



**European Committee
of the Regions**

**Commission for
Social Policy, Education,
Employment, Research and Culture**

SEDEC

Regional aspects of ageing and demographic change



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Executive Summary

Population ageing results primarily from a long-term fall in fertility rates and increased life expectancy and it is expected to continue over the next couple of decades as the post-war baby-boom population moves gradually into retirement. The file note analyses the challenges associated with an ageing Europe, which include inter alia the fiscal sustainability, quality and adequacy of pensions, social and health care systems, the labour market potential of older workers, including through training and lifelong learning, the shrinking of rural areas and the ageing of cities. Member States' effectiveness to address these challenges depends on factors such as the design of evidence-based and comprehensive ageing strategies and initiatives, the effective cooperation of local stakeholders and the involvement of NGOs, the use of area-based, integrated and individualised approaches for the elderly, with a long-term view to ensure sustainability.

The file note concludes with a number of recommendations for Member States:

1. Maintain the move from reactive to proactive responses in social and health care.
2. Maintain the trend towards the integration of social and health care.
3. Improve existing and develop new monitoring approaches of social, health and long-term care.
4. Support and promote innovation in the field of active and healthy ageing.
5. Continue with pension reforms for financial sustainability but not at the expense of adequacy.
6. Promote labour market measures that increase effective labour inputs, with the aim to encourage and enable the employment of older workers.
7. Develop a repository of measures for dealing with rural shrinkage by revitalising the labour market and/or local services.
8. Adopt the WHO indicators in urban planning to address the effects of ageing.

9. Make greater use of the Active Ageing Index (AAI) at local level to provide guidance for policy making.

10. Incorporate a 'demography check' in EU and national policies by integrating the perspective of ageing in the preparation and implementation of programmes.

The European Commission has an important role in providing a common approach for monitoring ageing as part of the European Semester process and with a view to assessing progress in achieving the Sustainable Development Goals. Closer cooperation and exchange of experience amongst EU institutions would bring forward lessons from different policy and geographic perspectives and would help make informed policy decisions on funding streams and priorities in relation to ageing.

Introduction

The file note has been developed in response to the need to obtain information on the issue of ageing and demographic change in order to provide the Committee of the Regions with a comprehensive picture of current challenges and progress made to date and propose ways to mitigate these challenges. It therefore has three aims:

1. provide an updated data set from existing studies on the state of play of ageing and demographic change at Member State, regional and local level;
2. identify existing strategies at Member State, regional and local level to address the challenges of ageing and demographic change;
3. make proposals for specific actions/measures to respond to ageing and demographic change at EU level.

The methodology used to draft the file note comprises desk research and literature review as well as consultations with representatives from Commission services, notably DG Employment, DG Regio and the EIP on Active and Healthy Ageing.

The file note consists of 3 Parts:

- Part 1 describes the state of play of ageing and demographic change, by looking at a variety of indicators and data published in official databases such as Eurostat or collected and analysed by EU level organisations and think tanks, as well as findings from studies on the subject. It culminates in the identification of the key challenges facing the EU in relation to demographic change.
- Part 2 starts from the findings of the Active Ageing Index to set the context in which policies, strategies or initiatives are analysed in a second step. Part 2 concludes with a list of key factors underpinning the success of the identified policies, strategies and initiatives.
- Part 3 builds on the findings from Parts 1 and 2 to develop a set of recommendations for Member States (applicable at national or regional/local level) as well as a set of recommendations for Commission services.

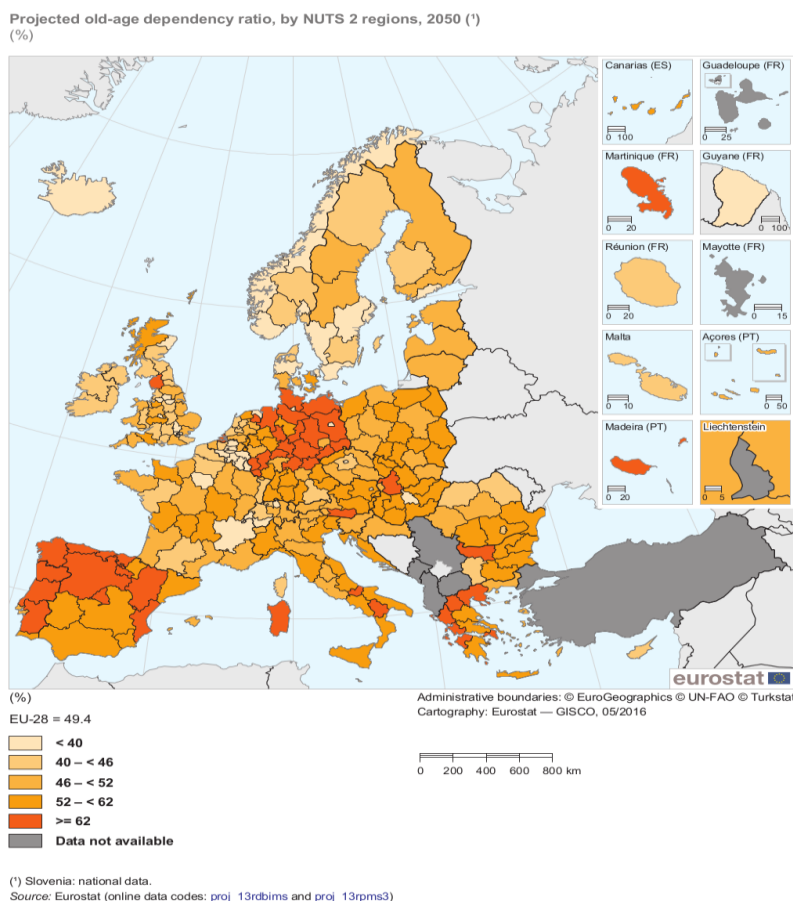
1 Part 1: State of play of ageing in Europe

Part 1 describes the state of play and trends of ageing and demographic change in Europe, using the most recent available data, with a focus on the challenges stemming from these trends.

1.1 Overview of the ageing situation in Europe

Population and ageing patterns

Population development was modest up to 2016 (CoR, 2016) and is expected to continue growing only modestly from 512 million in 2016 to 525 million by 2040, before falling marginally through to 2050 (Eurostat, 2019). Despite this modest overall increase, the working-age population (15-64) will be significantly lower over the coming decades (from 333 million in 2016 to 292 million in 2070, EC, 2018) due to reduced fertility rates, increased life expectancy and migration dynamics. This means that the **old-age dependency ratio** (people aged over 65 compared to those aged 15 to 64) will rise to more than double by 2050 according to EC estimates (EC, 2018 and Eurostat, 2019).



To illustrate the age-dependency ratio, the EU will go from having 3.3 working-age people for every person aged 65 or over to only two working-age persons by 2050. Most of this is driven by the very old-age dependency ratio, i.e. those over 85, while it is projected there will be more than half a million centenarians by 2050 (Eurostat, 2019). The old-age dependency ratio is considered more problematic for central and eastern EU countries, with implications on demand for public spending in pensions and healthcare by over 5%, or even over 10%, of GDP (IMF, 2019). Also, in Greece and Italy, the old-age dependency ratio is projected to reach a level above 60% while it will peak in 65.8% Portugal (Eurostat, 2019).

Life expectancy projections, combined with a reduced number of births, contribute to the above picture of an increasingly grey Europe. It has been widely documented that life expectancy at birth has risen significantly, by more than two years per decade, since the 1960s (CoR, 2016 and Eurostat, 2019) and will continue to increase by an average of 7 years between 2016 and 2070 (EC, 2018).

In terms of **gender**, women have generally outnumbered men at older ages, although as men now survive to older ages due to improved life expectancy and the gap is narrower. In 2018, there were 1.32 women aged 65 or over for every man of this age in the EU28 (Eurostat, 2019). The biggest gender imbalances were found in the Baltic States, especially for the very old, i.e. over 85 (with differences of more than three to one), while Greece and Cyprus presented a relatively narrow gender gap, particularly for those over 85.

When looking at the **territorial distribution of population change**, the trends of the previous CoR study remain largely the same, with population decline continuing through to 2018 in many regions of the Baltic and Nordic countries and also in Bulgaria, Romania, eastern Germany, Portugal, Greece, Spain, Italy, central regions of France and especially acute in Croatia (four NUTS3 Croatian regions are amongst the bottom five regions with the lowest rates of total population change in 2017, according to the Eurostat, 2019). On the other hand, population growth continues to be observed particularly in large parts of Western Germany, Ireland, western and southern parts of France, Mediterranean Spain and Southern Scandinavia (Eurostat, 2019).

Concerning the **territorial distribution of older people**, in 2018, there were higher shares of older people in 14 NUTS2 regions across the EU, located notably in regions experiencing population decline, in eastern Germany, northern/central Italy, central regions of France, south Portugal and north-western Greece. By contrast, Western Germany, Ireland, southern parts of France and Mediterranean Spain, which experienced population growth, also had lower shares of older people (Eurostat, 2019).

There are significant **demographic contrasts also between the core and the periphery** or between metropolitan, urban and rural areas, as already identified by the CoR report in 2016. The overall trend is a move from rural to urban areas, producing what is called "rural shrinkage", driven by lower fertility rates and the tertiarisation of employment. According to ESPON (ENRD, 2019), 64% of rural regions are, have been, and will be shrinking, while Eurostat forecasts that the population of predominantly rural regions will fall by almost 8 million by 2050. In addition to or as a result of shrinkage, **rural areas are turning grey**. In 2018, the highest old-age dependency ratios were recorded in predominantly rural regions, especially in France, the Netherlands, and particularly in Spain (Eurostat, 2019). Sparsely populated and remote regions also experienced higher shares of older people, reaching more than a third of the population in a central Greek region (Evrytania, with a striking 67% old-age dependency ratio) and a third of the population in certain less-populated regions in Belgium, eastern Germany, north-western Spain, central France and northern Portugal. The regions with the highest share of old people, also have the highest old-age dependency ratios

Healthcare, housing and living conditions

The ageing population faces specific needs related to healthcare and housing and living conditions. The rise in life expectancy, combined with better **health conditions** characterise the ageing EU population. However, as people grow older their perception of their own health deteriorates (Eurostat, 2019). However, older people with higher incomes were more likely to perceive themselves as healthy, which indicates the intrinsic link between healthcare and its affordability. As people get older, they face health problems that require healthcare. About 75% of people over 85 had a long-standing illness or health problem in 2017, including difficulties to carry out simple tasks such as preparing a meal, while 20% of women over 75 made use of homecare services (Eurostat, 2019).

Old people are more vulnerable in terms of their **housing and living conditions**. Recent data indicates that older women are more likely to be living alone (40% compared to 22% for men in 2017, Eurostat, 2019) and although the overwhelming majority of older people live in private households, some move into institutional households (e.g. retirement, nursing homes), the cost of which is usually not covered by long-term social care systems. Therefore, older people or their families have to bear the costs of institutional housing, while if they live in private households they face a burden from their housing costs. The housing cost overburden rate was higher for old people than it was for the total population in the Czech Republic, Denmark, Sweden, Slovakia, Germany and particularly Bulgaria in 2017 (Eurostat, 2019).

Older people are more likely to suffer from **material deprivation**¹ than the younger parts of the population in several Member States, in particular in eastern parts of the EU, with Bulgaria being an exceptional case where the material deprivation for older people was almost 33% compared to 20% for the total population in 2018 (Eurostat, 2019). The gender gap is evident here as well, with women more likely to suffer from material deprivation than men. A specific component of material deprivation is energy poverty, i.e. the inability to keep a home sufficiently warm. Older people are more likely to suffer from this form of material deprivation, due to low levels of household income and relatively high energy costs. Higher rates of energy poverty for older people in the EU, especially those living alone, were experienced in 2018 in eastern Europe (Bulgaria, Slovenia, Czech Republic, Croatia, Lithuania, Poland, Romania) and also Malta and Portugal in the south (Eurostat, 2019).

Ageing, the economy and social inclusion

Demographic ageing has important implications for the economy. As population declines and the old-age dependency ratio increases, **labour supply** is projected to decline by 9.6% between 2016 and 2070 (EC, 2018). This decline will be more pronounced as the old-age dependency ratio increases over time, i.e. 2% by 2030 and a further 7.8% decline between 2030 and 2070.

As a consequence of this trend, Member States are increasing the statutory pension ages, therefore the **number of older employed persons** rose significantly between 2008 and 2018, by 45.5% for those aged 55-64 and by 52% for those aged 65 or more, with people aged over 55 accounting for almost one fifth of the workforce in 2018 (Eurostat, 2019). Although **employment rates** in that period increased for all people over 55, the pace of increase was especially fast for the 55-64 age range and it is evident in all Member States, with the exception of Greece which recorded a modest decline. The highest increase was evident in Slovenia and Bulgaria, where employment rates for people aged 55-64 doubled, while Sweden, Germany and Denmark reached employment rates of over 70% for the same age group in 2018.

In terms of **typologies of employment for older people**, especially those aged over 65, they tend to be employed on a part-time basis (almost half of men and 64% of women, in 2018) or self-employed (42% of the workforce aged 65-74 and as much as 58% for those aged more than 75, in 2018). The highest rates of self-employment of older people were noted in Greece, Portugal and Romania, with around 30% of those aged 65-74 and even more than half in Italy, Belgium, Ireland, Spain, Finland and Croatia (Eurostat, 2019).

¹ Defined as the enforced inability to afford basic goods and services.

The above trends are expected to continue in the future, with labour market participation of men aged 55-64 projected to rise by around 12% for men and 16% for women between 2016 and 2070 (EC, 2018). Despite the projected increase in employment rates, the number of employed people will gradually follow the trend of the working-age population and will decline gradually after 2021.

The **incomes of older people**, especially as they move into retirement, indicate the risk of poverty and other forms of social exclusion. Recent data indicates there are differences between older age groups and also gender differences. People aged 55-64 could expect to have a higher than average level of annual income in 2017, while those aged over 65 were below the average. Over time however (2011-2017), the equivalised net income (i.e. income after taxes and other deductions) for older people rose at a faster than average pace. The **gender gap** is evident here as well, with older women having less income at their disposal than older men (annual median equivalised net income for men aged 55-64 almost 5% higher than for women aged 55-64 in 2017, Eurostat, 2019), with the gender gap more pronounced for the over 65 age group.

Pensions, as a key component of old people's income, accounted for slightly more than half of the income received at the end of their careers (aggregate replacement ratio²). This indicates a relative inefficiency of pension systems in terms of allowing older people to maintain their standard of living after they have moved into retirement. The consequence of lower incomes can be poverty and social exclusion. In 2017, older people (aged 65 years or more) accounted for 17% of the total number of people **at risk of poverty**, with an evident **gender gap**, with older women being more often at risk of poverty than men (Eurostat, 2019).

Older people face a higher **risk of social exclusion** due to factors already described, notably, living alone, poor health or reduced mobility, lack of adequate or proximity to services, material deprivation, financial insecurity stemming from lower incomes. Social inclusion depends also on a range of other factors, including inter alia participation in social life through culture and leisure activities and participation in continuous education and training to be able to continue living an independent life.

The current situation is that although **participation in cultural/leisure activities** enhances the quality of life, it tends to decline with age due for instance to lack of interest, poor health, distance or lack of transport. Only just over a third of people aged 75 or more participated in cultural/sporting activities in 2015 (Eurostat, 2019). Regional differences exist, with western and northern Member States

² Compares the media pension income of people aged 65-74 years relative to median earnings from work among people aged 50-59 years.

having the highest participation rates (more than 50% of the population aged 75 or more in the Netherlands, Luxemburg, Germany, Denmark and Sweden).

The current situation in relation to **participation in continuous education and lifelong learning** is that only 1 in 15 people aged 55-64 participated in education and training in 2018 (Eurostat, 2019), being this age group the most relevant for receiving training as they the most active in an increasingly competitive and increasingly digitalised labour market. The situation is even worse with people aged 65-74 who had never used a computer in 2018 (Eurostat, 2019). Nordic countries ranked better in terms of participation in education and training, while basic digital skills were worse in south and eastern Europe, notably, Greece, Italy, Cyprus, Poland, Croatia, Bulgaria and Romania.

Loneliness and lack of support networks is another feature that determines the quality of life and social inclusion of older people. In 2015, at least 15% of older people in Italy, Luxemburg and the Netherlands did not have anyone to talk to.

All of the above trends are currently captured in the [Active Ageing Index](#) (AAI), a comprehensive composite indicator for active, healthy and inclusive ageing. Despite its usefulness for capturing progress in terms of active ageing, there is still **low awareness of its usefulness** and limited use, with the exception of Germany, Malta, Poland and Spain. Some countries (FI, IT) are considering using the regional AAI for benchmarking between different regions/local areas, while others are still discussing its potential use (RO, EE). (AAI, 2016).

1.2 Current challenges due to ageing in Europe

An analysis of the most recent [country specific recommendations](#) of the Council reveals the most pressing current challenges for Member States, grouped in four categories, related to health care the long-term care (LTC), pensions, labour market and education and training (see overview in Annex 1 and detailed analysis of CSR in Annex 2).

The **fiscal impact of ageing** is currently the most significant challenge in almost all Member States and it is expected to become even more acute in the future. The total cost of ageing was 25% of GDP in 2016 and is projected to rise by 1.7% of GDP by 2070 (EC, 2018). The situation varies between Member States:

- A fall in age-related expenditure is projected in eight Member States, with a decline in the pension-to-GDP ratio (GR, HR, FR, LV, EE, IT, LT, ES).
- A moderate rise is projected for another ten countries (PT, DK, CY, PL, SE, RO, BG, FI, HU, SK).

- The largest age-related expenditure increase is projected in the remaining ten Member States (NL, AT, IE, DE, BE, CZ, SI, MT, LU).

Health and long-term care (LTC)

A recent report by the European Social Policy Network (ESPN, 2018) has identified four main challenges of long-term care (LTC). These are analysed here in relation to ageing, taking into account also health care and complemented with findings from the Council Country Specific Recommendations (CSR, 2019).

The **financing or fiscal sustainability challenge**, where ageing and increased life expectancy exert pressure on public health care expenditure, which will grow as the ageing population increases (EC, 2018). The demand for long-term care will also increase as a result of ageing and so will public expenditure, which is projected to increase from 1.6% of GDP to 2.7% of GDP by 2070, i.e. an increase of 73% (EC, 2018). By contrast to healthcare, where higher spending as a consequence of ageing is partly due to increasing age-cost profiles, ageing affects LTC spending mainly through increases in the number of dependent people. It is therefore not age per se but the dependency ratio that determines LTC expenditure.

The **quality challenge**, where increasing economic wealth puts governments at pressure to provide more health services and improve the quality of care. Although it may be easier to monitor quality in residential care facilities, the challenge is how to systematically monitor quality in home-based services or quality of informal care which is often provided by family members and friends.

The **employment challenge**, driven by the expected substantial rise on LTC needs in the future, even if older people live healthier lives. This rise in LTC needs has implications especially for informal care, which has expanded in many countries notably to the lack of accessible LTC facilities or the low level of LTC. Other reasons include the poor quality of LTC (e.g. IT), the shortage of institutional and community services (including at-home and day-care services) (e.g. HR, RO), the non-affordability of LTC (e.g. IT) and the overburdening of women with informal care. The latter has implications for the labour market participation of women who reduce or give up employment in order to provide care.

Accessibility and adequacy challenges³, driven by the gap between health and LTC supply and demand will become more difficult to close as the number of people in need of health and LTC increases and the working age population is declining. The access to and adequacy of health and LTC are challenged by a

³ Input here from ESPN (2018) and CSR (2019).

number of factors such as differences in institutional settings (e.g. competences spread across different administrative levels in Belgium), capacity issues (e.g. shortages of health care staff in Hungary) and the fragmented provision of health care and social services which results in complex and lengthy administrative procedures in many countries (BG, CY, CZ, FR, EE, LV, LT, SI).

The underdevelopment of homecare services and community-based LTC is a particular challenge in southern and eastern European countries (stressed for PL and RO in the CSR, 2019). Deinstitutionalisation of LTC is important for two reasons: on one hand for addressing the insufficient availability and the cost of residential care and on the other hand, for improving the quality of life of older people, whose institutionalisation brings along depression and exclusion from day to day social/community engagement. But for deinstitutionalisation to work there is a need of good quality and affordable home and community-based services. However, these are currently more developed only in Nordic countries and in some continental countries (AT, BE, DE, FR, LU, NL).

Pensions

The **fiscal sustainability** of pensions is the most common challenge amongst Member States. With pension systems relying primarily on existing workers to pay for current pensioners, this presents a serious challenge in terms of the adequacy, sustainability and inter-generational fairness of pension systems (EP, 2019). This translates into reduced contributions to pension schemes in the future, indicating potential deficits in pensions systems. Public pension expenditure in the EU is projected to increase by 0.8 pps. of GDP between 2016 and 2040, mainly due to the rise in the old-age dependency ratio, with notable differences between Member States. Statutory retirement ages and effective retirement⁴ ages are estimated to increase in the future in all Member States to offset the impact of ageing on public finances (EC, 2018). However, closing the gap between statutory and effective retirement ages remains a challenge in some countries (e.g. AT, LV, LU, MT, PL).

The capacity of pensions to maintain the quality of life of older people depends on the **retirement conditions and the retirement income**. Specific challenges (CSR, 2019) include the adequacy of retirement income for low-income workers (Germany), for the self-employed (Slovenia) or for those in part-time employment (Spain), differences in retirement conditions between certain groups of civil servants (Belgium), the coexistence of a large number of pension schemes which affects the cost-efficiency of pensions (e.g. more than 40 pensions schemes in France) and a considerable pension gender gap as women tend to reduce working

⁴ The actual age that people retire as opposed to simply the age from which they can access certain pension benefits (known as pensionable or statutory age).

hours, take up part-time employment or even exit the labour market for family reasons (Poland, Romania). In conclusion, **fiscal sustainability versus pension adequacy** over time is an overarching challenge.

Labour market/employment

Addressing **labour shortages** is the main challenge for labour markets as a result of ageing and demographic change. Specific issues (CSR, 2019) include inter alia, to address the low participation of older workers in employment, especially those aged 55-64 (IT, LT), which is in turn affected by outdated skills and low levels of digital skills (LV), to address the rising numbers of inactive people over 65 (SK).

The **gender gap** in the employment of older workers is rather large in most EU countries and has been identified in the Active Ageing Index as a major challenge that has not been given the necessary attention in Member States (UNECE, 2019).

Education and training

The main challenge in relation to ageing is keeping older people active through **continuous access to education and training** improves their quality of life and their social integration. More specific challenges include inter alia, how to adapt education and training policies to increasing demands for quality lifelong learning (EE, LU) and how to address the supply of adequate and qualified teachers as they also age (EE, SE)⁵.

Rural - urban areas

A key challenge in relation to rural shrinkage is how to **unlock rural areas from the circle of decline** by reversing out two mutually reinforcing trends: firstly, the shortage of jobs and sustainable business activity; and secondly, the inadequate and declining services for an increasingly ageing rural population. A comprehensive policy response is required as municipalities most in need to cope with shrinkage tend to be those with the least capacity to act (ESPON, 2017).

On the other hand, the **challenges of increased urbanisation** are evident in Nordic countries which are expected to become increasingly older and more urban by 2030 (Nordic Council of Ministers, 2018). The main challenge is for policy makers to encourage the potential of older people to contribute to their neighbourhoods, cities and villages as a way to adapt to future population changes.

⁵ CSR, 2019.

2 Part 2: Tackling ageing and demographic change issues

Part 2 focuses on policies and strategies for tackling ageing and demographic change challenges, at EU, national and regional/local level. Detailed examples of strategies and initiatives can be found in Annex 3.

2.1 Existing strategies to address ageing challenges

According to the **Active Ageing Index** (UNECE, 2019), the Member States that are more advanced in untapping the potential of older people for active and healthy ageing are in the north of Europe (DK, FI, NL, SE), while south and eastern European countries are worst positioned in their approaches to healthy ageing. The most problematic areas, even for high scoring countries, are social participation (with a very low 17.9 total score) and employment (with a 31.1 score). Having said this, there are several strategies and initiatives, even from low scoring countries, that offer good examples of how to address demographic change challenges. These are analysed in this section.

Table 1 - The Active Ageing Index 2018

Country clusters*	Domain-specific scores				Overall
	Employment	Social participation	Independent, healthy & secure living	Capacity & enabling environment	
1	25.6	14.1	69.9	52.8	31.4
2	25.7	22.7	74.2	60.4	36.4
3	37.5	15.1	69.8	55.9	36.6
4	39.4	23.5	75.6	65.9	42.8
Total	31.1	17.9	71.8	57.5	35.8

*: Clusters contain following countries (colours refer to those shown in Fig. 1):

1. Bulgaria, Croatia, Greece, Hungary, Italy, Poland, Romania, Slovakia, Slovenia, Spain (green);
2. Austria, Belgium, Cyprus, France, Luxembourg, Malta (red);
3. Czech Republic, Estonia, Ireland, Germany, Latvia, Lithuania, Portugal (blue);
4. Denmark, Finland, Netherlands, Sweden, United Kingdom (yellow).

EU level policies and strategies

Support to EU regions is provided in the broader context of the EU 2020 strategy through its European Structural and Investment Funds (ESIF). The acceleration of demographic ageing is recognised as one of the key challenges underlying the strategy. Raising the employment rate is one of the EU2020 targets and includes greater involvement of older workers in the workforce.

The EU has launched a number of measures to stimulate the Silver Economy and to help the European industry (and SMEs in particular) to be in the driving seat in digital health technologies. They include the [Active and Assisted Living Joint Programme](#) (AAL JP), the [eHealth Action Plan](#), the [European Innovation Partnership on Active and Healthy Ageing](#) (EIP AHA) as well as dedicated parts of [Horizon 2020 Societal Challenge 1 on Health, Wellbeing and Active Ageing](#). More specifically, the EIP on AHA has supported tailored actions that range from integrated care to independent living and to age-friendly environments.

All ESI Funds have components that aim to address demographic ageing challenges. The [ESF](#) supports active and healthy ageing through training, health and safety at work, access to social and healthcare services and supporting and stimulating the participation in the community life. The [ERDF](#) supports investments in EU regions that include inter alia health infrastructure and ICT solutions for active and healthy ageing. The [EAFRD](#) through its rural development programmes addresses rural depopulation and ageing through farming, forestry, food processing, non-farming activities and knowledge development. The [Cohesion Fund](#) (CF) invests in health to address inter alia the ageing population and healthcare infrastructure and coverage.

The negotiations for the design of the future ESIF architecture (post 2020) include proposals for paying special attention to areas facing severe and permanent natural or demographic handicaps and challenges, with a focus on the sub-national level (NUTS3 or clusters of local administrative units) characterised by low/very low population density and/or decline.

Strategies and policies at national level

Member States are becoming more proactive in addressing the ageing challenges in two ways. On one hand they include demographic change and ageing issues in the context of a broader policy or strategy, like: [Hungary](#), which includes a focus on a stable and healthy population as part of its 'National Framework Strategy on Sustainable Development 2012–2024'; the [Czech Republic](#) which includes ageing in its active employment policy, through the 'Strategic Policy Framework 2030'; or [Bulgaria](#), whose 'Government Programme 2017-2021' aim to address the long-standing negative demographic trends, notably declining birth rates and youth emigration.

On the other hand, Member States design age-targeted policies or strategies that either offer a holistic approach to ageing through measures that address multiple topics (e.g. health and social care, housing, employment, education, social integration, volunteering, depopulation of rural areas) or target a specific topic such as long-term care. Examples of **holistic approaches** include the National

Strategic Policy for Active Ageing in [Malta](#) 2014-2020, the National Strategy on Active Ageing, Promotion and Protection of Elderly 2015-2020 in [Romania](#), or the National Strategy to tackle the Demographic Challenge in [Spain](#). Examples of strategies on specific topics include inter alia the National Network for Integrated **Continued Care** in [Portugal](#), the Government Programme on **Social Participation** of Senior Citizens (ASOS) 2014-2020 in [Poland](#) or the Government Key Project 2016-2019 in [Finland](#) which **integrates healthcare and social welfare** services to improve home care for older persons and enhanced support for all aged informal carers.

An example of learning from failures...

The first **Polish ASOS Programme** 2012-2013 supporting social activity of older people was not so successful and helped draw the following lessons: a) stimulating activities for older people is not sufficient without at the same time developing services for them, b) the short-term perspective of activities (only one year) limits their longer-term sustainability. As a consequence, the second launch of the programme (2014-2020) adopted a longer-term approach. (CASE, 2017)

Pension reforms

Whereas targeted policies to address social and health and long-term care can be found in several regions and even at local level (see below), **pension reforms** take place at the national level. Member States have undertaken pension reforms in recent years to address in particular the fiscal sustainability challenge. Country Specific Recommendations (CSR) produced each year as part of the European Semester have stressed the need to reform pension systems since 2011, sometimes as part of financial adjustment programmes.

A recent study by the European Parliament that focused on pensions and demographic trends (EP, 2019) analysed the progress made by Member States in response to the CSR. Overall, **pension reforms were undertaken** in over half of the Member States, in accordance with the prescriptions. The main focus of national pension reforms was to increase statutory and effective retirement ages. This has implied cutting back on early retirement plans and equalising the pension age for men and women, while also introducing measures to encourage and enable the employment of older workers. Some Member States who were hit by the crisis (most notably Greece as part of its bailout programme) have also reduced pension payments and increased taxation. Such measures contribute to **pension sustainability** but come at the expense of **pension adequacy**. The French pension reform is an example of improvements in terms of sustainability, but the adequacy has been questioned by the French population, culminating in lengthy strikes.

Key elements of the pension reform in France: Effective pension age extended to 65 by 2030, a more re-distributive system, phasing out gold plated early retirement for some professions (rail, metro, some other state employees) while increasing pensions for some others (farmers, working mothers and self-employed), creation of a €1,000 per month minimum pension that will increase with wages and alignment of working hours with the rest of the EU.

The European Parliament report went further to analyse the **impact of these reforms on fiscal sustainability**. An analysis of data provided in subsequent Ageing Reports (from 2009 to 2018) concludes that the fiscal sustainability challenge of pension systems has been for the most part tackled successfully (EP, 2019, p. 27).

The recent Country Specific Recommendations (2019), not included in the Parliament report, reveal however, that, for some Member States, **there are still steps that need to be taken in the direction of fiscal sustainability and adequacy of pensions**. The main recommendations in this field included⁶: linking statutory retirement with gains in life expectancy and increasing effective retirement (AT, LU, MT, SI, PL); unifying different pension regimes (FR), promoting the potential of older workers in the labour market (AT, SI); intervening on the pension amounts (IT, LV); and safeguarding pension sustainability and adequacy (DE, BE, CZ, IE, IT, NL, RO, SK, ES, CY).

Initiatives at the regional and local level

Combatting challenges in health care and LTC

Many European regions, backed up by regional or government policy, develop new approaches for addressing the financial, quality, employment and accessibility and adequacy challenges of health care and LTC. Initiatives include one or more of the following features:

- Introducing ICT solutions in support of home care, for instance various Telecare programmes, e.g. at local level in Poland and [Galicia](#) (Spain), the use of digital technologies in South Denmark to connect and share information amongst health and social care players or digital devices (watches, sensors) used in [Oulu](#) (FI) for monitoring, prevention and quick support to seniors at home.
- Integrating social and health care. Telecare programmes tend to integrate social and health care professionals and institutions amongst them as well

⁶ See also Annex 2.

as with older people, who eventually receive integrated support at home. In other cases, integrated care packages are offered, including inter alia physical, leisure, social and health support, e.g. the [Life Long Living model](#) in South Denmark or the [Home Care Packages](#) in Ireland.

- Offering personalised solutions and individualised support. The provision of integrated care is often based on an assessment of old people's needs to produce personalised plans, e.g. the Life Long Living model in South Denmark or the [Buurtzorg](#) neighbourhood care nursing model in the Netherlands.
- Promoting a mix of formal and informal care, e.g. training the unemployed to become formal carers in Germany and Finland aims to address the shortage of long-term formal carers (SAPEA, 2019).
- Support for self-government of care at regional level, e.g. the Czech Republic uses regional coordinators involved in expert regional platforms on ageing policy, to prepare individual regions for ageing.

Examples of addressing health care and LTC

The **Senior Vigour project in Poland** (CASE, 2017) established day care homes focusing on poor local communities, geared towards independently living old people with some health problems who may face loneliness.

The '**IANUS**' **project in Galicia** (Spain) is an electronic health record system which connects all public and private hospitals, health centres and pharmacies who can access the full history of an individual patient. It has contributed to reduce numbers of medical visits and waiting times.

The **City of Oulu in Finland** is a pioneer in the development of various ICT solutions at home (e.g. digital watch for monitoring daily activities of the elderly and provide continuous information to caregivers) to promote independent living.

The Buurtzorg **neighbourhood care nursing model in the Netherlands** is a well-known and successful model where nurses work in small, self-managed teams to provide both medical treatment and social care support.

Combatting ageing challenges in rural areas

In the context of rural development policy, the ENRD acts as a catalyst in bringing together stakeholders, identifying and sharing experiences from EU rural regions

on the most pressing issues affecting them. In 2019, it focused on [combatting rural depopulation](#) and creating new opportunities for vibrant rural areas. In addition, the EU level [Smart Villages Initiative](#), launched in 2017, has helped identify initiatives that help revitalise villages and address inter alia the ageing of rural areas. Furthermore, ESPON (ESPON, 2017) also analysed emerging policy responses to rural shrinkage. All identified initiatives share two main characteristics: revitalising the labour market and revitalising local services.

Revitalising the labour market, includes incentives to attract the young population (e.g. work placements in [Aragón](#), Spain), linking education with the labour market (e.g. [Kainuu](#) region in Finland), helping local businesses become more competitive (e.g. training small rural businesses in [Dordogne](#) in France to incorporate digital aspects in their work), integrating migrants to cover labour shortages in rural areas (e.g. Finland, Sweden)⁷ or offering skilled workers incentives to move to rural areas (e.g. reduced student loans and easy access to services to services in Sweden or attracting international high-skilled resources from abroad in Abruzzo in Italy⁸).

Revitalising local services include improvements in local infrastructure to improve the attractiveness of the area (e.g. [Apuseni](#) mountains area in Romania), mobility solutions (e.g. the provision of demand-driven mobility services transport old people to day care centres in rural areas in [Ireland](#) or the [Mamba project](#) in the Baltic Sea Region that promotes sustainable mobility solutions) and other ICT solutions (e.g. digitalising services in rural areas in [Germany](#) to address depopulation) the provision of care services for dependent people (e.g. [Bolzano-Bozen](#) in Italy), including social farming activities (e.g. in Belgium, Netherlands, [Italy](#)).

Examples of revitalising social services

The **social cooperative 'Learning-growing-living with women farmers'** in Bolzano-Bozen in Italy, started with over 100 day-care mothers offering facilities on their farms to encourage women to live and work in the area and has expanded its activities to offer care services to older people in response to the ageing of rural areas. (ENRD Rural Review, 2018)

Mamba is a transnational cooperation project in the Baltic Sea Region which offers people-to-service and service-to-people [mobility solutions](#), such as citizen buses, ride sharing applications, mobile applications, etc.

Combatting ageing challenges in urban areas

⁷ Nordregio, 2017.

⁸ ESPON, 2017.

Strategies to address ageing challenges in urban areas include revitalising urban neighbourhoods with high proportions of old people as well as urban development planning with an ageing perspective. Their main characteristics include an **empowerment approach** by encouraging old people to participate in social, physical and leisure activities (e.g. the [Groningen Active Ageing Strategy](#) in deprived urban neighbourhoods in the Netherlands) and a **needs-based approach**, using for instance the [WHO indicators](#) to measure the age-friendliness of cities and subsequently develop urban regeneration plans to address the most pressing needs and priorities (e.g. Bilbao in Spain).

Examples of revitalising urban areas

The **Bilbao Urban Mobility Plan 2015-2030** adopts a long-term view into urban sustainability taking into account [population ageing](#). Based on information from the application of the WHO indicators, it set as a goal to improve the proportion of households within walking distance from at least two public transportation networks. As a consequence, Bilbao has been recognised as the city with the best public transport in the Basque Country⁹.

2.2 Key success factors of existing strategies and lessons learned

The previous section indicates there is a breadth of experience in existing policies, strategies and initiatives for dealing with demographic change at national or regional level. Their analysis enables us to identify a number of factors that contribute to their success and draw useful lessons for policy making.

Cooperation of local stakeholders, e.g. local governments, NGOs and representatives of older people can help **identify innovative solutions** in various fields like care (e.g. Telecare and Support Centre in Poland or in South Denmark or Ireland where regional health and social care players cooperate), **boost the rural labour market** (e.g. through cooperation of town councils in Aragon, ES), **offer coordinated strategic responses** (local intercommunity cooperation in remote rural areas in Romania or the regional coordinators in the Czech Republic). Good cooperation guarantees stakeholder engagement and can lead to **empowerment**, e.g. in Groningen (NL), older people were encouraged to become the owners of social activities in the neighbourhood.

Evidence-based design of initiatives, for instance by using the **WHO indicators** to assess the current situation and identify strategic priorities (e.g. Bilbao) or

⁹ <https://www.bizkaiatalent.eus/bilbao-mejor-transporte-publico/>

assessing the needs of the elderly from the outset as a key factor for producing personalised and effective care plans (e.g. Buurtzorg model in the Netherlands, Lifelong Living model in South Denmark).

An area-based approach, i.e. a territorially sensitive approach that takes into account the specificities of the area, e.g. by focusing on areas or patients most in need (e.g. the Lifelong Living model in South Denmark focused on a municipality where 20% of the population are elderly or the Senior Vigour project in Poland and the Home Care programme in Ireland, both focusing on the poorer segment of old people).

Integrated support, produces **cost savings**, especially the integration of social and health care, and **improved quality of life and wellbeing**, e.g. fewer hospitalisations, lower number of care hours per participant and lower rates of nursing home admissions compared to usual care (the Buurtzorg model in the Netherlands and Home Care in Ireland are good examples of this).

A comprehensive strategic approach is another key factor for the success of the initiatives. A good example is the Buurtzorg "neighbourhood care" nursing model (NL) whose strategic approach was built around the following components: stakeholder engagement, political commitment, clear objectives, evidence based, feasibility (financial), strong management, monitoring progress (measurement of indicators), alignment amongst stakeholders.

A sustainability strategy and adopting a long-term view should be there **from the start**, as seen in the Senior Vigour and ASOS projects in Poland or the Bilbao sustainable urban mobility plan. A good sustainability strategy will also help **prioritise beneficiaries** when funding becomes limited (e.g. dependent vs independent old people).

The role of NGOs and volunteers has been important for fundraising at local level (e.g. in Poland, some NGOs have managed to collect funds to equip hospital geriatric departments and nursing and care facilities) or in Home Care in Ireland when old people have limited means.

A good mix of formal and informal carers in the health and LTC projects is essential for effective responses to ageing, not only for care supply but also for the wellbeing of both care receivers and care givers.

3 Part 3: Conclusions and recommendations

Part 3 provides conclusions and recommendations for mitigating the effects of demographic ageing, based on an assessment of the current situation and challenges and the policies/strategies identified in Parts 1 and 2.

Conclusion 1: Ageing trends exert increasing pressures on social and health care systems and as a result Member States are becoming more proactive by anticipating needs and analysing existing evidence to develop solutions with a higher technological component that helps inform, plan and prevent.

Recommendation 1: Member States need to maintain their move from reactive to proactive responses in social and health care. Such responses should contain the following elements:

- √ Adopt preventive measures. This has been stressed in the country specific recommendations for several Member States, while examples of preventive approaches and tools are already available (see Part 2). Preventive interventions should take place in early and midlife to reduce health risks in later ages and prepare people for healthy ageing. More research can also take place in order to provide scientific evidence for the further development of preventive technologies (e.g. telemedicine, smartphone apps, biosensors for remote monitoring and diagnosis, see for instance the example from Oulou in Finland remote monitoring and biosensors, Part 2).
- √ Provide training to health care professionals on new technology, in order to counterbalance the potential inequalities in health care as a result of technological solutions. Training would allow to use the full potential of technology and contribute to more efficient home care services and better quality of life of older people.
- √ Support both formal and informal care. On one hand improve the supply and retention of formal workers and on the other hand encourage the involvement of informal carers, who are very important for the provision of quality home care, though support for the reconciliation of their work and family and care responsibilities.
- √ Apply targeted interventions to address specific needs, for instance, targeting the very old (over 85) requires different approaches since affordability, accessibility of health, social and L/T care services become more important the older a person gets, targeting the poorest segment of the elderly or old

people in deprived neighbourhoods or in remote rural areas (several examples of such approaches in Part 2).

- √ Targeting can better be achieved through a personalised assessment of the situation and needs of older people, to focus inter alia on physical or nutritional aspects, cognitive functions, chronic conditions or the emotional and psychological wellbeing of older people (the Buurtzorg model in the Netherlands and the Lifelong Living model in Denmark are good examples of this, see Part 2).

Conclusion 2: The financial sustainability of social and health care systems is currently one of the major challenges in European ageing societies. Initiatives that have integrated social and health care are shown to produce cost savings, while improving the quality of life of the elderly through approaches that prioritise home care over institutional care.

Recommendation 2: Maintain the trend towards the integration of social and health care (see various examples in Part 2). The recent Country Specific Recommendations support the move towards this direction mainly for ensuring the fiscal sustainability of health and LTC systems. In addition to the financial benefits, integration of social and health care brings benefits in terms of adequacy of care for healthier and active living. This means adopting a perspective that recognises the value of older people, so they are not perceived only as a drain in finances.

- √ First, the development of home care and community-based care (also known as deinstitutionalisation) contribute to independent living as a key component of the Active Ageing Index. There is one caveat here to be taken into account: deinstitutionalisation may be the approach for the future, however, the national and regional contexts need to be taken into account as some countries are less prepared than others to offer this type of care (e.g. Poland where even the provision of residential/institutional care is very low, CASE, 2017). For this reason, the supply of residential care services should not be reduced before being able to provide sufficient home-based services.
- √ Second, the development of home-based services is closely linked to strong prevention policies (see previous Recommendation 1).
- √ Third, the integration of social and health services is essential for adequate home care.
- √ Fourth, for these reasons, training for people who provide home and community-based care will help improve the quality of this type of care.

- √ Fifth, for all of the above, cooperation of local stakeholders is essential and already identified as a key success factor (see Part 2).

Conclusion 3: Monitoring on a micro-scale has been implemented through projects that have developed ICT solutions to provide timely information on the situation of the elderly or projects that have undertaken a needs assessment for developing personalised care solutions. At an EU level, the analysis of trends and scenarios provides information that can be useful for policy makers at EU and national level.

Recommendation 3: Improve existing and develop new monitoring approaches of social, health and long-term care. The monitoring of data on care and the analysis of the effects of policies in this field will help improve both the financial sustainability and the quality.

- √ First, updated data will allow an assessment of the costs of care and allow to plan the funding of future policy mix to ensure financial sustainability (home care vs residential care, social and health care integration, benefits). The EC Ageing Report (2018) is a good example of analysing trends and prospects based on a scenario analysis. At Member State level, this exercise could form part of the annual review of public expenditure.
- √ Second, monitoring the results of LTC policy will draw lessons that can help improve the accessibility and affordability of LTC, while improving quality and responsiveness of care.
- √ Third, monitoring can be backed by evidence produced in the context of research projects, e.g. under Horizon 2020, that could focus on analysing the determinants of good health in older ages and the best ways of preventing and mitigating the effects of ageing.

Conclusion 4: One of the main challenges is keeping old people active and healthy and both EU and Member State level policies and programmes seek new ways to address this challenge.

Recommendation 4: Support and promote innovation in the field of active and healthy ageing. This is recognised at EU level as part of the EU 2020 Agenda and targets and materialised through the projects supported by the EIP on Active and Healthy Ageing. There are several successful examples of innovation in social and health care identified (some listed in Part 2) in the context of the EIP. At Member State level, there is a need for greater awareness and cooperation for both local and regional authorities and the elderly, especially in order to transfer knowledge and innovation from the best performing countries in terms of the

Active Ageing Index to the less performing countries (see Table 2 on AAI scores). Innovations in health care and LTC, such as investments in cost-saving technology or integration of health care services can produce efficiency gains and therefore be cost saving. The participation of old people as partners in the design of innovative solutions is also a factor that can ensure the usability and relevance of these solutions.

Conclusion 5: The need to reform pensions has been identified in subsequent Country Specific Recommendations and Member States have undertaken successful efforts to address this. Challenges still remain however, in particular with respect to the sustainability of pensions and their capacity to allow old people to have a high quality of life.

Recommendation 5: Member States should continue with pension reforms for financial sustainability but not at the expense of adequacy. It is clear that a combination of policy measures is still needed in many Member States. Such measures concern mainly the increase of statutory and effective retirement ages and linking them to life expectancy projections and labour market reforms to lift employment rates of older workers and controlling future adjustments of pension benefits. Such measures could help offset the impact that the demographic shift has on public finances and contribute to the sustainability of pension systems. However, the level of pensions should be accompanied by an effective system of social support for the most deprived old people. The aim should be to strive for adequacy of incomes so that older people can maintain a decent level of quality of life. Continuous monitoring and analysis of the impacts of pension reforms and a holistic reflection of the situation of old people, covering not just pensions, is therefore desirable.

Conclusion 6: The labour market participation of older people is declining, especially for women. In addition, the labour market is becoming increasingly digitalised and competitive. The Country Specific Recommendations stress the need to promote the potential of older workers in the labour market.

Recommendation 6: Promote labour market measures that increase effective labour inputs. This implies to continue with measures that aim to encourage and enable the employment of older workers, especially in view of the increases in retirement ages and the abolishment of early retirement schemes. These include measures related to active labour markets, active and healthy ageing, re-training/re-skilling and life-long learning, combining work and (part) pension, and in some cases changing rules to make it harder to fire older workers simply based on their age.

Conclusion 7: Rural shrinkage is a phenomenon that contributes to rural areas turning 'grey'. Some of the current efforts to address this have focused on revitalising the local labour market and local services.

Recommendation 7: Develop a repository of measures for dealing with rural shrinkage. This could be done at Member State or EU level. There is a long list of measures that have proved successful in addressing this issue by revitalising the labour market and/or local services (see Part 2). While a one-fits-all approach may not be possible, there are initiatives that can be adapted and replicated, covering inter alia: attracting the young population to offset the ageing trends, training and re-skilling older people in rural areas, improve infrastructure, mobility, ICT and care in rural areas. There is however a common thread to be taken into account for any of these types of measures, comprising:

- √ multi-scale integrated spatial planning;
- √ adopt a long-term perspective;
- √ strengthen institutional capacity;
- √ improve communication and partnerships;
- √ apply social innovation and smart diversification approaches.

Conclusion 8/9: There is a need for informed and evidence-based policy making at EU, national and regional/local level in order to accommodate the needs of older people and to design interventions that are cost-effective and of high quality.

Recommendation 8: Member States can adopt the WHO indicators in urban planning to address the effects of ageing in cities. There are some examples (e.g. Bilbao, see Part 2) of cities which used the WHO indicators for carrying out a needs assessment, based on which they identified and prioritised needs for integrated urban policy planning. This requires stakeholder involvement at local level both for the identification of urban policy priorities and for ensuring alignment with any other policies present in the area/region and also vertical coordination with national level government and policies.

Recommendation 9: Member States could make greater use of the AAI at local level. The AAI can provide guidance for policy making as it captures a wide range of indicators in four spheres (employment; social participation; independent, healthy and secure living; and capacity and enabling environment for active ageing). It is not however used much by Member States especially at the local level. Measures to promote its use for understanding the current situation and drawing conclusions for future policies include awareness raising on the benefits of the AAI, exchange of experiences amongst those who have and those who have not yet used it and capacity building to promote and improve its use. In relation to the latter, the use of the AAI can improve to take account of the

inequalities that could lead to marginalisation of certain vulnerable groups, such as older persons characterised by socio-economic deprivation (e.g. lower educational level and income), those suffering from poorer health (strongly correlated with socio-economic deprivation), those belonging to ethnic minorities or having a migration background, as well as gender-based inequalities.

Conclusion 10: Member States have undertaken steps in developing targeted ageing strategies, while some targeted EU initiatives have also been developed (such as the EIP on Active and Healthy Ageing). There is, however, no systematic way of incorporating ageing into policy design and implementation.

Recommendation 10: Incorporate a 'demography check' in EU and national policies. The 2014-2020 programme architecture included equality and sustainable development, including 'climate tracking', as horizontal principles. In a similar manner, the integration of the perspective of ageing can be taken into account and promoted throughout the preparation and implementation of programmes. For instance, Member States may assign a specific weighting to the support provided under the different funds at a level which reflects the extent to which such support makes a contribution to demographic change targets ('demography check').

Recommendations for the EC:

1. The Commission may provide a common methodology and a common set of EU indicators for the assessment of the financial sustainability of pensions and social and health care. The development of databases for the collection of common and comparable data is a desired prerequisite to this end. This would include comparable regional data and the Commission could issue guidance on the improvement of regional statistics in order to provide good quality data on pre-defined indicators, e.g. in the form of a regional scoreboard assessing the performance of European regions on a limited number of social and healthcare indicators.
2. Continue the monitoring and reporting on the adequacy and quality of social and health care as part of the European Semester process, while making the demographic change implications and expected results more prominent in the recommendations provided.
3. The development of common data collection systems or the development of an EU system that is fed by national/regional ones with data on the elderly can contribute to their international mobility, as active older people can travel for work and leisure to different countries, e.g. a European electronic health care record system.

4. All these suggestions (1 to 3) related to data and monitoring should fall under the remit of the European Semester to help drive national policies towards the achievements of Sustainable Development Goals (SDG) by monitoring progress and ensuring close coordination of national efforts in the area of ageing and demographic change.

5. Foster the exchange of experience and good practice. Although this is already part of the EU funds, more targeted exchange initiatives can take place bringing local actors together from different EU regions on specific topics. In addition, the organisation of exchanges between EU level institutions is relevant, for instance, DG AGRI which focuses on the demographic change aspects in rural areas, DG EMPL which focuses on the labour market side or DG REGIO which brings the regional perspective of demographic change. For instance, the principles of the Smart Villages concept, currently under DG AGRI, can be rolled out to other policies and generally enhance place-based cohesion policy funding. Likewise, other Commission departments may learn from each other on the concept of rural shrinkage, which may require the development of specific funding streams and potentially placing the issue in the EU2020 policy debate.

4 Annexes

4.1 Annex 1 - Overview of ageing related challenges in the Country Specific Recommendations, 2019

	Health care and LTC		Pensions		Labour market	Education and training
	Fiscal sustainability	Access /adequacy	Fiscal sustainability	Access /adequacy		
AT	x		x	x		
BE	x	x	x	x		
BG		x		x		
HR		x		x		
CY		x		x		
CZ	x		x			
DK					x	
EE		x		x		x
FI	x	x	x		x	
FR			x			
DE			x	x		
GR		x				
HU	x	x				
IE	x	x	x			
IT		x	x		x	
LV		x		x	x	
LT		x	x		x	
LU	x		x	x	x	x
MT	x		x	x		
NL			x			
PL	x	x	x	x		
PT	x		x			
RO	x	x	x	x		
SK	x	x	x	x	x	
SI	x		x	x		
ES			x	x	x	
SE						x

Source: Own elaboration based on CSR, June 2019 (see Annex for detailed table per Member State).

4.2 Annex 2 - Analysis of Country Specific Recommendations (June 2019) in relation to demographic change issues

	Challenges	What have they done	Recommendations
AT	<p>Fiscal sustainability risks due to increase in public expenditure on healthcare, LTC and pensions.</p> <p>Closing the gap between statutory and effective retirement age.</p> <p>Substantial gender gap in pension income.</p>	<p>Financial Equalisation Law and Primary Health Care Reform in 2017 have started to address the sustainability issue.</p> <p>Social Security Organisation Act recently adopted may entail some cost savings.</p>	<p>More effective public procurement and a wider use of e-health solutions.</p> <p>Promote longer working lives.</p> <p>Adjust the minimum age for both early and statutory retirement.</p> <p>Introduce an automatic link between the statutory retirement age and gains in life expectancy.</p> <p>Untap the potential of human capital with respect to older workers in the labour market.</p>
BE	<p>Medium to long-term sustainability of finances due to high debt/GDP ratio and projected rise in ageing costs, in particular linked to pensions and LTC.</p> <p>Early retirement conditions for certain groups of civil servants remain more favourable than the standard conditions.</p> <p>The organisational framework of LTC, with competences currently spread across different administrative</p>	<p>Pension reforms in 2015 led to increase statutory retirement age from 65 to 66 as from 2025 and to 67 as from 2030.</p> <p>Age and seniority requirements to benefit from early retirement were made stricter.</p>	<p>Strengthen governance to help achieve efficiency gains.</p> <p>Optimise the care mix to increase the cost-efficiency of the LTC system.</p> <p>Continue reforms to ensure the fiscal sustainability of LTC and pensions systems, including limiting early exit possibilities from the labour market.</p>

	levels challenges some dimensions of spending efficiency.		
BG	Disparities in access to social services, health care and LTC for the most vulnerable, including the elderly.		
HR	Elderly at risk of poverty and social exclusion. The capacity of social benefits to reduce poverty remains weak in comparison to the EU. Early retirement contributes to high inactivity rates.	Pension system reforms in 2019 to address unfair treatment of a certain cohort of pensioners, to extend working lives and to strengthen institutional set up and performance. Steps taken to improve the recording of social benefits at local level by harmonising their classification, to obtain a better overview and eventually improve the effectiveness of the social protection system.	Consolidate social benefits and improve their capacity to reduce poverty.
CY	Low level of LTC, given the ageing population. Governance and administrative capacity of insurance and pension fund supervisors remains weak.		Fully integrate insurance and pension fund supervisors to strengthen supervision capacities.
CZ	Fiscal sustainability of public finances in the long-term due to the costs of ageing. Pension expenditure	Recent measures improve the adequacy of pensions. But increased pension amount not	Investment in primary and integrated health and social care to improve the cost-effectiveness of the healthcare system.

	<p>is the main factor affecting sustainability.</p> <p>Old-age dependency ratio expected to double by 2070.</p> <p>Projected increase in age-related public expenditure on healthcare.</p>	<p>accompanies by measures to improve sustainability.</p>	<p>Improve long-term fiscal sustainability of the pension and healthcare systems.</p>
DK	<p>Ensure the supply of labour in times of demographic and technological change.</p>		<p>Adult LLL and digital skills to address labour shortages.</p>
EE	<p>Quality of teaching and education policies in response to demographic and economic trends.</p> <p>Ageing of teachers and low attractiveness of the profession.</p> <p>Social exclusion and income inequality remain high, especially among old people.</p> <p>Social benefits still not effective in reducing poverty and the social safety net is weak.</p> <p>Weak coordination between health and social care services.</p> <p>Wide variation in municipalities' ability to identify needs for social services and deliver them.</p>		<p>Develop a comprehensive LTC framework.</p> <p>Improve the adequacy of the social safety net.</p> <p>Improve access to affordable and integrated social services.</p>
FI	<p>Projected increase in spending for pensions, health and social care (LTC) in the coming decades.</p>	<p>Preparations of a reform of health and social services discontinued</p>	<p>Improve cost effectiveness of and equal access to social and healthcare services.</p>

	<p>Long-waiting lists for medical care, especially for people outside the workforce.</p> <p>Larger than expected cost of ageing puts pressure on budget.</p> <p>Shrinking working age population tightens the labour market.</p>	<p>due to government resignation in March 2019.</p>	
FR	<p>Projected increase in pension expenditure.</p> <p>More than 40 pension schemes co-exist.</p>		<p>Reform the pension system to progressively unify the rules of the different pension regimes, with a view to enhance transparency, fairness and efficiency.</p>
DE	<p>Demographic change (retirement of baby boom generation affecting DE more than any other EU MS).</p> <p>In the long run this will strain German public finances, challenge the adequacy of pensions, degrade the currently limited share of older population at risk of poverty and social exclusion.</p> <p>Projected one of the largest increases in spending on pensions as % of GDP by 2040.</p> <p>Retaining current limits of benefit levels will require significant fiscal transfers and a burden on younger generations.</p>		<p>Take measures to safeguard the long-term sustainability of the pension system, while preserving adequacy.</p>

	The adequacy of retirement income for low-income workers is an issue.		
GR		Initiated reform of the healthcare system in 2017 to ensure access through the deployment of local healthcare units.	
HU	Limited effectiveness of healthcare system. Low public spending on healthcare (below EU average). Shortages of healthcare staff particularly limits access in poorer areas.		Strengthen primary healthcare. Support preventive health measures.
IE	Long-term fiscal sustainability due to the cost of ageing. Spending on healthcare projected to rise. Inefficient system struggles to meet demand and does not deliver coordinated, integrated care. Rising pension expenditure in the future.	Planned reform of health and social care services to make health system universally accessible and sustainable, meeting the demands of an ageing population, stronger focus on prevention. But difficulties in managing its budget.	Address the expected increase in age-related expenditure by making the healthcare system more cost-effective and by fully implementing pension reform plans.
IT	Increased spending on pensions (among the highest in the EU). Worsening old-age dependency ratio. Low participation of older workers (55-64) in employment.		Previously adopted pension reforms to address ageing to be fully implemented. Intervene on high pension entitlements not matched by contributions.

	<p>Social and financial risks from population ageing. Geographical disparities in LTC not sufficiently taken into account.</p>		
LV	<p>Public services not adjusted to a declining and ageing population. Declining population leaves public services underused in rural areas. Need to ensure longer and healthier working lives. Older people with outdated skills encounter more difficulties in the labour market. Low level of digital skills. Minimum old age pensions not revised since 2006. Access to LTC remains weak.</p>	<p>Administrative territorial reform to be implemented by Dec 2021.</p>	<p>Address social exclusion inter alia by improving the adequacy of minimum old age pensions. Enable integration of health and social services, including the transition from institutional to community-based care.</p>
LT	<p>Need better integration to the labour market for the old. Pension expenditure a risk to the sustainability of public finances. Fiscal sustainability vs pension adequacy over time. High risk of poverty and social exclusion for the elderly. Need to strengthen care, quality and access.</p>	<p>Structural reforms under way since 2018 inter alia for pensions.</p>	<p>Address income inequality, poverty and social exclusion by improving the design of the benefit system. Increase quality, affordability and efficiency of healthcare system. The demographic shift calls for strategies to preserve access to high-quality education for all while ensuring the efficiency of the school network and supporting teachers affected by school consolidation.</p>

	<p>Rural regions hosting nearly 55% of the population experience strong population decline compounded by decreasing access to public services. Transport and digital connections a challenge.</p> <p>Emigration and shrinking of working age population.</p>		
LU	<p>Ageing impact on labour supply. Demographic policies need to concur with education and training policies. Age related spending (pension, healthcare and LTC) is expected to increase.</p> <p>Early retirement schemes remain widespread.</p>	<p>2018 pensions working group suggests gradually increasing the contribution rate, raising pensionable age to take account of life expectancy encouraging phased retirement.</p>	<p>Increase the employment rate of older workers by enhancing their employment opportunities and employability.</p> <p>Improve the long-term sustainability of the pension system, including by further limiting early retirement.</p>
MT	<p>Age related public spending on healthcare and pensions expected to increase significantly compared to other EU MS.</p> <p>Retirement age currently at 63, 65 after 2027 to remain unchanged despite projected increase of life expectancy.</p>	<p>Several measures strengthening incentives for private pension savings and voluntary occupational retirement pensions. In 2018 the government made adjustments to include contributions made after pensionable age and allowed self-employed and part-time working pensioners under 65 years to pay contributions proportionate to their earnings,</p>	<p>Ensure the fiscal sustainability of the healthcare and pension systems, including by restricting early retirement and adjusting the statutory retirement age in view of expected gains in life expectancy.</p>

		<p>thereby promoting longer working lives.</p> <p>New types of community based and home care services introduced in 2017-2018 but no results yet.</p>	
NL	<p>Old age can affect the sustainability of the social security system in the long run.</p> <p>Occupational pension contributions are high.</p>	<p>Reform the pension system to make it more transparent, inter-generationally fairer.</p>	<p>Ensure that the second pillar of the pension system is more transparent, inter-generationally fairer and more resilient to shocks.</p>
PL	<p>Pressure on public finances from population ageing.</p> <p>Need to increase the effective retirement age for labour market participation and growth.</p> <p>The lowering of the statutory retirement age (in 2017) to 60 for women and 65 for men will have a negative impact on future pension benefit levels and introduces a gap between men and women.</p> <p>Healthcare system overly hospital based and primary and ambulatory care underdeveloped.</p> <p>LTC system is weak lacking standardised services.</p>		<p>Ensure the adequacy of future pension benefits and the sustainability of the pension system by taking measures to increase the effective retirement age and by reforming the preferential pension schemes.</p>

PT	<p>Pressure on public finances from population ageing with negative consequences for the sustainability of pension and healthcare systems. Hospital arrears.</p>		<p>Improve the effectiveness and adequacy of the social safety net.</p>
RO	<p>LTC sector not ready to deal with ageing population. Very few at-home and day-care services. Coverage and public spending on LTC amongst the lowest in the EU. Considerable pension gender gap. New pension law will increase expenditure on new pensions. Weak pension system.</p>		<p>Ensure the sustainability of the public pension system and the long-term viability of the second-pillar pension funds. Improve access to and cost-efficiency of healthcare, including through the shift to outpatient care.</p>
SK	<p>Projected increase in pension and healthcare expenditure that is driving up ageing costs. Old age dependency ratio expected to almost triple by 2060. Number of inactive people above 65 expected to rise substantially by 2060. Automatic adjustments to life expectancy will cease to apply once the retirement age cap has been reached. Roma limited access to LTC.</p>	<p>Introducing automatic adjustments of the retirement age to life expectancy had gradually improved the long-term sustainability of the pension system.</p>	<p>Safeguard the long-term sustainability of public finances, in particular that of the healthcare and pension systems .</p>

SI	<p>Ageing a strain in healthcare and LTC systems.</p> <p>Long term sustainability and adequacy of pension system is challenged by increasingly ageing population (faster than in most EU MS).</p> <p>Some pensioners at or below poverty line.</p> <p>Almost 70 % of all self-employed people in Slovenia choose to pay social security contributions at the minimum level entitling them to the minimum old-age pension only.</p>	<p>A draft long-term care act is being drawn up as part of Slovenia's active ageing strategy.</p> <p>National Reform Programme 2019-2020 mentions the possibility of an overhaul of the pension system to support the medium to long-term sustainability of the system and appropriate levels of pensions. It also sets the objective of extending working lives and providing better opportunities for exploiting the human resources of older workers.</p>	<p>Adopt and implement reforms in healthcare and long-term care that ensure quality, accessibility and long-term fiscal sustainability.</p> <p>Ensure the long-term sustainability and adequacy of the pension system, including by adjusting the statutory retirement age, restricting early retirement and other forms of early exit from the labour market.</p> <p>Increase the employability of low-skilled and older workers by improving labour market relevance of education and training, lifelong learning and activation measures, including through better digital literacy.</p>
ES	<p>Acute depopulation and ageing in certain rural areas.</p> <p>Sustainability of pension system in the medium and long-term.</p> <p>Adequacy of future retirees' incomes and the length and completeness of their working careers in a context of high unemployment and widespread use of temporary contracts and part-time employment.</p>		<p>Preserve the sustainability of the pension system.</p>
SE	<p>Demographic developments will lead to an increase in the number of</p>		

	pupils, exacerbating the present shortage of teachers.		
UK			

4.3 Annex 3 - Detailed examples of demographic change strategies/initiatives at regional and local level

Health and long-term care	
CZ	A project for support of self-government at regional level in the Czech Republic supported the set-up of 14 counselling points in the regions, each with a regional coordinator. These coordinators are involved inter alia in expert regional platforms on ageing policy, to prepare individual regions for ageing. One output of the project is a senior envelope , a card where seniors, with the help of families and the general practitioner, fill in basic health information about themselves (e.g. allergies, medicines) and contact details about their close persons and leave it in a visible place in their home. In this event of emergency, rescue workers can refer to information on the card to assess the type and location of treatment, i.e. whether to transport the person to a special medical facility.
PL	The projects from Poland also indicate that the cooperation of local governments with NGOs and representatives of older people can help identify innovative solutions in care. For instance, a partnership between the local Senior Council and local authorities resulted in the introduction of a Telecare and Support Centre for people with limitations in everyday activities, which was extended in 2016 to cover older people (CASE, 2017). The role of NGOs has been important for fundraising at local level and some NGOs in Poland have managed to collect funds to equip hospital geriatric departments and nursing and care facilities.
PL	The Senior Vigour project in Poland (CASE, 2017) established day care homes for older and disabled people. Although the costs of social and care services could be shared by recipients, the project focused on poor local communities. Although day care homes included high standard equipment, the day care homes were geared towards independently living old people with some health problems who may face loneliness rather than the dependent old population. Additional funds are also needed by local governments and clients themselves to maintain the day care homes beyond the initial year of implementation. Lessons learned therefore include the need to prioritise beneficiaries in view of the limited amount of funds (e.g. dependent vs independent old people) and to have a sustainability strategy from the beginning of a project.
UK	In the UK, Scotland, integrated social and health care through the Telecare Development Programme which offers individuals, families and carers, security and peace of mind. It enables people to stay independent in their own homes for as long as possible. Although this programme was implemented before 2011, it offers a good example of

	integrating social and health care and has brought positive results in terms of number of old people over 75 using this service.
ES	Telecare is also developed in the region of Galicia in Spain . An ERDF funded project 'IANUS' , an electronic health record system which connects all public and private hospitals, health centres and pharmacies who can access the full history of an individual patient. It is also connected to the Spanish National Health Service to view medical information of the patient in other parts of the country. Patients can also access IANUS to view their personal medical history, using their national identification number. There is also an electronic prescription service. IANUS has contributed to reduced numbers of medical visits and waiting times and has also benefited the elderly (EC SWD, 2018 and EIP, 2018).
DK	Further integrated care based on innovative ICT solutions is found in the region of South Denmark where regional health and social care players cooperate based on digital technologies. Information is shared so that information from a patient's hospitalisation is transferred electronically to ensure continuity of both health and social care and thus ensures cost savings. The system allows complex patients, including the elderly with reduced mobility, to be monitored from home (EIP, 2018)
DK	South Denmark also implements the Life Long Living model in the Fredericia municipality , where elderly citizens make up around 20% of the population. The model offers a programme of rehabilitation and prevention through an integrated package containing every day training by home trainers and various therapists, early detection, follow-up home visits after hospital discharge, welfare technology and annual preventive home visits to those over 74. Each patient has their own personalised plan based on their needs, which is continuously adjusted to their changing needs and motivations. As a consequence, practical and personal care needs of older people were reduced considerably, while they felt empowered and happier.
FI	The City of Oulu in Finland is a pioneer in the development of ICT solutions for the elderly at home . The sheltered homes initiative offers a range of services (meals, transportation, safety and home care) to people living at home so as to promote independent living. A 9S solution system for home care safety consists of a watch which enables continuous contact between the elderly and the home care staff. The alarm can also be connected to nurses on duty. 5G sensors installed in the residences of seniors can monitor their daily routines, collecting data on movement, temperature and electricity consumption amongst others. When analysed by nurses or caregivers, the information can be used to produce an optimal plan for home care (EIP, 2018).

FI	Finland recently introduced a reform package of its healthcare and social welfare in response to the growing need for services among the ageing population and rising care costs. Healthcare and social welfare services become integrated under the responsibility of each of the 18 regions or countries . The Government Key Project 2016-2019 aims to improve home care for older persons and enhanced support for all aged informal carers. In the new system, home services and services accessible from home are preferred.
FI DE	Measures to address the shortage of long-term formal carers include training the unemployed to become formal carers in Germany and Finland . A good mix of formal and informal carers is essential for appropriate ageing, not only for care supply but also for the wellbeing of both care receivers and care givers (SAPEA, 2019).
NL	The Buurtzorg neighbourhood care nursing model in the Netherlands is a well-known and successful model where nurses work in small, self-managed teams to provide both medical treatment and social care support. The model supports care integration by encouraging nurses to work closely with informal care providers and families and community resources. The starting point is a comprehensive assessment of each recipient's medical, social and personal needs to draw an individual care plan. It also ensures continuity of care with nurses spending at least 60% of their time with patients. This type of integrated individualised support has led to fewer hospitalisations, lower number of care hours per participant and lower rates of nursing home admissions compared to usual care (SAPEA, 2019).
IE	Home care is also developed in Ireland where the vast majority of old people are able to stay at home with a mix of assistance from family members, home help services and voluntary organisations. The Home Care Packages are integrated services consisting of nurses, home care attendants, home helps and various therapists (e.g. physio, occupational), funded by the HSE ¹⁰ . They focus on old people who require medium to high support at home and they can be eligible via a means or income test (SAPEA, 2019).
GR, EE, IE, DE, FR, IT, ES, CY	The CAPTAIN Coach Assistant Horizon 2020 project will create an innovative projective environment to provide useful and effective contextualised (i.e. directly projected onto the real world) assistance and virtual coaching to the elderly living at home . To maximise its effectiveness, the coaching interface will blend with the home environment where personalised aid is based on the use of Artificial Intelligence. This system will act as a constant, vigilant, and pleasant companion in the house, ubiquitously present wherever and whenever

¹⁰ Health Service Executive, Ireland's health services

	needed, that provides contextualised advice to help preserving the elderly's mental, physical (promoting exercise in a playful manner), cognitive (constantly stimulating the elderly during daily activities), and social (facilitating access to social interactions) well-being.
Education and training	
NL	One of the challenges described earlier in relation to education is the declining number of children. In the Netherlands the declining number of pupils is a serious problem in large parts of the country. The government is reacting to this trend by earmarking €48 million per year (for five years starting in 2020) for secondary schools facing declining numbers of pupils in their region. It aims to prepare schools for the future so they can use this funding for more effective collaboration between schools, school mergers or even closures, while some schools will have to remain open as there are no alternatives within cycling distance.
Labour market	
GR, ES, UK DE	The Ageing@Work project is a Horizon 2020 project, developing a novel ICT-based, personalized system to support ageing workers into designing fit-for-purpose work environments and managing flexibly their evolving needs. Advanced dynamically adapted virtual models of workers will incorporate specificities in respect to skills, physical, cognitive and behavioural factors, being extended from the work context to personal life aspects interacting with workability, health and wellbeing.
Rural areas	
ES	The effect of depopulation of rural areas is addressed in the region of Aragón in Spain through the 'Living Villages' project which aims to reverse depopulation and encourage new settlers in rural areas. It does so through close local cooperation with town councils and an intensive awareness raising campaign to promote the attractiveness of the area. It includes actions to stimulate work placements mainly addressed to young people and women, as well as management systems to facilitate the sale and rental of homes.
FI	The Kainuu region in Finland has developed an integrated strategy to address the depopulation and urbanisation trend. It includes approaches for developing an attractive education infrastructure and linking it to local entrepreneurs so as to promote the link between education and labour market as a means for making the region more attractive. It also includes approaches for integrating immigrants and therefore cover labour shortages as one of the effects of depopulation.
FI	The municipality of Punkalidun in the Pirkanmaa region in Finland is facing a strong urbanisation trend and an ageing population. It relies on migration to curb this trend. The local government has implemented

	projects to support the employment and integration of migrants in the village to encourage them to settle and therefore cover the labour shortage and support local companies to maintain the necessary labour and skills. (Nordregio, 2017)
RO	The Apuseni mountains area in Romania has set up a local intercommunity development association composed of five city councils and through a bottom-up approach has developed a territorial strategy to promote the economic activities of the area, preserve its environment, improve infrastructure and attract the population to remain in the area.
IT	Revitalising social services is essential for keeping the population in rural areas and encouraging people to stay. One such initiative is found in Bolzano-Bozen , in Italy , where an ESF funded social cooperative 'Learning-growing-living with women farmers' which started with over 100 day care mothers offering flexible childcare facilities on their farms, with integration of agricultural activities and environment as teaching elements. This enabled women in the area to stay and work. The cooperative has expanded its activities to offer care services to older people in response to the ageing of rural areas (ENRD Rural Review, 2018).
IE	Seventeen Transport Coordination Units branded as ' LocalLink ' offices are operating throughout Ireland, providing a mix of services, including demand-responsive transport for general use, scheduled fixed routes and special services for vulnerable users (e.g. to day-care facilities). At the very local level, the service is managed by a community-led group with a high level of voluntary participation. In all cases, they have established a local not-for-profit entity for planning and delivery of the mobility services. The RTP is supported by a central government grant, which is distributed by the National Transport Authority to the LocalLink offices. (ENRD, Smart Villages and Rural Mobility)
FR	In 2016, a new social enterprise was created in Dordogne to help provide local rural businesses with training on digital aspects. The social enterprise called the Wab, aimed to boost digital use among small rural businesses and has the wider ambition to install a digital city in Bergerac. The 'Wab' is designed to boost the use of digital tools among small rural businesses in the area. It is a 'web school' that teaches local businesses to design effective strategies that incorporate digital aspects in organising work, communication and marketing.
DE	The goal of ' Digital Villages ', piloted in several villages in Germany, is to strengthen the feeling of togetherness within the local community by enabling new forms of voluntary participation and enhancing local sourcing of goods and services. It aims to address demographic change and rural depopulation by offering digital solutions in the service sector

	(health, mobility, etc.), using a living-lab approach where ideas for digital solutions were discussed with residents and other stakeholders.
Urban areas	
NL	The Croningen Active Ageing Strategy (a nationally funded initiative in the Netherlands) consists of recruiting physically underactive older people living in deprived neighbourhoods and engaging them into physical group exercise sessions in the community centre of the neighbourhood. The initiative helped old people get out of home and overcome feelings of loneliness and depression, while improving their physical well-being and health conditions. Based on a local cooperation and empowerment approach, old people were further encouraged to become the owners of social activities in the neighbourhood.
ES	Bilbao in the north of Spain is one of the pilot cities testing the indicators developed by the World Health Organisation (WHO) to measure the age-friendliness of cities. Bilbao carried out an in-depth analysis of the WHO indicators (housing, transport, social support networks, employment and civic participation, respect and social inclusion, communication and information, social and health services, open air spaces and buildings) and identified access to public transport as one of its priorities and has undertaken plans to improve the proportion of households within walking distance from at least two public transportation networks, from 84% to 100%. This effort culminated in the ' Sustainable Urban Mobility Plan for Bilbao 2015-2030 ' (Bilbao municipality, 2018) which adopts a long-term view into urban sustainability taking into account population ageing. As a consequence, Bilbao has been recognised as the city with the best public transport in the Basque Country ¹¹ .
UK	The city of Manchester in the UK has also followed the WHO methodology and analysed the indicators through consultations with the local population to identify their needs. In cooperation with local stakeholders an 'Age friendly Work Plan' was developed for 2016/2017 focusing on the following themes: age friendly communities and neighbourhoods, age friendly services, involvement and communication, knowledge and innovation, and age equality (Manchester City Council, 2016). In 2018, a Greater Manchester 'Age-friendly Strategy' was developed, counting on intensive cooperation with local stakeholders to offer a coordinated strategic response to the opportunities and challenges of ageing. Focusing on economy/work, age-friendly places, healthy ageing, housing, transport and culture, its main objectives are to become the leading age-friendly

¹¹ <https://www.bizkaiatalent.eus/bilbao-mejor-transporte-publico/>

	city region in the country and increase economic participation of people over 50 (Manchester City Council, 2018).
UK	In the UK , the LinkAge Plus is an innovative project for people 50+ living in Tower Hamlets in London. It promotes social networking and tackles isolation through its five hubs, by offering a range of activities to the elderly, such as social networking activities, health promotion information sessions and workshops, fitness sessions, IT training, culture and leisure activities and advice on benefits, pensions and other forms of support. It contributes to cost savings for LTC and benefits the elderly in terms of quality of life.

4.4 Annex 4 - Bibliography

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