participative content production, while two private companies, TDC Song and Videra Oy Ltd, provide the technology; the municipalities involved (Espoo, Vantaa, Laitila, Lappeenranta and Turku) provide guidance and support services. In particular, Espoo City was among the promoters and developers of this interactive technology.

Funding. Funding is locally sourced by the municipalities involved in the project, and it is also provided by private stakeholders. The pilot project was supported through the European Regional Development Fund via the InnoELLI SENIOR Programme.

Sources: Helsinki Living Lab Seminar (2007), *Caring TV*; Videra Oy Ltd, [website](#); ICT & Ageing – European Study on Users, Markets and Technologies - [HyvinvointiTV®: A learning environment for client-driven service development](#); European Network of Living Labs – a first step towards a new Innovation System, [Living Labs network](#).

CARE - 'My Care, My Choice', Royal Borough of Windsor and Maidenhead, Berkshire (UK) - Type of region: 1

Challenges: ▶ demand for flexible services ▶ developing innovative solutions for changing demands in service requirements together with providers

Description. The initiative fosters a 'self-directed support' approach for social care where vulnerable people are called upon to manage and select the support they need in order for their everyday life to be as good as possible. People may be vulnerable as a consequence of age, disability or illness. The approach allows individuals to choose whether to arrange their support independently, or to have it partially or wholly arranged by the Borough. There are six main steps to follow: (i) verifying eligibility for assistance; (ii) self-assessment of needs; (iii) financial self-assessment; (iv) development of a support plan indicating how the budget is expected to be spent; (v) management of the financial support received, either directly or through assistance; and (vi) organisation of the support to be received. Adult Service staff provides ongoing monitoring of these steps, looking at implementation and achievement of expected outcomes. The approach is being introduced gradually and is expected to be available to most people by April 2011.

Governance structure. The approach has been developed by the Royal Borough of Windsor and Maidenhead as part of its vision for adult services. Services are provided through the Adult Care Service, the Community Mental Health Service (CMHS) and the Community Team for People with Learning Disabilities (CTPLD).

Funding. Funding is locally sourced through the institutions involved in management and implementation.

Source: Royal Borough of Windsor and Maidenhead [website](#).

CARE - First Contact Scheme, Lincolnshire – Type of region: 2

Challenges: ▶ ageing population ▶ workforce shortages in rural areas ▶ need for new professionalism

Description. Developed by Lincolnshire County Council, First Contact is a service designed to enable Lincolnshire residents aged 60 and over to access information and services allowing a safer and more independent stay in their homes. First Contact is a one-stop referral system that was first piloted in East Lindsey and then rolled out to the whole county. The system works through applicants completing a First Contact checklist that is made available in commonly visited places such as general practitioners surgeries or libraries. Checklists may be filled with the help of trained staff or on the phone with a First Contact Central Coordinator based at the Council's Customer Service Centre. On completion of the questionnaire, referrals are generated and forwarded to the relevant partner organisations that will then directly contact the individuals. The scheme allows free information and support to be

accessed from a range of organisations specialised in issues such as social care, housing, pensions, voluntary services, fire and rescue services, health, social events, etc. Some of the services may have a cost. A dedicated website has been recently developed.

Governance structure. The scheme involves some 11 public sector and charitable bodies. It is delivered in partnership across these organisations and run jointly by Age Concern and Lincolnshire County Council.

Funding. The cost of the First Contact contract is about £185,000, funded by NHS Lincolnshire.

Sources: Lincolnshire County Council [website](#); First Contact [website](#); Lincolnshire news, September 03, 2010: [One-stop shop for elderly services is saving taxpayers cash.](#)

CARE - Tele-assistance in Andalusia (ES) – Type of region: 3

Challenges: ▶ ageing population wishing to stay as long as possible in their homes

Description. This initiative comes in response to the provisions of the national Law on the Promotion of personal autonomy and care of those in dependent situations. Tele-assistance aims at helping vulnerable people to live autonomously, enabling them to stay longer in their homes; it is based on a home device and a remote control or wireless device. The service is certified ‘UNE 158401’, ‘ISO 9001 Quality Management Systems’ and ‘ISO 14001 Environmental Management Systems’. It has been awarded a prize for ‘The best initiative to improve the citizens' quality of Life’.

Governance structure. Tele-assistance is provided by the *Fundación Andaluza de Servicios Sociales* (FASS), a not-for-profit organisation founded by the regional government, involved in the provision of community services such as long distance transport, day care and respite care.

Funding. Access to services is on a fee-paying basis although exemptions up to 100% of the cost are granted for specific categories (for example, people in situations of dependency or those over 80, regardless of their financial situation). In particular, reductions are applied to the holder of the ‘Andalucía Junta 65 Card’, issued to citizens aged 65 years or more.

Sources: ICT & Ageing – European Study on Users, Markets and Technologies – [Project Synopsis](#); *Fundación Andaluza de Servicios Sociales: Telecare Service website.*

CARE - The ‘Giuseppina’ project in Ferrara, Emilia Romagna (IT) - Type of region: 4

Challenges: ▶ acute population ageing: the municipality of Ferrara has one of the highest ageing indexes across Europe (257 in 2009, against a regional average of 173, an Italian average of 143 and an EU average of 105). There are over 35,000 people 65+ aged, representing about 26% of the total population, of which some 10,000 live alone and 7,000 live together with another old person ▶ fading social structure along with new social dynamics

Description. The *Giuseppina* project was launched on the basis of a social analysis carried out in a sample of about one quarter of the target population; it provides for home delivery of food and medication, as well as for transport to healthcare centres, hospitals and social gatherings. It also promotes the concept of ‘community care’ for the elderly, i.e. care for ageing individuals, not only by relatives, if they are nearby, but also by friends and neighbours. Within the project, standards have been set for the delivery of the following services: (i) transport to/from health care facilities and community gathering places; (ii) home-delivery of medicines; (iii) home-based physical exercise; and (iv) support campaigns in response to specific needs such as those caused by heat waves, snowfall or the switch-over to digital technologies, a process currently occurring nationwide that is disrupting the elderly's access to traditional television broadcasting systems.

Governance structure. The above services are managed through a municipal coordination body and implemented with the collaboration of CUP 2000, which is also in charge of providing tele-assistance (CUP 2000 S.p.a. is a company owned by the Emilia Romagna Regional Authority, the 17 health units of the region, and the Provincial and the Municipal Authorities of Bologna).

Funding. Funding is locally sourced through the institutions involved in management and implementation (i.e. at local and regional level). However, through national financing and as a back-up measure for the project, the municipality of Ferrara has built housing tailored to the needs of self-sufficient but frail people and made this available to them.

Source: Extense.com – Quotidiano on-line d'informazione ferrarese (2010).

CARE - Teilhabe Älterer in einer bunten Stadt (Growing older in a diverse city), City of Gelsenkirchen, Münster – Type of region: 5

Challenges: ▶ ageing multi-cultural population

Description. In 2010, this initiative was awarded the second prize in the first ‘European Local Authorities Competition (ELAC) on Good Practices in Support for Migrant Elders’. It consists, in fact, of the coordination of a series of existing measures targeting migrant elders and aimed at improving their quality of life by means of the following: assistance in the field of health, in particular for those suffering from dementia through a dementia service centre, and with preventive health care initiatives; promotion of neighbourhood support for the creation of age-friendly living environments; intercultural learning; and accompaniment services. Overall, the municipality objectives are: (i) to encourage the participation of older people from all ethnic backgrounds; (ii) to promote inter-generational activities; and (iii) to promote independent living and the self-determination of people with care needs.

Governance structure. Projects are delivered by the municipality of Gelsenkirchen through its Board for Labour and Social Affairs, Health and

Consumer Protection in collaboration with a network of local organisations, churches, charities, private companies and health insurance companies. The network is supervised by a Steering Group.

Funding. Funding is locally sourced through the institutions involved in management and implementation.

Sources: Action Courage e. V. website on the Workshop '[Active Ageing and Empowerment of Migrant Elders](#)'; Oberbürgermeister der Stadt Gelsenkirchen Vorstand für Arbeit und Soziales, Gesundheit und Verbraucherschutz [Dokumentation 5 Jahre Masterplan Seniorinnen und Seniore, in Gelsenkirchen \(2005 – 2010\)](#)

CARE - eHealth services for the elderly: the digital city of Trikalia, Thessalia – Type of region: 6

Challenges: ▶ *peripheral location*

Description. Since 2003, the municipality has been involved in several EU projects that led to the establishment of a structured local strategy geared to the provision of digital solutions for improving quality of life for the local population. Among several services provided are tele-health services for the elderly; through the use of telematic devices biological parameters are sent to a telecare centre where results are converted into standard medical information that is then forwarded to the Trikala hospital where doctors assess the medical condition of the patients. Other services relate to social care, intelligent transport, e-administration and e-democracy. People are given free internet access by the municipality.

Governance structure. All digital services are developed and implemented by a municipal office employing about twenty people with IT and business and management administration skills. Several groups are dedicated to research and development, financial issues, implementation, and supportive measures. There is a project manager, who is responsible for the planning, coordination, and development of the project.

Funding. The overall cost of the development of the digital city has amounted to around 6 million EUR. Funding was provided through EU projects and local budgets (for the development of wireless internet connection and a few other services).

Sources: IRIS – Initiatives Régionales Innovation et Stratégies. Case study: [e-Trikala, A digital city](#); e-Trikala [website](#).

CARE - Home caretakers network for elderly persons, Bacau County, Nord-Est (RO) – Type of region: 7

Challenges: ▶ *creation of alternative services to family care* ▶ *difficulty for the elderly to access socio-medical services in hospitals*

Description. In the Operational Plan for the implementation of the 2006-2011 county strategy in social assistance and child protection, care for the elderly

was specifically targeted by outlining the following measures: (i) establishment of a department dedicated to the social assistance of elderly people; (ii) study on the quality of life of elderly people; (iii) creation of a network of home carers; (iv) development of a county plan for the social protection of elderly people; and (v) development of home care services and some alternative services. The development of alternative services to family care, such as day centres and home care delivered by professionals, was possible due to the necessary legislative framework developed at national level.

Governance structure. Home care services for dependent elderly people are provided by the Community Support Foundation with which the county signed a partnership agreement in 2001.

Funding. Local. The county contributes a monthly sum for all the beneficiaries of the programme.

Sources: EPSA (European Public Sector Award) [project description](#).

TRAN - Transport integration pilot, Wigtownshire, Scotland (UK) – Type of region: 1

Challenges: ▶ high share of older adult population ▶ remote location, entailing long journeys to care facilities ▶ high reliance on public transport due to low car ownership levels ▶ limited access to ICT

Description. The pilot is intended to integrate the various private, public, statutory and community-based transport service providers taking patients and clients to several destinations, with a view to achieving better quality and greater efficiency in the transport system by adopting common booking and scheduling arrangements. Wigtownshire was selected for implementation because of its high proportion of older adults in the population and its rural nature, entailing long (over 2-hour) journeys to care facilities, including hospitals, and other services. The pilot is expected to culminate in a scoping study including ‘an assessment of the feasibility and practical, operational and resource implications of fully functional implementation in Dumfries & Galloway’.

Governance structure. Collaborative initiative of the Scottish Executive’s Joint Improvement Team (JIT) with NHS Dumfries and Galloway, the Scottish Ambulance Service, Dumfries and Galloway Council, SWES TRANS and the Dumfries and Galloway Accessible Transport Forum.

Funding. Local.

Sources: *Providing transport in partnership – A guide for health agencies and local authorities*

TRAN - 'Individualised Marketing of sustainable transport modes for older citizens', City of Munich, Oberbayern (DE) – Type of region: 2

Challenges: ▶ *influencing the mobility behaviour of older people, steering them towards more sustainable modes of transport* ▶ *ageing of the 'car generation'*

Description. In 2009, the city of Munich launched a pilot project to improve the mobility of older people and to influence their mobility decisions, encouraging them to adopt more sustainable modes of transport than cars. This individualised marketing campaign was promoted by the mayor delivering 10,000 copies of a guidebook providing information on sustainable mobility, including public transport, walking and cycling. The guidebook, targeting people aged from 60 to 75 years, focused on the needs of the older generation and the initiative was supported by a network of local stakeholders, including the police, NGOs, public transport operators and senior citizens' organisations, which also provided mobility-related training courses. The campaign is expected to continue in the future. Recommended practices for the replication of the initiative include the use of direct mailing, attractive layout and interesting content, written in a respectful manner, and the establishment of dialogue, directly or through local partners.

Governance structure. The project was initiated by the Department of Public Order of the City of Munich and implemented with the cooperation of local partners.

Funding. The project costs amounted to 80,000 EUR; it was funded mainly by the City of Munich. The European Commission contributed to the funding through the 'Attaining Energy-Efficient Mobility in an Ageing Society' (AENEAS) project.

Sources: AENAS (2009), *Direct Marketing Campaign to 10,000 Older Citizens in Munich: Analysis of Mobility Behaviour and Needs Completed*; ELTIS (2010), *Individualized Marketing of sustainable transport modes for older citizens, Munich, Germany*.

TRAN – 'Integrated Public Transport in the Kraków Agglomeration' Project, Malopolskie – Type of region: 3

Challenges: ▶ *poor accessibility of public transport vehicles, especially due to different levels of vehicle platforms* ▶ *difficulties in getting on and off public transport vehicles due to heavy traffic* ▶ *poor visibility at bus and tram stops*

Description. Within the framework of the project, and following a survey carried out among public transport users, modernised bus and tram stops with an adjusted platform have been developed. These measures have improved the quality, safety and accessibility of public bus and tram services, in particular for older people. A second phase of the project has been considered for funding by the European Bank for Reconstruction and Development, amounting to about 92 million EUR, with the dual aim of increasing the share of public transport in overall means of transport, and enhancing living

standards for the inhabitants of Kraków, in particular the elderly, as 24 new low-floor trams will be purchased.

Governance structure. Key partners were the local public transport company, the Municipality of Krakow, the City Council and local infrastructure companies. The Municipality was involved in implementing the measures and in the technical design of the reconstruction plan.

Funding. The first phase of the project was co-funded by the EU Integrated Operational Program for Regional Development 2004-2006 (50%) and municipal budget (50%).

Sources: ELTIS, The Urban Mobility Portal: [project case study](#); EBRD [project web page](#).

TRAN – Targeting accessibility of public transport, La Rochelle, Poitou-Charentes (FR) – Type of region: 4

Challenges: ▶ ageing population ▶ compliance with French Law on Equal Rights for people with reduced mobility

Description. The project objective is to improve public transport infrastructure and equipment throughout La Rochelle Urban Community to achieve 100% accessibility of buses and bus stops by 2015, especially for people with reduced mobility. Firstly, there was a diagnosis phase, where consultation was carried out with all the relevant stakeholders. As a result, an Accessibility Committee was created in 2005. In 2006, an Accessibility Scheme in public transport was adopted, where the steps needed for a fully accessible public transport network over the 2005-2015 period were defined. By the end of 2008, over 60% of buses complied with accessibility standards; since the project did not only target infrastructure improvement but also better information, very high levels of acceptance and awareness of the new facilities were also secured across the population. Among the measures implemented were: low-floor buses, visual aid system on buses, adapted information on board, higher platforms at bus stops, real-time information and visual aid system at bus stops, automatic doors, fully accessible information desk and the publication of an Accessibility Guide for the visually impaired.

Governance structure. Implemented by La Rochelle Urban Community.

Funding. Information not available.

Sources: ELTIS [case study](#).

TRAN - Stadsmobiel : special transport for senior citizens and people with limited mobility, Zeeland (NL) – Type of region: 5

Challenges: ▶ ageing society requiring increasing opportunities for senior citizens to move around

Description. The service is aimed at people over 65 without disabilities or people with a slight handicap, who are inhabitants of Amsterdam and have obtained a registration number from the City of Amsterdam. Another type of

service is available to more severely disabled people (VZA). Stadsmobiel is a door-to-door service, for which passengers are charged on a journey basis. It carries 600,000 passengers per year. The service is available 7-days a week, including public holidays. It needs to be booked in advance, from one week up to one hour.

Governance structure. The service is provided by GVB, the Amsterdam public transport company.

Funding. The annual cost of operation is about 10 million EUR.

Sources: EMTA (2005), [Survey on door to door services in European cities or regions](#) ; GVB- Stadsmobiel [website](#).

TRAN - 'Plan for Vertical Transport', Donostia-San Sebastian (Guipúzcoa), Pais Vasco (ES) - Type of region: 6

Challenges: ▶ *existence of physical barriers to the movement of people due to a high percentage of residents (approximately 50%) living in the hilly parts of the city*

Description. The Plan for Vertical Transport has been developed in order to reduce the use of private cars, increase the number of cycling and walking trips to and from the city centre and improve the use of public transport. For implementation of the plan the municipality of San Sebastian considered, among other things, the topographic data of the area, connectivity with public transport lines and the transport capacity of alternative modes. Although the initiative is intended for the benefit of all those living in the hilly part of the city, with the overall aim of encouraging a shift towards non-motorised modes of transport, older people and those with limited mobility are specifically targeted. In 2010, five lifts and two escalators were installed, and five more were in the pipeline, some of which aimed to facilitate access to the city centre and others to connect to pedestrian routes or the public transport network. It is expected that the gradual implementation of the plan will be delayed because of the current economic situation.

Governance structure. The Plan for Vertical Transport has been developed by the Municipality of Donostia-San Sebastian in conjunction with associations of neighbours, elderly and physically handicapped people.

Funding. The investment costs are sourced through the municipality, which is also involved in the management and implementation of the plan.

Sources: ELTIS [Case Study 1803](#); Corporation of Donostia-San Sebastian, *Districts and Citizen Participation, Mobility Department (2006), Public Vertical Transport [A short guide to a reflection on lifts and escalators in the city of San Sebastian](#)*.

HOUS - Prevention Model of wellbeing in Extra Care at Marina Court, Tewkesbury, Gloucestershire (UK) – Type of region: 1

Challenges: ▶ *increasing older population and expected cost pressures* ▶ *greater demands for personalisation, choice and dignity* ▶ *Increasing*

pressures on health and social care systems ▶ maximising efficiency through integrated models of care and support by private, public and voluntary players

Description. Marina Court is an Extra Care Sheltered Housing Scheme encompassing 75 flats and bungalows of 1-2 rooms each, for people aged 55 and over. The scheme opened in 2008. Through a collaborative approach to partnership work, residents and the local Tewkesbury community are offered ‘preventative services that maximise the independence of older people, including the development of a health and wellbeing suite and ethos within the building’. A ‘Therapy and Wellbeing Coordinator’ organises and coordinates a wide range of activities of mental and physical therapy, from active balance, to Nintendo wii exercise circuits, art classes and social events. The coordinator also maintains relationships with third players and organisations, clinics and community hospitals, as well as professionals. Support and onsite care are provided 24-hours a day, 7 days a week. The scheme is intended to function as a ‘one-stop-shop’ for those in need, where service providers ‘capitalise on collaborative opportunities and pool resources and skills that may not be within their core business capabilities’ to tackle person-centred care and support.

Governance structure. The scheme was developed further to collaboration between Gloucestershire County Council’s Community and Adult Care Directorate, the Primary Care Trust, the Borough Council and Hanover Housing Association. The Coordinator is appointed by Gloucestershire County Council and Gloucestershire NHS.

Funding. Funding has been sourced through the institutions involved that secured capital grant funding from the Department of Health. In 2009, the scheme was nominated and short-listed for the regional Health and Social Care Partnership Award.

Sources: Kearsley J., 2011. Health, Housing and Care working together to achieve a Prevention Model of wellbeing in Extra Care at Marina Court, Tewkesbury. Housing Learning and Improvement Network. [Case study n.52](#).

HOUS - Experimental housing ‘Wohnen in allen Lebensphasen’ (Living in all life stages), Oberbayern (DE) – Type of region: 2

Challenges: ▶ *demographic changes* ▶ *planning for active ageing*

Description. The programme was developed as a meeting point between social housing and quality-of-life needs, and demographic trends. The objective is to build adapted houses allowing active ageing for the elderly by providing communication and support facilities, both in everyday life and in the event of illness. Pilot projects have been developed in several locations, all expected to be completed over a five-year period (2005-2010). Projects were developed further to the participation of all interested parties in the selection of sites, planning and implementation.

Governance structure. Planning, site development and construction were all

under the responsibility of the Bavarian Interior Ministry.

Funding. Funding is locally sourced through a Bavarian fund dedicated to the funding of social housing.

Sources: EPISA [project description](#); Hochschule Coburg University of applied Sciences, [Wohnen in allen Lebensphasen](#).

HOUS - The ‘Nestling’ project, Dundalk, Border, Midland and Western (IE) - Type of region: 3

Challenges: ▶ *high cost of the demand for care* ▶ *age-in-place as an alternative to long-term care*

Description. The Nestling Project in Dundalk started in 2007. The aim of the project is to develop ‘community-oriented models for independent living and ‘ageing in place’ through the provision of ‘environments that promote and sustain independence and well-being for older people through the fusion of innovative spatial, technology and integrated community care-based approaches’. The project has developed a pilot site called ‘Great Northern Haven’ encompassing 16 homes. Among the expected outcomes are: better quality of new housing provision; adaptation of existing homes for ageing-in-place; more effective organisation and delivery of services to ageing people according to a sustainable business model; better quality of life for longer for the elderly. Along with technologies to promote collaboration and social inclusion, the project is examining technology-based and age-friendly solutions for early detection, diagnosis and intervention, continuous assessment, interventions and service delivery integration.

Governance structure. The project is a collaborative initiative between Louth Local Authorities, Dundalk Town Council, Health Services Executive (North East Area) and Dundalk Institute of Technology.

Funding. The project is sponsored by the collaborating partners; significant funding has also been provided by the University of Ulster, the National Centre for Sensor Research at Dublin City University and the Atlantic Philanthropies.

Source: [Netwell Centre website](#).

HOUS - Pôle Domotique et Santé de Guéret – A regional approach addressing social and economic needs, Creuse, Limousin (FR) - Type of region: 4

Challenges: ▶ *low density, rural and ageing population* ▶ *unsatisfactory (i) management and home care for those needing assistance and (ii) delivery of public services to those living in rural areas* ▶ *low vitality, need to create economic gains, develop business and create employment.*

Description. Further to a feasibility study commissioned in 2004 by the Community of communes Guéret-Saint-Vaury, a Centre of Excellence in Guéret for the development of domotic-related applications started being planned in 2005. In 2006, the initiative (referred to also as ‘*Odyssée 2023*’)

became operational; in the same year, it was recognised by the central Government as a Centre of Rural Excellence (PER - *Pôle d'Excellence Rurale*). Overall, the project aims to improve people's living conditions and quality of life, but also to create new jobs through the development of the domotic business and to foster a market for innovative technologies. Among the main measures planned up to 2012 are: (i) creating professional qualifications in domotics, in collaboration with the University of Limousine and the Jean Favard High School; (ii) setting up a resource centre for domotics, supporting start-ups and managing domotic-related resources; work on the centre started in 2008, with the opening and operation expected over the 2009-2012 period; and (iii) developing standard products and services ('packages') for individual customers with limited self-sufficiency, encouraging market demand for domotics; it is estimated that as of 2010 these 'packages' will be distributed to about 2,000 people, for a market of some 2.3 million EUR/year over a four-year period; and (iv) testing domotic products and services in a care structure of the Central Hospital of Guéret with the aim of rolling-out, upon evaluation, the application of domotics in the future EHPAD (*établissement d'hébergement pour personnes âgées dépendantes*) expected to be built in Guéret in 2012; and (v) establishing a cluster of businesses applying domotics to their products and services (for example, electricity and heating companies), so as to create a network able to respond to demand and to employ professionally qualified young people. The potential market for the new domotics-related businesses and services has been estimated at 5.8 million EUR over three years. Additionally, the initiative is expected to create 15 new businesses and 50 jobs.

Governance structure. The project is supported and managed by the Community of communes Guéret-Saint-Vaury through a Project Manager. It has been developed in collaboration with other local and regional authorities (General Council of La Creuse, consular chambers, and Limousin Regional Council) and involves a wide range of stakeholders from the region, including: local professional federations (FFB and CAPEB), *Jean-Favard* high school, the University of Limoges, the AFPA Centre de Guéret (for the professional qualification of the active population) and institutions caring for dependent elderly people.

Funding. Over the 2004-2008 (June) period, the project cost amounted to 2,557,868 EUR, with the main contribution coming from regional and local authorities. More specifically, funding came from: the European Agricultural Guidance and Guarantee Fund (approx. 150,000 EUR); the State (approx. 864,000 EUR); local departmental authorities, regional authorities and the chamber of commerce (over 1.5 million EUR); and the private sector (about 33,000 EUR).

Sources: Henimann L. (2010), *La communauté de communes de Guéret investit dans la domotique et la santé*, mercredi 6 janvier 2010, pour la rubrique *Expériences des sites*

Mairie-conseils ; Lapôtre B. (2009), Pôle Domotique et Santé de Guéret. Odysseé Pôle Domotique et Santé de Guéret 2023. Intervention du vendredi 13 novembre 2009 ; ICT & Ageing – European Study on Users, Markets and Technologies - [Pôle Domotique et Santé de Guéret – A regional approach addressing social and economic needs.](#)

HOUS - Wohnberatung (Housing Advice), Düsseldorf (DE), – Type of region: 5

Challenges: ▶ *older people wishing to continue living in their homes*

Description. Through the *Wohnungsamt Landeshauptadt* initiative, the municipality of Düsseldorf provides advice and support services to older and disabled people wishing to live as long as possible in their homes. This local authority provides help to elderly and vulnerable people should they need to adapt their homes. If a vulnerable person lives in an apartment that needs to be adapted to specific requirements, the municipality provides advice on the best way to carry out alterations and undertakes to make the necessary adjustments, such as widening doors, putting in place handrails and grab bars, and building a ramp, free of charge. If the housing cannot be adapted and other accommodation needs to be found, the municipality helps identify an alternative place and arrange the transfer. Another mechanism the municipality coordinates is the ‘residential model’, i.e. a temporary housing partnership between the elderly and students based on mutual help. Under this scheme, older people offer affordable housing to students, while the students pay back the equivalent of the rent by means of daily work such as shopping, cooking or spending some hours walking or talking together with the older person; nursing activities are not, however, included. The housing advice supports these housing partnerships by selecting the two partners and bringing them together, helping finalise the agreement and monitoring its implementation. The municipality of Düsseldorf also provides low interest credit to those interested in carrying out alterations to their homes.

Governance structure. All the services are provided by the municipality of Düsseldorf through its Housing Office.

Funding. Public, local and regional.

Source : [Landeshauptadt Düsseldorf website.](#)

HOUS - Zaingune: Plataforma para la Halitaciòn de Servicios Asistenciales en el Hogar (Enabling Platform for Home Assistance Services), Victoria, País Vasco (ES), – Type of region: 6

Challenges: ▶ *ageing population*

Description. The project objective is to create houses adapted to the needs of older people by incorporating home automation mechanisms through IP voice, tactile interaction etc. Within the framework of the project, software was developed in 2007 enabling intelligent control of home automation items providing care services. Subsequently, a prototype building was constructed in

the city of Victoria, featuring a configuration tool for selecting the services to be provided and a central panel for controlling these services, accessible both through a touch-screen system and remotely. Additionally, the building allowed energy efficiency measures, a higher level of security through early hazard detection and prevention of accidents through monitoring, anomaly detection and generation of alerts and notifications. In 2009, the Basque Government delivered 156 homes for rent, 7 of which are fully adapted to the needs of disabled people. The rent for these houses is calculated on the basis of the tenants' income and the surface area of the house, the average rent being around 240 EUR per month.

Governance structure. Project partners include VISESA, the public housing development company of the Basque Government's Department of Housing and three companies specialised in the field of home automation. Furthermore, the Deusto Technology Foundation Centre provides assistance in the innovation process.

Funding. Funding is through the Basque Government's programme entitled 'GAITEK 2006 and 2007 - Support for projects to develop new products', Department of Industry, Trade and Tourism. Construction of the houses, with an investment of almost 11 million EUR, has been promoted by VISESA.

Sources: Vivesa [website](#); Zaingune- Plataforma para la Halitaciòn de Servicios Asistenciales en el Hogar [website](#).

PART – Reserve grandparent scheme in Høje-Taastrup Kommune, Hovedstaden (DK) – Type of region: 1

Challenges: ▶ high level of female participation in the labour market ▶ trend towards full-time dual earner families ▶ improving conditions for better work-life balance ▶ enhancing social cohesion

Description. Launched at national level, only ten applications were received by the Danish Ministry of Social Welfare, and only seven applications were granted support over the 2009-2010 period, of which four were from local authorities. In Høje-Taastrup Kommune, the scheme involves 30 families and 7 reserve grandparents recruited among elderly people. The municipality plans to use the national grant to set up the service and then transfer it, after two years of implementation, to an organisation for permanent follow-up. The scheme was originally aimed at families with weak social networks and time-bind conflicts. The reserve grandparent is expected to help in situations like child illness where it is impossible for parents to take time off; however, it is also an example of inter-generational solidarity and the usefulness of older people in providing voluntary services.

Governance structure. The project has a project coordinator in charge of recruiting reserve grandparents, organising training courses and facilitating contact with parents in need.

Funding. National, through the Danish Ministry of Social Welfare that

allocated 650,000 EUR out of the State budget 2008.

Source: Ottosen M.H. (2009), [The Reserve Grandparent Programme in Denmark](#), European Alliance for Families, Best Practice Meeting, Brussels 16 October 2009. Danish National Institute of Social Research, Copenhagen.

PART - Link Age Plus, Devon County Council (UK) – Type of region: 2

Challenges: ▶ *large rural shire county, with distinct local communities based around 28 main market and coastal towns and their rural hinterlands*
▶ *limited engagement of and consultation with older people, mostly based on traditional approaches* ▶ *increasing share of older people, and increasing number of elderly living alone.*

Description. Devon County Council was one of eight local authorities to pilot a new national Government initiative to tackle social exclusion among people aged 50 plus, particularly those belonging to vulnerable categories such as frailer people and people from minority communities. In Devon, emphasis was given to deep outreach and community mentoring work; a Senior Council for Devon was also established and continued even after the completion of the pilot.

In Devon, multiple access points to services were developed, highlighting how outreach activities are fundamental in ensuring the inclusion of those who are most difficult to reach. Among the initiatives which were implemented are: community mentoring, entailing tailored support for individuals aged 50 years or over and aimed at tackling social exclusion; and the development of a senior council with representatives of local communities across the county: ‘*The Senior Council for Devon gives older people a voice, provides a way of engaging with them, listens to their views and aspirations, and works in partnership to develop practical ideas and actions to address their concerns*’ ([Senior Council for Devon website](#)). The council has over 1,000 members, representing the rural/urban settlement pattern of Devon and actively involving ethnic minority groups.

Governance structure. At national level, there is a Steering Group regularly informed by reports produced in each pilot site. A Programme Board is composed of representatives of the eight pilot authorities. In each pilot there is a local programme board encompassing a wide range of stakeholders and functioning as the Link Age Plus Implementation Team and a Link Age Plus Operational Group coordinated by a Programme Manager.

Funding. National and local funding, the former through the UK Department for Work and Pensions (DWP) with some £10 million invested over a two-year period; the latter with contributions from involved local authorities, also covering the take-over of activities once the pilot has ended. For example, the establishment of the Senior Council for Devon was funded by a £200,000 grant from the DWP and £125,000 from the County Council.

Sources: Devon County Council [website](#).

PART – Parque de Mayores (Senior Park), Almería, Andalucía (ES) – Type of region: 3

Challenges: ▶ ageing population ▶ little success with existing schemes promoting physical exercise for the elderly

Description. The initiative aims to create areas dedicated to older people, where the elderly can exercise and meet within the parks of the four municipalities of la Comarca los Vélez. Rehabilitation and exercise opportunities were already offered to the elderly population in dedicated structures, but participation was low due to the difficulty of reconciling time availability and the requirements of all potential participants. Thus, the idea was conceived of providing facilities for senior citizens in parks where they usually go to accompany their granddaughters or grandsons. The initiative was developed in close cooperation with the four municipalities owning the parks, relevant associations of older people and the Group for the Rural Development of Los Vélez (Aprovélez); sites within the parks were identified and equipment to be installed selected so as to allow comprehensive physical exercise; a company for the provision and installation of the equipment was selected through public tender, and finally the new facilities were publicised and awareness raised about what they were for. The dedicated sites within the parks promote both inter-generational and social inclusion.

Governance structure. Aprovelez is responsible for the initiative that was developed in close cooperation with municipal authorities and local associations. Upon completion of the project in 2006, municipalities became responsible for the maintenance and cleaning of the sites, done once a month.

Funding. From Aprovelez, FEAOG (European Agricultural Guidance and Guarantee Fund), the Andalusian Regional authority and the four municipalities. Total cost to the municipality: around 200,000 EUR for Vélez-Rubio; some 33,000 EUR for Vélez Blanco; some 25,000 EUR for Maria; and less than 19,000 EUR for Chirivel.

Sources: Instituto de Mayores y Servicios Sociales (*Imsero*), [project description](#).

PART – ZukunftsmentorInnen (‘Future Mentors’), Styria State (Steiermark) (AT) – Type of region: 4

Challenges: ▶ ageing population ▶ increasing number of elderly with specific needs and expectations

Description. The main objectives of this pilot were to: (i) highlight the potential of the ‘older age’ and (ii) develop initiatives for the shaping thereof. People participating in the project followed a modular training course aimed at broadening their experience in key areas such as: nutrition; motor, mental and social activities; conflict management; public relations; and marketing. Afterwards, they were made familiar with a toolbox allowing them to design a

project and then implement it, as part of training for becoming a ‘future mentor’ for their home communities. The project is intended to empower older individuals to actively shape their communities’ life by putting together ideas meeting real needs and then by implementing tailored projects for the overall benefit of the elderly population. The pilot was implemented over the 2008-2009 period, but training courses continued in 2010 upon payment of enrolment fees. ‘Future mentors’ are people aged 45 or over.

Governance structure. The project has been organised into an association ‘AUFWIND’ where a team of people is dedicated to the development and successful implementation of educational programmes and projects.

Funding. The project was implemented with the support of the Federal Ministry for Labour, Social Affairs and Consumer Protection and the State of Styria, Department of Science and Research.

Sources: UNECE Population Unit (2011), Examples of Good Practice on Ageing-Related Policies, Legislation and Programmes contributed by UNECE member States. Last update: 16. February 2011.

PART - The ‘SAIT- Teleservicio para Mayores’, Mancomunidad del Campo de Calatrava (Ciudad Real), Castilla- la Mancha (ES) – Type of region: 4

Challenges: ▶ increasing population ageing, with almost 54% of the people aged 65 or over being members of ‘Social Centres’ ▶ increasing demand for services

Description. The ‘SAIT- Teleservicio para Mayores’ is a platform developed by Eptron S.A for the delivery of eServices to the elderly. The platform integrates all users into a SAIT network at national level, currently linking 70 social centres for older people. The technology facilitates social inclusion by allowing senior citizens to access, through touch-screen computers, about 15 thematic and interactive channels providing information, communication, participation, education and entertainment. All senior participants undertake training on the use of the new technology, and participate in courses or open classrooms for the development of their skills and interests. Among the several public customers of the service nationwide, is the Mancomunidad del Campo de Calatrava where SAIT has been installed in the six municipalities of the Mancomunidad (Miguelturra, Almagro, Bolaños de Calatrava, Torralba de Calatrava, Pozuelo de Calatrava y Carrión de Calatrava) with over 200 active users and some 160 activities; both users and activities are increasing.

Governance structure. The technology was developed by a private company; the company also manages the national network, installs the technology in the social centres and develops annual programmes of activities and courses. The company sells the services to social centres belonging to municipal, provincial and regional authorities. Public authorities coordinate the implementation of SAIT.

Funding. The project is implemented within the framework of ‘Plan Avanza2’

for the development of Knowledge and Information Society. It is supported financially by the national Ministry of Industry and participating regional and local authorities.

*Sources: SAIT Teleservicios para Mayores [website](#); Campo de Calatrava: Presentación del Proyecto de Teleservicios Digitales Interactivos para mayores en la Mancomunidad, [press release](#) (2011); *enActivo, los mayores también en internet, Se implanta una red de teleservicios digitales interactivos para mayores, [press release](#) (2011).**

PART - Jung und Alt Kooperieren, Organisieren und Begeistern (JACOB) in Dischingen, Baden-Wuerttemberg (Stuttgart) (DE) – Type of region: 5

Challenges: ▶ *disadvantages related to living in a rural area* ▶ *demographic change*

Description. Implemented over a 3-year period (2009-2011), the project aims to bring together old and young within a framework of voluntary services related to a wide range of activities, from childcare and handicapped aid, to visiting services, care in the community, and aid for elderly people. The project encourages the participation of several age groups as volunteers (pupils, students, families, workers, unemployed persons, retirees, elderly person and disabled people under 50), thus facilitating the exchange of ideas among generations and the establishment of micro-projects. The project objectives include: (i) strengthening voluntary services; (ii) integrating categories of frail people such as the elderly, the disabled and those living alone; (iii) increasing community cohesion; and (iv) mitigating the impact of demographic changes.

Governance structure. The city hall organises the activities on the basis of requests, playing a facilitator role between requests and the provision of services.

Funding. EUR 50,000 per year.

Sources: Dischingen [website](#).

PART - Estimulación Dinámica Alfabetización Digital (EDAD – Stimulating Dynamic Digital Literacy) Project, Principado de Asturias and Castilla y León – Type of region: 6

Challenges: ▶ *ageing population* ▶ *digital divide between generations* ▶ *brain training for the elderly*

Description. The project has two main objectives: (i) to reduce the digital divide between generations by teaching the elderly to use ICT and facilitating their social inclusion; and (ii) to stimulate elderly intellectual activity to prevent dementia. The project was the result of research headed up by the Fundación Orange. Started in 2006 as a pilot, it is currently rolling out to various regions, among which is the Principado de Asturias, where the regional government has assumed responsibility for promoting the project within its regional strategy e-Asturia 2012, as has Castilla y León, within its

regional strategy 'Digital Inclusion' 2007-2013 (agreement with Fundación Orange dated 2008). Currently, EDAD has hundreds of users and tens of tutors; courses are delivered free online. Target groups are older people aged 65 or more. Tutors are selected and trained by means of a 20-hour course and a meeting, organised twice a year, in Madrid.

Governance structure. The two main promoters of the project are Fundación Orange and the Universidad Complutense de Madrid. Project roll-out is implemented by collaborating entities that include both public and private stakeholders in each target region.

Funding. For the Principado de Asturias, funding is from Fundación Orange and the regional government.

Sources: EDAD project [website](#); El Norte de Castilla press release 2008: [El Proyecto EDAD combate la exclusión digital de los mayores](#); Principado de Asturia project [website](#).

PART - Ageing and living better in the information society, Dobrich (BG) – Type of region: 7

Challenges: ▶ increasing number of elderly people ▶ worsening of the quality of life of the elderly, including economic conditions due to low pensions and inability to find a job for those still able to work ▶ social isolation and interrupted generational exchange, leading to low self-esteem ▶ limited command by the elderly of ICT

Description. The project aims to offer innovative social services by: (i) introducing innovative approaches for social and eInclusion; (ii) providing elderly and disabled people with opportunities to participate in the social life of the community; and (iii) establishing links between generations based on solidarity and co-operation. The municipality will support and develop 'e-points', train e-mentors/tutors and facilitators; young people from the Municipal Youth Council will participate as volunteers. Besides enhancing their computer skills, the project is expected to improve the quality of life of the elderly by granting them more access to information and online services and by reducing the digital divide with younger generations. Facilitators, including social workers and representatives of the municipality will organise meetings where problems will be discussed and through which the elderly will be able to contribute to the development of local policies.

Governance structure. Coordinated by the municipality of Dobrich.

Funding. Funded by the European Social Fund 2007-2013, 'Human Resources Development' Operational Programme.

Sources: Active AGE project (2011), III^o Transnational Exchange Workshop Starogard Gdanski 13-15 October 2010. An URBACT II Project.

10. Main responses by LRAs to common challenges

Overall, there is evidence that a demographic dimension to regional and local policy is being developed, as processes of demographic change need to be increasingly taken into account in territorial development, regardless of the type of region under consideration.

Demographic changes have a cross-sectoral impact, but they seem to be most often addressed through sector-specific strategies. In addition, some LRAs appear to share similar types of sectoral strategy intervention across all the seven types of region identified; namely, out of the five policy areas considered in this report, no significant differences were noted across regions with regard to initiatives on the social inclusion of elderly people or the facilitation of their access to social services. All regions, including those with a relatively low old age dependency ratio, look for ICT-based solutions for the delivery of health and long-term care services. Examples of community-based initiatives are frequent and rather than being based on the type of region they seem to be related to societal characteristics such as a high share of migrants (as in the case of the German municipality) or changing family structures that entail the need to look for alternative ways of care provision for the elderly (as in the cases of the Italian and Romanian regions).

An overview of main responses by LRAs to common challenges is provided below, by policy area. It is followed by a characterisation of each type of region according to the evidence gathered and set out in chapter 9.

10.1 Main responses by policy area

Employment

Mitigating the impact of the economic crisis on older workers

Mitigation measures include measures enabling the employment rate of older workers to be maintained while waiting for overall labour market conditions to improve; and measures aiming, overall, to reduce unemployment among the elderly by supporting their re-entrance into the labour market. The quantitative retention in employment of older workers is targeted through the prevention of firm restructuring caused by down-sizing, bankruptcy, relocation and acquisition, elements that often entail redundancies for the most vulnerable categories of workers. This is implemented through the coordination and guidance of social dialogue between representatives of the social players and

businesses; incentives for self-employment and business start-ups; efforts to combat prejudice towards older workers through measures aimed at changing the attitude of employers, such as awareness-raising campaigns or lead-by-example initiatives by public authorities as employers. Re-entering the labour market also entails the need to maintain the employability of older workers or to adapt it to the emerging needs of regional economies (i.e. targeting qualitative aspects of the supply side) through, for example, (lifelong) learning, professional training and competence development, where the enhancement of ICT skills is very important; or through efforts to match labour supply and demand, for example by organising events and forums where the business community meets elderly people who are unemployed. In general, eAccessibility in the work place is a central factor to be considered while meeting the needs of an ageing work force. Important commonly implemented elements by LRAs are active labour market policies at local and regional level fostering training programmes to maintain and upgrade the skills of the unemployed, or to ensure a role for training and education in the labour market.

Addressing falling dependency ratios

The fact there are fewer workers supporting more retired people is caused not only by ageing but also by population movement or economic migration. Regional labour markets may face the need to attract labour supply and skills if economic growth is to remain sustainable. Such needs may be partially met locally by increasing the employment rate of older workers and/or by encouraging inward migration processes, even if the latter initiative mostly addresses the young labour force. Worker mobility is also considered a solution across sectors, countries or regions, but there is no evidence of mobility initiatives specifically undertaken for older workers. In Sweden, larger labour market regions were created to respond better to problems in matching supply and demand caused by increasing imbalances in the population age structure (Rauhut and Kahila, 2011), while in the UK the identification of ‘*functional economic areas, including labour market areas (e.g. through inter-regional frameworks such as the Northern-Way, Multi Area Agreements and city-regions)*’ is being considered (Ferry and Vironen, 2010); yet all these measures are initiated at national level, showing the difficulties in implementing ‘matching’ strategies at local levels.

Addressing the social and gender dimension of ageing for people in the labour market

People go through different stages of family life (child-raising or caring for parents, for example) and family structures (divorce, for example), usually occurring in a more mature phase of working life. Some of these circumstances may affect a worker’s capacity to stay in the labour market and flexible approaches to work may prove to be necessary to retain the individuals

concerned in the market. It is not only a matter of part-time but also of flexible working hours, functional flexibility (adaptation of tasks to relieve workload, senior-specific jobs, suitable working conditions, tele-working opportunities), and active labour market policies providing, for example, for long-term care services and a supportive urban environment to prevent situations where older women have to leave their jobs to look after elderly parents. There are several examples of flexicurity approaches implemented at company level; national strategies are also common, but institutionalised regional and local measures seem to be less frequent.

Preventing the risk of poverty for vulnerable groups of workers

The importance of supplementary pension schemes is increasing, and notwithstanding the fact that pension reform processes are conducted at national level, local and regional authorities have a role to play in undertaking initiatives that may prevent the currently active generations from falling into poverty in the future. This may be achieved by providing incentives for undertaking supplementary pension funds/retirement schemes managed by third parties (individuals or employers) or by the same regional authorities, or by leading by example through the promotion of late retirement of civil servants.

Access to social services (health and long-term care)

Facing increasing public health expenditure for health and long-term care

The main type of measures implemented by LRAs to cope with increasing public expenditure entail transferring the pressure away from the institutional setting, by making it easier for those in need to live independently in residential or community settings. Several measures aim to enable the elderly to stay at home as long as possible, thus reducing the amount of hospitalisation and increasing the amount of home-delivered care. To this end, ICT support is fundamental and there are many examples of LRAs capitalising on new technologies for the delivery of eHealth or eCare services. This is particularly attractive for peripheral and rural areas where distances from support structures limit access to services, especially for those with limited mobility such as the elderly and the disabled. ICT will not only impact on the location of healthcare service provision; it will also affect the storage and use of medical data, safety and effectiveness of treatment, communication with patients, as well as care costs and efficiency, contributing overall to the reduction of health inequalities. However, these depend on the existence of adequate IT infrastructure, satisfactory interoperability levels, data protection mechanisms, process redesign, knowledge and skills management and the coordination of care delivery, all of which are difficult to find together in individual initiatives. Thus, electronic care is usually made available at local and regional level where investments in infrastructure and processes were made in the past, or through the

sub-contracting of services to external, private service providers.

Electronic care is not considered the only solution; alternative forms of care for the elderly are being sought by LRAs at community level to deal with the fact that socially speaking, family ties and relationships have changed. This type of 'community assistance' often involves voluntary services.

Addressing an increasing demand for (quality) services

The social care sector needs to become more demand-driven and, accordingly, LRAs have developed solutions for securing innovative business development, mainstreaming services and matching demand and supply mechanisms, although most of the solutions seem to focus mainly on responding to concerns rather than facilitating prevention. Additionally, demand-driven services are often associated with the payment of charges and even though exemptions are granted on the basis of age or income criteria, the danger is that the introduction of market mechanisms within the care business would hinder accessibility.

Dealing with a limited workforce

Creating the right conditions for the social care sector to become more demand-driven entails the need to secure a workforce of sufficient size. This would also represent a great opportunity for transforming the challenge of an ageing population into job creation in health and social services. Nevertheless, measures taken by LRAs show that telecare and mainstreaming aim to achieve greater efficiency in personnel management, while community care is often provided with support from non-profit organisations.

Mobility and accessibility

Improving the accessibility of transport facilities

Most common measures by LRAs include investment in infrastructure for adaptation and modernisation purposes; this entails the replacement of old vehicle fleets or the adaptation of existing vehicles with platforms, or the improvement of bus and tram stops with more accessible boarding/alighting areas and improved visibility. Some regions face peculiar topographic conditions that require specific measures to make pedestrian routes or the public transport network accessible. Easy access to these areas is a pre-condition for the use of sustainable means of transport or of public transport. Finally, accessibility is also meant in terms of availability and clarity of information on transport routes, transport facilities, ticketing and payment systems.

Increasing availability of means of transport

Increasing availability of transport to the elderly, possibly through a range of means that respond to different needs and circumstances, is also fostered by LRAs, both in urban and rural areas. While in urban areas the additional means of transport aim to provide flexible and tailored services according to demand, in rural areas the main concern is still to facilitate access to basic services such as health and care.

Providing demand-driven public transport systems

Improved availability of means of transport is often demand-driven, as transport services are paid for and are therefore subject to market mechanisms. As ageing customers are on the increase, it is likely that their expectations in terms of cleanliness, punctuality and reliability will increasingly be met. However, it has been noted that some LRAs do not confine themselves to meeting demand passively, but try to foster a behavioural change in the elderly towards, for example, more sustainable modes of transport than private cars, such as walking, cycling and public transport, without reducing their mobility potential, thus maintaining their autonomy and well-being.

Adapted housing

Satisfying elderly people's desire for independent living

There are several housing schemes run by LRAs, often through wholly or partially publicly owned companies or in collaboration with private stakeholders. It is also very common for these schemes, besides offering barrier-free apartments, to be associated with the delivery of relevant services such as health and care services, general assistance and household support. Thus, there has been a trend towards the association of builders and housing associations with service providers for offering attractive packages to the elderly. Usually these schemes entail the development of new houses, but there are also measures aimed at the adaptation of existing housing stock.

Developing an opportunity for economic growth offered by new markets

Domotics is a potentially profitable market segment and there is evidence of attempts to build economic clusters around it, bringing together service providers and knowledge institutions within a wider framework of regional economic growth and development.

Combating inequalities and the financial divide within the older generation

Social housing schemes tailored to the needs of the elderly also exist, as do strategies and supporting financial mechanisms making adaptation financially accessible to all, enabling living conditions for the elderly to improve equally for everyone. One example is the 'inter-generational housing' approach through

which families hosting older relatives are given support for the renovation of their homes (CECODHAS Housing Europe, 2009).

Participation in community activities

Combating the vulnerability of older people to social exclusion

There are examples of diverse strategies by LRAs supporting the active involvement of older people in social activities, especially in voluntary work where they can provide an effective contribution if the right framework conditions exist. Inter-generational approaches are often used, creating interaction with younger generations, frequently on a collaborative basis. Additionally, there is a tendency to create representative bodies of the elderly in the community, to ensure their voice is heard in planning and priority-setting.

Reducing the inter-generational digital divide

In several cases, ICT is considered to be a tool for social inclusion rather than a constraint to participation, showing that the internet and other new technologies may be handled adequately by older people if they are given the proper training.

10.2 Characterisation of the types of region

Apart from social inclusion and access to social services, for which no significant differences in the type of measures were noted across regions, some correlation for the other policy areas addressed by this report was found between types of region, on the one hand, and prevailing solutions undertaken by LRAs on the other. It is to be noted that this characterisation builds on evidence gathered through the examples set out in chapter 9 (summarised in Table 5) and is, therefore, unavoidably constrained by the limited number of initiatives being examined.

Table 5 – Summary grid of examples of responses by type of region

TYPE 1	EMPL	Planning for increased social cohesion by combating inequalities in access to the labour market. Fostering stability and growth.
	CARE	Business innovation, mainstreaming of services and telecare to respond to increased needs and a decreased number of care providers. Flexible and innovative solutions for matching demand requirements and providers' responses.
	TRAN	Integration of the several private, public, statutory and community-based providers of transport services to achieve better quality and efficiency in the transport system.
	HOUS	One-stop-shop housing scheme for the elderly, where efficiency is maximised through an integrated model of care and support by private, public and voluntary players.
	PART	Inter-generational solidarity showing the usefulness of older people in providing voluntary services through the 'reserve grandparent scheme'.
TYPE 2	EMPL	Networking, promoting access to the labour market through enhanced employability, greater confidence and motivation of older workers. Counselling, support, adult learning.
	CARE	One-stop referral system for the provision of social services to cope with the small size of the workforce, especially in rural areas.
	TRAN	Improving the mobility of older people through enhanced information and steering their mobility decisions towards more sustainable modes of transport than cars.
	HOUS	Experimental social housing scheme by a publicly-owned housing company.
	PART	Deep outreach and community mentoring work, also tackling the representativeness of older people through the establishment of a Senior Council.
TYPE 3	EMPL	Regional-level partnership fostering accessibility and providing support, specifically to combat the impact of the ongoing restructuring process.
	CARE	Tele-assistance supporting autonomous living for vulnerable people, enabling them to stay longer in their homes.
	TRAN	Increasing quality, safety and accessibility of public transport through vehicle fleet modernisation.
	HOUS	Piloting supporting environments that promote and sustain independence and well-being for older people through the fusion of innovative spatial, technological and integrated community

		care-based approaches.
	PART	Equipping parks with rehabilitation and exercise facilities to encourage participation, social gatherings and inter-generational contact.
TYPE 4	EMPL	Sectoral intervention aiming to retain traditional jobs and the workforce in rural areas. Providing financial incentives and skills enhancement opportunities for vulnerable categories of workers.
	CARE	Promoting 'community care' for the elderly through the provision of transport, home-assistance and social care and the setting of standards for service delivery.
	TRAN	Investment in infrastructure and equipment to make public transport comply with French law on equal rights for people with reduced mobility.
	HOUS	Integrated approach for regional economic development delivering home-care services in low density and rural areas.
	PART	Empowering, through education and training, 'future mentors' expected to play a leading role in designing and implementing projects in line with the needs expressed by their communities. Delivering eServices through a national platform networking 70 social centres for older people across the country.
TYPE 5	EMPL	Promoting the return of older workers to the labour market. Gender dimension.
	CARE	Addressing needs in a multi-cultural environment through community work with people from all ethnic backgrounds, while promoting independent living and self-determination for people with care needs.
	TRAN	Responding to the requirements of senior citizens for increasing opportunities to move around with door-to-door transport services.
	HOUS	Municipal advice and support for extending the length of time that older people can stay in their homes through home alterations and temporary housing partnerships with students.
	PART	Inter-generational voluntary services.
TYPE 6	EMPL	Financial incentives for entrepreneurship development to mitigate the impact of company redundancies and high levels of unemployment among people aged 45 or more.
	CARE	Providing eHealth care services in a peripheral region.
	TRAN	Overcoming physical barriers to the movement of people and increasing access to pedestrian areas and public transport networks.

	HOUS	Piloting and providing automated houses and care services at affordable prices. Automated houses incorporate energy efficiency measures, high level of security through early hazard detection and accident prevention.
	PART	Reducing the digital divide between generations by teaching the elderly to use ICT and facilitating their social inclusion.
TYPE 7	EMPL	Local planning for putting older people back on the labour market to combat outward migration and mitigate the impact of company restructuring and redundancies.
	CARE	Developing a network of home carers within a broader plan for the social protection of elderly people as an alternative to family care.
	TRAN	-
	HOUS	-
	PART	Introducing innovative approaches for social and eInclusion through the development of e-points and the provision of e-mentors.

Type 1 regions

These regions are found mainly in the UK, Finland, Benelux, and in the northern part of France. Regions where there are capital cities such as Madrid, Wien, Budapest, Athens, Warsaw, and Bratislava also belong to type 1. Type 1 regions have dynamic and innovative conditions for growth; additionally, their demographic tendencies are positive, with a relatively young and growing population.

The most evident differences compared to the other types relate to employment, social care, transport and, to a lesser extent, housing. With respect to the labour market, these regions tackle stability and economic growth through the promotion of equal opportunities for all; thus, their focus - rather than on attracting labour force - is on the promotion of social cohesion. In terms of social care, they appear to be the most active in looking for innovative solutions entailing business innovation and services mainstreaming, while in the transport sector they foster service rationalisation for improving the quality and efficiency of the public transport sector through, for example, coordination and common scheduling and ticketing. Rationalisation and integration is also noted in housing-related measures, as housing schemes are intended to be one-stop-shops for the elderly, where housing and services are integrated through the coordinated participation of several service providers.

Type 2 regions

These regions are found mainly in the UK, Scandinavia and Benelux, in western parts of Germany characterised by the presence of major cities (Berlin, Bremen, Hamburg), in the southern part of France and in the northern part of Italy. Some other regions where there are capital cities such as Lisbon and Lazio also belong to type 2. Type 2 regions experience dynamic and innovative conditions for growth but their demographic changes, although the population is increasing, are characterised by population ageing.

In type 2 regions there are initiatives aiming to enhance the employability of older people, probably driven by over-the-average values of the old age dependency ratio that call for the preservation of the workforce in the labour market. There is evidence of ‘active’ public transport measures aiming not only at the empowerment of the elderly through information campaigns, but also at influencing their transport behaviour, steering them towards the use of more sustainable modes than cars, a response to the ageing of a ‘driving generation’ which may tend to keep their driving habits in old age. Housing schemes have a more marked social dimension compared to the examples in type 1.

Type 3 regions

These regions are found mainly in coastal areas of southern Spain, in Portugal (Norte region), Cyprus, Malta and Northern Ireland and in some parts of Austria, Poland and Slovenia. Type 3 regions have favourable demographic conditions (relatively low old age dependency ratio and growing population) but have not very dynamic or poor economic conditions.

With regard to employment, there is evidence of some concern for the impact of the restructuring process on both economies and workforce. From type 3 onwards, the focus of measures undertaken in the transport sector seems to be on improving infrastructure and equipment, especially in terms of lowering physical barriers. In the housing sector, solutions allowing for ageing in place are still viewed in an integrated manner, i.e. providing housing and care services through both business and community-care models.

Type 4 regions

These regions are found mainly in Portugal, central parts of Spain, western and northern parts of France, central and northern parts of Italy, Greece, Sweden and eastern parts of Austria. Type 4 regions have growing but ageing populations and have not very dynamic or poor economic conditions. They include a predominance of rural areas.

Examples for type 4 regions are clearly influenced by the predominance of rural conditions. For the employment of older workers, the Extremadura initiative

dealing with the crisis in the sheep and goat sector which may be common to several other rural settings and which, overall, contributes to the downturn in the regional economy, for which specific measures to retain the workforce and revitalise the sector have been undertaken. Adapted housing is also included in the selected example for this type of region, in a wider framework of regional and economic development. As for type 3, measures in the transport sector still seem to be for improving infrastructure and equipment.

Type 5 regions

Most of the type 5 regions can be found in Germany. Notwithstanding a strong economy these regions are all characterised by a declining and ageing population, making demographic changes a top priority on the policy agenda.

In type 5, as well as in types 6 and 7, initiatives undertaken in the employment policy area relate to older workers re-entering the labour market, mainly driven by a declining population. With regard to transport, the example concerns tailored and door-to-door services for older people, delivered on a demand-and-charge-basis; this attention to the older segment of the population in the daily operation of LRAs is also evident in matters pertaining to adapted housing, where the municipality offers a permanent advice service to the elderly for staying independent as long as possible in their homes by means of adaptation or temporary housing partnerships with young people.

Type 6 regions

These regions are found mainly in the northern parts of Portugal, Spain, and Greece, as well as in the southern parts of Italy. Also a few regions in Bulgaria belong to type 6. Type 6 regions have the same demographic conditions as type 5, i.e. declining and ageing population, exacerbated by a poor or not very dynamic economy.

Type 6 regions promote older workers re-entering the labour market, with measures often implemented as part of wider efforts to revitalise the economy and promote entrepreneurship. In transport, the focus is still on improving infrastructure and equipment, while adapted housing is still fostered through housing schemes, although in the example mentioned, the scheme is characterised by affordable prices proportionate to the economic conditions of the tenants.

Type 7 regions

These regions are found mainly in the EU12 Member States. Type 7 regions have a relatively young but declining population, and weak economies.

Several type 7 regions are affected by economic migration. Since accession,

EU12 countries have been experiencing outward migration to EU15 labour markets, particularly younger and skilled workers, a trend that could be reversed as a consequence of the economic downturn. On the other hand, inward migration to EU12 countries is mostly focussed on regions or capitals characterised by dynamic economies. Thus, type 7 regions concentrate on attracting and/or retaining potential economic migrants. No examples of initiatives by LRAs were found for transport and adapted housing.

Appendix I – Statistical table

Eurostat raw data: table demo_r_d2jan, extracted on 18/02/2011. Derived data: % of population aged 65 or over vs. total population, year 2009 (2008 for BE and UK)
Eurostat raw data: table proj_08c2150rp-Regional level, extracted on 23/02/2011. Derived data: % of population forecast aged 65 or over vs. total population, year 2030
Eurostat raw data: table proj_08c2150rp-Regional level, extracted on 23/02/2011. Derived data: forecasted % change of population aged 65 or over vs. total population, period 2010-2030 population, year 2030
Eurostat raw data: table lfst_r_lfe2emp-Employment by sex and age, extracted on 6/03/2011. Derived data: share of male and female older workers (55-64) vs. total employment (15-64)
Eurostat data: table hlth_rs_prsrg-Health personnel by region, extracted on 8/03/2011. Number of physicians/doctors per 100,000 inhabitants, latest available year
Eurostat data: table hlth_rs_prsrg-Health personnel by region, extracted on 8/03/2011. Number of nurses and midwives per 100,000 inhabitants, latest available year
Eurostat data: table isoc_r_broad_h-Households with broadband access, extracted on 18/02/2011. Household internet connection type: broadband. Year 2010.

NOTES:

* 2008 for BE and UK.

** physicians/doctors: 2006 for SE; 2007 for DK, GR, NL, LU; 2009 for AT, ES, LV, MT, PT. Nurses and midwives: 2007 for DK and NL; 2009 for FR, IT, LV, MT.

*** 2007 for BG; 2009 for NL and Åland (FI); 2009 and 2008 for UK.

		population aged 65 or over vs. total	population aged 65 or over vs. total	forecasted change of population aged 65 or over vs. total	old age dependency ratio	population crude growth rate	employment rate of older workers (55-64) vs. total employment (15-64)		physicians/doctors number per 100,000 inhabitants, 2008**	Nurses and midwives number per 100,000 inhabitants, 2008**	households with broadband connection to internet
		2009 *	2030	2010-2030, in %	in %	(%)	male, in %	female, in %			2010 ***, in %
BE10	Région de Bruxelles-Capitale /	15%	17%	35	21,3	6,4	6%	5%	592,3	323,6	65
BE21	Prov. Antwerpen	18%	24%	42	27,2	4	6%	3%	343,1	584,7	73
BE22	Prov. Limburg (BE)	16%	26%	62	24,5	2,7	6%	3%	309,4	767,5	77
BE23	Prov. Oost-Vlaanderen	18%	23%	39	27,4	3,9	6%	4%	358,0	750,5	73
BE24	Prov. Vlaams-Brabant	17%	23%	46	27	5,2	6%	5%	527,5	653,8	78
BE25	Prov. West-Vlaanderen	20%	28%	38	31,9	1,4	6%	4%	323,7	791,5	72
BE31	Prov. Brabant Wallon	15%	22%	63	24	7,2	8%	5%	650,9	543,8	73
BE32	Prov. Hainaut	16%	22%	46	24,7	3,6	6%	4%	318,2	798,2	63
BE33	Prov. Liège	17%	22%	44	25,6	5,1	7%	5%	452,4	636,2	63
BE34	Prov. Luxembourg (BE)	16%	20%	54	23,4	7,8	6%	4%	319,2	608,1	67
BE35	Prov. Namur	16%	22%	56	24,1	6,5	7%	4%	433,8	698,8	63
BG31	Severozapaden	21%	28%	0	32,7	-13,9	9%	8%	362,4	472,8	24
BG32	Severen tsentralen	18%	25%	11	27,1	-9,2	8%	6%	286,6	417,2	23
BG33	Severozitochen	16%	22%	25	23,1	-5,2	8%	7%	363,7	446,5	17
BG34	Yugoiztochen	17%	23%	21	25	-5,5	8%	6%	300,8	409,1	22
BG41	Yugozapaden	16%	21%	26	22,9	0,9	7%	6%	404,6	509,0	37
BG42	Yuzhen tsentralen	17%	24%	23	25,1	-6,5	8%	7%	329,2	442,0	24
CZ01	Praha	16%	21%	29	23,2	2	10%	8%	656,0	1290,5	62
CZ02	Strední Čechy	14%	21%	66	21,1	7,7	9%	5%	246,8	603,2	55
CZ03	Jihozápad	15%	24%	53	22,1	0,3	9%	5%	333,2	780,0	51
CZ04	Severozápad	13%	22%	59	19,5	-0,6	9%	5%	283,6	776,4	53
CZ05	Severovýchod	15%	24%	50	22,1	-0,7	9%	5%	313,3	781,8	47
CZ06	Jihovýchod	15%	24%	46	22,7	-1,1	8%	5%	356,6	850,2	59
CZ07	Strední Morava	15%	24%	48	22,3	-2,2	8%	5%	325,1	776,7	54
CZ08	Moravskoslezsko	14%	24%	49	21,1	-3,9	7%	5%	309,6	795,3	47
DK01	Hovedstaden	15%	20%	38	22,9	2,8	7%	6%	434,9	1408,4	83
DK02	Sjælland	17%	25%	53	27,5	3,8	9%	7%	251,3	1306,2	76
DK03	Syddanmark	17%	25%	47	26,8	1,8	8%	7%	319,6	1519,9	80
DK04	Midtjylland	15%	22%	55	23,4	3,4	9%	7%	327,9	1488,4	79
DK05	Nordjylland	17%	25%	44	27,1	0,6	9%	7%	273,5	1546,9	77
DE11	Stuttgart	19%	28%	35	29,8	-2,4	8%	6%	351,9		75
DE12	Karlsruhe	20%	26%	38	29,4	2,5	8%	6%	351,9		75
DE13	Freiburg	19%	29%	41	30	-1,2	8%	6%	351,9		75
DE14	Tübingen	19%	28%	43	28,3	-1,3	8%	7%	351,9		75
DE21	Oberbayern	19%	22%	39	28	7,9	7%	6%	375,2		75
DE22	Niederbayern	19%	27%	45	28,6	0,9	8%	6%	375,2		75
DE23	Oberpfalz	19%	28%	39	28,5	-1,8	7%	5%	375,2		75
DE24	Oberfranken	21%	31%	27	32,4	-6,2	9%	7%	375,2		75
DE25	Mittelfranken	20%	27%	33	30,1	-0,2	8%	6%	375,2		75
DE26	Unterfranken	20%	30%	39	30	-3,9	8%	6%	375,2		75
DE27	Schwaben	20%	28%	39	30,4	-0,5	8%	6%	375,2		75
DE30	Berlin	19%	24%	31	27,6	1,9	7%	7%	434,4		76
DE41	Brandenburg - Nordost	22%	35%	45	33,6	-4,3	8%	7%	304,8		
DE42	Brandenburg - Südwest	22%	33%	36	34	-4,1	8%	7%	304,8		
DE50	Bremen	21%	24%	17	31,9	2,2	8%	7%	469,1		
DE60	Hamburg	19%	17%	19	26,6	11,4	7%	6%	502,3		78
DE71	Darmstadt	19%	27%	36	29,5	-0,2	8%	6%	350,9		79
DE72	Gießen	20%	29%	36	29,7	-4,4	8%	6%	350,9		79
DE73	Kassel	22%	31%	25	33,9	-5,8	8%	7%	350,9		79
DE80	Mecklenburg-Vorpommern	22%	34%	35	32,8	-7,2	8%	7%	346,4		
DE91	Braunschweig	22%	25%	15	32,9	-0,2	8%	6%	314,8		81
DE92	Hannover	22%	28%	24	33,3	-1,3	8%	6%	314,8		81
DE93	Lüneburg	21%	29%	36	32,6	-1	9%	6%	314,8		81
DE94	Weser-Ems	19%	25%	40	28,9	3,9	8%	6%	314,8		81
DEA1	Düsseldorf	21%	27%	23	32,3	-1,2	8%	6%	357,0		79
DEA2	Köln	19%	26%	36	29,1	1,1	8%	6%	357,0		79
DEA3	Münster	19%	27%	35	29,1	-1,1	8%	6%	357,0		79
DEA4	Detmold	20%	28%	28	31,4	-4,4	8%	6%	357,0		79
DEA5	Arnsberg	21%	28%	23	31,9	-4,2	8%	5%	357,0		79
DEB1	Koblenz	21%	31%	33	33	-4,6	8%	6%	336,7		74
DEB2	Trier	20%	22%	31	29,7	7,8	9%	5%	336,7		74
DEB3	Rheinhausen-Pfalz	20%	27%	37	30,1	0,5	9%	6%	336,7		74
DECO	Saarland	22%	32%	26	33,6	-6,3	9%	6%	388,4		77
DED1	Chemnitz	25%	37%	13	40,9	-12,2	9%	9%	327,7		
DED2	Dresden	24%	36%	17	38,7	-11	8%	8%	327,7		
DED3	Leipzig	23%	30%	20	35,2	-4,2	8%	7%	327,7		
DEE0	Sachsen-Anhalt	24%	36%	17	37	-12	8%	7%	320,3		
DEFO	Schleswig-Holstein	21%	28%	33	33,5	0,5	9%	7%	355,9		81
DEGO	Thüringen	23%	36%	25	34,9	-10,4	8%	7%	335,6		
EE00	Estonia	17%	22%	22	25	-2,6	7%	9%	335,0	670,3	64
IE01	Border, Midland and Western	12%	17%	83	18,4	15	8%	5%			50
IE02	Southern and Eastern	11%	16%	79	16	11,9	7%	5%			61
GR11	Anatoliki Makedonia, Thraki	20%	24%	7	30,9	-4,4	8%	5%	445,4	301,5	37
GR12	Kentriki Makedonia	19%	23%	31	28,6	3	8%	3%	560,7	398,1	37
GR13	Dytiki Makedonia	21%	24%	11	31,9	-2	7%	5%	327,1	245,9	37
GR14	Thessalia	21%	23%	9	32,8	-0,5	10%	6%	446,4	348,8	37
GR21	Ipeiros	22%	20%	-7	33,3	-0,1	9%	6%	585,6	486,2	34
GR22	Ionia Nisia	21%	20%	10	31,1	5,5	9%	5%	406,0	220,3	34
GR23	Dytiki Ellada	19%	20%	8	27,6	1,2	8%	4%	433,2	269,0	34
GR24	Sterea Ellada	21%	17%	-17	31,1	0,6	9%	5%	335,8	133,7	34
GR25	Peloponnisos	23%	17%	-14	33,7	3,3	10%	7%	383,2	227,9	34
GR30	Attiki	17%	29%	70	25,6	1,6	8%	4%	710,3	396,7	51
GR41	Voreio Aigaio	22%	26%	-1	33,3	-9,7	8%	4%	352,6	249,2	36
GR42	Notio Aigaio	16%	21%	38	22,8	0,9	9%	4%	383,7	195,0	36
GR43	Kriti	17%	20%	26	26	5,1	8%	5%	552,7	374,8	36

		population aged 65 or over vs.total	population aged 65 or over vs.total	forecasted change of population aged 65 or over vs.total	old age dependency ratio	population crude growth rate	employment rate of older workers (55-64) vs. total employment (15-64)		physicians/doctors number per 100,000 inhabitants, 2008**	Nurses and midwives number per 100,000 inhabitants, 2008**	households with broadband connection to internet
		2009 *	2030	2010-2030, in %	in %	(%)	male, in %	female, in %			2010 ***, in %
ES11	Galicia	22%	28%	26	32,6	-1,8	8%	6%	310,3	488,3	47
ES12	Principado de Asturias	22%	30%	30	32,4	-3,2	8%	6%	453,3	598,3	58
ES13	Cantabria	18%	26%	53	26,9	3,9	7%	4%	277,6	653,0	57
ES21	País Vasco	19%	28%	38	28,7	-1,2	8%	4%	285,6	626,6	63
ES22	Comunidad Foral de Navarra	18%	24%	50	26,5	5,3	8%	4%	423,1	915,8	59
ES23	La Rioja	18%	24%	49	26,8	7,2	8%	4%	411,8	584,4	55
ES24	Aragón	20%	25%	33	30,1	4,2	8%	5%	502,4	588,2	58
ES30	Comunidad de Madrid	15%	21%	57	21,7	5,9	7%	4%	441,6	628,1	66
ES41	Castilla y León	22%	29%	27	34	-1	8%	4%	362,5	595,6	47
ES42	Castilla-la Mancha	18%	21%	51	26,3	11,4	7%	3%	370,8	508,1	52
ES43	Extremadura	19%	25%	35	28,2	1,5	7%	3%	259,2	577,4	46
ES51	Cataluña	17%	21%	49	24,4	7,9	8%	5%	344,3	594,9	67
ES52	Comunidad Valenciana	16%	20%	60	22,9	12	7%	4%	310,5	447,9	52
ES53	Illes Balears	14%	20%	76	19,6	11,3	7%	5%	439,2	494,9	64
ES61	Andalucía	15%	20%	59	21,3	8	7%	3%	328,8	416,0	53
ES62	Región de Murcia	13%	17%	67	19,4	13,2	7%	4%	374,1	325,0	51
ES70	Canarias (ES)	13%	20%	83	17,8	8,9	7%	3%	284,1	450,3	57
FR10	Île de France	13%	17%	49	18,4	5,2	6%	6%	400,6	724,8	80
FR21	Champagne-Ardenne	17%	27%	47	26,4	-2,8	8%	5%	281,8	795,2	60
FR22	Picardie	15%	24%	61	23,1	0,8	5%	6%	255,1	708,2	60
FR23	Haute-Normandie	16%	24%	55	24,4	0,2	5%	5%	270,7	714,1	60
FR24	Centre (FR)	19%	26%	49	29,4	2,6	6%	6%	265,3	660,0	60
FR25	Basse-Normandie	19%	28%	49	29,9	0,7	7%	6%	282,5	903,4	60
FR26	Bourgogne	20%	29%	44	31,9	0,1	7%	7%	283,9	850,7	60
FR30	Nord - Pas-de-Calais	14%	22%	52	21,9	-0,4	6%	5%	304,9	823,6	68
FR41	Lorraine	17%	25%	47	25,4	-1	6%	5%	303,8	866,0	68
FR42	Alsace	16%	23%	60	23,1	3,4	5%	5%	353,9	908,4	68
FR43	Franche-Comté	17%	25%	49	26,5	1,3	6%	5%	294,5	847,5	68
FR51	Pays de la Loire	17%	24%	57	26,8	6	6%	5%	279,9	755,8	62
FR52	Bretagne	18%	25%	53	29	5,7	6%	5%	308,9	915,6	62
FR53	Poitou-Charentes	20%	28%	47	32,5	4,2	5%	7%	291,8	756,7	62
FR61	Aquitaine	19%	26%	52	30,2	6,4	7%	6%	349,7	847,2	65
FR62	Midi-Pyrénées	19%	24%	49	29,4	8,1	6%	5%	351,4	962,1	65
FR63	Limousin	23%	29%	33	36,2	2,1	6%	6%	335,8	1071,5	65
FR71	Rhône-Alpes	16%	22%	54	24,8	6	5%	6%	334,9	857,9	64
FR72	Auvergne	20%	28%	41	32,1	1,3	6%	6%	298,7	952,2	64
FR81	Languedoc-Roussillon	19%	25%	57	30,5	9	6%	6%	361,7	886,5	68
FR82	Provence-Alpes-Côte d'Azur	19%	25%	45	30,6	6	7%	6%	405,1	937,8	68
FR83	Corse	20%	26%	22	31,4	10,4	9%	7%	314,7	866,1	68
ITC1	Piemonte	23%	28%	22	35,8	0,3	6%	4%	379,9	609,8	48
ITC2	Valle d'Aosta/Vallée d'Aoste	21%	27%	35	31,9	2,2	6%	5%	250,8	672,9	48
ITC3	Liguria	27%	31%	13	43,7	-0,4	8%	5%	680,5	852,5	48
ITC4	Lombardia	20%	25%	34	30,7	3,9	6%	4%	381,3	574,8	53
ITD1	Provincia Autonoma Bolzano/S	18%	23%	43	27,1	4,9	5%	4%	277,2	982,8	50
ITD2	Provincia Autonoma Trento	19%	25%	44	29,7	5,8	6%	4%	321,4	776,3	57
ITD3	Veneto	20%	26%	40	30,4	3,5	6%	3%	318,8	660,6	54
ITD4	Friuli-Venezia Giulia	23%	29%	24	36,8	-0,3	6%	4%	287,1	762,3	51
ITD5	Emilia-Romagna	22%	26%	25	35,3	4,6	6%	5%	468,7	683,9	51
ITE1	Toscana	23%	28%	23	36,7	2	7%	5%	431,0	666,0	54
ITE2	Umbria	23%	27%	24	36,6	4,2	7%	5%	400,7	617,2	51
ITE3	Marche	22%	27%	26	35,2	3,2	7%	5%	375,5	571,6	51
ITE4	Lazio	20%	26%	35	30	2,5	8%	5%	651,7	684,6	53
ITF1	Abruzzo	21%	27%	31	32,7	2	8%	4%	336,9	721,4	49
ITF2	Molise	22%	29%	24	33,5	-2,9	9%	5%	364,0	824,5	34
ITF3	Campania	16%	23%	46	23,7	0,1	9%	4%	389,0	526,9	41
ITF4	Puglia	18%	26%	41	27,3	-0,6	9%	4%	346,0	624,9	41
ITF5	Basilicata	20%	28%	29	30,4	-4,2	9%	5%	246,0	641,2	41
ITF6	Calabria	19%	27%	36	28,2	-3,3	10%	5%	363,8	565,1	42
ITG1	Sicilia	18%	25%	35	27,9	-0,3	10%	4%	420,8	565,2	39
ITG2	Sardegna	19%	29%	51	27,8	-0,9	7%	4%	382,7	693,4	54
CY00	Cyprus	13%	18%	85	18	13,4	8%	5%	285,6		51
LV00	Latvia	17%	22%	16	25,2	-5,1	6%	8%	298,6	483,3	53
LT00	Lithuania	16%	22%	27	23,2	-4	6%	7%	370,6	740,7	54
LU00	Luxembourg	14%	20%	68	21,1	10,4	6%	3%	282,1		70
HU10	Közép-Magyarország	17%	20%	23	24,6	3	7%	6%	445,8	646,0	62
HU21	Közép-Dunántúl	16%	23%	36	22,9	-1,8	6%	5%	206,0	627,8	53
HU22	Nyugat-Dunántúl	16%	23%	35	24,1	-1,6	7%	5%	255,4	636,6	53
HU23	Dél-Dunántúl	17%	24%	29	24,8	-5,3	6%	4%	333,8	680,2	44
HU31	Észak-Magyarország	17%	23%	21	25,2	-6,6	6%	5%	210,2	642,1	49
HU32	Észak-Alföld	15%	22%	31	22,2	-4,5	6%	5%	240,6	609,5	42
HU33	Dél-Alföld	17%	24%	25	25,7	-4	6%	5%	286,2	629,8	48
MT00	Malta	14%	24%	71	21,2	2,1	8%	2%	303,9	655,7	69
NL11	Groningen	15%	24%	54	22,9	0,6	8%	5%	502,9	1651,6	71
NL12	Friesland (NL)	16%	26%	61	25,3	0,1	8%	6%	257,2	1723,4	71
NL13	Drenthe	17%	28%	63	27,5	1,8	9%	6%	307,5	1840,7	81
NL21	Overijssel	15%	23%	60	23,2	3	9%	5%	268,4	1533,0	73
NL22	Gelderland	15%	25%	65	23,5	1,9	8%	5%	361,0	1596,4	77
NL23	Flevoland	9%	20%	145	13,9	9,3	7%	5%	162,1	1264,4	75
NL31	Utrecht	13%	21%	75	19,8	5,9	7%	5%	541,4	1536,2	84
NL32	Noord-Holland	14%	23%	69	21,6	2,9	8%	6%	464,6	1305,6	84
NL33	Zuid-Holland	15%	23%	61	22	1,7	8%	5%	345,9	1226,6	77
NL34	Zeeland	18%	29%	57	28,7	-0,1	9%	6%	205,2	1638,0	67
NL41	Noord-Brabant	15%	25%	63	23,3	1,2	8%	6%	253,0	1513,5	76
NL42	Limburg (NL)	18%	28%	51	26,7	-1	9%	6%	338,5	1571,2	66
AT11	Burgenland (AT)	20%	28%	47	29,7	2,3	7%	3%	339,8	501,2	63
AT12	Niederösterreich	18%	25%	46	28,2	4,7	6%	4%	419,2	607,0	62
AT13	Wien	17%	19%	32	24,2	7,8	6%	4%	650,9	935,8	68
AT21	Kärnten	19%	28%	44	28,7	-1,4	6%	4%	404,6	841,4	57
AT22	Steiermark	19%	25%	38	27,9	0,7	5%	3%	451,4	823,7	63
AT31	Oberösterreich	17%	25%	48	25,3	1,1	6%	4%	387,6	744,6	62
AT32	Salzburg	16%	25%	56	24,1	1,5	6%	4%	479,0	799,9	64
AT33	Tirol	16%	23%	56	23,6	3,5	5%	4%	486,2	772,4	64
AT34	Vorarlberg	15%	23%	62	22,4	3,3	6%	3%	355,3	581,9	65

		population	population	forecasted change of	old age	population	employment rate of older		physicians/doctors	Nurses and midwives	households with
		aged 65 or	aged 65 or over	population aged 65 or	dependency	crude growth	workers (55-64) vs. total	workers (55-64) vs. total			
		over vs.total	vs.total	over vs.total	ratio	rate	male, in %	female, in %	number per 100,000	number per 100,000	broadband
		2009 *	2030	2010-2030, in %	in %	(%)			inhabitants, 2008**	inhabitants, 2008**	connection to
											internet
											2010 ***, in %
PL11	Lódzkie	15%	25%	53	21	-4,6	6%	4%	249,7	501,3	56
PL12	Mazowieckie	15%	22%	54	20,6	1,1	6%	4%	252,7	546,9	56
PL21	Malopolskie	13%	22%	59	19,3	0,3	6%	4%	219,5	519,7	56
PL22	Slaskie	14%	25%	61	19,8	-3,5	6%	3%	224,0	565,8	56
PL31	Lubelskie	14%	23%	50	20,6	-3,9	7%	4%	246,3	584,5	52
PL32	Podkarpackie	13%	22%	62	18,6	-0,9	7%	5%	187,9	569,2	52
PL33	Swietokrzyskie	15%	25%	54	21,2	-4,8	6%	3%	211,2	554,8	52
PL34	Podlaskie	15%	23%	49	21	-3,2	5%	3%	235,5	551,4	52
PL41	Wielkopolskie	12%	22%	83	16,5	0,5	6%	3%	168,1	427,9	61
PL42	Zachodniopomorskie	12%	24%	86	17	-2,2	8%	3%	215,4	463,3	61
PL43	Lubuskie	12%	23%	91	16,2	-1,4	7%	3%	181,5	478,3	61
PL51	Dolnoslaskie	13%	24%	70	18,6	-2,9	8%	4%	215,5	538,3	58
PL52	Opolskie	14%	25%	61	19,8	-3,2	7%	3%	184,1	485,3	58
PL61	Kujawsko-Pomorskie	13%	23%	75	17,6	-1,5	6%	3%	196,6	495,6	59
PL62	Warminsko-Mazurskie	12%	22%	84	16,4	-1,5	6%	3%	178,8	499,1	59
PL63	Pomorskie	12%	22%	80	17,2	1,4	7%	4%	206,6	451,5	59
PT11	Norte	15%	23%	56	22,8	2,1	7%	5%	351,2	508,2	48
PT15	Algarve	19%	23%	57	28,8	12,5	9%	6%	307,1	452,5	55
PT16	Centro (PT)	21%	22%	16	31,2	3,3	8%	8%	325,5	525,0	45
PT17	Lisboa	17%	24%	43	26,6	3,2	7%	6%	538,1	580,0	59
PT18	Alentejo	23%	25%	13	36	1,1	8%	6%	201,0	437,3	42
RO11	Nord-Vest	14%	20%	32	19,9	-2,9	6%	5%	241,4	636,6	28
RO12	Centru	14%	20%	37	20,1	-2	6%	4%	217,9	607,9	23
RO21	Nord-Est	15%	19%	24	21,3	-1,7	7%	7%	175,3	530,2	17
RO22	Sud-Est	15%	21%	31	21,2	-3,6	7%	5%	154,5	512,5	23
RO31	Sud - Muntenia	17%	21%	16	24,5	-4,7	7%	5%	127,3	436,3	23
RO32	Bucuresti - Ilfov	14%	21%	40	19,3	-1,9	6%	3%	482,6	784,3	33
RO41	Sud-Vest Oltenia	16%	21%	17	23,8	-5,5	8%	7%	191,3	540,8	15
RO42	Vest	14%	20%	32	20,1	-2,6	6%	4%	275,6	635,1	22
SI01	Vzhodna Slovenija	16%	26%	53	23,6	-1,4	6%	3%	185,1	736,9	62
SI02	Zahodna Slovenija	16%	24%	49	24,3	1,3	7%	4%	300,0	845,5	62
SK01	Bratislavský kraj	13%	21%	69	17,3	0,9	8%	7%	652,5		57
SK02	Západné Slovensko	13%	23%	70	1,8	-1,6	7%	4%	257,3		48
SK03	Stredné Slovensko	12%	21%	69	16,9	-1,6	6%	3%	306,0		43
SK04	Východné Slovensko	11%	19%	74	15,6	0,5	6%	3%	327,0		54
FI13	Itä-Suomi	20%	32%	46	31,3	-3,9	9%	10%			73
FI18	Etela-Suomi	16%	24%	62	23,5	3,6	8%	9%			78
FI19	Länsi-Suomi	18%	26%	49	28,2	2,2	9%	9%			72
FI1A	Pohjois-Suomi	16%	25%	61	24,3	1,9	8%	9%			78
FI20	Åland	17%	26%	58	27,4	4,6	11%	11%			64
SE11	Stockholm	14%	18%	47	22	8,4	9%	8%	433,6		87
SE12	Östra Mellansverige	18%	24%	39	28,8	3,9	11%	10%	359,0		82
SE21	Småland med garna	20%	25%	31	31,4	2,4	11%	10%	298,8		78
SE22	Sydsverige	18%	22%	35	28,4	7,5	10%	9%	368,4		84
SE23	Vastsverige	18%	22%	39	27,4	5,6	10%	9%	330,1		83
SE31	Norra Mellansverige	21%	27%	29	33,3	0,2	12%	10%	292,7		80
SE32	Mellersta Norrland	21%	26%	24	33,5	0,2	10%	10%	317,5		75
SE33	Övre Norrland	19%	26%	30	30,1	-0,2	11%	9%	346,2		79
UKC1	Tees Valley and Durham	17%	22%	42	25,5	4,1	8%	5%	275,3	1163,6	63
UKC2	Northumberland and Tyne and	17%	22%	36	26,1	2,6	8%	6%	275,3	1163,6	66
UKD1	Cumbria	20%	28%	47	31,4	3,4	11%	8%	260,0	1181,3	61
UKD2	Cheshire	17%	24%	47	26,8	4,2	8%	7%	260,0	1181,3	68
UKD3	Greater Manchester	15%	18%	33	22,1	4,7	8%	6%	260,0	1181,3	68
UKD4	Lancashire	17%	23%	43	26,6	4,4	9%	7%	260,0	1181,3	65
UKD5	Merseyside	17%	22%	31	26	0,5	8%	7%	260,0	1181,3	61
UKE1	East Yorkshire and Northern Lir	17%	23%	44	27	5,7	10%	6%	248,3	1026,9	65
UKE2	North Yorkshire	19%	24%	42	28,9	6,1	8%	8%	248,3	1026,9	63
UKE3	South Yorkshire	16%	19%	32	24,6	5,3	8%	6%	248,3	1026,9	58
UKE4	West Yorkshire	15%	17%	34	21,6	8,2	7%	6%	248,3	1026,9	63
UKF1	Derbyshire and Nottinghamshi	16%	21%	39	25,1	5,8	9%	7%	211,4	908,9	62
UKF2	Leicestershire, Rutland and Noi	15%	20%	50	22,9	7,6	9%	6%	211,4	908,9	68
UKF3	Lincolnshire	20%	26%	51	32,4	8,1	12%	7%	211,4	908,9	57
UKG1	Herefordshire, Worcestershire	18%	25%	48	29,2	5,2	11%	8%	237,3	980,8	75
UKG2	Shropshire and Staffordshire	17%	25%	47	27,8	3,7	9%	7%	237,3	980,8	78
UKG3	West Midlands	15%	17%	17	23,5	3,9	7%	6%	237,3	980,8	64
UKH1	East Anglia	18%	24%	49	29,1	7,7	9%	7%	212,9	868,3	73
UKH2	Bedfordshire and Hertfordshire	15%	19%	44	22,8	5,6	9%	6%	212,9	868,3	74
UKH3	Essex	17%	22%	43	26,8	6,9	9%	7%	212,9	868,3	73
UKI1	Inner London	9%	10%	31	12,2	6,4	4%	4%	328,4	1067,7	81
UKI2	Outer London	13%	16%	31	19,4	4,7	7%	6%	328,4	1067,7	74
UKJ1	Berkshire, Buckinghamshire an	14%	19%	49	21,3	5,7	9%	7%	226,5	834,3	75
UKJ2	Surrey, East and West Sussex	19%	24%	40	29,5	5,7	10%	7%	226,5	834,3	78
UKJ3	Hampshire and Isle of Wight	17%	22%	45	26,4	5,8	8%	7%	226,5	834,3	74
UKJ4	Kent	17%	22%	47	26,7	6,3	9%	7%	226,5	834,3	72
UKK1	Gloucestershire, Wiltshire and	16%	21%	42	25,4	7,1	10%	7%	244,3	1015,0	77
UKK2	Dorset and Somerset	22%	28%	43	35,6	6	10%	9%	244,3	1015,0	71
UKK3	Cornwall and Isles of Scilly	21%	26%	43	33,6	8,3	9%	8%	244,3	1015,0	41
UKK4	Devon	20%	25%	40	32,2	7,7	9%	8%	244,3	1015,0	65
UKL1	West Wales and The Valleys	19%	24%	39	29,9	4,6	9%	7%	257,9	823,7	69
UKL2	East Wales	17%	21%	39	25,7	5,4	9%	7%	257,9	823,7	56
UKM2	Eastern Scotland	16%	21%	44	24,7	6,6	9%	7%	303,7	901,3	69
UKM3	South Western Scotland	16%	22%	37	24,5	2,2	7%	6%	310,6	904,1	57
UKM5	North Eastern Scotland	16%	20%	45	22,8	5,5	9%	7%	396,9	1061,3	45
UKM6	Highlands and Islands	19%	26%	35	30	0,9	11%	8%	229,3	817,9	77
UKN0	Northern Ireland (UK)	14%	18%	48	21,6	7,3	7%	5%	265,9	1180,5	42

Appendix II – List of References

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Appendix III – Navarro’s typology: list of regions by group

The information below is sourced from Navarro *et al.*, 2008.

GROUP 1: Restructuring industrial regions with strong weaknesses

Jihovýchod	Jihozápád	Moravskoslezsko	Severovýchod	Severozápád
Strední Čechy	Strední Morava	Estonia	Dél-Alföld	Dél-Dunántúl
Eszak-Alföld	Eszak-Magyarország	Közép-Dunántúl	Nyugat-Dunántúl	Basilicata
Molise	Dolnoslaskie	Kujawsko-Pomorskie	Lódzkie	Lubuskie
Opolskie	Podkarpackie	Pomorskie	Slaskie	Warminsko-Mazurskie
Wielkopolskie	Zachodniopomorskie	Norte	Stredné Slovensko	Východné Slovensko
Západné Slovensko				

GROUP 2: Regions with a weak economic and technological performance

Burgenland	Cyprus	Andalucia	Canarias (ES)	Castilla-la Mancha
Castilla y León	Extremadura	Gallicia	Illes Balears	Principado de Asturias
Región de Murcia	Corse	Anatoliki Makedonia, Thr	Dytiki Ellada	Dytiki Makedonia
Ionia Nisia	Ipeiros	Kentriki Makedonia	Kriti	Notio Aigaio
Peloponnisos	Stereia Ellada	Thessalia	Voreio Aigaio	Calabria
Campania	Puglia	Sardegna	Sicilia	Lithuania
Latvia	Lubelskie	Malopolskie	Podlaskie	Swietokrzyskie
Alentejo	Algarve	Centro (PT)		

GROUP 3: Regions with average economic and technological performance

Kärnten	Niederösterreich	Oberösterreich	Salzburg	Steiermark
Tirol	Sachsen-Anhalt	Schleswig-Holstein	Aragón	Cantabria
Cataluña	Comunidad Foral de Navar	Comunidad Valenciana	La Rioja	Pais Vasco
Åland	Itä-Suomi	Aquitaine	Auvergne	Basse-Normandie
Bourgogne	Bretagne	Centre	Champagne-Ardenne	Limousin
Lorraine	Pays de la Loire	Poitou-Charentes	Ireland	Abruzzo
Emilia-Romagna	Friuli-Venezia Giulia	Liguria	Marche	Provincia Autonoma Bolza
Provincia Autonoma Trent	Toscana	Umbria	Valle d'Aosta/Vallée d'A	Veneto
Mellersta Norrland	Norra Mellansverige	Småland med Öarna	Slovenia	Northern Ireland

GROUP 4: Advanced regions, with a certain industrial specialisation

Vorarlberg	Région Wallonne	Vlaams Gewest	Baden-Württemberg	Bayern
Hessen	Niedersachsen	Nordrhein-Westfalen	Rheinland-Pfalz	Saarland
Thüringen	Alsace	Franche-Comté	Haute-Normandie	Nord - Pas-de-Calais
Picardie	Rhône-Alpes	Lombardia	Piemonte	Drenthe
Friesland	Limburg (NL)	Overijssel	Zeeland	East Midlands
Eastern	North East	North West (including Me	Scotland	South West
Wales	West Midlands	Yorkshire and The Humber		

GROUP 5: Innovative regions, with a high level of economic and technological development

Denmark	Etelä-Suomi	Länsi-Suomi	Pohjois-Suomi	Noord-Brabant
Östra Mellansverige	Övre Norrland	Stockholm	Sydsverige	Västssverige

GROUP 6: Capital-regions, with a certain specialisation in high value-added services

Berlin	Brandenburg	Mecklenburg-Vorpommern	Sachsen	Comunidad de Madrid
Languedoc-Roussillon	Midi-Pyrénées	Provence-Alpes-Côte d'Az	Attiki	Közép-Magyarország
Lazio	Flevoland	Gelderland	Mazowieckie	Lisboa
Bratislavský kraj				

GROUP 7: Innovative capital-regions, specialised in high value-added services

Wien	Région de Bruxelles-Capi	Praha	Bremen	Hamburg
Île de France	Luxembourg (Grand-Duché)	Groningen	Noord-Holland	Utrecht
Zuid-Holland	London	South East		