Active ageing:
local and regional solutions
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Executive Summary

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

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

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

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

Part II focuses on solutions adopted at local and regional level to address ageing-related challenges. Firstly, a typology of regions is outlined so as to create clusters with similar features in respect of some key characteristics (Chapter 8), namely: (i) growth and innovation (Navarro et al., 2008), divided into three categories: high/average/low; (ii) old age dependency ratio (Eurostat data), whether above or below the EU average; (iii) population crude growth...
rate (Eurostat data), whether positive or negative; and (iv) prevalence of urban vs. rural population (EU methodology, derived from OECD methodology). According to these indicators, seven types of region have been outlined, ranging from those with strong economic growth, a growing population and a relatively low old age dependency ratio, to those with poor economic conditions, and declining and ageing populations. Secondly, some 35 examples of solutions adopted by LRAs, collated through a bibliographic search, are presented (Chapter 9). For each example, the challenges addressed, governance structure and funding sources are outlined. Finally, on the basis of the typology and the examples compiled, an overview of local and regional solutions is given and conclusions drawn on a possible correlation between types of region on the one hand, and prevailing solutions on the other (Chapter 10).

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

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

In general it has been noted that ICT plays an important role in all of the five policy areas that are the focus of this report, as it facilitates adult learning and life-long learning, provides access to eServices, is the backbone of home automation, supports innovation in mobility and may prevent social exclusion if initiatives are undertaken to reduce the digital divide between generations. Also,
the social divide within the older generation needs to be taken into account if equal opportunities for improving quality of life are to be made available to everyone and not just to a few.
PART 1 - Challenges met by LRAs in today's crisis context in the EU27
1. Introduction

1.1. Population ageing: overview

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

According to EUROPOP2008 projections\(^1\), this ageing trend is expected to continue in the next decades as a result of developments in fertility, life expectancy and total net migration. Overall: (a) EU population size is not expected to vary much between now and 2060 (+2% change); but (b) the EU population age structure is projected to change substantially. In particular, population ageing is expected to occur in all EU Member States (MS) as a consequence of the existing population structure, lower levels of fertility vs. replacement, and steadily rising life expectancy (Chart 3).

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\(^1\) These population projections refer to a ‘convergence scenario’ where demographic values are conceptually considered to converge over the long-term as a result of decreasing socio-economic and cultural differences between Member States. The convergence year has been assumed to be 2150. Details on assumptions made for the three demographic components considered in these projections (fertility, mortality and migration) are provided by the European Commission (DG ECFIN) and the Economic Policy Committee (AWG), 2008.
The highest increases in population median age are anticipated in several new MS such as Slovakia, Poland, Romania, Lithuania, the Czech Republic, Malta and Hungary; Spain, Greece and Portugal will also experience significant increases, reaching levels well above the EU27 average, while the populations in Italy and Germany will continue their current ageing trends. Table 1 provides an overview of projected changes to 2060 in population size and age structure. The following main trends can be observed: (i) the size of the young population is expected to contract by 9% at EU27 level, with major reductions taking place in the new MS and Germany; (ii) the size of the working-age population (15-64 years) is expected to contract by 15% at EU27 level, with 20 countries having negative rates; reductions are once more higher and above the European average in the new MS, as well as in Germany, Greece and Italy; and (iii) the elderly (65+) age group is projected to dramatically increase at EU27 level (+79%), with increases being more evenly distributed between EU15 and EU12 countries; the highest percentage changes are expected in Cyprus, Ireland, Slovakia, Luxembourg, Malta, Spain, Poland and the Czech Republic.
### Table 1 – Projected changes in population size and age structure, in millions and percentage

<table>
<thead>
<tr>
<th></th>
<th>Total population</th>
<th>Young population (1-14)</th>
<th>Working-age population (15-64)</th>
<th>Elderly population (65+)</th>
</tr>
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<tr>
<td></td>
<td>2008</td>
<td>2050</td>
<td>% change</td>
<td>2008</td>
</tr>
<tr>
<td>BE</td>
<td>10.7</td>
<td>12.3</td>
<td>15</td>
<td>1.8</td>
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<td>-26</td>
<td>1.0</td>
</tr>
<tr>
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<td>10.3</td>
<td>9.5</td>
<td>-8</td>
<td>1.5</td>
</tr>
<tr>
<td>DK</td>
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<td>5.8</td>
<td>8</td>
<td>1.0</td>
</tr>
<tr>
<td>DE</td>
<td>82.2</td>
<td>70.8</td>
<td>-14</td>
<td>11.1</td>
</tr>
<tr>
<td>EE</td>
<td>1.3</td>
<td>1.1</td>
<td>-10</td>
<td>0.2</td>
</tr>
<tr>
<td>IE</td>
<td>4.4</td>
<td>6.8</td>
<td>33</td>
<td>0.9</td>
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<tr>
<td>GR</td>
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<td>11.1</td>
<td>-1</td>
<td>1.6</td>
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<td>51.9</td>
<td>13</td>
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<td>-1</td>
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<td>NL</td>
<td>16.4</td>
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<td>-1</td>
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<td>AT</td>
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<td>6</td>
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<td>PL</td>
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<td>11.3</td>
<td>6</td>
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<td>9.2</td>
<td>10.9</td>
<td>16</td>
<td>1.5</td>
</tr>
<tr>
<td>UK</td>
<td>61.3</td>
<td>75.7</td>
<td>25</td>
<td>10.7</td>
</tr>
<tr>
<td>NO</td>
<td>4.7</td>
<td>6.0</td>
<td>27</td>
<td>0.9</td>
</tr>
</tbody>
</table>

| EU27  | 485.4 | 505.7 | 2      | 77.5  | 71.0  | 9        | 333.2 | 283.3 | -15      | 64.6  | 51.5  | 79       |
| EU15  | 392.2 | 420.5 | 7      | 62.0  | 60.9  | 2        | 260.7 | 237.7 | -9       | 69.5  | 121.9 | 75       |
| EU12  | 163.2 | 185.2 | -17    | 13.5  | 10.1  | -33      | 72.6  | 45.6  | -37      | 15.1  | 29.5  | 96       |

Source: European Commission, DG Economic and Financial Affairs (2010); data from Eurostat
The increasing share of older people and decreasing share of working-age people in the overall population have social, economic and budgetary repercussions (B.1). Public authorities are urged to make available and/or deliver more/higher quality services to their ageing population while financing health care and pensions for a growing number of people, a situation whose sustainability is increasingly challenged by the current economic crisis; they will also face a decrease in labour supply and employment with a consequent overall negative impact on economic growth.

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

² The baby-boomer generation encompasses those born in the years 1945-1964, and now reaching their retirement age.
Recent analysis confirms that there is a window of opportunity – a period of about ten years during which labour forces will continue to increase – for implementing the structural reforms needed by ageing societies’ (European Commission, 2009). It is with this window of opportunity in mind that ‘the European Year for Active Ageing 2012’ was proposed, with a view to contributing to the momentum for necessary reforms and measures.
The ageing of the European population could become an opportunity for growth, as older people may generate demand for products and services; but while the burdens associated with population ageing are well reported, the economic potential and investment opportunities that may arise from this phenomenon are less so. Since 2005, the SEN@ER - Silver Economy Network of European Regions was established upon the joint initiative of European regions and under the leadership of North Rhine-Westphalia, Germany. In Germany, research had forecasted ‘more than 900,000 employees in the ‘silver economy’ within the next two decades’, and for North Rhine-Westphalia in particular ‘around 100,000 new jobs by 2010...’ (Ferry M., Vironen H., 2010), increasing its tax revenue by over 1.2 billion EUR by the same year. The SEN@ER network ‘regards the ageing of our society not as a threat but rather as a challenge and an opportunity for regional economic growth and for improving Europe's competitiveness’ and promotes ‘the development and marketing of innovative products and services aimed at this new market segment, thereby contributing to regional development and job creation’ (SEN@ER website). Overall, the term ‘silver economy’ refers to a broad range of economic activities, from health and care products and services, to mobility and ambient assisted living, thus touching upon not only social market segments but also wellness, fitness, leisure, travel, culture, communication, entertainment and, consequently, ICT. The assumptions behind the silver economy concept include: (i) retirees of the baby boomer generation will be wealthier than their predecessors; (ii) the higher education level of future retirees, together with the fact that they are used to higher standard of services than their predecessors, is likely to increase demand for quality services; (iii) more active retirees will impact on consumption and use. However, it is also noted that if purchasing power might facilitate the process of re-establishing respect for age, on the one hand, there is indeed a potential danger, through concentrating only on the economic factor age, of worsening social inequalities ‘if the focus is primarily on the privileged elderly with a high spending power’ (Heinze R.G., Naeg G., 2009). Therefore, strategies for developing the silver market should take these socio-economic and cultural differences into account, as well as social divides within the generation of seniors. Sources: Ferry M., Vironen H. (2010), Heinze R.G., Naeg G. (2009), Kunz J. (2007).
1.2 Basic figures on demographic ageing at regional level

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

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

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

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

Source: Giannakouris, 2010.

3 Based on Giannakouris, 2010.
The share of the EU27 overall population aged 65 years or over is projected to increase from 17.1% in 2008 to 23.5% in 2030; at regional level, this share will vary from 10.4% to 37.3%, higher than the 2008 figures (from 9.1% to 26.8%). Additionally, as can be seen in Map 1, at EU27 level the number of elderly people to be supported by those of working age (measured using the old age dependency ratio) is expected to increase from 25.4% in 2008 to 38% in 2030, ranging from 14.8% to 70.2% at regional level (compared to the 2008 figures of 12.7% to 43.3%).

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

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

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

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

- Innovation and technological change, mainly due to the rapid development of Information and Communication Technologies (ICT).
- Globalisation and trade liberalisation, often associated with the transfer of production and employment to low-cost economies (‘relocation’ to other areas, or ‘delocalisation’ to other countries) and the emergence of new major (supra-national) regions in the economy, impacting on both people’s decisions to move, i.e. workforce mobility, and the occurrence of structural unemployment. Map 2 shows that the regions most vulnerable to the effects of globalisation are those located in the southern and eastern parts of Europe, their vulnerability mainly being due to reliance on low-value-added economic activities, an unskilled workforce and difficulties in attracting investment or in keeping firms in their region.
- Structural economic changes occurring as a result of the severe financial and economic crisis and the associated recession hitting the developed world. The magnitude of the economic and financial crisis, in terms of job losses, became evident in the 2009 Eurostat statistics, according to which unemployment rates in 2009 rose dramatically compared to 2008 rates; this is a general trend for all EU MS\(^5\) and for the EU27 as a whole.
- Prevailing societal changes such as population ageing (B.3).

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

Map 2 – Globalisation vulnerability index, 2020

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

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

2.1 EU27 situation and projections

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

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

![Chart 6 – Employment rates by age group, 2009, percentage](image)

Source: adapted from Eurostat Employment statistics.

Chart 6 shows the employment rate of the three main age groups in 2009, as a percentage of the national employment level. In all MS, the highest levels of employment can be found in those aged between 25 and 54 years. Overall, employment of older workers (55 - 64 years) is higher than that of the young (15
- 24 years), with exceptions recorded in Austria, Denmark, Malta and the Netherlands. Slovenia shows an employment rate which is similar for young and older workers.

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

Chart 7 shows projections for the employment rate of the 55-64 years age group. Some major trends may be identified: (i) on average, the employment rate of older workers is projected to increase in all MS with the exception of Romania, Latvia and Lithuania; (ii) a substantial increase is expected in Poland, Malta, Austria, Italy, the Czech Republic, Spain, Denmark and the United Kingdom; (iii) in 2020, 15 countries will meet the European Employment Strategy target of at least 50% employment of older workers; and (iv) in 2060, 9 MS will still have an older-worker employment rate of below 50%.

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6 European Commission (DG ECFIN) and the Economic Policy Committee (AWG) (2008).
2.2 Regional data and labour market-related challenges for LRAs

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

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

Among the major implications expected from the current restructuring process of regional economies is an increasing importance of services and, more specifically, of knowledge-based and knowledge-intensive services associated with a shift from low-skilled to higher-skilled employment (Haahr et al., 2006). In this context, lifelong learning, enabling workers to adapt and maintain their employability, becomes crucial. Interestingly, data on lifelong learning shows limited regional variation (Map 4).
Participation in lifelong learning is high in Denmark, the Netherlands, Slovenia, Finland, Sweden and the United Kingdom, without regional variation, although 'Within countries, the highest rates of participation in education and training are often found around the largest cities....' (Eurostat, 2010).

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

7 Clusters in the map have been created according to the average 2009 employment rate of older people in EU27 (46%), according to European Commission, DG for Employment, Social Affairs and Equal Opportunities (2010).
According to the above data analyses, the main challenges associated with the employment of older workers include: (i) mitigation of the impact on the most vulnerable categories of workers of significant factors such as economic recession and the rapid transition to a knowledge-based or knowledge-intensive society leading to an rising demand for skilled work force; (ii) the need to retain older workers in the labour market due to the decrease in the active population and also as a consequence of changes in population dynamics; (iii) consideration of flexible mechanisms to adapt working conditions to an older workforce; and (iv) prevention of the poverty risk for vulnerable groups of workers.
3. Access to social services (health and long-term care)

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

3.1 EU27 situation and projections

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

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

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

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

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

8 European Commission, DG Economic and Financial Affairs (2010a) where the assumptions made for the ‘reference scenario’ are also explained.
As shown in Chart 10, Denmark and Belgium have the highest shares of expenditure allocated to long-term care (21% and 19%, respectively), implying that formal arrangements are in place for the care of the elderly; where such arrangements are of a more informal nature, long-term care expenditure accounts for smaller shares, as is the case for Portugal (1%).

Chart 10– Health expenditure by function, 2008

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

Besides the financial input, quantifying human input may contribute to an understanding of the way healthcare is provided to the public. In particular, the number of healthcare staff provides an indication of the resources available for healthcare provision. Data on healthcare personnel show significant variation across MS. For example, the number of ‘nurses and midwives’ ranges from 344 per 100,000 inhabitants in Greece to 1,486 per 100,000 inhabitants in the Netherlands; and the number of physicians/doctors ranges from 216 per 100,000 inhabitants in Poland to 555 per 100,000 inhabitants in Greece (Eurostat data).
Technological developments and, more precisely, ICT applications for health (or ‘eHealth’) may substantially change the way health services are delivered, contributing to: (i) increased efficiency in the delivery process; (ii) a reduction in hospital stays; (iii) increased potential for remote long-term care; (iv) increased access to services and therefore reduced health inequalities; and (v) improved quality through a reduction in the number of mistakes, the rationalisation of procedures and processes and steps to ease the administrative burden on health professionals.

Countries that spend a larger share of their GDP on healthcare generally have a longer history of national authorities prioritising the implementation of eHealth solutions. The main exception is Romania which, although it has the lowest level of healthcare expenditure in the EU, published its first national IT health strategy as long ago as 1991. Other countries which made eHealth solutions an objective of their healthcare system early on (in the nineties) include Denmark, Finland, France, Germany, Belgium and the Netherlands. Of the 27 EU MS, 11 implemented an eHealth strategy in 2005 or 2006. Cyprus only adopted a national eHealth plan for the first time in 2008.

### 3.2 Regional data and social services-related challenges for LRAs

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

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*European Commission, DG Information Society and Media (2007), [eHealth ERA country reports](https://ec.europa.eu/information-society/activities/era) website.*

*Committee of the Regions (2011).*
According to an inventory compiled for the Committee of the Regions on eHealth initiatives undertaken by LRAs\textsuperscript{11}, countries with centralised healthcare systems invest more in ‘Support initiatives’ on a local and regional level than countries with a more decentralised healthcare system, ‘support initiatives’ being fostered in 43% of the cases (as compared to 34% in decentralised and 30% in partially decentralised systems). Provision of ‘services’ represents a significant share of the initiatives undertaken in ‘partially decentralised’ and ‘decentralised’ healthcare systems (40% and 32%, respectively). ‘Health knowledge infrastructure initiatives’ are undertaken almost to the same extent in centralised and decentralised healthcare systems (19% and 21%, respectively), while ‘IT infrastructure’ is more developed in centralised systems than in decentralised ones (19% of initiatives vs. 13%, respectively).\textsuperscript{12}

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|}
\hline
\textbf{Liguria} & 680,5 & Sud-Vest Oltenia & 191,3 \\
\hline
\textbf{Praha} & 655,0 & Podkarpackie & 187,9 \\
\hline
\textbf{Braotislavsky kraj} & 652,5 & Vzhodna Slovenija & 185,1 \\
\hline
\textbf{Lazio} & 651,7 & Opolskie & 184,1 \\
\hline
\textbf{Prov. Brabant Wallon} & 650,9 & Lubuskie & 181,5 \\
\hline
\textbf{Wien} & 641,6 & Warminsko-Mazurskie & 178,8 \\
\hline
\textbf{Aragón} & 601,3 & Nord-Est & 175,3 \\
\hline
\textbf{Région de Bruxelles-Capitale / Brussel} & 592,3 & Wielkopolskie & 168,1 \\
\hline
\textbf{Prov. Vlaams-Brabant} & 527,5 & Sud-Est & 154,5 \\
\hline
\textbf{Lisboa} & 527,1 & Sud - Muntenia & 127,3 \\
\hline
\end{tabular}
\caption{Regional highest and lowest number of physicians/doctors per 100,000 inhabitants, 2008}
\end{table}

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|}
\hline
\textbf{Praha} & 1290,5 & Région de Bruxelles-Capitale / Brussel & 323,6 \\
\hline
\textbf{Northern Ireland (UK)} & 1180,5 & Anatoliki Makedonia, Thraki & 301,5 \\
\hline
\textbf{London} & 1057,7 & Dytiki Ellada & 269,0 \\
\hline
\textbf{North Eastern Scotland} & 1051,3 & Kentriki Ellada & 255,5 \\
\hline
\textbf{Limousin} & 1040,4 & Voreio Aigaio & 249,2 \\
\hline
\textbf{Yorkshire and The Humber} & 1026,9 & Dytiki Makedonia & 245,9 \\
\hline
\textbf{West Midlands (UK)} & 980,8 & Peloponnisos & 227,9 \\
\hline
\textbf{Provincia Autonoma Bolzano/Bozen} & 939,1 & Ioniia Nisia & 220,3 \\
\hline
\textbf{Wien} & 935,8 & Notio Aigaio & 195,0 \\
\hline
\textbf{Midi-Pyrénées} & 933,6 & Sterea Ellada & 133,7 \\
\hline
\end{tabular}
\caption{Regional highest and lowest number of nurses and midwives per 100,000 inhabitants, 2008}
\end{table}

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

\textsuperscript{11} Committee of the Regions (2011).

\textsuperscript{12} Service Initiatives: Services addressing wellness and disease management; Support Initiatives: Support activities for management, administration, logistics and supply of health-related goods and services; Health Knowledge Infrastructure Initiatives: Health knowledge infrastructure, medical education, medical research and clinical trials, and collaboration platforms; IT Infrastructure Initiatives: IT infrastructure development.
Main challenges relating to health care and long-term care are not only determined by demographic changes and the financial implications thereof for public expenditure, but also by the often poor financial situation of elderly people (see chapters 4.1 and 5.1 for information on the at-risk-of-poverty rate for older people and some general considerations on pension systems). These challenges include: (i) increasing public health expenditure for health and long-term care as a consequence of the increased number of people requiring such care, increased life expectancy and increasing demand for long-term care, as well as the decreasing number of ‘active’ individuals; (ii) increasing demand for (quality) services; and (iii) a lack of staff for the provision of services (B.4).

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

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

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

4.1 EU27 situation and projections and common challenges for LRAs

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

Private cars and motorcycles are the most sought-after mode of transport, followed by air, public road and rail transport, as well as, with a very small share of the demand for transport, inland navigation (Chart 11).
Demand for air and rail transport is projected to increase by 2030, while demand for private and public transport is projected to decrease slightly by 2030 over 2010. In general, the share of public transport has increased across Europe in the last decade, but with trends that are significantly different in the EU15 and the EU12. In fact, over the last ten years demand for bus transport has grown by 10% in the EU15 and fallen by 4% in the EU12, most probably due to an increase in private car ownership and use; similarly, demand for rail passenger transport grew by nearly 30% in the EU15 in the ten years to 2008, and fell by around 20% in the EU12 during the same period (EEA, 2011a).

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

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

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13 EEA dataset, indicator TERM32, specified source: TREMOVE v3.3.1.
observed in Latvia (51%), Cyprus (49%), Estonia (39%) and Bulgaria (34%), and the lowest in Hungary (4%), Luxembourg (5%) and the Czech Republic (7%).’ (Eurostat, 2010).

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

Source: EEA, 2011b.
Chart 13 – Road fatalities for people aged 65 or over, 2009*

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

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

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

5.1 EU27 situation, national data and common challenges for LRAs

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

Adapted housing or housing for the elderly is considered a potentially important market that is developing as a consequence of population ageing. According to the UEPC study, in order to cope with raising demand, initiatives by developers will have to come in addition to public efforts.
Among the factors that may drive the development of adapted houses, besides policies and public incentives there is housing ownership and the income level of older people. In general, statistics show that the older the people, the lower the share of housing ownership, with differences across the age groups being greater in northern countries than in southern Europe (Chart 15). As mentioned in section 4.1, almost 1 in 5 individuals aged 65 or over is at risk of poverty. Over the 2007-2009 period, the average at-risk-of-poverty rate for people aged 65 years or over decreased by 2.4% at EU27 level; however, this average decrease corresponds to a decrease in the EU15 countries (from 20.2% in 2007 to 17.8% in 2009) and an increase in EU12 countries (from 16% in 2007 to 17.9% in 2009).

Elderly people living alone are amongst the most vulnerable categories in economic terms, and within that group, women ‘are particularly at risk of poverty, due to the fact that retirement pensions for women are significantly less generous than for men. Moreover, women have shorter careers and earn less during their working lives...’ (European Social Housing Observatory, 2008). The number of older people living alone is projected to increase significantly over the next decades; more specifically, the number of people aged 60 years or more living alone is expected to increase from 32.3 million in 2001 to around 51.6 million in 2050; most of these elderly people living independently will be located in EU15 MS (Table 4). A sharper increase is expected in the number of people aged 80 years or more living alone, from 6.1 million in 2001 to 22.5 million in 2050.
The wealth of current and future pensioners depends greatly on the impact of current pension system reforms across the EU. The overall reform process is complex due to the fact that it is country-specific, although rooted in a common EU framework for policy learning (the Social Open Method for Coordination) and for fiscal policy (the Stability and Growth Pact). In addition, the financial crisis and economic downturn further stressed the need to strike the right balance between public pay-as-you-go (PAYG) systems and supplementary collective or private schemes, i.e. across the three main conventional pillars of pensions.  

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

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14 Developed by the World Bank, the following pillar structure acts as a point of reference in the European debate: first pillar – public pay-as-you-go (PAYG) pensions; second pillar – private occupational pension schemes; third pillar – private individual pensions.
In Chart 16, a comparison between national levels of poverty risk for older people with pension expenditure outlines the effectiveness of pension expenditure in combating poverty. Only a few countries achieve relatively low at-risk-of-poverty rates associated with low pension expenditure, but it should be noted that poverty levels take only monetary income into account, thus excluding house ownership, private savings and other non-monetary benefits such as subsidised or free health care; it should also be noted that, for example, low levels of expenditure may be a consequence of a significant increase in GDP, especially in EU10 countries, since expenditure is expressed as a share of GDP.

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

**B.5 Some major challenges of European pension systems**

Among the challenges addressed by pension reforms across EU countries are: (i) the extension of coverage to vulnerable categories such as farmers, the self-employed and women with low entitlements; (ii) steps to better gear the schemes to gender roles, for example by crediting caring years; or to changing labour markets, with more atypical careers and short-term contracts; (iii) the increase in minimum pensions and supplementary allowances; (iv) adjustments for periods of unemployment, lower contributions and poorer returns on the financial market – especially as a consequence of the ongoing financial crisis – mostly impacting on the currently active population and its pension rights. *Source: European Commission, DG Economic and Financial Affairs (2010b).*
Finally, besides economic considerations, the attitude of the elderly to changes and mobility (i.e. moving into new housing specifically designed from the outset to meet with ageing needs) should also be considered when planning the adaptation of housing: ‘some believe that elderly people should be allowed to keep living in their homes in order to avoid losing their connection to their own physical, social and psychological environment. For example, the UK strategy on ‘lifetimes homes’ aims to provide adaptable ‘homes for life’, (European Social Housing Observatory, 2008).

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

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

6.1 EU24 situation, national data and common challenges for LRAs

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

![Chart 17 – Ratio of those with no friends compared with the total population, 2006](Image)

Source: Eurostat 2010c

On the basis of the information gathered through the 2006 EU SILC survey, we can see that, on average, almost 1 in 4 of people aged 65 years or more participates in religion-related gatherings; 1 in 5 participates in recreational
groups or similar; and only a few take part in political activities, although there are significant differences across countries. Cyprus and Poland have very high participation rates in religious-related events, 87% and 69% respectively, and interestingly, in these two countries the same high rates apply to all age groups; the lowest level of participation in religious events is found in France (2.3%) and Hungary (4.3%). The highest rates of participation in recreational groups are in the Netherlands (42.5%) and in the UK (37.9%), the lowest in Poland (1.7%) and Lithuania (2.5%). With regard to participation in political activities, rates throughout Europe are below 9%, with the highest rates in Denmark (8.2%) and Cyprus (7.3%), and the lowest in Lithuania and Greece (1.4% in both countries).
Table 5 – Participation in community activities, by age group and type of activity, 2006, in %

<table>
<thead>
<tr>
<th>Churches and other religious organisations</th>
<th>Political parties and trade unions</th>
<th>Recreational groups and organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>By age group</td>
<td>16-24</td>
</tr>
<tr>
<td>-----</td>
<td>--------------</td>
<td>-------</td>
</tr>
<tr>
<td>AT</td>
<td>20.5</td>
<td>18.2</td>
</tr>
<tr>
<td>CY</td>
<td>87.3</td>
<td>85.8</td>
</tr>
<tr>
<td>CZ</td>
<td>6.9</td>
<td>3.0</td>
</tr>
<tr>
<td>DE</td>
<td>15.4</td>
<td>12.4</td>
</tr>
<tr>
<td>DK</td>
<td>11.7</td>
<td>7.9</td>
</tr>
<tr>
<td>EL</td>
<td>9.3</td>
<td>2.4</td>
</tr>
<tr>
<td>ES</td>
<td>17.5</td>
<td>7.9</td>
</tr>
<tr>
<td>FI</td>
<td>15.8</td>
<td>12.1</td>
</tr>
<tr>
<td>FR</td>
<td>1.4</td>
<td>0.6</td>
</tr>
<tr>
<td>GR</td>
<td>29.1</td>
<td>20.1</td>
</tr>
<tr>
<td>HU</td>
<td>3.5</td>
<td>2.3</td>
</tr>
<tr>
<td>IE</td>
<td>49.0</td>
<td>41.7</td>
</tr>
<tr>
<td>IT</td>
<td>19.1</td>
<td>17.3</td>
</tr>
<tr>
<td>LT</td>
<td>21.0</td>
<td>13.5</td>
</tr>
<tr>
<td>LU</td>
<td>39.9</td>
<td>23.9</td>
</tr>
<tr>
<td>LV</td>
<td>8.9</td>
<td>5.6</td>
</tr>
<tr>
<td>NL</td>
<td>44.5</td>
<td>39.5</td>
</tr>
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<td>PL</td>
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<td>PT</td>
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<tr>
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<td>13.8</td>
</tr>
<tr>
<td>SI</td>
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</tr>
<tr>
<td>SK</td>
<td>35.9</td>
<td>33.9</td>
</tr>
<tr>
<td>UK</td>
<td>10.3</td>
<td>5.6</td>
</tr>
</tbody>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stockholm</td>
<td>87</td>
</tr>
<tr>
<td>Noord-Holland</td>
<td>84</td>
</tr>
<tr>
<td>Utrecht</td>
<td>84</td>
</tr>
<tr>
<td>Sydsverige</td>
<td>84</td>
</tr>
<tr>
<td>Västsvirge</td>
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<tr>
<td>Hovedstaden</td>
<td>83</td>
</tr>
<tr>
<td>Östra Mellansverige</td>
<td>82</td>
</tr>
<tr>
<td>Niedersachsen</td>
<td>81</td>
</tr>
<tr>
<td>Schleswig-Holstein</td>
<td>81</td>
</tr>
<tr>
<td>Drenthe</td>
<td>81</td>
</tr>
<tr>
<td>Inner London</td>
<td>81</td>
</tr>
<tr>
<td>Yuzhen tsentralen</td>
<td>24</td>
</tr>
<tr>
<td>Severozapaden</td>
<td>24</td>
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<tr>
<td>Sud-Est</td>
<td>23</td>
</tr>
<tr>
<td>Sud - Muntenia</td>
<td>23</td>
</tr>
<tr>
<td>Centru</td>
<td>23</td>
</tr>
<tr>
<td>Severen tsentralen</td>
<td>23</td>
</tr>
<tr>
<td>Vest</td>
<td>22</td>
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<tr>
<td>Yugoiztochen</td>
<td>22</td>
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<tr>
<td>Severoiztochen</td>
<td>17</td>
</tr>
<tr>
<td>Nord-Est</td>
<td>17</td>
</tr>
<tr>
<td>Sud-Vest Oltenia</td>
<td>15</td>
</tr>
</tbody>
</table>


Differences between regions in terms of IT availability and penetration are huge. Access to the internet ranges from 90% in Noord-Holland (the Netherlands) to 17% in Severozapaden (Bulgaria). Broadband access ranges from 79% in Groningen and Noord-Holland (both in the Netherlands) to 12% in Severozapaden (Bulgaria): ‘The six leading regions in terms of Internet access are all located in the Netherlands, whereas the six regions with the lowest share are located in Bulgaria and Greece.’ (Eurostat, 2010).
Household access to the internet through a broadband-type connection is highest in Swedish and Dutch regions and lowest in Romanian and Bulgarian regions (Table 6); in general, spatial patterns have been discerned, with higher values in the north of Europe than in the south, and higher in the centre than in the east and west (Map 5).

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


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

Finally, lack of digital literacy may increase social exclusion if it contributes, for example, to older workers dropping out early from the labour market or to an
inability to contact, communicate or associate with relatives or friends. Although the digital divide among generations is expected to lessen over time with the ageing of those currently familiar with new technologies, a trend of decreasing internet usage with age is nevertheless evident (Chart 18).

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

PART 2 – Developing a set of model regional approaches on active ageing
8. Typology of regions

8.1 Methodological approach: criteria considered

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

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

Criteria 1: regional level of growth and innovation

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

- **G1:** Restructuring industrial regions with major weaknesses. These regions are usually hallmarked by high specialisation in manufacturing (with the exception of Estonia), with ‘low levels in tertiary education, life-long learning, accessibility, human resources in science and technology and expenditures on R&D’.

- **G2:** Regions with weak economic and technological performance, mostly relying on the service sector (tourism) or agriculture. These regions have low income per capita, low accessibility, low population density and low ‘R&D intensity, tertiary education, employment rate, life-long learning and human resources in science and technology’.

- **G3:** Regions with average economic and technological performance. This group encompasses a high number of regions, all from EU15 countries, with the exception of Slovenia, characterised by a wide range of productive structure (from industry to service or agriculture).

- **G4:** Advanced regions, with a certain amount of industrial specialisation. Historically based on the industrial sector, some of the regions belonging to this group have managed to ‘base their industry in medium-high and high-tech manufactures, with a strong development of R&D activities’,
while others have converted their industry to new sectors. ‘On average, these regions have a high level of accessibility, high population density and high R&D expenditures’.

- **G5**: Innovative regions, with a high level of economic and technological development. This is the smallest group and contains ten regions, all from the north of Europe. These regions have high level of education and lifelong learning, high expenditure in R&D and high patent creation.

- **G6**: Capital-regions, with a certain amount of specialisation in high value-added services. This group encompasses national capitals from EU15 and EU10 countries (the so-called ‘re-invented capitals’ ‘considered as champions of the economic transition and engines of the economic activity’ of the new MS) with good economic development and a technological development level above the European average, mostly due to a high level of R&D. Regions ‘with a high concentration of private and public research activities and a high level of economic development’ also belong to this group: they have high density population and high income and education levels, with a certain amount of specialisation in high-tech services, financial and business services.

- **G7**: Innovative capital-regions. These regions are specialised in high value-added services. In this group are capitals and regions that have become ‘knowledge-hubs’. They ‘have high levels of income, tertiary education, lifelong learning, accessibility, population density and patents’, and high levels of R&D expenditure. ‘Their sectoral specialisation is in high-tech services and financial and business services, all of them acting as a support to innovation activities’.

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

### Criteria 2: Old age dependency ratio

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

\(^{15}\) For example, the EU27 average old age dependency ratio of 25.9% (Giannakouris K., 2010) means that 100 people of working age support almost 26 people aged 65 or over.
Criteria 3: population crude growth rate

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

Criteria 4: prevalence of urban or rural population

To distinguish between regions on the basis of the prevalence of urban or rural populations, the typology developed by DG Agriculture and Rural Development, Eurostat, the Joint Research Centre (JRC) and DG Regional Policy has been used. This typology is based on a variation of the OECD methodology and provides a classification at NUTS3 level (Map 6). Three main classes are defined within this typology: (i) predominantly urban regions, with a rural population of less than 20% of total population (red areas in the map); (ii) intermediate regions, with a rural population of between 20 and 50% of total population (yellow areas); and (iii) predominantly rural regions, with a rural population of 50% or more of total population (green areas).

Map 6 - Urban-rural typology, NUTS3

Source: Eurostat website.

8.2 Outlining the types

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

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

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

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

8.3 Proposed typology of regions

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

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\(^{17}\) Bulgarian and Romanian regions, originally not encompassed in the Navarro typology, have been attributed to G2.
Table 7 – Proposed typology of regions

<table>
<thead>
<tr>
<th>TYPE</th>
<th>Growth &amp; innovation</th>
<th>Old age dependency</th>
<th>Crude growth rate</th>
<th>Nº regions</th>
<th>Urban/rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>STRONG</td>
<td>YOUNG</td>
<td>INCREASE</td>
<td>51</td>
<td>Prevalence of URBAN (30) regions and INTERMEDIATE (15) - few RURAL (6). Navarro group: 4,5,6,7</td>
</tr>
<tr>
<td>2</td>
<td>STRONG</td>
<td>OLD</td>
<td>INCREASE</td>
<td>50</td>
<td>Prevalence of URBAN (22) regions and INTERMEDIATE (20) – few RURAL (8). Navarro group: 4,5,6,7</td>
</tr>
<tr>
<td>3</td>
<td>AVERAGE OR WEAK</td>
<td>YOUNG</td>
<td>INCREASE</td>
<td>24</td>
<td>Prevalence of INTERMEDIATE (13) and RURAL (9). Two URBAN. Navarro group: 1,2,3</td>
</tr>
<tr>
<td>4</td>
<td>AVERAGE OR WEAK</td>
<td>OLD</td>
<td>INCREASE</td>
<td>42</td>
<td>Prevalence of RURAL (31); then INTERMEDIATE (11). Navarro group: 2 and 3.</td>
</tr>
<tr>
<td>5</td>
<td>STRONG</td>
<td>OLD</td>
<td>DECLINE</td>
<td>30</td>
<td>Prevalence of INTERMEDIATE (21) regions. Navarro group: 4,5,6</td>
</tr>
</tbody>
</table>
Types 1 and 2 encompass regions with a high growth and innovation rate as well as a growing population. These regions are characterised as predominantly urban or intermediate (with a few exceptions of rural regions). All G7 regions (Navarro’s classification) and most of the G6 regions belong to these two types. The two types differ in the value of the old age dependency ratio - below the EU27 average level in type 1 and above the EU27 average in type 2.

18 The following eight NUTS2 have not been included in the categorization: Ciudad Autónoma de Ceuta (ES), Ciudad Autónoma de Melilla (ES), Guadeloupe (FR), Martinique (FR), Guyane (FR), Réunion (FR), Região Autónoma dos Açores (PT) and Região Autónoma da Madeira (PT).
Types 3 and 4 include regions hallmarked by a growing population and weak or moderate economic growth and innovation levels. These regions are predominantly rural or intermediate (with a few exceptions of urban regions); rural regions are, in particular, found where the old age dependency ratio is high. Regions of types 3 and 4 belong to G1, G2 and G3 (Navarro’s classification). The two types differ in the value of the old age dependency ratio - below the EU27 average level in type 3 and above the EU27 average in type 4.

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

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TYPE 3</strong></td>
<td>Border, Midland and Western, Southern and Eastern, Cataluña, Comunidad Valenciana, Oberösterreich, Salzburg, Tirol, Zahodna Slovenija, Northern Ireland (UK), Stredná Cechy, Jihozápad, Notio Aigaio, Illes Balears, Andalucía, Región de Murcia, Canarias (ES), Campania, Cyprus, Malta, Malopolskie, Wielkopolskie, Pomorskie, Norte, Východné Slovensko.</td>
</tr>
<tr>
<td>TYPE 6</td>
<td>Sachsen-Anhalt, País Vasco, Champagne-Ardenne, Liguria, Friuli-Venezia Giulia, Kärnten, Itä-Suomi, Severozapaden, Severentsentralen, Anatoliki Makedonia, Thraki, Dytiki Makedonia, Thessalia, Ipeiros, Voreio Aigaio, Galicia, Principado de Asturias, Castilla y León, Molise, Puglia, Basilicata, Calabria, Sicilia, Sardegna.</td>
</tr>
</tbody>
</table>
Map 7 – Proposed typology, NUTS2

Legend
- Type 7
- Type 6
- Type 5
- Type 4
- Type 3
- Type 2
- Type 1

Source: Progress Consulting S.r.l.
9. Regional and local solutions by policy area and types of region

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

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

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

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

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

**Funding.** Funding is from regional and state resources.

*Source: Plan of Action website.*
**EMPL - The Older Workers Employment Network (OWEN), East Yorkshire and Northern Lincolnshire (UK) – Type of region: 2**

**Challenges**: Difficulty in re-entering the labour market for mature workers

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

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

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

**Sources**: OWEN website.

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

**Challenges**: Preventing and combating unemployment, supporting workers through restructuring processes

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

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

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

*Sources: TEP website.*

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

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

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

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

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

*Source: Cayado y Zurrón website.*

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

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

**Description.** The Akademie 50plus is a programme aimed at helping older unemployed people return to the labour market. Because it is particularly difficult for women to access the labour market, it was decided to introduce a gender quota for participation: 60% for female participants and 40% for male participants. The core concept behind this programme is to use, maintain and develop the skills of older people, and thus harness their potential, by delivering the following services: (i) organisation and implementation of
professional qualification and training services, adapted to the needs of the regional economy and performance requirements; (ii) training and aftercare, if needed, of programme participants after they are employed; (iii) liaison with employers and labour market stakeholders in the regions; (iv) individual advice to participants as well as motivational and psychological support to help them through the integration process; and (v) public relations and media relations to promote a regional/local exchange of views on ‘older workers and public employment’. The programme started in 2001 and has been extended to April 2011. Between 2001 and 2008, it provided support for more than 8,000 people; in 2008, 217 older people re-entered the labour market.

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

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


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

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

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

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

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

*Source: Bollettino Ufficiale della Regione Puglia n.32 del 18 Febbraio 2010.*
Challenges: the increasing share of elderly people in the total resident population, driven by negative migration flows mostly concerning people aged 20 to 39 years and a shrinking population due to negative natural population growth; impact of the economic crisis that led to structural changes in employment rates, with massive redundancies; few opportunities for older workers to re-enter the labour market after redundancy, due to poor qualifications, prejudice and unfavourable legislation encouraging early retirement.

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

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

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

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

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

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

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

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

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

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

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

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

*Source: Royal Borough of Windsor and Maidenhead website.*

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

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

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

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

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

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

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

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

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

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

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

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

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

**Challenges:** 
- acute population ageing: the municipality of Ferrara has one of the highest ageing indexes across Europe (257 in 2009, against a regional average of 173, an Italian average of 143 and an EU average of 105). There are over 35,000 people 65+ aged, representing about 26% of the total population, of which some 10,000 live alone and 7,000 live together with another old person  
- fading social structure along with new social dynamics
Description. The Giuseppina project was launched on the basis of a social analysis carried out in a sample of about one quarter of the target population; it provides for home delivery of food and medication, as well as for transport to healthcare centres, hospitals and social gatherings. It also promotes the concept of ‘community care’ for the elderly, i.e. care for ageing individuals, not only by relatives, if they are nearby, but also by friends and neighbours. Within the project, standards have been set for the delivery of the following services: (i) transport to/from health care facilities and community gathering places; (ii) home-delivery of medicines; (iii) home-based physical exercise; and (iv) support campaigns in response to specific needs such as those caused by heat waves, snowfall or the switch-over to digital technologies, a process currently occurring nationwide that is disrupting the elderly's access to traditional television broadcasting systems.

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

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


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

Challenges: ➤ ageing multi-cultural population

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

Governance structure. Projects are delivered by the municipality of Gelsenirkchen through its Board for Labour and Social Affairs, Health and
Consumer Protection in collaboration with a network of local organisations, churches, charities, private companies and health insurance companies. The network is supervised by a Steering Group.

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


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

**Challenges:** ➔ peripheral location

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

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

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


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

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

**Description.** In the Operational Plan for the implementation of the 2006-2011 county strategy in social assistance and child protection, care for the elderly
was specifically targeted by outlining the following measures: (i) establishment of a department dedicated to the social assistance of elderly people; (ii) study on the quality of life of elderly people; (iii) creation of a network of home carers; (iv) development of a county plan for the social protection of elderly people; and (v) development of home care services and some alternative services. The development of alternative services to family care, such as day centres and home care delivered by professionals, was possible due to the necessary legislative framework developed at national level.

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

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

*Sources: EPSA (European Public Sector Award) project description.*

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

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

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

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

**Funding.** Local.

*Sources: Providing transport in partnership – A guide for health agencies and local authorities*
**TRAN – ‘Individualised Marketing of sustainable transport modes for older citizens’. City of Munich, Oberbayern (DE) – Type of region: 2**

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

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

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

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

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

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

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

**Description.** Within the framework of the project, and following a survey carried out among public transport users, modernised bus and tram stops with an adjusted platform have been developed. These measures have improved the quality, safety and accessibility of public bus and tram services, in particular for older people. A second phase of the project has been considered for funding by the European Bank for Reconstruction and Development, amounting to about 92 million EUR, with the dual aim of increasing the share of public transport in overall means of transport, and enhancing living
standards for the inhabitants of Kraków, in particular the elderly, as 24 new low-floor trams will be purchased.

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

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

*Sources: ELTIS, The Urban Mobility Portal: project case study; EBRD project web page.*

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

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

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

**Governance structure.** Implemented by La Rochelle Urban Community.

**Funding.** Information not available.

*Sources: ELTIS case study.*

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

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

**Description.** The service is aimed at people over 65 without disabilities or people with a slight handicap, who are inhabitants of Amsterdam and have obtained a registration number from the City of Amsterdam. Another type of
service is available to more severely disabled people (VZA). Stadsmobiel is a
door-to-door service, for which passengers are charged on a journey basis. It
carries 600,000 passengers per year. The service is available 7-days a week,
including public holidays. It needs to be booked in advance, from one week up
to one hour.

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

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

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

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

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

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

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

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

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

**Challenges:**  
- increasing older population and expected cost pressures  
- greater demands for personalisation, choice and dignity  
- Increasing...
pressures on health and social care systems  

**maximising efficiency through integrated models of care and support by private, public and voluntary players**

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

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

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

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

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

**Challenges:**  

- demographic changes  
- planning for active ageing

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

**Governance structure.** Planning, site development and construction were all...
under the responsibility of the Bavarian Interior Ministry.

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

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

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

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

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

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

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

Source: [Netwell Centre website](#).

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

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

**Description.** Further to a feasibility study commissioned in 2004 by the Community of communes Guéret-Saint-Vaury, a Centre of Excellence in Guéret for the development of domotic-related applications started being planned in 2005. In 2006, the initiative (referred to also as ‘Odyssée 2023’)
became operational; in the same year, it was recognised by the central Government as a Centre of Rural Excellence (PER - Pôle d’Excellence Rurale). Overall, the project aims to improve people’s living conditions and quality of life, but also to create new jobs through the development of the domotic business and to foster a market for innovative technologies. Among the main measures planned up to 2012 are: (i) creating professional qualifications in domotics, in collaboration with the University of Limousine and the Jean Favard High School; (ii) setting up a resource centre for domotics, supporting start-ups and managing domotic-related resources; work on the centre started in 2008, with the opening and operation expected over the 2009-2012 period; and (iii) developing standard products and services (‘packages’) for individual customers with limited self-sufficiency, encouraging market demand for domotics; it is estimated that as of 2010 these ‘packages’ will be distributed to about 2,000 people, for a market of some 2.3 million EUR/year over a four-year period; and (iv) testing domotic products and services in a care structure of the Central Hospital of Guéret with the aim of rolling-out, upon evaluation, the application of domotics in the future EHPAD (établissement d'hébergement pour personnes âgées dépendantes) expected to be built in Guéret in 2012; and (v) establishing a cluster of businesses applying domotics to their products and services (for example, electricity and heating companies), so as to create a network able to respond to demand and to employ professionally qualified young people. The potential market for the new domotics-related businesses and services has been estimated at 5.8 million EUR over three years. Additionally, the initiative is expected to create 15 new businesses and 50 jobs.

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

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

Sources: Henimann L. (2010), La communauté de communes de Guéret investit dans la domotique et la santé, mercredi 6 janvier 2010, pour la rubrique Expériences des sites.
HOUS - Wohnberatung (Housing Advice), Düsseldorf (DE), – Type of region: 5

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

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

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

**Funding.** Public, local and regional.

*Source: Landeshauptadt Düsseldorf website.*

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

**Challenges:**  ► ageing population

**Description.** The project objective is to create houses adapted to the needs of older people by incorporating home automation mechanisms through IP voice, tactile interaction etc. Within the framework of the project, software was developed in 2007 enabling intelligent control of home automation items providing care services. Subsequently, a prototype building was constructed in...
the city of Victoria, featuring a configuration tool for selecting the services to be provided and a central panel for controlling these services, accessible both through a touch-screen system and remotely. Additionally, the building allowed energy efficiency measures, a higher level of security through early hazard detection and prevention of accidents through monitoring, anomaly detection and generation of alerts and notifications. In 2009, the Basque Government delivered 156 homes for rent, 7 of which are fully adapted to the needs of disabled people. The rent for these houses is calculated on the basis of the tenants' income and the surface area of the house, the average rent being around 240 EUR per month.

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

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

Sources: Vivesa website; Zaingune- Plataforma para la Halitación de Servicios Asistenciales en el Hogar website.

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

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

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

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

**Funding.** National, through the Danish Ministry of Social Welfare that
allocated 650,000 EUR out of the State budget 2008.


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

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

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

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

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

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

Sources: Devon County Council website.
PART – Parque de Mayores (Senior Park), Almería, Andalucía (ES) – Type of region: 3

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

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

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

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

*Sources: Instituto de Mayores y Servicios Sociales (Imserso), project description.*

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

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

**Description.** The main objectives of this pilot were to: (i) highlight the potential of the ‘older age’ and (ii) develop initiatives for the shaping thereof. People participating in the project followed a modular training course aimed at broadening their experience in key areas such as: nutrition; motor, mental and social activities; conflict management; public relations; and marketing. Afterwards, they were made familiar with a toolbox allowing them to design a
project and then implement it, as part of training for becoming a ‘future mentor’ for their home communities. The project is intended to empower older individuals to actively shape their communities’ life by putting together ideas meeting real needs and then by implementing tailored projects for the overall benefit of the elderly population. The pilot was implemented over the 2008-2009 period, but training courses continued in 2010 upon payment of enrolment fees. ‘Future mentors’ are people aged 45 or over.

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

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


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

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

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

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

**Funding.** The project is implemented within the framework of ‘Plan Avanza2’
for the development of Knowledge and Information Society. It is supported financially by the national Ministry of Industry and participating regional and local authorities.


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

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

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

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

Funding. EUR 50,000 per year.

Sources: Dischingen website.

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

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

Description. The project has two main objectives: (i) to reduce the digital divide between generations by teaching the elderly to use ICT and facilitating their social inclusion; and (ii) to stimulate elderly intellectual activity to prevent dementia. The project was the result of research headed up by the Fundación Orange. Started in 2006 as a pilot, it is currently rolling out to various regions, among which is the Principado de Asturias, where the regional government has assumed responsibility for promoting the project within its regional strategy e-Asturía 2012, as has Castilla y León, within its
regional strategy 'Digital Inclusion' 2007-2013 (agreement with Fundación Orange dated 2008). Currently, EDAD has hundreds of users and tens of tutors; courses are delivered free online. Target groups are older people aged 65 or more. Tutors are selected and trained by means of a 20-hour course and a meeting, organised twice a year, in Madrid.

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

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

**Sources:** EDAD project website; El Norte de Castilla press release 2008: El Proyecto EDAD combate la exclusión digital de los mayores; Principado de Asturias project website.

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

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

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

**Governance structure.** Coordinated by the municipality of Dobrich.

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

10. Main responses by LRAs to common challenges

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

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

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

10.1 Main responses by policy area

Employment

Mitigating the impact of the economic crisis on older workers

Mitigation measures include measures enabling the employment rate of older workers to be maintained while waiting for overall labour market conditions to improve; and measures aiming, overall, to reduce unemployment among the elderly by supporting their re-entrance into the labour market. The quantitative retention in employment of older workers is targeted through the prevention of firm restructuring caused by down-sizing, bankruptcy, relocation and acquisition, elements that often entail redundancies for the most vulnerable categories of workers. This is implemented through the coordination and guidance of social dialogue between representatives of the social players and
businesses; incentives for self-employment and business start-ups; efforts to combat prejudice towards older workers through measures aimed at changing the attitude of employers, such as awareness-raising campaigns or lead-by-example initiatives by public authorities as employers. Re-entering the labour market also entails the need to maintain the employability of older workers or to adapt it to the emerging needs of regional economies (i.e. targeting qualitative aspects of the supply side) through, for example, (lifelong) learning, professional training and competence development, where the enhancement of ICT skills is very important; or through efforts to match labour supply and demand, for example by organising events and forums where the business community meets elderly people who are unemployed. In general, eAccessibility in the work place is a central factor to be considered while meeting the needs of an ageing work force. Important commonly implemented elements by LRAs are active labour market policies at local and regional level fostering training programmes to maintain and upgrade the skills of the unemployed, or to ensure a role for training and education in the labour market.

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

Addressing the social and gender dimension of ageing for people in the labour market
People go through different stages of family life (child-raising or caring for parents, for example) and family structures (divorce, for example), usually occurring in a more mature phase of working life. Some of these circumstances may affect a worker’s capacity to stay in the labour market and flexible approaches to work may prove to be necessary to retain the individuals
concerned in the market. It is not only a matter of part-time but also of flexible working hours, functional flexibility (adaptation of tasks to relieve workload, senior-specific jobs, suitable working conditions, tele-working opportunities), and active labour market policies providing, for example, for long-term care services and a supportive urban environment to prevent situations where older women have to leave their jobs to look after elderly parents. There are several examples of flexicurity approaches implemented at company level; national strategies are also common, but institutionalised regional and local measures seem to be less frequent.

*Preventing the risk of poverty for vulnerable groups of workers*

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

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

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

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

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

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

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

Mobility and accessibility

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

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

Providing demand-driven public transport systems

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

Adapted housing

Satisfying elderly people's desire for independent living

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

Developing an opportunity for economic growth offered by new markets

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

Combating inequalities and the financial divide within the older generation

Social housing schemes tailored to the needs of the elderly also exist, as do strategies and supporting financial mechanisms making adaptation financially accessible to all, enabling living conditions for the elderly to improve equally for everyone. One example is the ‘inter-generational housing’ approach through
which families hosting older relatives are given support for the renovation of their homes (CECODHAS Housing Europe, 2009).

**Participation in community activities**

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

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

**10.2 Characterisation of the types of region**

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

<table>
<thead>
<tr>
<th>TYPE 1</th>
<th>EMPL</th>
<th>Planning for increased social cohesion by combating inequalities in access to the labour market. Fostering stability and growth.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE</td>
<td></td>
<td>Business innovation, mainstreaming of services and telecare to respond to increased needs and a decreased number of care providers. Flexible and innovative solutions for matching demand requirements and providers’ responses.</td>
</tr>
<tr>
<td>TRAN</td>
<td></td>
<td>Integration of the several private, public, statutory and community-based providers of transport services to achieve better quality and efficiency in the transport system.</td>
</tr>
<tr>
<td>HOUS</td>
<td></td>
<td>One-stop-shop housing scheme for the elderly, where efficiency is maximised through an integrated model of care and support by private, public and voluntary players.</td>
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<tr>
<td>PART</td>
<td></td>
<td>Inter-generational solidarity showing the usefulness of older people in providing voluntary services through the ‘reserve grandparent scheme’.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE 2</th>
<th>EMPL</th>
<th>Networking, promoting access to the labour market through enhanced employability, greater confidence and motivation of older workers. Counselling, support, adult learning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE</td>
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<td>One-stop referral system for the provision of social services to cope with the small size of the workforce, especially in rural areas.</td>
</tr>
<tr>
<td>TRAN</td>
<td></td>
<td>Improving the mobility of older people through enhanced information and steering their mobility decisions towards more sustainable modes of transport than cars.</td>
</tr>
<tr>
<td>HOUS</td>
<td></td>
<td>Experimental social housing scheme by a publicly-owned housing company.</td>
</tr>
<tr>
<td>PART</td>
<td></td>
<td>Deep outreach and community mentoring work, also tackling the representativeness of older people through the establishment of a Senior Council.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE 3</th>
<th>EMPL</th>
<th>Regional-level partnership fostering accessibility and providing support, specifically to combat the impact of the ongoing restructuring process.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE</td>
<td></td>
<td>Tele-assistance supporting autonomous living for vulnerable people, enabling them to stay longer in their homes.</td>
</tr>
<tr>
<td>TRAN</td>
<td></td>
<td>Increasing quality, safety and accessibility of public transport through vehicle fleet modernisation.</td>
</tr>
<tr>
<td>HOUS</td>
<td></td>
<td>Piloting supporting environments that promote and sustain independence and well-being for older people through the fusion of innovative spatial, technological and integrated community</td>
</tr>
<tr>
<td>Type 4</td>
<td>Part</td>
<td>Equipping parks with rehabilitation and exercise facilities to encourage participation, social gatherings and inter-generational contact.</td>
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<tr>
<td>Empl</td>
<td>Sectoral intervention aiming to retain traditional jobs and the workforce in rural areas. Providing financial incentives and skills enhancement opportunities for vulnerable categories of workers.</td>
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</tr>
<tr>
<td>Care</td>
<td>Promoting ‘community care’ for the elderly through the provision of transport, home-assistance and social care and the setting of standards for service delivery.</td>
<td></td>
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<tr>
<td>Tran</td>
<td>Investment in infrastructure and equipment to make public transport comply with French law on equal rights for people with reduced mobility.</td>
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<tr>
<td>hous</td>
<td>Integrated approach for regional economic development delivering home-care services in low density and rural areas.</td>
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<tr>
<td>Part</td>
<td>Empowering, through education and training, ‘future mentors’ expected to play a leading role in designing and implementing projects in line with the needs expressed by their communities. Delivering eServices through a national platform networking 70 social centres for older people across the country.</td>
<td></td>
</tr>
<tr>
<td>Empl</td>
<td>Promoting the return of older workers to the labour market. Gender dimension.</td>
<td></td>
</tr>
<tr>
<td>Care</td>
<td>Addressing needs in a multi-cultural environment through community work with people from all ethnic backgrounds, while promoting independent living and self-determination for people with care needs.</td>
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<tr>
<td>Tran</td>
<td>Responding to the requirements of senior citizens for increasing opportunities to move around with door-to-door transport services.</td>
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<tr>
<td>hous</td>
<td>Municipal advice and support for extending the length of time that older people can stay in their homes through home alterations and temporary housing partnerships with students.</td>
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</tr>
<tr>
<td>Part</td>
<td>Inter-generational voluntary services.</td>
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</tr>
<tr>
<td>Empl</td>
<td>Financial incentives for entrepreneurship development to mitigate the impact of company redundancies and high levels of unemployment among people aged 45 or more.</td>
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</tr>
<tr>
<td>Care</td>
<td>Providing eHealth care services in a peripheral region.</td>
<td></td>
</tr>
<tr>
<td>Tran</td>
<td>Overcoming physical barriers to the movement of people and increasing access to pedestrian areas and public transport networks.</td>
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</tr>
</tbody>
</table>
HOUS Piloting and providing automated houses and care services at affordable prices. Automated houses incorporate energy efficiency measures, high level of security through early hazard detection and accident prevention.

PART Reducing the digital divide between generations by teaching the elderly to use ICT and facilitating their social inclusion.

EMPL Local planning for putting older people back on the labour market to combat outward migration and mitigate the impact of company restructuring and redundancies.

CARE Developing a network of home carers within a broader plan for the social protection of elderly people as an alternative to family care.

TRAN -

HOUS -

PART Introducing innovative approaches for social and eInclusion through the development of e-points and the provision of e-mentors.

**Type 1 regions**

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

The most evident differences compared to the other types relate to employment, social care, transport and, to a lesser extent, housing. With respect to the labour market, these regions tackle stability and economic growth through the promotion of equal opportunities for all; thus, their focus - rather than on attracting labour force - is on the promotion of social cohesion. In terms of social care, they appear to be the most active in looking for innovative solutions entailing business innovation and services mainstreaming, while in the transport sector they foster service rationalisation for improving the quality and efficiency of the public transport sector through, for example, coordination and common scheduling and ticketing. Rationalisation and integration is also noted in housing-related measures, as housing schemes are intended to be one-stop-shops for the elderly, where housing and services are integrated through the coordinated participation of several service providers.
**Type 2 regions**
These regions are found mainly in the UK, Scandinavia and Benelux, in western parts of Germany characterised by the presence of major cities (Berlin, Bremen, Hamburg), in the southern part of France and in the northern part of Italy. Some other regions where there are capital cities such as Lisbon and Lazio also belong to type 2. Type 2 regions experience dynamic and innovative conditions for growth but their demographic changes, although the population is increasing, are characterised by population ageing.

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

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

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

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

Examples for type 4 regions are clearly influenced by the predominance of rural conditions. For the employment of older workers, the Extremadura initiative
dealing with the crisis in the sheep and goat sector which may be common to several other rural settings and which, overall, contributes to the downturn in the regional economy, for which specific measures to retain the workforce and revitalise the sector have been undertaken. Adapted housing is also included in the selected example for this type of region, in a wider framework of regional and economic development. As for type 3, measures in the transport sector still seem to be for improving infrastructure and equipment.

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

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

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

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

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

Several type 7 regions are affected by economic migration. Since accession,
EU12 countries have been experiencing outward migration to EU15 labour markets, particularly younger and skilled workers, a trend that could be reversed as a consequence of the economic downturn. On the other hand, inward migration to EU12 countries is mostly focussed on regions or capitals characterised by dynamic economies. Thus, type 7 regions concentrate on attracting and/or retaining potential economic migrants. No examples of initiatives by LRAs were found for transport and adapted housing.
Appendix I – Statistical table
<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage of population aged 65 or over</th>
<th>Forecasted percentage of population aged 65 or over</th>
<th>Population aged 65 or over as a percentage of the total population</th>
<th>Percentage of the population aged 65 or over</th>
<th>Total population aged 65 or over</th>
<th>Growth rate of population aged 65 or over</th>
<th>Employment rate of the population aged 65 or over</th>
<th>Number of nurses and midwives per 10,000 inhabitants, 2008***</th>
<th>Number of nurses and midwives per 10,000 inhabitants, 2010***</th>
<th>Note</th>
</tr>
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<tbody>
<tr>
<td>RWK Deutschland</td>
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<td>Forecasted change of old age dependency ratio</td>
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<td>Employment rate of older people over 55</td>
<td>Physicians/dentists per 1,000 inhabitants, 2008**</td>
<td>Nurses and midwives per 1,000 inhabitants, 2008***</td>
<td>Households with broadband internet 2010 ***</td>
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<td>2010-2030, in %</td>
<td>2010-2030, in %</td>
<td>in %</td>
<td>male, in % female, in %</td>
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<td>22%</td>
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<td>18%</td>
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<td>26.0 5.9 7% 4%</td>
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<td>15%</td>
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<td>21.3 7.8 8% 3%</td>
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<td>13%</td>
<td>17%</td>
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<td>ES19 Canarias</td>
<td>15%</td>
<td>20%</td>
<td>83</td>
<td>17.8 9.9 7% 4%</td>
<td>284.1</td>
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Appendix II – List of References

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

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

### Group 1: Restructuring industrial regions with strong weaknesses
- Severovýchod
- Severošvédsko
- Del-Afrold
- Del-Basutu
- Basiličata
- Bukovina
- Basque-Navarre
- Basque-Slovakia
- Sudest Slovensko
- Žilinská

### Group 2: Regions with a weak economic and technological performance
- Burgenland
- Cusco
- Cordoba
- Castilla-la Mancha
- Castilla y León
- Extremadura
- Extremadura
- Molise
- Molise
- Campania
- Calabria
- Calabria
- Latvija
- Latvia
- Leteje
- Liege
- Liege
- handguns
- handgun
- handgun

### Group 3: Regions with average economic and technological performance
- Hessen
- Hessen
- Hessen
- Franche-Comté
- Franche-Comté
- Adour
- Adour
- Alentejo
- Algarve
- Algarve
- Algarve

### Group 4: Advanced regions, with a certain industrial specialisation
- Vorarlberg
- Vorarlberg
- Vorarlberg
- Vorarlberg
- Vorarlberg
- Vorarlberg
- Vorarlberg
- Vorarlberg

### Group 5: Innovative regions, with a high level of economic and technological development
- Östergötland
- Östergötland
- Östergötland
- Östergötland
- Östergötland
- Östergötland
- Östergötland
- Östergötland

### Group 6: Capital-regions, with a certain specialisation in high value-added services
- Amsterdam
- Amsterdam
- Amsterdam
- Madrid
- Madrid
- Madrid
- Madrid
- Madrid

### Group 7: Innovative capital-regions, specialised in high value-added services
- Rheinland-Pfalz
- Rheinland-Pfalz
- Rheinland-Pfalz
- Rheinland-Pfalz
- Rheinland-Pfalz
- Rheinland-Pfalz
- Rheinland-Pfalz
- Rheinland-Pfalz

### List of regions by group

- **Group 1: Restructuring industrial regions with strong weaknesses**
  - **Burgenland**
  - **Cusco**
  - **Cordoba**
  - **Castilla-la Mancha**
  - **Castilla y León**
  - **Extremadura**
  - **Molise**
  - **Campania**
  - **Latvija**
  - **Alentejo**

- **Group 2: Regions with a weak economic and technological performance**
  - **Hessen**
  - **Franche-Comté**
  - **Adour**
  - **Alentejo**

- **Group 3: Regions with average economic and technological performance**
  - **Östergötland**
  - **Amsterdam**
  - **Rheinland-Pfalz**
  - **Madrid**
  - **Rheinland-Pfalz**
  - **Rheinland-Pfalz**
  - **Rheinland-Pfalz**
  - **Rheinland-Pfalz**

- **Group 4: Advanced regions, with a certain industrial specialisation**
  - **Vorarlberg**
  - **Östergötland**

- **Group 5: Innovative regions, with a high level of economic and technological development**
  - **Östergötland**

- **Group 6: Capital-regions, with a certain specialisation in high value-added services**
  - **Amsterdam**

- **Group 7: Innovative capital-regions, specialised in high value-added services**
  - **Rheinland-Pfalz**