

Inspire policy making by territorial evidence



# ACPA – Adapting European Cities to Population Ageing: Policy challenges and best practices

Targeted Analysis

**Final Report**

# Final Report

This targeted analysis activity is conducted within the framework of the ESPON 2020 Cooperation Programme.

The ESPON EGTC is the Single Beneficiary of the ESPON 2020 Cooperation Programme. The Single Operation within the programme is implemented by the ESPON EGTC and co-financed by the European Regional Development Fund, the EU Member States and the Partner States, Iceland, Liechtenstein, Norway and Switzerland.

This delivery does not necessarily reflect the opinion of the members of the ESPON 2020 Monitoring Committee.

## Authors

Erik van Ossenbruggen (Ecorys, Netherlands)

Atze Verkennis (Ecorys, Netherlands)

Thijs Fikken (Ecorys, Netherlands)

Agnese Macaluso (Ecorys, Netherlands)

Anita Peeters (Ecorys, Netherlands)

Mats Stjernberg (Nordregio, Sweden)

Nora Sánchez Gassen (Nordregio, Sweden)

Mari Wøien (Nordregio, Sweden)

Justine Ramage (Nordregio, Sweden)

Oskar Penje (Nordregio, Sweden)

Eeva Turunen (Nordregio, Sweden)

Tim Heleniak (Nordregio, Sweden)

## Advisory Group

Project Support Team: Paul McGarry, Jo Garsden, Maria Gonzalez, , Rebecca Lines, Great Greater Manchester Combined Authority (United Kingdom), Tom van Benthem, City of Amsterdam (Netherlands), Ramon Pablo Malgrida, Natalia Rosetti Maffioli, Barcelona City Council (Spain), Lisa Holtz, City of Gothenburg (Sweden), Annemieke Knol, Yvonne van Wijk, City of Hengelo (Netherlands), Michel Lorant, City of Nantes (France), Monica Enge Eriksen, Anne Berit Rafoss, City of Oslo (Norway), Francisco Rivas Gorostiaga, Zaragoza City Council (Spain)

ESPON EGTC: Project manager: Piera Petruzzi, Financial expert: György Alföldy

Information on ESPON and its projects can be found on [www.espon.eu](http://www.espon.eu).

The web site provides the possibility to download and examine the most recent documents produced by finalised and ongoing ESPON projects.

© ESPON, 2019

Printing, reproduction or quotation is authorised provided the source is acknowledged and a copy is forwarded to the ESPON EGTC in Luxembourg.

Contact: [info@espon.eu](mailto:info@espon.eu)

ISBN: 978-2-919795-37-6



**Final Report**

# ACPA – Adapting European Cities to Population Ageing: Policy challenges and best practices

**Version 22/04/2020**

## Table of contents

Executive summary .....	4
1 Introduction.....	9
1.1 Context and objectives of the targeted analysis ACPA.....	9
1.2 Reading guide .....	10
2 Population ageing in the stakeholder cities and their countries: insights from the demographic analysis.....	11
2.1 Introduction.....	11
2.2 The stakeholder countries in a European context.....	11
2.3 The stakeholder municipalities in their regional and national contexts .....	18
2.4 Districts within the stakeholder cities .....	26
3 Developing age-friendly cities: a literature review.....	31
3.1 Introduction.....	31
3.2 Social elements that contribute to quality of life .....	31
3.3 Physical elements that contribute to quality of life .....	33
3.4 Healthy ageing.....	36
3.5 The growing role of technology in ageing policy .....	37
3.6 Conclusion.....	38
4 Comparison of policies in the stakeholder cities .....	39
4.1 Strategic approaches towards age-friendliness .....	39
4.2 Thematic focus of the stakeholder cities: Trends, perspectives and policy recommendations.....	42
4.3 Commonalities and differences .....	60
5 Conclusions and recommendations .....	62
5.1 Conclusions .....	62
5.2 Policy recommendations .....	65
5.3 Recommendations for future research .....	70
References .....	72
Annex 1 – Approaches towards age-friendliness in the stakeholder cities .....	79
Annex 2 - Life in the stakeholder cities according to older people .....	86
Annex 3 - Policy review of policies addressing population ageing at the global and European level .....	99

## List of Maps

Map 2.1: Projected share of older people in European countries, 2030 .....	15
Map 2.2: Share of older people in European regions, 2017; change in older population 2000–2017.....	16
Map 2.3: Change in the number of older people in France and the Netherlands, 2000-2017/18 (in %) .....	18
Map 2.4: Change in the number of older people in Norway, 2000-2018 (in %) .....	20
Map 2.5: Change in the number of older people in Spain, 2000-2018 (in %) .....	20
Map 2.6: Change in the number of older people in Sweden, 2000-2018 (in %) .....	21
Map 2.7: Change in the number of older people in the United Kingdom, 2001-2017 (in %)...	21
Map 2.8: Share of older people across the districts of two stakeholder cities: Greater Manchester and Oslo (in %) .....	26
Map 2.9: Share of older people across the districts of the other stakeholder cities (in %) .....	27

## List of Figures

Figure 2.1: Percentage of older people (65+ years) among the total population in Western European countries – Past and projected trends .....	12
Figure 2.2: Percentage of older people (65+ years) among the total population in Eastern European countries – Past and projected trends .....	12
Figure 2.3: Percentage of older people (65+ years) among the total population in Northern European countries – Past and projected trends .....	13
Figure 2.4: Percentage of older people (65+ years) among the total population in Southern European countries – Past and projected trends .....	13
Figure 2.5: Self-perceived health among older people (65+ years), 2017 .....	17
Figure 2.6: Population pyramids of Amsterdam, Hengelo and Nantes, including national averages .....	23
Figure 2.7: Population pyramids of the other stakeholder cities , including national averages	24

## List of Tables

Table 4.1: Policy priorities per WHO policy domain in each stakeholder city .....	44
---	----

## Abbreviations

ACPA	Adapting (European) Cities to Population Ageing
DEMIFER	Demographic and Migratory Flows Affecting European Regions and Cities
EIP-AHA	European Innovation Partnership on Active and Healthy Ageing
ESPON EGTC	European Territorial Observatory Network - European Grouping on Territorial Cooperation
EU-SILC	European Union Statistics on Income and Living Conditions
GPS	Global Positioning System
LGBT	Lesbian, Gay, Bi, Transgender
UNSD	United Nations Statistics Division
WHO	World Health Organization

## Executive summary

### Context and motivation

Many countries in Europe are facing a demographic transition which also entails **an increasing number of older people**. This trend is usually most apparent in rural areas. However, in urban areas this phenomenon is starting to become visible as well. The cities of Amsterdam, Barcelona, Gothenburg, Hengelo, Greater Manchester, Nantes, Oslo and Zaragoza belong to a group of cities that are either already facing relatively high percentages of older people in their populations, or expect such high percentages in the near future.

Analysis of the demographic patterns shows that all European countries can expect an increase in the share of older people. In the year 2000, around 16% of the total population of the European Union was aged 65 and older. By 2030, this is expected to have increased to 24% on average. More detailed analysis shows that there are relatively large differences in demographic patterns between the EU-28 countries on the one hand, but also within cities (neighbourhood level) on the other hand<sup>1</sup>. This shows that a **neighbourhood approach is essential** in developing urban ageing policy.

Across Europe, many policy initiatives can be identified that aim to improve quality of life for older people in urban environments. Still, the evidence is fragmented and a **clear overview of good practices and transferability of succesful initiatives** is lacking.

In the ESPON ACPA study, the eight stakeholder cities mentioned above have functioned as case studies in answering the need for a better insight into the current state of affairs regarding ageing in European cities, as well as ways to improve quality of life for older people in cities.

### How do older people experience daily life in the cities?

Focus group discussions with older people in all eight stakeholder cities show that in general, they **are content with life as a senior** in their city. There are both commonalities and differences between the stakeholder cities. The differences occur because of specific local issues within the cities. However, it is clear that all cities are coping with multiple common themes.

The most important theme according to older people is **accessibility**. In the first place, they are concerned about the accessibility of information. They are not comfortable with the increasing **digitalisation** of society – usually due to their lack of digital skills – and fear of being excluded from necessary information. Furthermore, they point at the **accessibility of buildings and public space** (feelings of insecurity). Lastly, older people indicate that **transportation** is becoming increasingly difficult; and seen as a barrier to reach desired activities and services.

---

<sup>1</sup> Maps are available in Annex: Demographic maps (available separately)

Other topics which the consulted older people are concerned about are the emphasis on **self-reliance**, lack of **affordable and adapted housing**, and lack of **activities and services for minorities**.

### **What do older people view as the benefits and constraints associated with urban living?**

Older people have expressed the proximity to essential services and amenities as important benefit associated with living in a city. Older people are relatively more bound to using public transport, and the relatively dense network of transport routes enables them to remain more active compared to living in a rural area. In the city, they are also more close to medical services and social activities.

At the same time, they face constraints, which have already been mentioned – accessibility of buildings, public space and information, as well as inclusion (especially minorities), self-reliance, and affordability of housing.

### **How are the eight stakeholder cities involved in ACPA responding to population ageing?**

The eight case study cities in ESPON ACPA have mostly taken the WHO domains as inspiration for their own developed strategy. Overall, the general view is that the stakeholder cities have achieved the following **implementation** per domain:

- **Outdoor spaces and built environment:** making grey and green public spaces more accessible to older people;
- **Transport and mobility:** providing additional mobility with extra assistance;
- **Housing:** subsidies and assistance for applying in-home adaptations to facilitate living longer at home independently;
- **Social participation:** social and leisure activities in neighbourhood centres;
- **Respect and social inclusion:** creating positive attitude and awareness towards ageing and making culturally sensitive policies for minorities;
- **Civic participation and employment:** stimulating volunteering of older people;
- **Communication and information:** teaching seniors to use digital technology, but also ensuring that relevant information is available through non-digital channels;
- **Community and health services:** providing healthcare interventions to keep older people active by physical exercise, and forming of informal supportive care networks.

The **most prominently occurring domain** is that of social participation, inclusion and community support. This can be explained by the fact that measures in these domains are relatively cost efficient and provide opportunities for combinations and synergy with other policy domains, such as transport and outdoor spaces. This report and corresponding policy handbook provide more detailed insight in the implementation of ageing policy in the stakeholder cities.

## **Which policies have been the most effective in developing age-friendly cities? How have they been implemented and what are the success factors?**

The most effective ageing policies are developed as a result from thorough **problem analysis on the neighbourhood level**. This involves statistical analyses of past and projected trends and developments per neighbourhood ('policymaker's view'), as well as consultations of older people to learn about their wishes and needs ('senior's view').

Because active and inclusive ageing is a holistic concept, it also involves **a holistic policy design**. It requires various policy departments to work together in teams. Such 'taskforces' should be formed per challenge, such as counteracting loneliness or fall prevention. Traditional sectoral departments working on ageing parallel to each other will be less successful.

A successful holistic policy design also **addresses multiple demands altogether**. A good example is Gothenburg's project Life Filming, where older people film their life with tablets in pairs and have the choice to report certain parts to the municipality. As such, one project teaches them to use digital technology, and also enables them to maintain social contacts, as well as being given a voice in public administration.

The following additional **success factors** influencing the outcomes of urban ageing policies have been identified:

- Funding and political support from the city council, preferably by the mayor or alderman;
- Tailoring of service provision to the target group. This includes using the language of the target group – literally and figuratively –, adapting activities to their culture, and making use of non-digital information and outreach channels when needed;
- Active involvement of older people in the design and implementation of policies and activities;
- Close collaboration of involved stakeholders. Not only within municipalities, but also within the wider city. Municipalities should play a facilitating role in bringing together other stakeholders, such as community workers, healthcare professionals and similar actors.
- Positive and informal approach towards older people: reaching older people becomes more effective when they are not patronised and when it is not emphasised they have a 'problem'. Positive psychology plays an important role here.
- Improving intergenerational linkages can further help to increase awareness and support of older people.

This main report and the separately available ACPA policy handbook provide more insight in success factors and transferability to other contexts.

## **Recommendations**

Even though many inspiring, succesful examples of ageing policy have been found, European cities are facing future challenges regarding their ageing populations. Examples include:

- overcoming negativism and stereotypes;
- the achievement of better inclusion of older people in many ways (e.g. digitalisation, loneliness and cultural integration);
- the financial consequences of an increasing number of older people (e.g. healthcare costs);
- collaboration between all relevant stakeholders;
- learning through evaluation and knowledge exchange between cities;
- getting the topic of population higher on the political agenda within the city, within the country and within the European Union.

Therefore, the following recommendations can be made based on ESPON ACPA:

- **Continuation of the Age-friendly City network concept.** The cities that have been investigated for the ESPON ACPA project and that are part of the Age-Friendly City network are highly positive about the concept. They consider it as a crucial means to structure their policy programme and to apply focus to the most important and demanding topics within the phenomenon of population ageing, as well as allowing for ease in intra-municipal and inter-city collaboration and knowledge exchange;
- **Development of a holistic and long-term strategy** towards 2030. Many cities currently do not have such a strategy yet. It should link their vision to strategic and tactical goals – ensuring stability and higher probability of steady change. Furthermore, such a strategy should acknowledge **the urban dimension of ageing**, paying attention to issues such as differences between neighbourhoods, scarcity of space and the diversity of stakeholders and population groups (including BAME and LGBT seniors). At the same time, it should take into account that political stakeholders often demand tangible results within short time span.
- **During each city council period, the long-term goals should be translated into applicable 4- or 5-year goals**, covering the city council's term.
- **Development of an ecosystem for more collaboration of institutional and non-institutional stakeholders.** Municipalities should join forces with interest groups, civil society organisations, community workers, health organizations, leisure and sport facilities and restaurants to collectively develop the necessary long-term and holistic strategy. An ecosystem including a networking organisation is necessary to facilitate this. Also the role of private companies in general should be investigated: how can they contribute to an age-friendly city within the mentioned ecosystem?
- **Collective approach towards all relevant European institutions.** For example, all stakeholders should collectively bring the topic under attention of members of the European Parliament (MEPs), in order to get population ageing higher on the political agenda. For this, it is worthwhile to liaise with AGE Europe, which already works closely with the European Parliament.
- **More monitoring and evaluation.** For reliable knowledge exchange, it is essential to have insight into the effectiveness of policies through both quantitative and qualitative analysis, comparing the intervention outcome with the baseline situation;
- **Focus on developments and demands**, to ensure that current priorities match with ongoing societal developments and demands from older people, with attention to:
  - Digitalization and similar threats to inclusion;
  - Social inequality as well as diversifying populations and their needs;
  - Holistic approaches and multi-stakeholder involvement;

- **Raise public awareness about ageing.** This should turn negativism and stereotypes into a positive view on ageing, and understanding of senior's needs across the rest of the population;
- **Make more efficient use of resources on all geographical levels.** Within neighbourhoods, community workers and older people themselves often have very valuable knowledge about trends, developments and needs. At the European level, platforms such as the Eurocities Working Group on Urban Ageing, AGE Europe and the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) form excellent networks to exchange knowledge and more cities should look to join such networks and learn from each other.

Additionally, the following future research recommendations are given:

- **Perform more research on the urban dimension of population ageing.** ACPA has shown that using rural areas as contrasts is necessary to learn more about the urban dimension. Furthermore, developing a typology of cities with population ageing, a strategy for getting more favourable outcomes for older people in the urban battle for space, and models for predicting population ageing and its consequences per neighbourhood require future research.
- **Develop methods for the evaluation of social initiatives for older people.** Social outcomes and social impact are notoriously difficult to quantify, but this is paramount for assessing impact towards older people. Some progress has been made already (e.g. social cost benefit analysis and business cases), however methodological improvements are still necessary.
- **Study ageing from a positive perspective.** We should look for ways of seeing ageing populations as a societal resource rather than a burden, and identify the actual contribution of older people to society. Research towards positive ageing is still quite limited, and policy makers could benefit from additional information with this perspective in mind.
- **Further refine the relevant target groups and their needs.** The results have shown that older people are an heterogeneous group and that one size fits all policy will not work. However, the exact needs and wishes of groups such as older migrants and other minorities such as the Roma, LGBT seniors or older people with different income levels are not clear in many cities. Better research on their needs will further strenghten current policies.

# 1 Introduction

## 1.1 Context and objectives of the targeted analysis ACPA

Many countries in Europe are facing a demographic transition which also entails an increasing number of older people. This trend is usually most apparent in rural areas. However, in urban areas this phenomenon is becoming increasingly visible as well. The cities of Amsterdam, Barcelona, Gothenburg, Hengelo, Greater Manchester, Nantes, Oslo and Zaragoza belong to a group of cities that are either already facing relatively high percentages of older people in their populations, or expect such high percentages in the near future.

Previous ESPON research projects, like DEMIFER, have analysed the territorial challenges posed by demographic change at the European scale. However, there is still a knowledge gap as regards to how cities can best adapt to an ageing population in practice. The targeted analysis ACPA is addressing this knowledge gap. More specifically, the targeted analysis has the following objectives:

- Provision of an overview and analysis of the demographic development patterns in the ESPON space: the EU member states plus four partner states;
- Insight in the quality of life of different types of older people in different types of cities;
- Provision of knowledge about how urban living environments can assist and benefit the social integration and civic participation of older people (especially those experiencing social exclusion) within urban areas;
- Provision of good examples of how to develop better methods for working with older people as key partners to improve the quality of information and decision-making in areas affecting the lives of older people, but also how to support older people to become/remain economically active;
- Improved understanding of how to prevent social isolation in later life, by exploring how support networks and inter-generational relationships can be developed within different types of neighborhoods;
- Development of a cross-national community of practice, fostering mutual learning between cities regarding how to change communities for more optimal experiences of ageing in different types of environments.

These objectives were reached through the execution of three tasks: the development of a conceptual and methodological framework for analysing ageing in cities, followed by case studies in the eight stakeholder cities and lastly the identification of good practices and policy proposals.

## 1.2 Reading guide

The first chapters of the report are related to task 1 of the targeted analysis: the development of a conceptual and methodological framework for analysing ageing in cities.

- Chapter 2 portrays the current demographic profile of the stakeholder cities and their countries – complemented with the rest of the ESPON territory – and with an outlook to the future, using population projections.
- Chapter 3 shows the current knowledge available in the academic and applied research literature about the process of population ageing in cities and how cities can adapt themselves to remain an environment where older people can live optimally.

The subsequent chapter provides the results of the fieldwork.

- Chapter 4 gives an overview of the measures that have been taken already in the stakeholder cities. This is done in two ways: first focusing on the strategies that the cities have formulated, and then looking at the actual implementation.

Finally, chapter 5 concludes the report by synthesising the study results.

- Chapter 5 provides lessons learned in an overarching way, followed by policy recommendations and future research recommendations.

## **2 Population ageing in the stakeholder cities and their countries: insights from the demographic analysis**

### **2.1 Introduction**

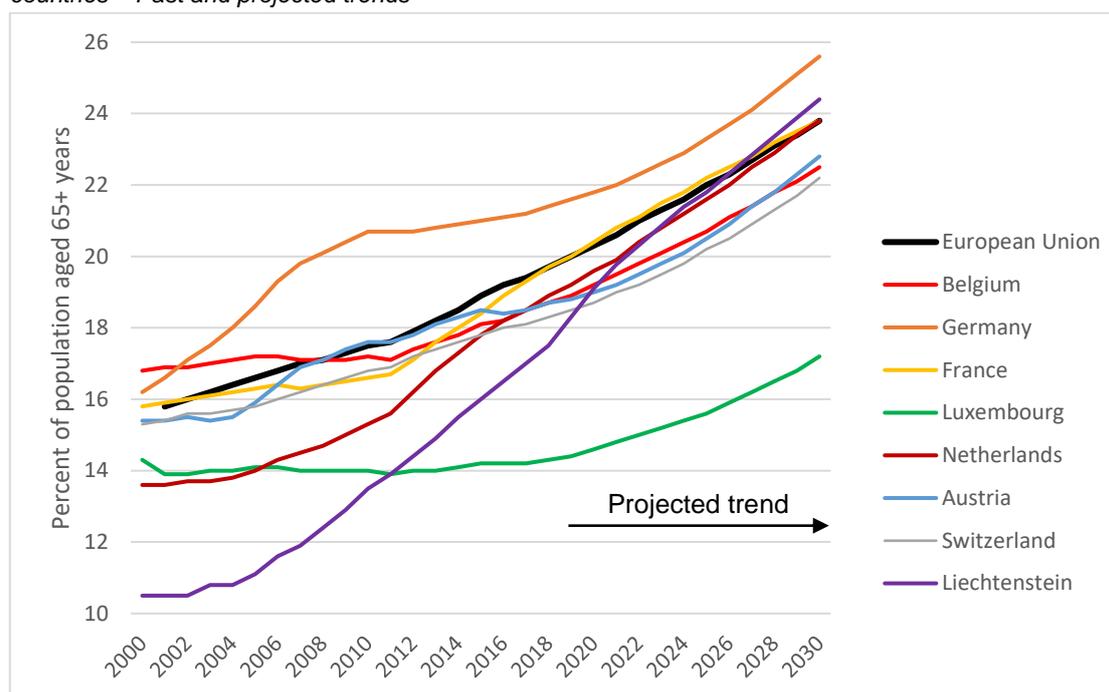
Population ageing is one of the major demographic trends in Europe. Between 1990 and 2018, the median age in the European Union has increased from 35 to 43 years (Eurostat 2019). This process has been driven by low fertility and gains in life expectancy particularly at older ages, resulting from healthier living and improved healthcare (ESPON, 2019). As a result of these demographic trends, the proportion of older people is growing in all European countries while the proportion of young people is either stagnating or decreasing. While countries and regions across Europe are affected by population ageing, the pace and timing of this process varies quite considerably.

This part of the report presents the main insights of the demographic analysis that has been conducted as part of the ESPON ACPA project and highlights key demographic trends related to ageing that can be seen in European countries, regions and cities. First, the six stakeholder countries are placed in a broader European context and compared to countries in Europe. Following this, the demographic situation of the stakeholder cities is examined in relation to other regions and areas in their respective countries. Finally, a closer look is taken at the stakeholder cities by comparing the proportions of older people in different neighbourhoods and districts within the cities. A select number of figures, maps and graphs are portrayed in this chapter, whereas the complete range of figures, maps and graphs that have been produced in the demographic analysis can be found in the Annex: Demographic maps and figures (available separately).

### **2.2 The stakeholder countries in a European context**

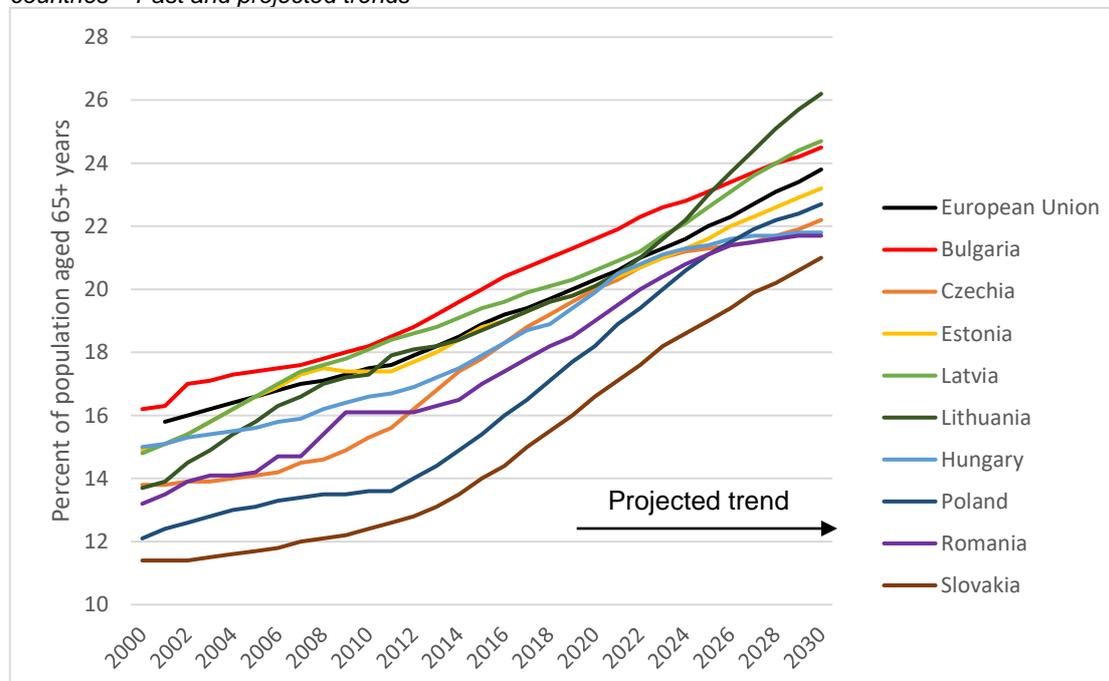
The eight stakeholder cities that are at focus of the ESPON ACPA project are located in France, the Netherlands, Norway, Spain, Sweden, and the United Kingdom. Figures 2.1 – 2.4 show changes in the share of people aged 65 and older in these countries since 2000 as well as the projected development until 2030. The figures include all ESPON countries that are shown in four regional groups of Northern, Western, Southern and Eastern Europe according to the UNSD. These figures are complemented by maps showing the projected share of older people in European countries in 2030 (map 2.1) and the share of older people in 2017 and change in older population at regional level between 2000–2017 (map 2.2).

Figure 2.1: Percentage of older people (65+ years) among the total population in Western European countries – Past and projected trends



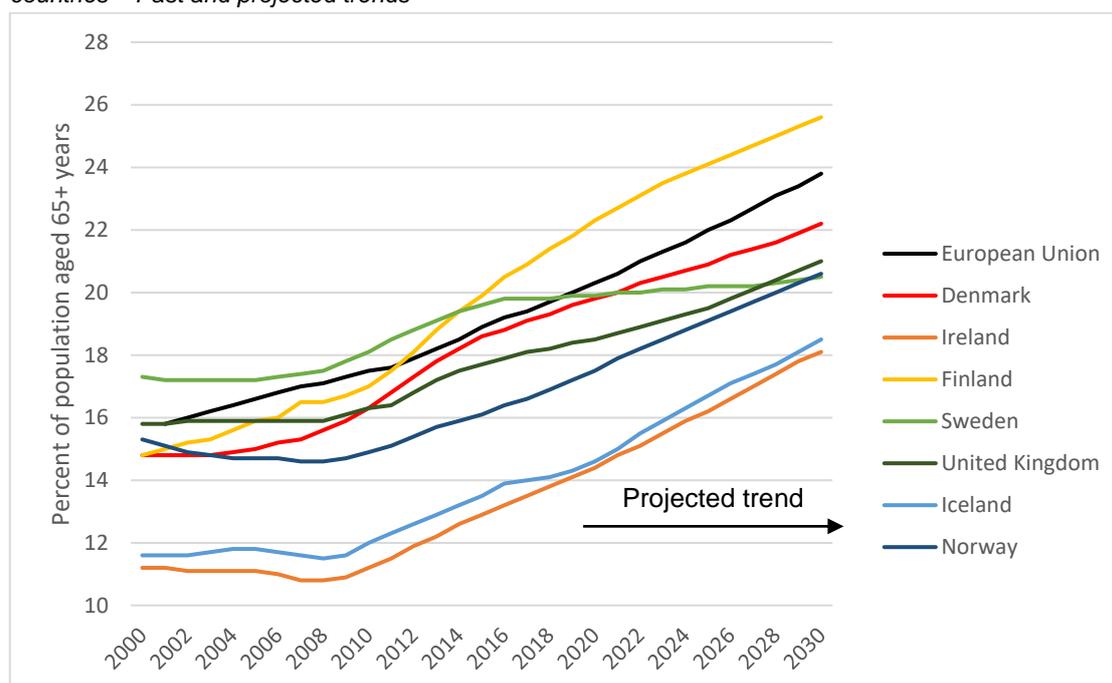
Source: Eurostat, except Liechtenstein projection: Amt für Statistik (AS) Liechtenstein.

Figure 2.2: Percentage of older people (65+ years) among the total population in Eastern European countries – Past and projected trends



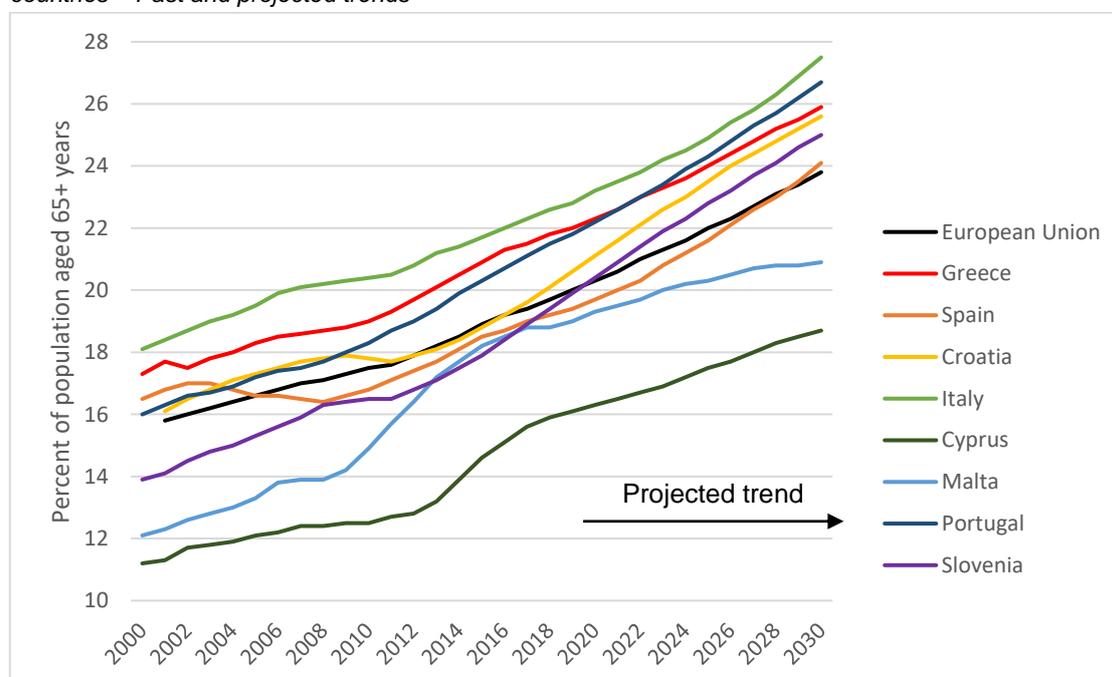
Source: Eurostat

Figure 2.3: Percentage of older people (65+ years) among the total population in Northern European countries – Past and projected trends



Source: Eurostat

Figure 2.4: Percentage of older people (65+ years) among the total population in Southern European countries – Past and projected trends



Source: Eurostat

In the year 2000, around 16% of the total population of the European Union was aged 65 and older. Three of the six stakeholder countries – Sweden, Spain and France – had slightly higher shares of older people, while the rest were below the European average. The Netherlands had the lowest proportion of seniors in its population with just below 14% in 2000. As illustrated in the figure, populations have aged in all countries, and this trend is projected to continue also in the coming years.

### **Reflection on trends per group of countries**

Amongst Western European countries, including France and the Netherlands, most currently have similar or lower shares of older people than the European average, and by 2030, the share in both countries is projected to be similar as the European average. The country with the oldest population in this group, and among the oldest in Europe is Germany where the share of older people among the total population is higher than the European average throughout the time period considered here.

Among countries in Eastern Europe, most had lower proportions of older people compared to the European average in 2000. However, in most of these countries, ageing has occurred at a significantly faster pace than in other countries, largely due to low fertility and out-migration. The ageing in these countries is projected to increase faster in the future as smaller cohorts born during the fertility decline of the 1990s and 2000s is expected to replace larger cohorts born earlier.

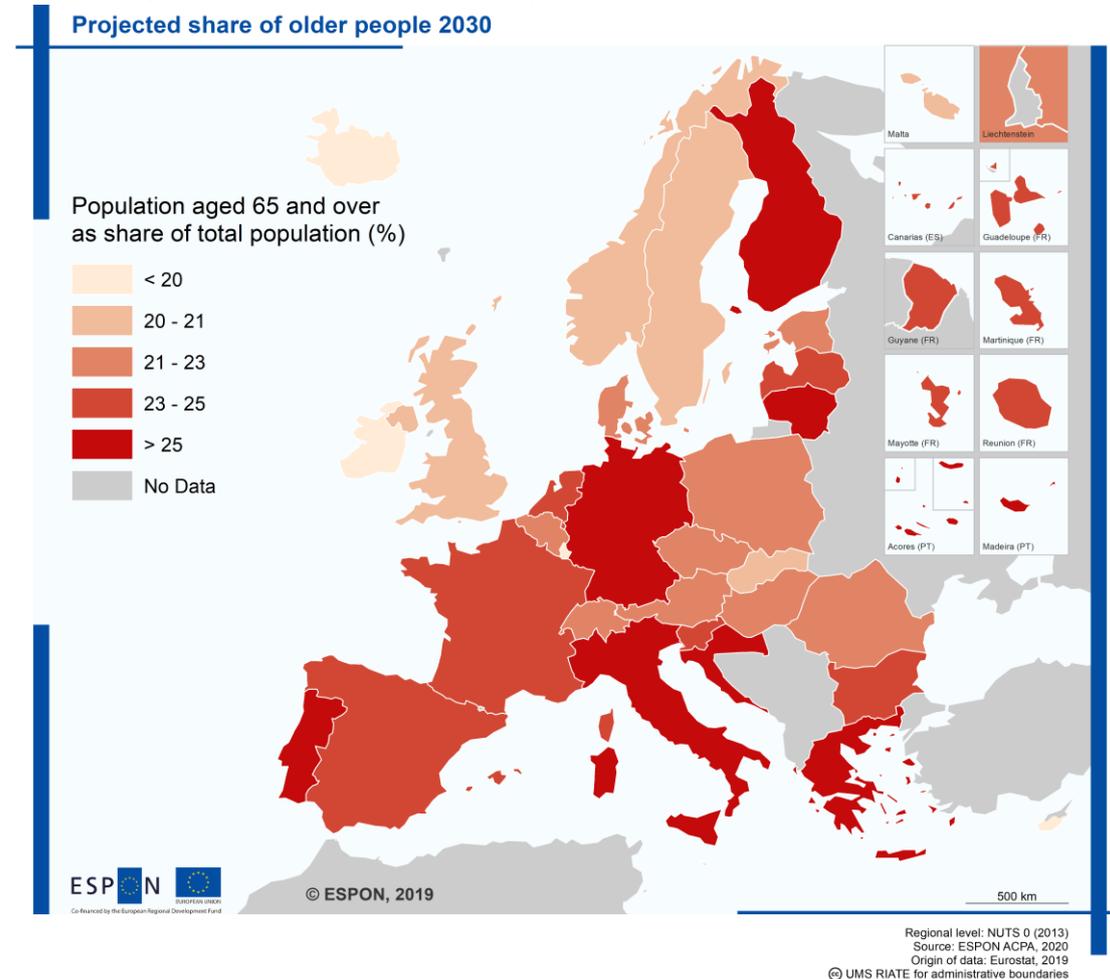
In Northern Europe, which includes the ESPON ACPA countries Sweden, Norway, and the UK, ageing is generally occurring slower than in Europe overall. In 2000, most countries were below the EU average, with Ireland and Iceland having significantly younger age structures. By 2030, it is projected that only Finland will have a higher share of older people than the EU average among Northern European countries.

In Southern Europe, most countries have had and will continue to have older population age structures than the average for EU countries, largely due to their long history of below replacement-level fertility. This includes Italy, which is projected to have the highest share of older people in the EU in 2030. The percentage of older people in Spain has been close to the EU average throughout the period of analysis.

All six stakeholder countries are witnessing population ageing, however this is occurring at a more moderate pace than in many other European countries. By 2030, nearly 24% of the population in the European Union is expected to be aged 65 or older, and among the stakeholder countries, only Spain is expected to surpass this level while all the other stakeholder countries are projected to have younger age structures than European countries overall. For instance, in Norway and Sweden only around 20% of the population is expected to belong to the older age groups in 2030. While population ageing is expected to occur everywhere, the pace of this process may be slower in the stakeholder countries than in some of their European neighbours. In Germany and Italy, for instance, the share of older people

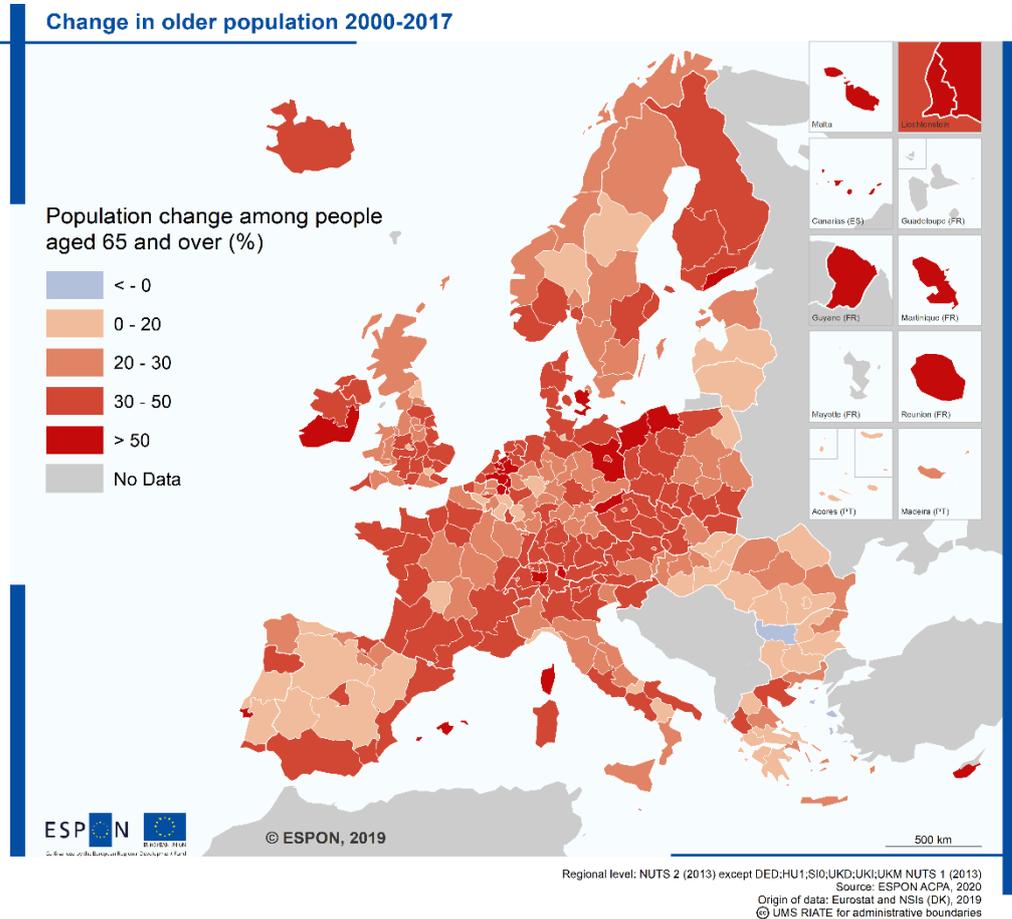
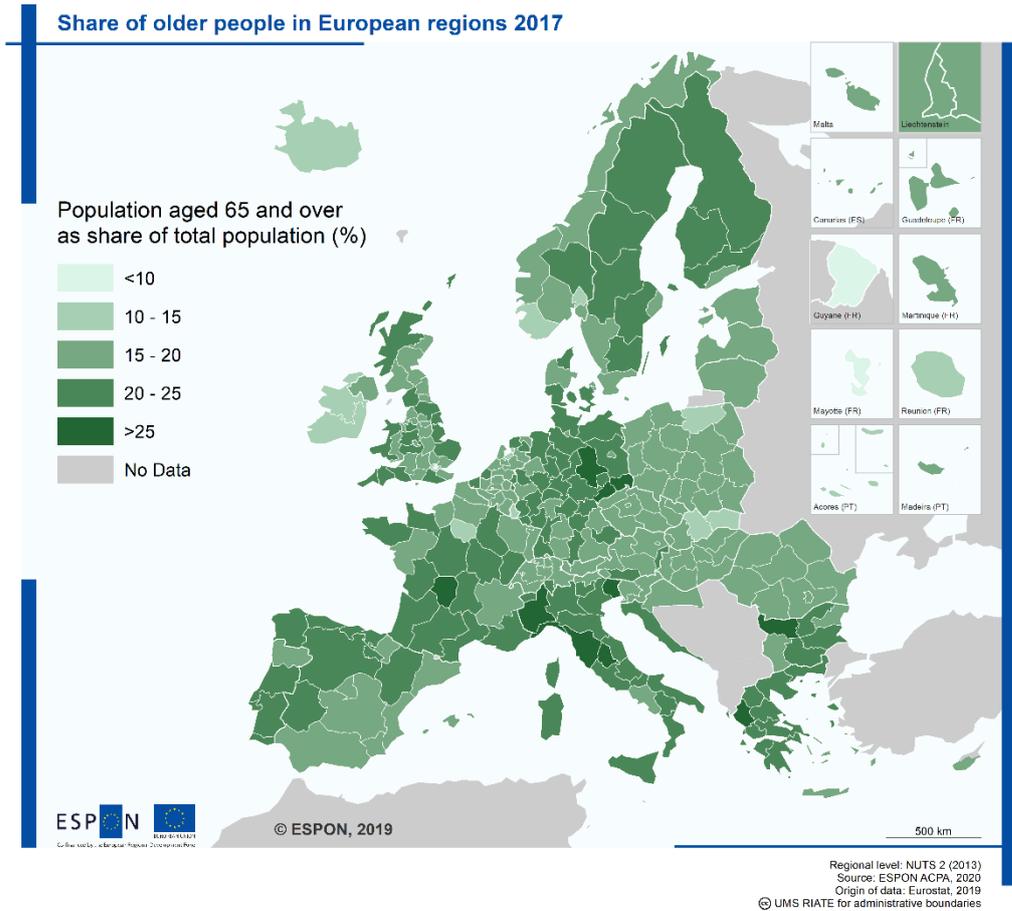
among the total population has been higher than the European average throughout the time period considered. The most significant change among all European countries can be seen in Lithuania, which had a relatively young population in 2000, but where ageing has occurred at a much faster speed there than in other countries, largely driven by low fertility and out-migration.

Map 2.1: Projected share of older people in European countries, 2030



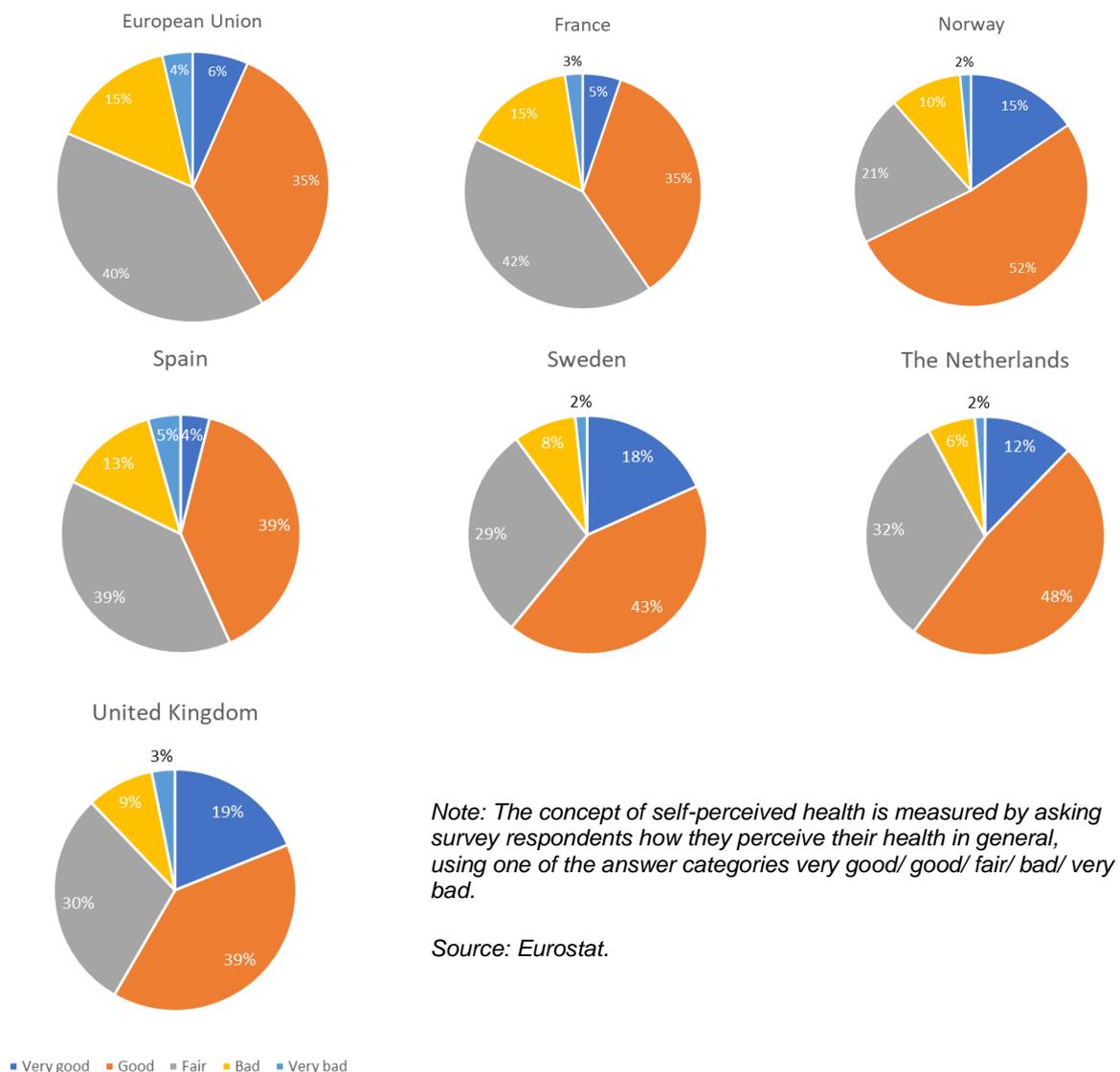
The magnitude of population ageing does not only differ between countries, but differences between the regions of Europe are in many cases even more significant. This can be seen in map 2.2, showing the share of older people at regional level in Europe in 2017 and the change in the older population between 2000–2017. There are substantial regional differences also within countries. For instance, in the UK, the proportion of older people in 2017 varied from 8% in Inner London to around 23% in Lincolnshire, while in France, this share ranged from approximately 14% in Île-de-France to over 25% in Limousin. Differences in the magnitude of population ageing over time are even more profound. For example, in Spain, the population change among people aged 65 and over was over 50% in Illes Balears, but only around 11% in Castilla y León between 2000 and 2017. Regional differences in the intensity of ageing are perhaps most significant in Germany where for instance Brandenburg witnessed a nearly 53% increase in the older population whereas the corresponding share in Arnsberg was around 18%.

Map 2.2: Share of older people in European regions, 2017; change in older population 2000–2017



Based on a self-assessment of health status of older people, the stakeholder countries appear to be in a relatively favourable position when placed in a European comparison. The European Union Statistics on Income and Living Conditions (EU-SILC) aim to measure labour, housing and health conditions as well as social exclusion and poverty in the member states. The dataset contains information on how older people in different countries rate their own health status, from “very good” to “very bad”. In the EU overall, 42% of older people rate their general health status as either “very good” or “good”. In almost all of the stakeholder countries, this share is higher. Seniors in Norway rate their health most positively, with 68% answering that it is “very good” or “good”. France is the only stakeholder country which lies slightly below the EU levels, with 41% of respondents rating their health status in one of the two top categories. To some extent, answers to self-evaluated health questions could be influenced by cultural specificities. Overall, though, the statistics suggest that comparatively many older people in the stakeholder countries are satisfied with their health, potentially reflecting good overall living conditions.

Figure 2.5: Self-perceived health among older people (65+ years), 2017



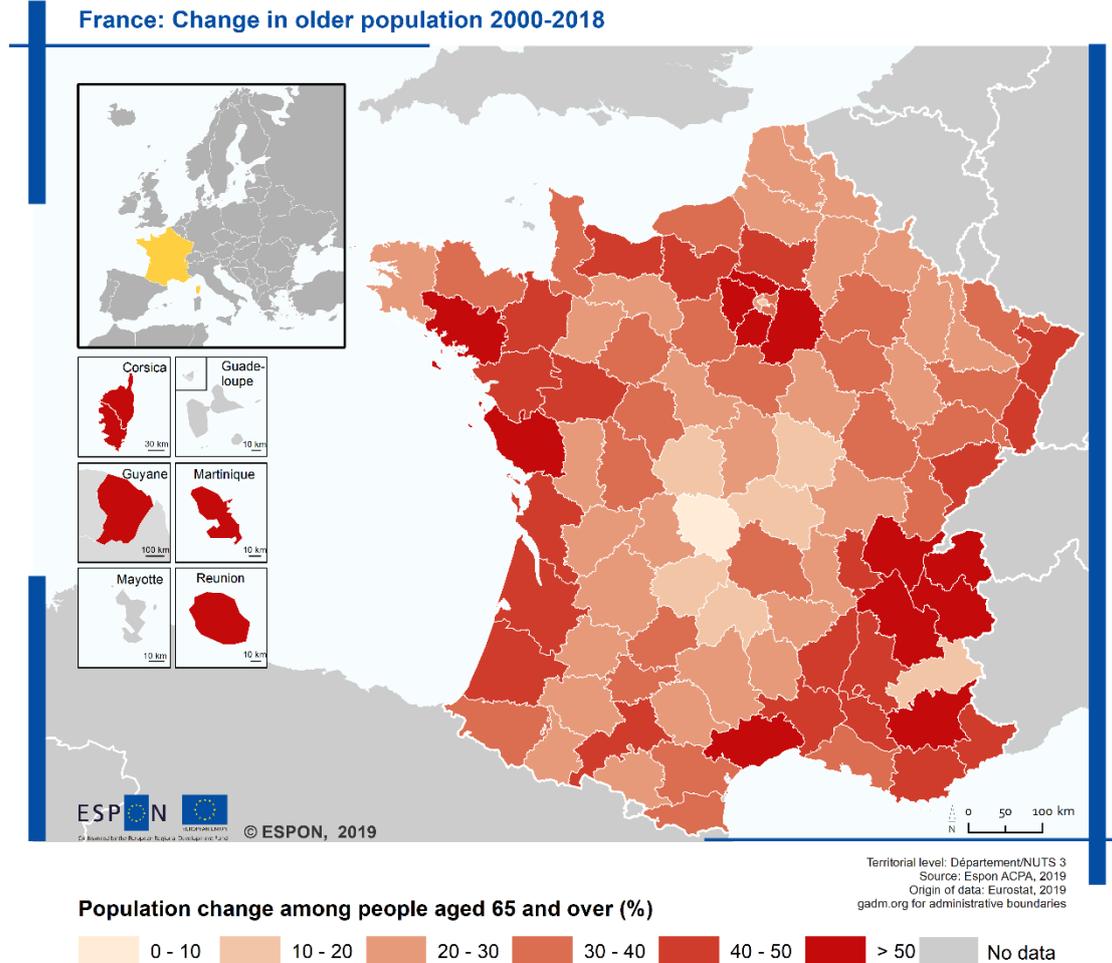
*Note: The concept of self-perceived health is measured by asking survey respondents how they perceive their health in general, using one of the answer categories very good/ good/ fair/ bad/ very bad.*

Source: Eurostat.

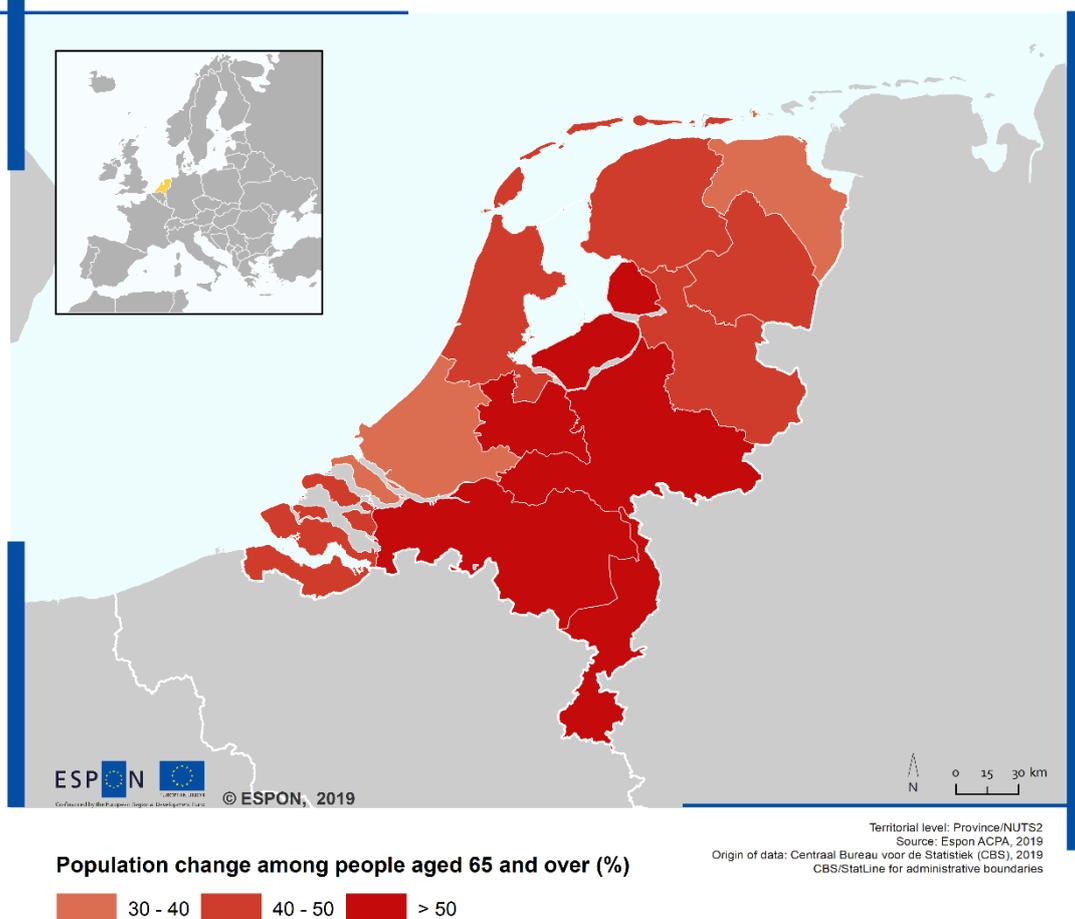
### 2.3 The stakeholder municipalities in their regional and national contexts

During the last decades, the number of older people has increased in almost all parts and regions of Europe. Taking out two examples, map 2.3 shows how the number of older people (aged 65 years and older) has increased in the regions of two of the stakeholder countries, namely in the *Départements* of France and the *Provincies* of the Netherlands.

Map 2.3: Change in the number of older people in France and the Netherlands, 2000-2017/18 (in %)



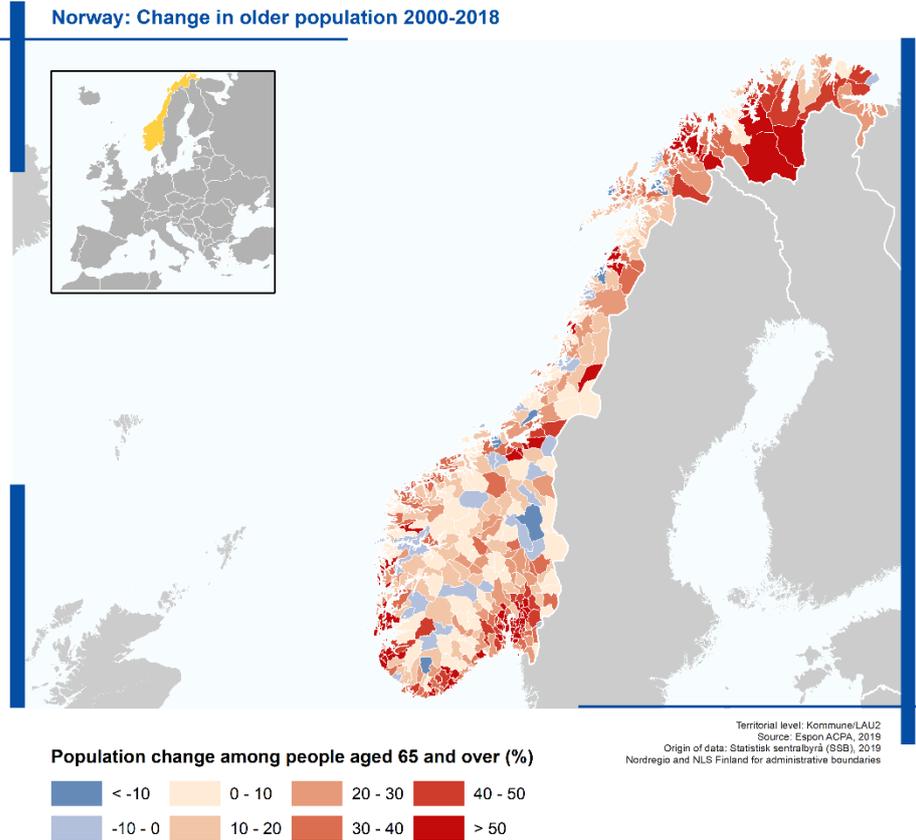
## The Netherlands: Change in older population 2000-2017



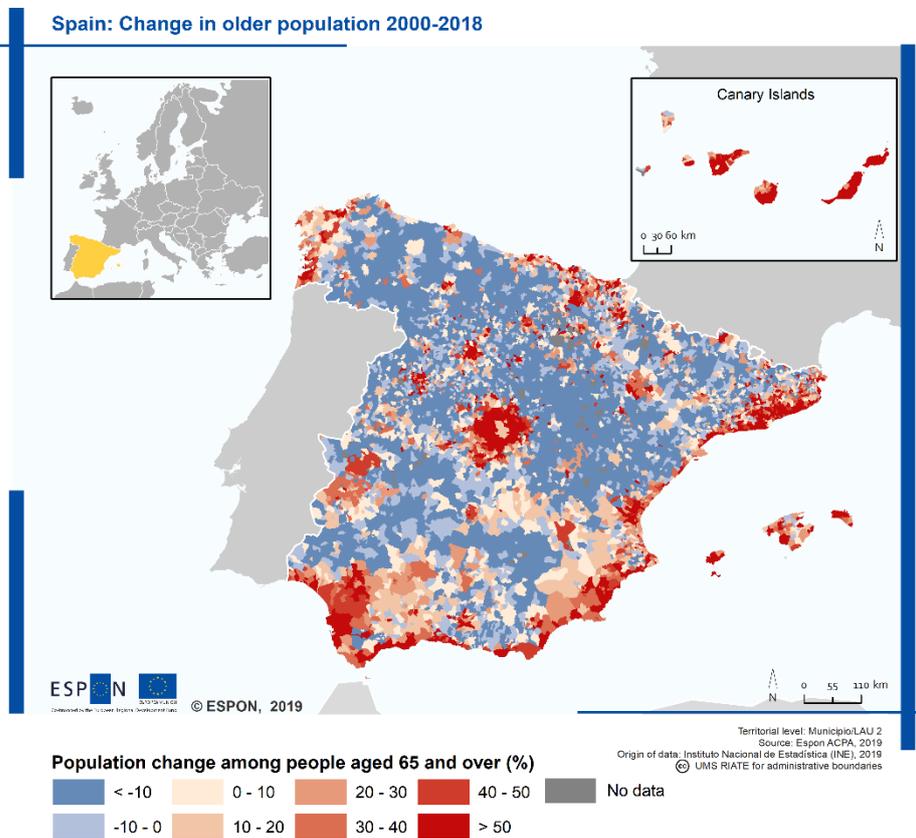
While the number of older people has increased during the last decades in all regions shown in the two maps, this increase has been stronger in some regions than in others. The maps show, for instance, that the increase in the number of seniors has been weaker in regions of central France than in some coastal and alpine regions. The city of Nantes forms the administrative seat of Loire-Atlantique, one of the *Départements* where the number of older residents has increased by between 40% and 50% since the year 2000. In the Netherlands, population ageing has been particularly pronounced in the *Provincies* of North Brabant and Flevoland, which both have experienced an over 60% increase in the size of the population group 65 and over since 2000. North Holland and Overijssel (the *Provincies* which Amsterdam and Hengelo form part of) have both experienced more moderate increases of 35–45% during the same period.

Maps 2.4 – 2.7 show the change in older population for the other stakeholder countries, with similar patterns.

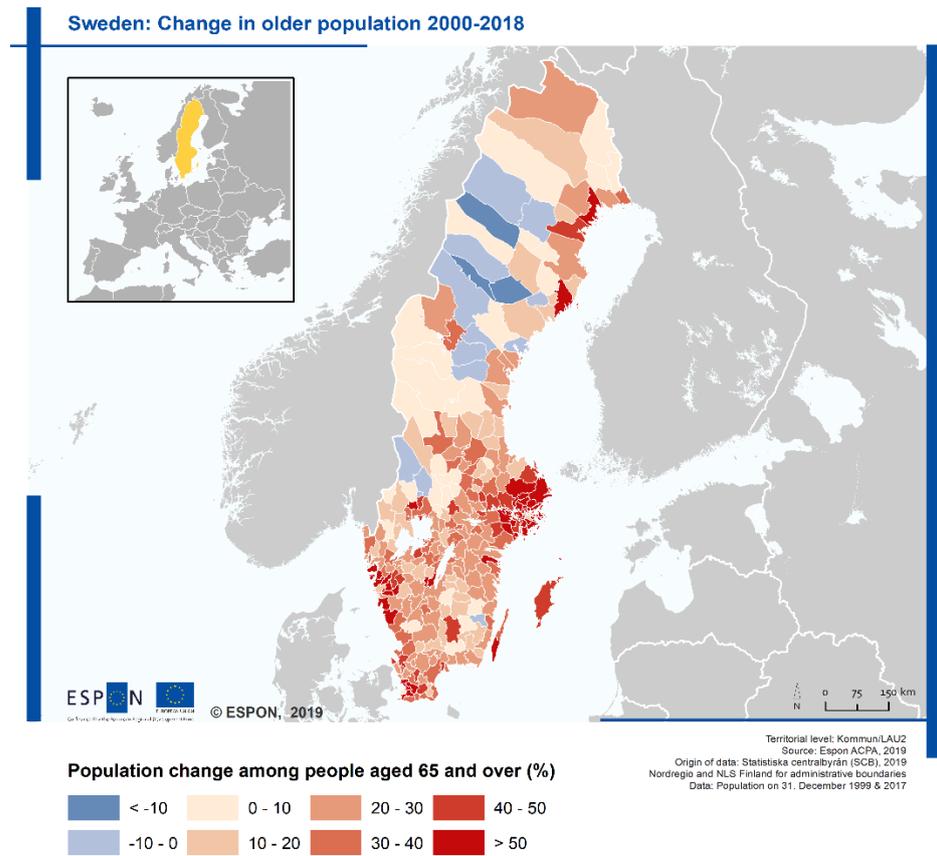
Map 2.4: Change in the number of older people in Norway, 2000-2018 (in %)



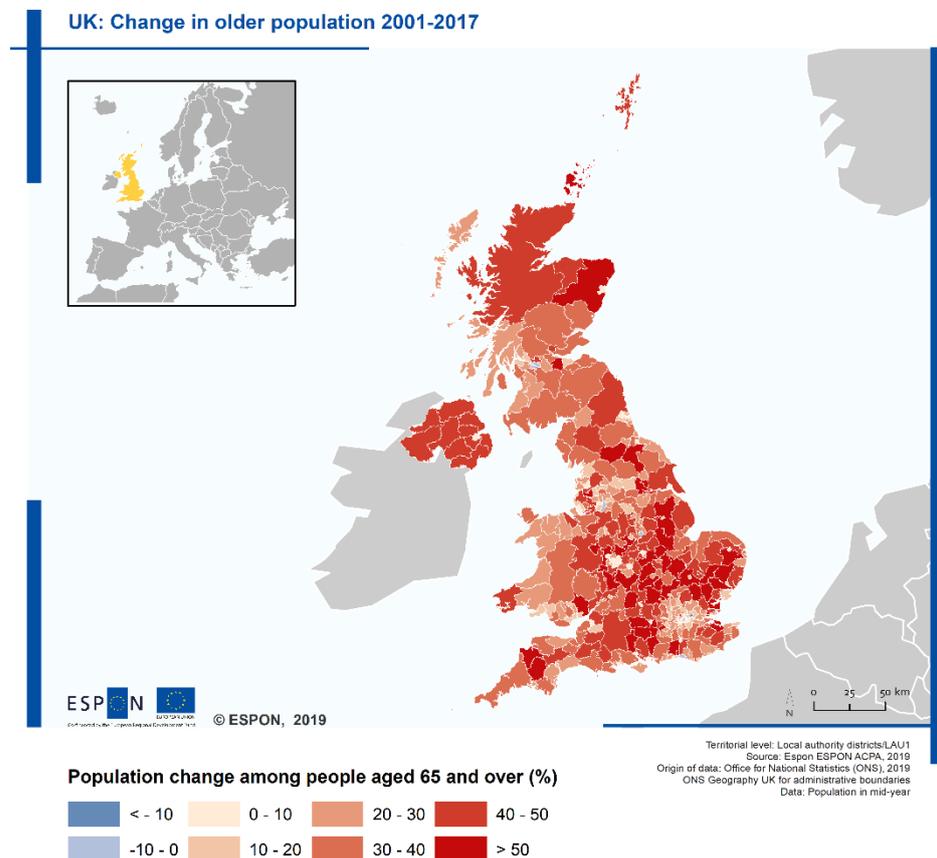
Map 2.5: Change in the number of older people in Spain, 2000-2018 (in %)



Map 2.6: Change in the number of older people in Sweden, 2000-2018 (in %)



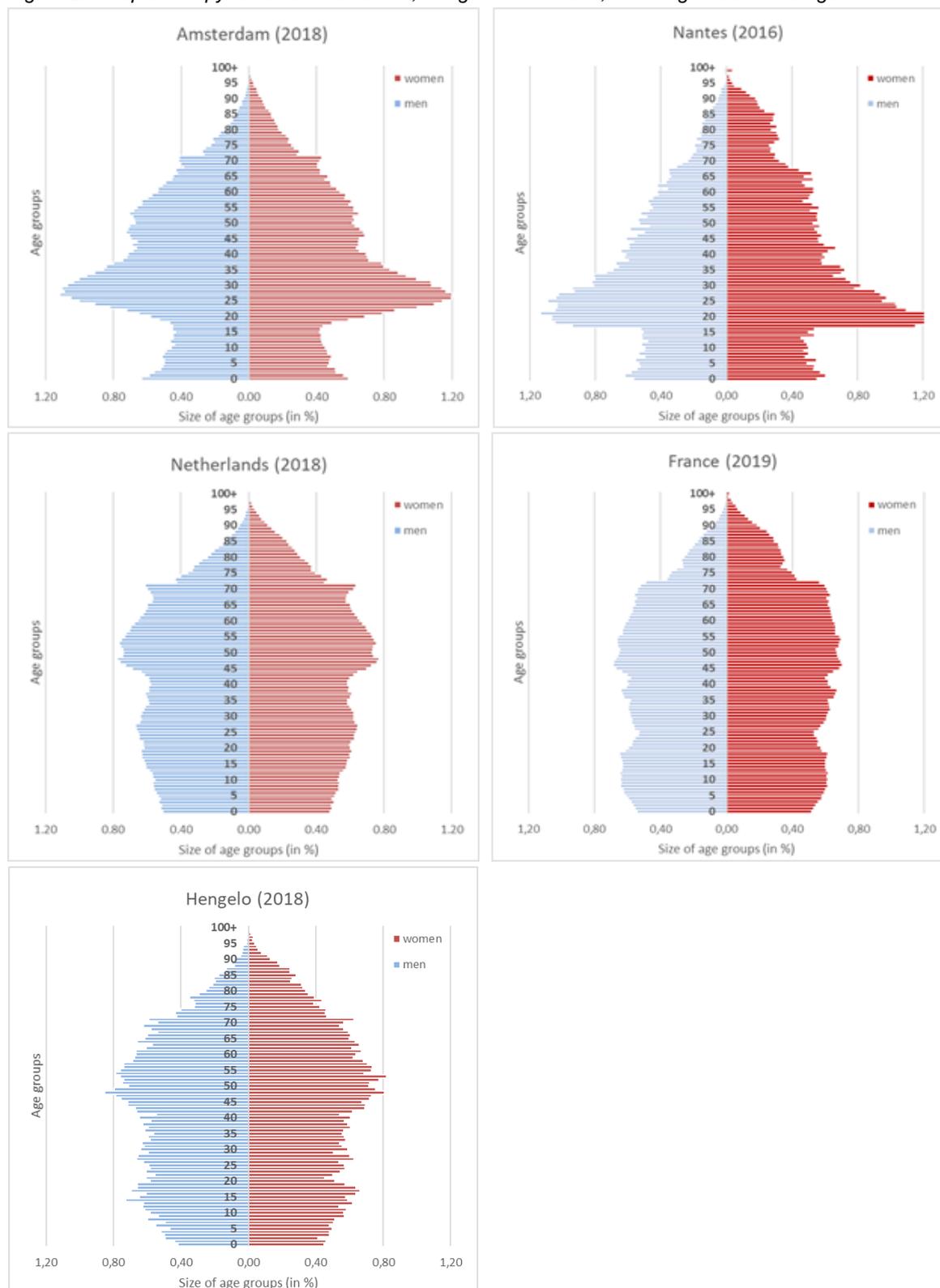
Map 2.7: Change in the number of older people in the United Kingdom, 2001-2017 (in %)



The number of older residents has increased in nearly all parts of Europe during the last decades, including in many cities. Nonetheless, larger cities generally have a relatively younger population age structure than smaller towns or rural communities, since they often attract young people who are looking for broad opportunities to study and work. Figure 2.6 shows two examples: the figure shows the relative size of male and female age groups, from age 0 to age 100+ in Amsterdam and Nantes (shown in %).

In order to allow a comparison to their respective countries overall, the figure also shows the relative size of the corresponding age groups in France and the Netherlands overall. The age groups between 20 to 35 years are comparatively large in both Amsterdam and Nantes - much larger than in the French and Dutch population overall. Most comparisons of the other stakeholder cities and their respective national-level populations show similar patterns (figure 2.7). Exceptions are Zaragoza and Hengelo, where the age distribution of the municipal population more closely mirrors the Spanish and Dutch population as a whole.

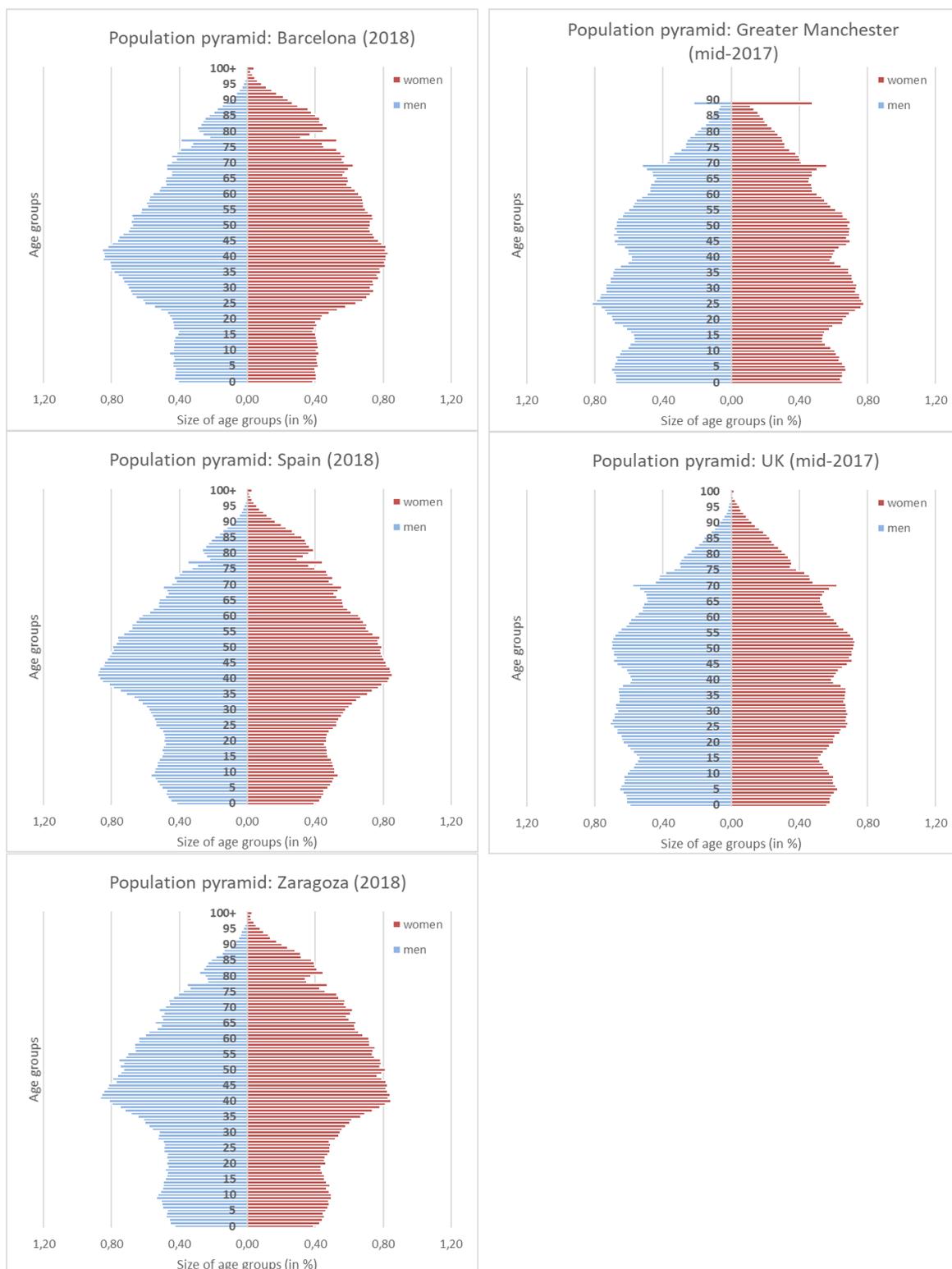
Figure 2.6: Population pyramids of Amsterdam, Hengelo and Nantes, including national averages



Note: For all population pyramids, the most recent data available have been used. In Nantes, these are from 2016 – these have been published in the Summer of 2019.

Sources: France - Institut national d'études démographiques (INED) and Institut national de la statistique et des études économiques (INSEE), Netherlands - Centraal Bureau voor de Statistiek (CBS).

Figure 2.7: Population pyramids of the other stakeholder cities , including national averages



Sources: Spain - National Statistics Institute Spain; United Kingdom - Office of National Statistics (ONS).



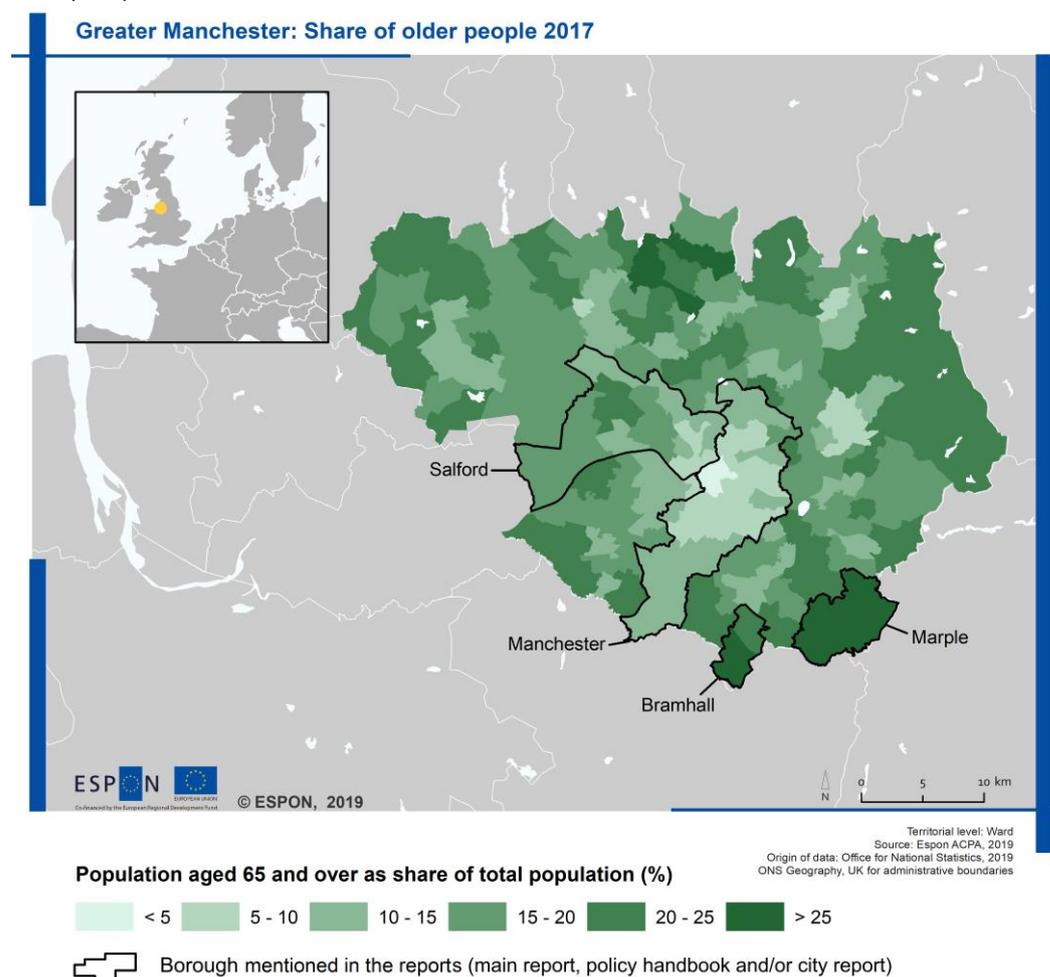
Sources: Norway - Statistisk sentralbyrå (SSB, Statistics Norway); Sweden - SCB Statistiskservice, Statistics Sweden.

While population ageing affects large cities, small cities and villages, the baseline conditions may differ quite noticeably. This may imply both advantages and disadvantages. On the one hand, in cities with comparatively young age structures, it may be that for instance public spaces are primarily shaped by the interests and needs of young people which may not always coincide with those of older people. On the other hand, research – as summarised in chapter 3 – suggests that older people prefer, and their subjective well-being increases, if they live in age-mixed environments. From this perspective, the comparatively young age structure of city populations may hold advantages and offer opportunities for inter-generational exchange that many older people appear to value.

## 2.4 Districts within the stakeholder cities

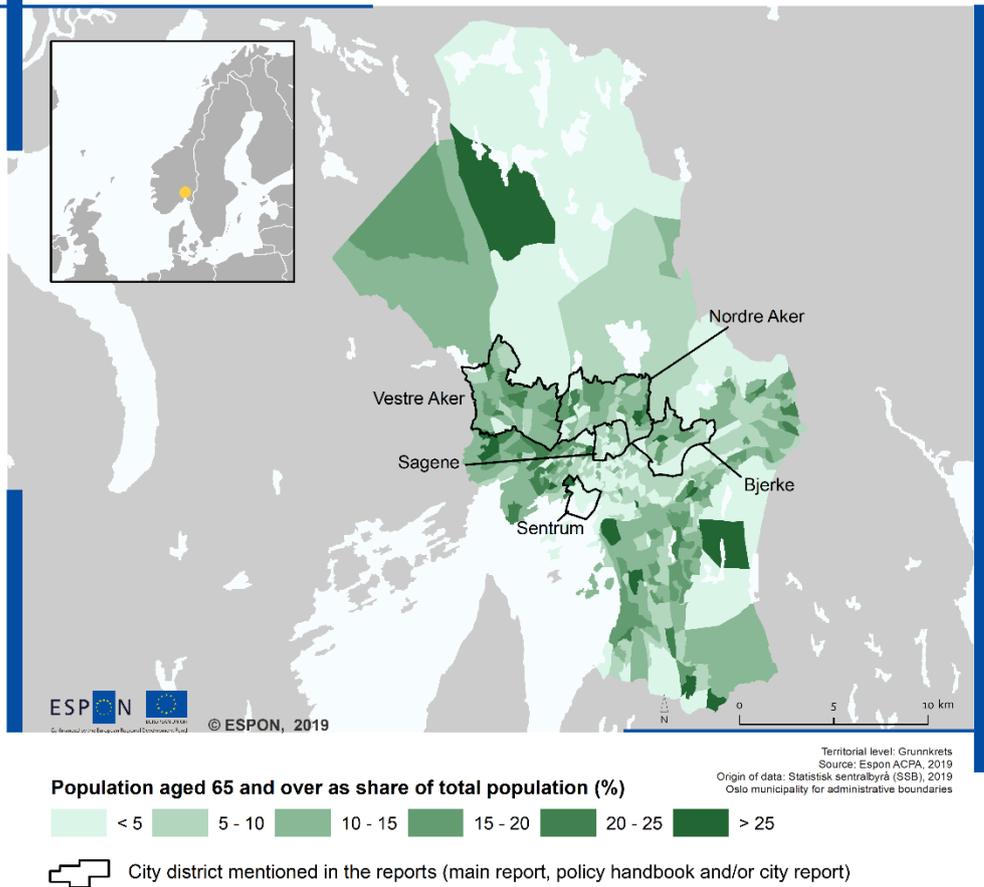
This section examines differences that can be seen within the cities by comparing the size of older population groups in different districts or neighbourhoods in each stakeholder city. Map 2.8 shows the population aged 65 years and older, expressed as a share of the total population in Greater Manchester and Oslo. The maps reveal significant differences within both cities, and that even neighbouring districts can have strongly varying proportions of senior inhabitants, ranging from less than 5% to more than 25%. These spatial patterns are not only specific to the two examples, but there are noticeable differences between city districts also in the other stakeholder cities.

Map 2.8: Share of older people across the districts of two stakeholder cities: Greater Manchester and Oslo (in %)



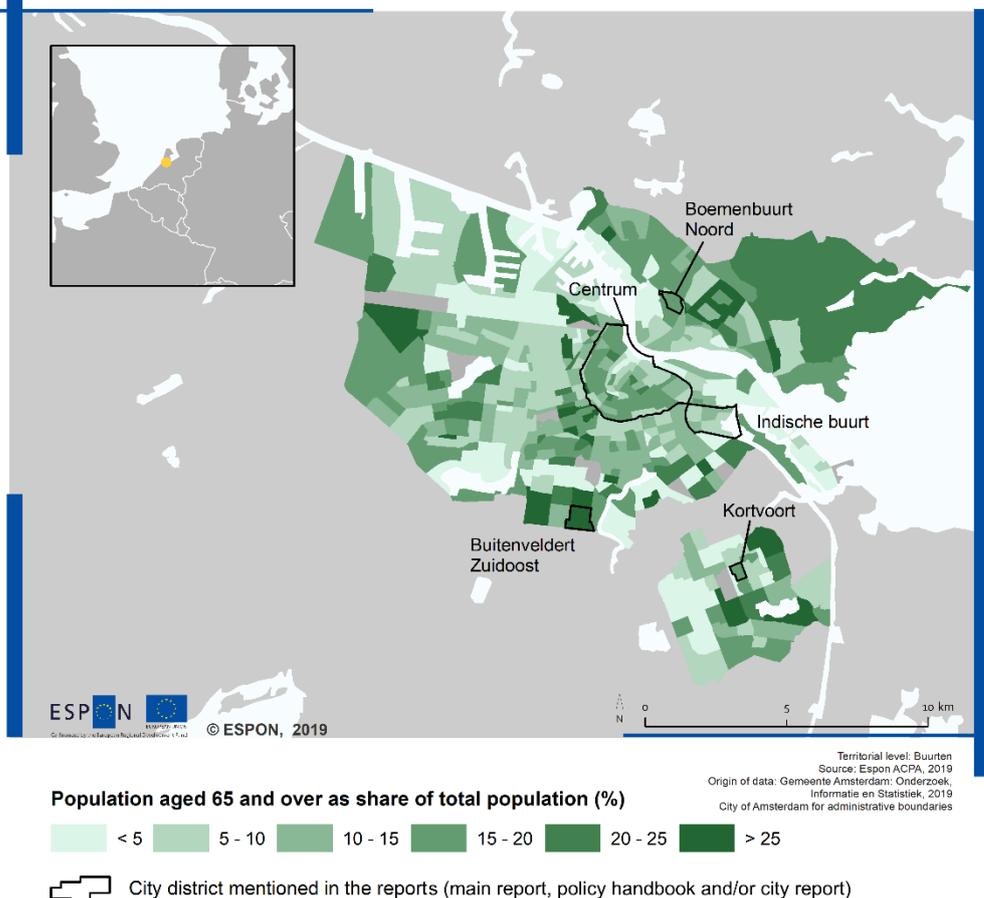
*Note: the delineated areas in the map are districts, boroughs or neighbourhoods that are featured in ACPA; they can be interesting for various reasons, such as showing a relatively high share of older people, or being the location of a good practice that is featured in the ACPA policy handbook.*

**Oslo: Share of older people 2017**

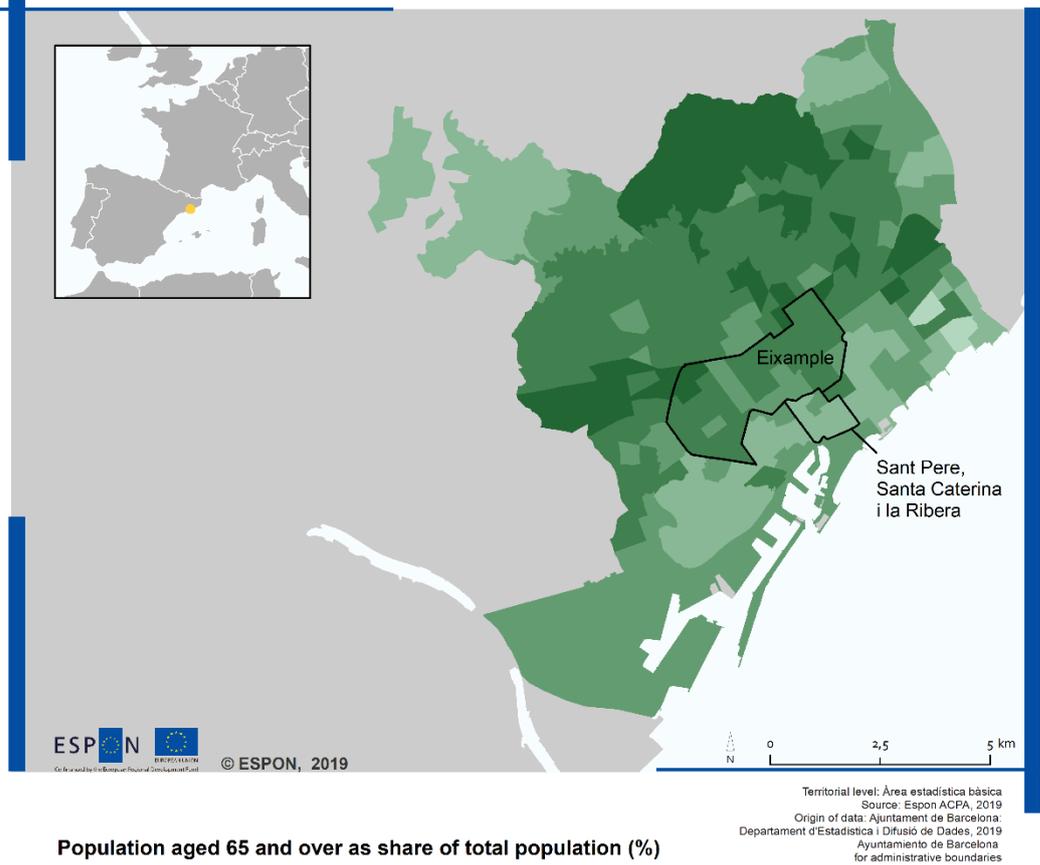


Map 2.9: Share of older people across the districts of the other stakeholder cities (in %)

**Amsterdam: Share of older people 2018**



## Barcelona: Share of older people 2017

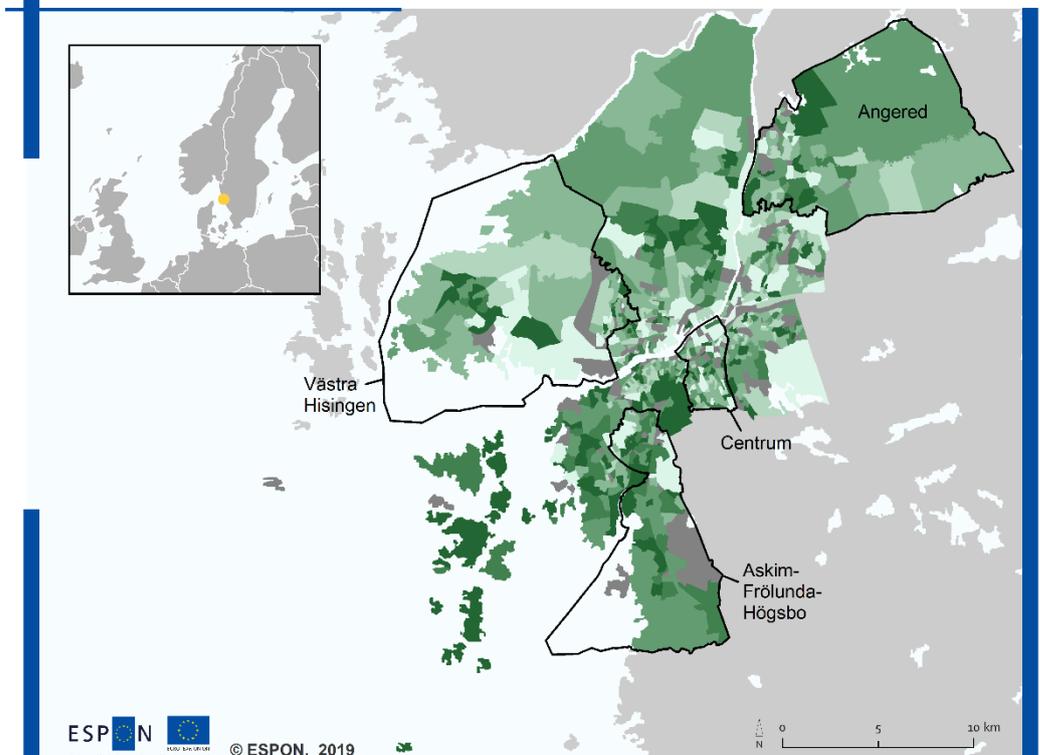


Population aged 65 and over as share of total population (%)

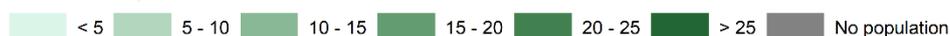


City district mentioned in the reports (main report, policy handbook and/or city report)

## Gothenburg: Share of older people 2017

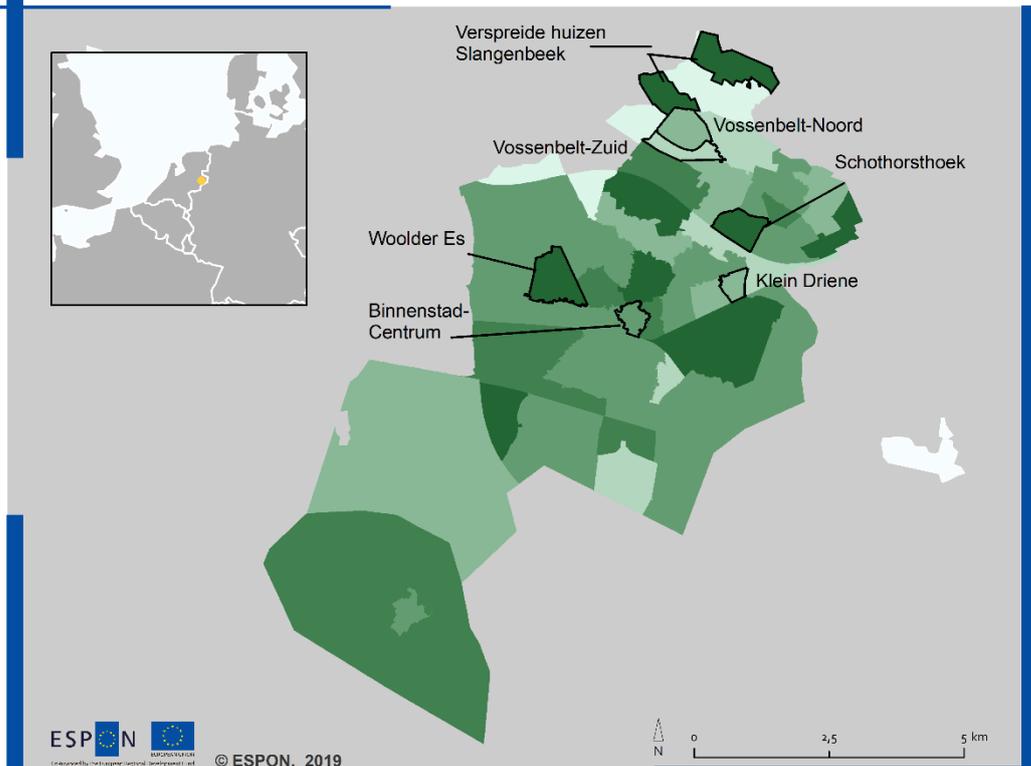


Population aged 65 and over as share of total population (%)



City district mentioned in the reports (main report, policy handbook and/or city report)

## Hengelo: Share of older people 2017



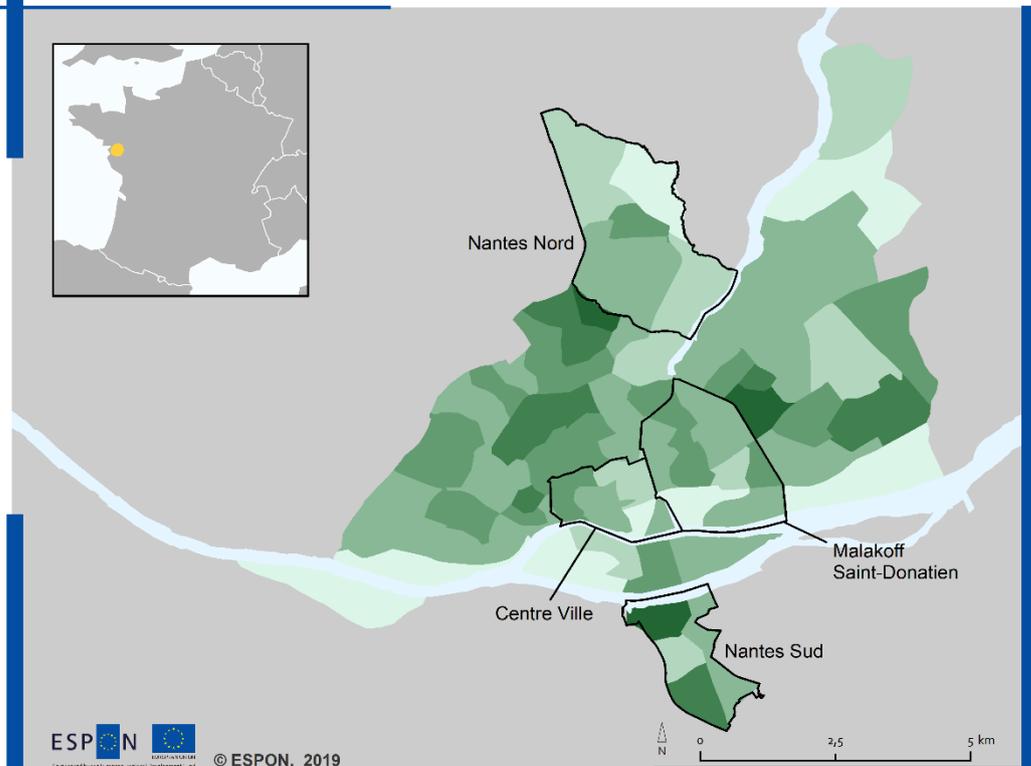
### Population aged 65 and over as share of total population (%)



 City district mentioned in the reports (main report, policy handbook and/or city report)

Territorial level: Buurten  
Source: Espon ACPA, 2019  
Origin of data: Kennispunt Twente, 2019  
CBS/StatLine for administrative boundaries

## Nantes: Share of older people 2015



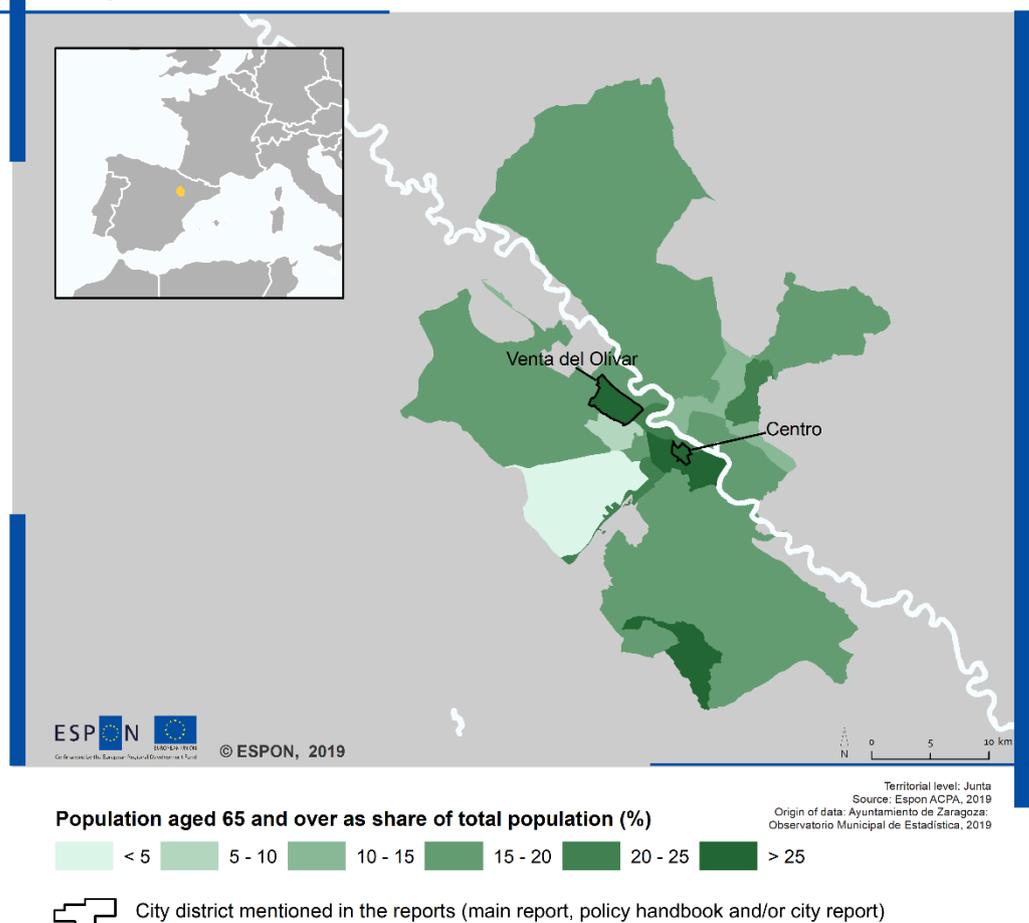
### Population aged 65 and over as share of total population (%)



 City district mentioned in the reports (main report, policy handbook and/or city report)

Territorial level: IRIS  
Source: Espon ACPA, 2019  
Origin of data: Institut national de la statistique  
et des études économiques  
IGN for administrative boundaries

## Zaragoza: Share of older people 2018



For each city, more maps and figures are available in the ESPON document *Annex: demographic maps and figures*.<sup>2</sup>

<sup>2</sup> Available at: <https://www.espon.eu/acpa>

## 3 Developing age-friendly cities: a literature review

### 3.1 Introduction

The development of age-friendly policies within cities is an integral part of the responsibilities of most local governments. As such, much is written by researchers and policy makers on different ways to make cities more age-friendly. A key concept within these writings is that to be an age-friendly city, one should strive for a high quality of life for all citizens. This can be influenced through social and physical elements and through health standards. Social elements comprise topics like social inclusion, involvement in policy development and ageing in place. Physical elements include types of available housing arrangements, transport options and accessibility of green public spaces. The provision of proper health services enables longer vitality when people grow older. When cities focus on developing and improving the status of these elements and services, they can become more age-friendly. Also, the development of one element makes it easier for other elements to develop. For example, when public transport options for older people are improved, it is easier to participate in social activities and thus social inclusion will improve.

This chapter summarises the current state of affairs in academic and policy literature related to age-friendly cities. The concept of an age-friendly city is explored, along with an overview of the elements that constitute an age-friendly city policy. A more in-depth review of age-friendly city policies at the global and European level can be found in Annex 3.

### 3.2 Social elements that contribute to quality of life

Academic and policy literature shows that there are many social elements that contribute to a high quality of life in cities. Improvement of these social elements thus makes cities more age-friendly. **Social inclusion** is an essential part in improving the quality of life of individuals. At the same time, inclusion is one of the main challenges for urban authorities (Boilard et al., 2017). That is why questions concerning inclusion of older adults are high on the political agenda and an increasing number of cities are looking for solutions to better adapt their policies to changing demographics. The aspect of social inclusion is highlighted for instance in WHO-Europe's report on Age-Friendly Environments in Europe (2017), stressing that age-friendly environments are best supported by policies and projects that comprehensively cover the aspects of social inclusion, physical accessibility and person-centred services.

In order to facilitate social inclusion and to develop age-friendly cities, urban authorities should create **social connections** between older adults and the environment in which they live. These connections can be improved through better urban planning, the integration of green spaces in cities, the development of transportation opportunities, health services, technologies, and platforms to encourage participation through social activities. Fitzgerald and Caro (2014) show that the development of age-friendly environments indeed requires a combination of efforts,

focusing for instance on well-planned outdoor spaces, buildings, housing, and transportation, sound economic activity, law-abiding behaviour of residents, and well-operated municipal services. In order for this to be most effective, policies for age-friendly cities should also take into consideration the social background of older adults. That is because people with different social backgrounds have different needs and expectations. Buffel et al. (2013) emphasise the necessity to address inequalities and to recognize the special needs experienced by older people belonging to different ethnic and social backgrounds. This is crucial to improve the quality of life of older people, especially for those living in disadvantaged communities.

Most seniors prefer to stay in their home when they age rather than moving into residential care housing, as it allows them to maintain connections, a sense of independence and autonomy (Wiles et al., 2011, Costa-Font et al., 2009). The concept of “**ageing in place**” is defined by the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level. Around the world, there are different programmes that promote ageing in place. They aim at improving or facilitating the access to services such as general practitioners and supermarkets, and by strengthening social support systems. For instance, Brussels and Greater Manchester are actively promoting home adaptations and supporting alternative housing options (Buffel et al., 2014). In the USA, programmes such as the Naturally Occurring Retirement Community (NORC) and the Villages<sup>3</sup> coordinate the efforts of voluntary and formal support in a geographically defined service area. They do this with the aim to enhance social capital among older adults, promote consumer engagement, and improve the availability, accessibility, and affordability of existing services in the area (Greenfield et al., 2013). Nonetheless, once older people encounter more serious health issues and higher dependency they may prefer moving to residential care housing (Coasta-Font et al., 2009).

An excellent way of stimulating inclusion and social connectivity is to actually involve older people in the development of policies. **Social participation** is an essential aspect for improving the health of older adults and also one of the age-friendly policy domains in the WHO (2007) framework. Older people can be a valuable resource in helping to design support systems because they are aware of the needs from first hand experience. A number of studies have identified the integration of older adults in the development and the management of cities, and involvement of older people as actors in setting the agenda for age-friendly developments, as success factors for developing age-friendly cities.

Also, inclusion of older people in political decision-making is stressed as important (Richard et al., 2004; Buffel et al., 2015, Garon et al., 2014). Nygård and Jakobsson (2013) investigate the political participation of older adults in Finland, identifying that seniors are more inclined to vote than to participate in other types of political participation, reflecting a strong sense of civic duty. The study also highlights the positive relationship between the level of political participation and

---

<sup>3</sup> <https://www.vtvnetwork.org>.

activity on other areas of life. In a study on older people in Montreal (Canada), Richard et al. (2008) show that the more resources individuals possess and the healthier they are, the more likely they are to participate in society, and that participation decreases with age.

The global age-friendly movement (WHO, 2009) is highly influential in raising awareness about the potential of **involving seniors** in shaping strategies for urban planning and community regeneration. For example, in the WHO Active Ageing Policy Framework (WHO, 2002), it is considered vital that older people and their caregivers are actively involved in the planning, implementation and evaluation of policies that address them. Around the world, tools and solutions have been developed in WHO-pilots<sup>4</sup> that now serve as inspiration for European cities.

Various initiatives to better involve senior citizens in decision-making at local level have been launched in a number of European cities. For instance, in Ljubljana in Slovenia, a Citizens' Initiatives Service (CIS) was created to allow senior citizens to participate in decisions that affect their lives (URBACT, 2017), while in Udine (Italy), playful activities and games have been used as a way of co-creation and fostering social inclusion (URBACT 2017a).

### 3.3 Physical elements that contribute to quality of life

In addition to social elements, the quality of life of older adults is also influenced by physical elements in the residential environment (Richard et al., 2004). With the growing number of seniors in cities the demand for **adapted buildings, transport connections, and recreational areas** are also increased.

Cities have developed possible solutions to face this new demand. One common design to deal with population ageing in the cities is building specific areas for older adults, also referred to as "senior cities", "Active Adult Communities" or "Villages". However, in current years this development is questioned by researchers. Research done by Smets (2012) in the Netherlands shows that few older people are interested in living in a senior city. Most adults aged 55 years and older do not wish to live solely among peers and at a distance from familiar services and their usual social surroundings. Instead, most prefer living in small-scale residential areas with good access to services, preferably in familiar surroundings where they can meet both older and younger people and be surrounded by family and friends. An example of a housing solution, where inter-generational interaction is one of the core principles, can be found in the town of Naas in Ireland. A non-profit housing association has been established in the city centre with the idea of attracting inhabitants of all ages and organising a range of inter-generational activities (URBACT, 2017c).

Smets' (2012) study shows that senior cities are not a suitable answer to the growing demand for accessible housing for older adults in the Netherlands. Similarly, Liu et al. (2015) show that

---

<sup>4</sup> In cities such as London, Melbourne, Shanghai, Brussels, Greater Manchester, The Hague and Cracow

the subjective well-being of older adults increases when, among other factors, the proportion of older adults living in the vicinity decreases. Good quality residential housing, good accessibility to health and financial facilities, and high neighbourhood economic status are also factors that improve the well-being of older adults. Through their study, Liu et al. emphasise the role of the residential environment in impacting seniors' subjective well-being. Physical factors (comfort and stimulation) appear to be more important than social factors and individual resources are not as crucial as the residential environment in determining the well-being of older adults.

The residential environment is also highlighted as crucial for the well-being of seniors by Wang et al. (2016). This study from China shows that older adults' own perceptions of the comfort and convenience of residential surroundings have marked effects on their residential location choice. More specifically, the authors identify 16 social and cultural factors that influence the choice of dwelling location by older people in urban areas. Among them are cultural activities, distance to family members and friends and distance to services such as hospitals.

The well-being of older people in cities also depends on the accessibility of **green public spaces**. This notion is stressed in the WHO's (2007) eight policy domains of age-friendly cities, where the importance of green spaces is emphasised under the domain concerning outdoor spaces and buildings. In this context, public spaces should be planned in a way that they enhance social interaction and well-being among older people. A study in three cities in the Czech Republic (Galcanova & Sýkorová, 2015) shows that older adults had a very negative perception of changes that implied the reduction of greenery or spaces designed for relaxation and informal meetings.

Social participation increases in areas where people have a positive image of their environment, with green and open spaces as well as opportunity structures. In Montreal (Canada), Richard et al. (2008) show that the environment plays an important role for strengthening social participation and feelings of social connection among older adults. The authors also show that transportation and accessibility to key resources are important for maintaining high levels of social participation for older adults in urban contexts. Seniors were more likely to participate in social activities if they had a positive image of their environment and if they had access to green environments and open spaces. Urban planners should therefore adapt their strategies to increase the number of public open spaces, which support the sense of community and belonging that is crucial in maintaining and enhancing the well-being of older adults.

Having physically active lifestyles at an older age also helps people to live longer and happier. This can be facilitated in the physical environment by designing new **mobility paths**. In such a way, urban authorities can improve older adults' travel patterns and their well-being. In a study based in Northern Virginia (USA), Lynott et al. (2009) find that older people who live in an urban location take more trips by public transportation or on foot than their peers who reside in non-urban locations. These results suggest that urban forms can have a strong influence on the number of trips that older people undertake as well as their choice of transportation. The authors

suggest that the construction of compact, mixed-use communities may be part of the solution to address the mobility needs of an ageing population.

Similarly, Hirsch et al. (2016) highlight associations between the diversity of destinations for old people and the densities of convenience stores and banks within pedestrian and bicycle activity space. Their observations show that older people are more likely to travel to destinations that are within walking or biking distance. Also, they travel to these destinations more frequently. Thus, the authors highlight the importance of these type of destinations to encourage physically active lifestyles and, ultimately, promote health and longevity. Similarly, Takano et al. (2002) show that living areas with walkable green spaces positively influence the life expectancy of older adults in Tokyo (Japan), independently of their age, sex, marital status, baseline functional status, and socioeconomic status. The authors show that not only the accessibility but also the quality of the physical environments near a residence showed a positive association with the longevity of older adults. Some elements of physical environments that improve quality of life are larger areas for taking a stroll, tree lined streets, and reduced noise from automobiles and factories.

O'Hern and Oxley (2015) observe the characteristics of active transport usage among older adults in Melbourne (Australia). Twenty-two percent of their mobility was through active transportation, mainly walking. The authors point out that changes to the urban environment which facilitate active transport trips of less than 500 meters may result in increased active transport participation amongst older people. Nonetheless, the study also suggests that many older adults heavily rely on motorised transportation. Therefore, it is important that road design and operation standards are adjusted to reflect older adults' lifestyle choices, needs and capabilities.

A study from the Netherlands also finds that the car is the preferred transport mode of older adults, especially for those above age 75 (Van den Berg et al., 2011). Cycling is the preferred active transportation mode for short distances in the Netherlands and cycling decreases rapidly as the trip distances increase. Although older adults travel less than younger adults, Van den Berg et al. (2011) show that older adults' travel demands are changing, with an increase in car ownership as well as trip distance and frequency. This increase in the distance and frequency of the trips is related to social travels. While older people make fewer trips for work activity, they are as mobile as younger adults when it comes to social activities.

Public transportation is a particularly common mode of transportation for older adults when they cannot drive anymore, and it is fundamentally characteristic of an age-friendly city according to the WHO's (2007) eight policy domains. Policy tools to improve the use of public transportation may hence be beneficial to increase the mobility of older adults. Some studies summarised by Laverty and Millett (2015) suggest that a concessionary bus pass scheme in England, provided to adults above age 60, had a positive impact in terms of reducing social exclusion, encouraging physical activity, and producing a sense of belonging among a group who may otherwise be marginalised. Access to better public transportation is also one of the target objectives

implemented by for instance the cities of Brussels, Greater Manchester, Cracow, and The Hague in order to make these cities more age-friendly (Hoof et al., 2018). Buffel et al. (2014) report that the first two cities have taken initiatives to improve transportation for older adults by increasing accessibility and flexibility of community transport, developing bus shelters and services, promoting existing car and bike sharing initiatives, as well as improving the road safety and walkability of the cities.

Overall, older and younger people differ in their mobility patterns and transportation paths, and schemes in urban environments need to be adapted to take into account the specific needs of older adults. More secured walking paths and roads, better accessibility and flexibility of public transportation, and discounted fares seem to be successful tools which can improve the integration of old adults in city life.

### **3.4 Healthy ageing**

Good health and vitality are essential for a high quality of life at an older age. Healthy ageing is therefore seen as a third component of age-friendly city policies. The WHO World Report on Ageing and Health (WHO 2015) defines healthy ageing as “the process of developing and maintaining the functional ability that enables well-being in older age”. Globally, the WHO’s Global strategy and action plan on ageing and health (WHO 2016) marks an important recent step towards further promoting the question of healthy ageing worldwide. The main vision of this strategy is a world where everyone can live a long and healthy life, where functional ability is fostered across the life course and where older people experience equal rights and opportunities and can live free from age-based discrimination. Healthy ageing can be promoted by policies that sustain good environments and health infrastructures in urban areas.

One of the main motivations for promoting healthy ageing is to prevent frailty. Frailty means increased vulnerability of older people, which is not an inevitable consequence of ageing, but something that can be counteracted by policies that promote healthy ageing (AdvantAGE 2019). Sadana et al. (2016) identified determinants to improve health equity among older adults. Root causes for good health include the natural environment as well as social, political, and economic frameworks. These are all amenable to policy change and are therefore relevant targets for policy actions. Other factors that influence individual health such as the social and economic background of persons can also be targeted through actions that dismantle discrimination and level up socioeconomic conditions. Finally, health and social care systems and the built environment can be directly targeted by policy makers to improve the equity in health for older adults.

In a study focusing on inequities in health and health care in Portugal, Santana (2000) suggests that access to health care centres is crucial to improve the health of older adults. The author emphasizes the need for better linkages between health care providers, as well as improved accessibility to specialised care and hospitals. Given their often more limited mobility, seniors

are one of the population groups – in addition to children, disabled and ill persons – who benefit most from the availability and high quality of services in their immediate living environment (ESPON, 2014).

Brussels and Greater Manchester are two examples of cities which are aiming to enhance the coordination between fragmented health care services and develop integrated and comprehensive health services to improve older adults' health (Buffel et al., 2014). Similarly, the city of Badalona in Spain has redesigned its local health and social services with the aim of improving the quality of life of older people by placing older people at the centre of the continuum of care, including vertical integration between different levels of care and horizontal integration between different local services, such as social services, employment and housing (URBACT, 2019b). Another example can be found from the Northern Netherlands where a series of living labs have been set up through public-private partnerships in order to develop and implement new solutions that enhance healthy ageing (Interreg Europe, 2019a).

### **3.5 The growing role of technology in ageing policy**

Technology is a great facilitator for improving the quality of life and supporting age-friendly practices in cities. It is increasingly used to support ageing in place. Also, new technology-based solutions and products can improve the quality of regional healthcare systems in relation to healthy and active ageing (Interreg Europe, 2019). An example can be found in Smart-Home technologies and e-health, which is comprised of online tools to support self-management (ESPON, 2019a).

The adoption of technologies by older people is often challenging. Peek et al. (2015) show that the level of technology use by older adults in the Netherlands is influenced by their will to sustain an independent life style, the influence of the social network, support by organisations providing the technology and the physical environment. Moreover, the acceptance of technology by older adults is influenced by their perceptions about the need of technology, the perceived consequences of using new tools, and their willingness to invest effort in using them. The adoption of technology by older people is often more of a social process than a technical matter.

Crucially, the social network often enables older people to initiate and sustain their use of technology. Righi and Sayago (2017) explore the design of services and technologies for older people in urban communities and the role of community activities in facilitating their use. The authors show that community activities can create a positive experience that does not only favour the use of technology but also creates social links between participants. The study suggests that local communities' creative use of technology can trigger new social behaviours in addition to providing new solutions to age-related challenges. Nevertheless, a potential drawback that should also be considered is the risk that technology may also lead to the exclusion of certain groups (see e.g. WHO 2007).

### **3.6 Conclusion**

Developing age-friendly urban environments in which older adults can age in place is not an option any longer but a necessary path for cities in which the proportion of older adults is growing. A range of different factors can facilitate active ageing and enhance quality of life as people age. Age-friendly cities should therefore adopt holistic approaches to enhance structures and services and improve opportunity structures for older people with varying interests and capacities (see e.g. ARC 2018; EIP on AHA 2019). Particular emphasis should be placed on adapting green spaces, transportation and housing to the needs of older people, coordinating health and social services, offering cultural and social activities and improving their opportunities for political and social involvement. Diversity could be considered a key characteristic of cities and from this perspective it seems important to consider that urban places often are diverse in terms of people and functions when planning for age-friendly cities.

## **4 Comparison of policies in the stakeholder cities**

The stakeholder cities share their ambition to become more age-friendly, but each city has developed individual policy goals and methods to work towards that ambition. The ways in which the cities approach age-friendliness show both similarities and differences. Based on the case study research a set of trends in the ways in which the cities approach age-friendliness can be observed. These trends can be seen at the overarching level of the thematic priorities, but also at the level of individual policies and even at the level of the individual measures under these policies. In the following paragraphs the cities' policies and their practical implementation are explained and compared.

### **4.1 Strategic approaches towards age-friendliness**

Over the past 15 years, becoming an age-friendly city has gradually become a strategic priority for the stakeholder cities: while Amsterdam, Greater Manchester or Nantes have been prioritising policies and initiatives to support the integration of senior people for decades already, others like Zaragoza or Hengelo have taken concrete steps in this direction only more recently. For most of them, however, joining the WHO Global Network on Age Friendly cities has marked a milestone in that sense, especially because it has incentivised a more structured approach and, in turn, the creation of an action plan and a roadmap that sets concrete objectives and priorities as well as targets. From the conducted interviews, it can be concluded that joining the network also led to the design of more comprehensive, transversal, participatory and quality-driven policies.

In most of the stakeholder cities, the percentage of old people as part of the total population is higher than the national average, and all of them have been experiencing a steep increase in the share of people aged 60 years or older. Not surprisingly, this is the main reason for the increasing attention towards age friendly approaches and policies, but it is not the only reason. For most stakeholder cities, policies in the domain of healthy and active ageing should be seen as part of a broader ambition: to promote a more inclusive and integrated urban society, which is a pleasant and welcoming place to live for citizens of any age. In most cities, and notably Nantes and Gothenburg, not only are older people distributed unequally across the urban/metropolitan area, but they also have very different income levels. Also, the number of senior people and households who live in poverty or experience segregation is increasing. In that respect, most of the stakeholder authorities conceive their policies as comprehensive efforts to make their cities more inclusive for current - and future - seniors but first and foremost more equal for citizens of all ages. In the Greater Manchester metropolitan region the effects of the demographic change on the economy and more specifically on the labour market is one of the primary reasons why more action has been taken in the domain of age friendliness.

To address these challenges, the cities have slightly different approaches towards age-friendliness. Usually, a holistic and cross-sectoral approach is used. Through this approach, different domains and initiatives that are relevant from multiple sectoral perspectives are grouped together. This is also in line with a general trend to integrate public policies across domains. The cities' ambitions to become more age-friendly are often connected to other political ambitions in closely-related fields. For instance, many of the stakeholder cities are actively engaged in promoting social sustainability, human rights and equal life opportunities, which are supportive of the ambition of age-friendliness.

At a strategic level, cities have a range of choices to make regarding the thematic focus of their policies, the related governance arrangements and the types of target groups on which emphasis is placed. The stakeholder cities differ in their choices, though central trends are observed throughout the study.

#### **4.1.1 The role of governance**

The manner in which ageing policies are approached is influenced by the governance system that is in place in the city. To a large extent, the municipalities cannot influence the structure of this governance system, but there are opportunities for cities to make use of more effective and efficient governance principles in the field of population ageing, particularly with regards to cooperative practices.

We can observe that in the two Spanish case studies, emphasis is placed on the coordination with regional and national administration, whereas for instance in Greater Manchester, Amsterdam, Gothenburg and Oslo, the accent is on devolution to the specific districts (or local authorities in the case of Greater Manchester), which have extensive political and financial autonomy. In those cities where there is a higher degree of decentralisation, one of the challenges is often represented by the complexity of the institutional organisation, which sometimes makes cooperation at the different levels not necessarily fragmented but certainly less agile. Another essential aspect to consider is the inter-departmental cooperation within the city administration itself, which is for instance quite effective in cities like Nantes and Oslo and could be improved in Zaragoza and Barcelona.

Especially for smaller cities, it is worthwhile to explore cooperation with neighbouring municipalities. For the more resource intensive domains, such as transport or healthcare, they can benefit from working together and jointly acquiring services. In some stakeholder cities, this is actively pursued through different networks and organisations on the fringe of the municipal structure. These organisations are jointly responsible for the purchase of joint services and the assurance of quality of these services.

Civic involvement and participatory governance is also increasingly recognised as an essential pillar of successful and friendly cities. The involvement of all kinds of citizens in the policy

making process can lead to a better understanding of the citizens' needs and result in more effective policies. Oslo has several lessons to offer in that regard.

#### **4.1.2 Policies and approaches toward specific target groups**

The stakeholder cities increasingly realise the heterogeneous nature of their citizens. While there are certain risks in defining policies for specific target groups, such as giving the impression that some groups are more important for the municipality than others, it is necessary to adapt to the different needs of people in different stages of life and people with different backgrounds.

From an age perspective, most of the cities have thresholds for the definition of 'older people'. This threshold varies from 60, to 65 or 67 years of age. In Amsterdam, the Age friendly city plan targeted primarily a limited number of neighbourhoods, where it was estimated action by the city could be more effective, and attention has been focused on lower income areas and households. The result is that at the moment certain neighbourhood and upper class seniors seem to be partly left out. Conversely, in other cities such as Nantes or Zaragoza, the main challenge remains to reach out to the invisibles, the most isolated and fragile individuals who often remain out of reach and that usually live in the poorest neighbourhoods.

For what concerns senior people with a migrant background, while their integration and participation in society remains a priority, more can be done to adapt the offer and services to the specific cultural needs of each group. One aspect that was observed primarily in Amsterdam and Nantes is also that migrants and national minorities often prefer to rely on their own local communities and are more likely to engage with locally based initiatives and organisations. Another observation is that in some migrant groups, health issues start playing a role at a younger age than for the native population. This emphasises the need for extra attention on these groups.

More generally, in some cities it was observed that more personalised responses, adapted to cultural, personal and socio-economic conditions are required. The variety of services and solutions and the opportunity "to choose" is something that should be improved in many of the stakeholder cities. Nantes and Oslo offer many good practices in that respect.

Preventive measures are taken along in some of the stakeholder cities, and from the basis for another target group that needs attention. For future seniors, people younger than 60, awareness raising activities about the challenges and opportunities that arise at an older age can be valuable, though this often is a sensitive topic. As said by some policymakers: it is normal to invest in a decent car seat for your baby, so why not make sure you limit risks and are comfortable at an older age?

## 4.2 Thematic focus of the stakeholder cities: Trends, perspectives and policy recommendations

The WHO has developed a set of domains along which cities can structure their efforts to become more age-friendly. These domains are:

- Outdoor spaces and built environment
- Transport and mobility
- Housing
- Social participation
- Social inclusion and non-discrimination
- Civic engagement and employment
- Communication and information
- Community support and health services

Most cities have used the WHO domains as a reference scheme to organise their policy interventions in the different areas. In some cases they have grouped them along priority objectives or have integrated them also in light of synergies (Oslo for instance has unified social participation, civic engagement and social inclusion); or added additional ones like Culture and leisure, in the case of Nantes.

Domains such as transport and housing received and continue to receive a lot of attention in city administrations. Traditionally these domains are important parts of the local government agenda. However, in recent years next to general interventions such as those related to extending and improving public transport connections and accessibility or ensuring and diversifying the offer of accessible housing, administrations have also started to recognise and invests in more age-friendly specific aspects and to pay attention to rather soft aspects. These include making bus itineraries and transport personnel more sensitive to older people's needs, or implementing interventions to ensure older people can live independently at home for longer.

More socially oriented domains are a central part of the recent policies in the stakeholder cities. As already highlighted in chapter 3, social inclusion and social connections are key elements in people's lives in general and proper care in this field can prevent the need for care at later stages of life, because people stay more active and healthy. The stakeholder cities realise this and pay increasingly attention to these aspects in their policies. Many cities take care to prevent loneliness and organise a wide range of activities for senior citizens to participate in.

Out of the WHO domains, areas which are less prioritised in the cities are employment, and information and communication, although the last one is starting to receive more attention and is recognised as crucial for the future.

For each stakeholder city, the degree of prioritisation of the different policy domains was assessed. Based on the policy review and interviews with policy makers in the stakeholder cities the domains are ranked on a scale from 1 to 5, with 1 being low priority and 5 being high priority (table 4.1). It should be noted however that often the areas which are listed as *priority*

are not necessarily those where more has been done, but on the contrary, are the ones on which the administration is now focusing its efforts or is planning to invest. When a domain is low on the priority scale, this does not mean that the city is performing badly in this field. It could well be that the city does not face challenging issues in this field, and therefore there is no need to prioritise the domain.

The importance of the table lies in the fact that it enables peer learning between cities. Policy makers can find out which cities exhibit most similar policy priorities compared to their own city, and which cities are thus the most interesting to learn from.

**Table 4.1: Policy priorities per WHO policy domain in each stakeholder city**

	Amsterdam	Barcelona	Gothenburg	Greater Greater Manchester	Hengelo	Nantes	Oslo	Zaragoza	Average
1. Outdoor spaces and built environment	4	4	4	4	2	3	5	3	3,6
2. Transport and mobility	3	4	5	4	3	4	5	3	3,9
3. Housing	4	5	5	5	4	5	3	4	4,4
4. Social participation	3	4	5	4	5	5	5	4	4,4
5. Respect and social inclusion	3	4	5	5	3	4	5	4	4,1
6. Civic participation and employment	2	3	3	5	4	4	5	2	3,5
7. Communication and information	2	3	3	4	2	5	5	2	3,2
8. Community and health services	5	5	2	5	4	5	3	5	4,1

It was already pointed out that the cities focus at the domains not as individual fields, but rather as an integrated whole. Policies usually cover multiple domains. Examples mentioned under one domain could therefore also be valid for other domains. Particular links of note are between domains 1 – 3 and domains 4 – 6. In addition it is important to note that a priority area is not necessarily one where most policies and initiatives are already in place, but it could easily be domains where more has to be done in the current programming period.

Based on a comparative analysis of the case studies, we provide below for each domain:

- Insights on the main policy priorities and trends that the stakeholder cities have and are experiencing
- Some specific perspectives from the senior people who have taken part in the focus groups that we have organised in each city<sup>5</sup>
- Lessons learned and references to the best practices we have identified for each domain, which are fully documented in the policy handbook
- The main policy recommendations.

#### **4.2.1 Outdoor spaces and built environment**

##### **Main trends and priorities**

Urban spaces and neighbourhoods must be accessible for ageing inhabitants to facilitate physical activity as well as social engagement. All of the stakeholder cities work towards improving their outdoor spaces so they are accessible for all age groups. For the stakeholder cities, the main point of attention in this domain is the extension of green areas, which are particularly appreciated by senior citizens for instance in Oslo and Nantes. Another important aspect is the accessibility of public spaces for people that are less mobile. Compared to the other domains, outdoor spaces and the built environment have a low priority on the age-friendly policy agenda.

##### **Perspectives of seniors**

Most of the senior respondents have highlighted the importance of accessibility, for example with regards to benches and public toilets across the city. Security and security perception continue to represent an inhibitory factor for many seniors, especially at night or when it is dark.

##### **Interventions and good practices from the stakeholder cities**

One of the fields where municipalities have a particularly large role with regards to age-friendly practices is the domain of outdoor spaces and the built environment. In general, accessibility

---

<sup>5</sup> The outcomes of the focus groups per city are presented in Annex 2.

of public space is considered important in helping older people stay at home for a longer period of time because they can move around more easily. Also, well maintained and designed outdoor spaces make it easier for people of all ages to meet outside their homes. From the targeted analysis, good practices on outdoor spaces and the built environment focus mainly on creating green places where people of all ages can move around and spend time.

In Amsterdam for example, age-friendly routes have been developed. Along these routes, care is taken to provide additional resting spots, such as benches, and facilities such as bathrooms along the way. These routes guide older people past bus stops and public meeting spaces. This stimulates them to stop and have chats with their peers. In each neighbourhood, older people have scouted the area to detect necessary adaptations. Along the route, physical adaptations have been made, including the placement of benches, the creation of broad pavements that are free of obstacles, as well as livening up the area with a petanque court, a chess table and an artwork.

The city of Oslo has a broad range of measures that can be seen as 'Green city initiatives'. These initiatives focus on age-friendly practices that stimulate intergenerational exchange. Examples include communal vegetable boxes, chess sets in sunny parks, trekking routes and shorter walks. Opening up parks may be done simply by placing benches at shorter intervals, generating increased opportunities for inter-generational contact.

### **Main policy recommendations**

- The design of outdoor spaces and the built environment should take older people's needs into account, in particular in relation to the availability of resting places such as benches, and with regard to safety and security.
- Checklists and clearly defined design standards can help ensure that the city's public spaces are planned in an integrated and consistent manner.

## **4.2.2 Transport and mobility**

### **Main trends and priorities**

Mobility is one of the most crucial domains and often a pre-condition for success in other areas, as participation to leisure activities, civic engagement and social inclusion are very much affected by the ability of people to move in safety and efficiently. In Gothenburg, a holistic approach based on accessibility (of outdoor spaces, transportation and housing) has been adopted. One of the issues in this domain remains accessibility to public transport and road safety for pedestrians. To enable older people to move freely in the city, most stakeholder cities have a discount system for public transport, with which seniors can travel in public transport for a reduced fee. Compared to the other domains, transport and mobility has a moderate priority on the age-friendly policy agenda.

## **Perspectives of seniors**

Some of the older citizens feel that municipalities rely too much on self reliance of older people with regards to transport. In cities where fee-reduction based on age and income are not available, public transport is also perceived as being too expensive. In addition, a challenge which many respondents have highlighted is the issue to reach the nearest bus or tram stops for those people who have mobility problems. Oslo has tried to tackle this issue by the provision of door to door services as well as training of bus drivers, who are sensitive toward the needs of old passengers.

## **Interventions and good practices from the stakeholder cities**

Accessibility and range of public transport options is often mentioned as key for the quality of life of senior citizens. With solutions that can bring people from A to B without long walking distances, and for a reasonable price, older people can join social activities more easily. In Gothenburg and Oslo, two similar initiatives for flexible transport solutions are up and running. The goal of these initiatives is twofold: to make it easier for older people to move around the city and to stimulate social interaction among older people.

Flexlinjen (Flex line) is a form of age-friendly public transport consisting of minibuses that operate on 29 different flex lines and covers all districts in Gothenburg. One of the key rationales behind Flexlinjen was to develop a new form of public transportation that is so accessible that it can also be used by people who have difficulties using ordinary public transportation. The minibuses are accessible, and suitable for bringing along pets, luggage or strollers, and the travellers are guaranteed a place to sit in the buses, which is possible due to mandatory registration. Flexlinjen also serves a social function, as many travellers have expressed that they enjoy the social aspect of travelling together. The buses operate within a set area, and there are many stopping points. The bus only stops where someone has booked to board and alight. Passengers can receive assistance boarding and alighting from the bus if required.

The Rosa Busser in Oslo are a similar example, inspired by Gothenburg's Flexlinjen. It is a door-to-door service available to people over the age of 67, with a driver who is trained in assisting older people with cognitive or mobility challenges. Age-friendly transport was developed as a response to the need for a flexible transportation system. It helps achieve the vision of allowing people to live independent, safe and active lives. Being independent has a great impact on public health as it prevents loneliness and isolation and contributes towards a social interaction, a sense of achievement and a newfound zest for life. It has the potential to contribute towards generating socio-economic value as it is a cheaper and more climate-friendly than other forms of transport offered to older people.

Flexlinjen is covering all of Gothenburg and has more experience than Rosa Busser. Taking into account that this is how Flexlinjen also started – with only one district and then it expanded geographically over the city – it shows the transferability of the concepts to other cities.

## **Main policy recommendations**

- Public transportation should be easily accessible and safety of bus stops and bus/terms should be improved. It is positive if transport solutions also serve a social function besides simply being a means of transportation (such as Flexlinjen and Rosa busser).
- It is recommended that cities provide tailored transport solutions so that seniors can reach destinations that are out of the reach of normal bus, metro and train lines.
- Conditional to the financial scope that cities have, it is worth investigating the possibilities to offer reduced public transport fares for older people.

### **4.2.3 Housing**

#### **Main trends and priorities**

Proper housing facilities for an ageing population is considered one of the biggest priorities in the stakeholder cities. Each city has specific regulations for housing for older people in which accessibility is taken into account. Different solutions are needed for the increasingly heterogeneous group that makes up older citizens. There are large differences in the level of assistance that people need, but also in the wishes with regards to privacy and neighbourhood involvement. In Oslo and Nantes the city has primarily invested in transforming the accommodations of seniors to make them more age friendly and therefore allow the tenants to live independently for a longer period of time. This requires making practical adaptations to toilets, light systems and accessibility, as well as developing extra services close to neighbourhoods with many older residents. The challenge is also to ensure proper accommodation or adaptive measures are provided at accessible costs, and that they are of good quality and comfort, especially when it comes to social housing. In Hengelo, preventive measures are stimulated among house owners through a subsidy system for improvements in the accessibility of older people's houses. With relatively small investments, the municipality manages to raise awareness about issues that might come up in the future and about measures that can be taken to prevent the development of these issues. In Amsterdam, the rise in prices and scarcity of accommodation has become particularly problematic. Still, the city has invested extensively in providing seniors with tailored assistance and advice in assessing their needs and helping find the most suitable accommodation based on a variety of factors, such as budget and health conditions.

#### **Perspectives of seniors**

In many cities it is challenging for older people to find housing that is more suitable to their needs. In some cases, housing is expensive, so moving from a large apartment to a smaller apartment that is more suited to the needs of seniors is potentially quite expensive. In some cities, the participants feel that there are insufficient publicly provided means to guarantee people's wellbeing at home, and so once they are highly dependent, a retirement home is

probably the best option. However, there is a lack of affordable places in retirement homes and there are long waiting lists to access the places that exist. The company of other residents and the healthcare provided is appreciated. However, most people want to stay in their homes.

### **Interventions and good practices from the stakeholder cities**

Housing measures in the stakeholder cities mainly aim at prevention. By making small changes in older people's houses, those with decreasing physical strength can move around the house more freely and accidents can be prevented. A large part of the housing measures focus on awareness raising among younger seniors. It is often simpler to implement the small changes before they are actually needed.

In Gothenburg, safety homes (*Trygghetsboende*) provide a new way to live where safety and community are key elements. The safety homes are targeted at people aged 70 and over. This type of housing has been developed with consideration to the ambition that people typically want to avoid moving from their homes as they age, and it is based on the idea that certain small adjustments in the dwelling can make them safer and more comfortable. These include making the apartments fully accessible, installing a peephole in the door and an oven alarm, as well as extra handles in the bathroom. Not only apartments should have good physical accessibility, but the building entrance and exterior should also be accessible. There should also be an elevator with a possibility to sit as well as a safety alarm in the buildings. Another central principle is that there should be a common space adjoined to the safety homes, where residents can meet a safety host and participate in activities with other residents. The idea is that residents themselves take the main initiative in organising the activities, that should all be free of charge.

A successful initiative in Hengelo is the 'Lang zult u wonen' (Long shall you live) campaign, aimed at improving comfort and safety in peoples' homes. The goal of the initiative is to stimulate people to make improvements in their homes *before* these improvements are necessary. By anticipating the decrease in mobility before this is necessary, accidents can be prevented and housing can become safer at the right time. In addition, it is often cheaper to make adjustments in a timely manner than when these adjustments have to be made *ad-hoc*. The initiative provides both tips for small adjustments that can be made in the house (for example the removal of door thresholds, to make moving around the house with walking aids easier). Next to these practical tips, since 2013 the municipality also provides a subsidy of € 1000 per home for age-friendly measures. As prerequisite for receiving the subsidy a 'house scan' is performed. In this house scan, professional advice is given on personal housing situations. Due to this advice, subsidiaries often take more measures than originally planned. This reduces risk in the long term.

The house scan in Hengelo is similar to the housing coaches in Amsterdam. The housing coaches are volunteers who pay home visits to older people and discuss their housing situation,

with the intention of making them aware of the importance of early anticipation on moving. Together with the housing coach, the older people get assistance in finding a new suitable home and the actual process of moving.

In Zaragoza the *Prevención de Riesgos en el Hogar* (Risk Prevention at home) initiative aims at housing the older inhabitants of Zaragoza and giving them the chance to remain in their neighbourhood. This initiative reaches about 600 people, who receive information about what to do to improve their security at home. They receive a total of 8 files (one per month) that are each about room in their house. Each file has a check-list of 10 items to improve. If they check the whole list they improve their security at home. A visit to the Fire Museum of Zaragoza and a talk about security at home fits into the schedule.

### **Main policy recommendations**

- Relatively small physical adjustments can help make dwellings more age-friendly and contribute to improved feelings of safety while allowing seniors to live independently for longer. It is recommended to provide older people subsidies for such adjustments.
- Employing housing coaches addresses the housing challenge in a different way by offering seniors help in finding housing that better suits the needs of the seniors.

## **4.2.4 Social participation**

### **Main trends and priorities**

Social participation is one of the main domains in the healthy ageing debate in the stakeholder cities. Overall, great emphasis is placed on the need to make cities as welcoming as possible for all citizens, stimulate intergenerational dialogue and a feeling of ownership. This takes shape in two general directions: the organisation of leisure and free time activities for older people, including cultural trips, and the facilitation of activities where seniors can integrate in the community, such as voluntary work or intergenerational activities. Several initiatives have been implemented to stimulate an active and healthy lifestyle, through the provision of convivial spaces, recreational activities at city and district level. Compared to the other domains, social participation has a high priority on the age-friendly policy agenda.

### **Perspectives of seniors**

Social participation is seen by senior citizens as an important issue. The main challenge here is the involvement of migrant communities as well as those isolated individuals or even communities which are not reached by the city and its partners; those who are often not aware of the opportunities that are available or that would need to be mobilised, reassured and receive *ad hoc* support. There are examples of initiatives where these issues are addressed, however

a lack of resources and capacity as well as limited public awareness still represent obstacles for several cities in that respect. Intergenerational activities were highlighted by some as essential for an age-friendly city.

### **Interventions and good practices from the stakeholder cities**

Social participation is a very diverse topic with a distinct variety of possible measures. In fact, almost all of the initiatives that are listed in the policy handbook of this study involve a component of social participation. There are two main angles with which to approach this domain. One is the active participation of older people in the signalling of challenges and the development of policies and policy initiatives. The other is the participation of people in the city in initiatives that combat loneliness and exclusion. It has to be mentioned that there is significant overlap between the domain of social participation and the domain of social inclusion and non-discrimination. Some of the initiatives listed here could just as easily have been grouped under social inclusion and vice versa. This shows that the initiatives here have a broad contribution to multiple challenges.

### **Participation in policy design**

The Nordic countries are quite advanced in involving citizens in the policy design process. This is done for example through the app Anmäl hinder (report obstacles). The app allows the user to report places where there would be a need to improve accessibility. The user can take a picture of the place and describe and categorize the obstacle while including a geotag of its location. The user can also voluntarily leave their contact information when reporting. The app uses an open source code, so it could also be used elsewhere.

Another example of a project that helps local authorities to identify points for improvement is the Life Filming project. It is both a way to introduce modern technology to seniors and at the same time allowing them to share their experiences, needs, memories and knowledge. The method focuses on content and form, using images and videos as a point of departure. Employing this method, seniors have used tablets to make their own films, for instance about what is good in their local area and what kind of improvements are needed. The purpose has been to increase participation and gain a better understanding of how older people see and experience the urban environment while also introducing new technology to seniors.

One of the most important measures taken in Oslo is the decision to develop the action plan for an age-friendly city based on input from various methods involving older people. This includes public meetings ('Medvirkningskonferanse'); inspection rounds with older people to help visualise and demonstrate the good and bad aspects of being older in certain parts of the city (so-called 'Seniortr kk') and involving older people in focus groups and targeted conversations to uncover underlying issues. User involvement has also been important in anchoring age-friendly perspectives in departments such as the Planning and Building Services

and the Urban Environment Agency of Oslo. In these cases, older people have been involved through e.g. the ‘Seniortråkk’ (inspection) where the topics of benches, lights and public toilets were on the agenda, to ensure easily accessible green spaces and social infrastructures in their city districts, as well as ease of access and safety when using the nature reserves surrounding Oslo, namely Marka. Older people were also trained in using iPads, and being inspired by initiatives in Gothenburg, older people filmed their day. This helped uncover both the excellent and worse parts of being an older person in a city.

### **Combating loneliness**

Amsterdam has nominated loneliness as one of the four main action points in its current Age Friendly City policy. The Aanpak Eenzaamheid (Combating Loneliness) programme consists of three distinct elements:

- Learning approach: development of knowledge about proven interventions to counteract loneliness. Execution of experiments by universities and knowledge institutions, together with trainings for healthcare professionals and social workers;
- Amsterdams Netwerk Eenzaamheid (Amsterdam Loneliness Network): consisting of over 600 stakeholders, such as the municipality, healthcare providers, knowledge institutions, interest groups and foundations. Together they form a so-called learning network that organises a) physical connections by means of conferences in the city’s conference centre Pakhuis De Zwijger and b) digital connections by means of an online toolkit with best practices and proven interventions for the prevention of loneliness. Furthermore, the network aims to foster further knowledge development by facilitating experiments and exchange of knowledge. Within the learning network, multiple successful products have been developed that together form a toolkit.
- Municipality as stakeholder: the municipality aims to function as a catalyst by providing basic services (such as meeting spaces in all neighbourhoods) that can generate multiplier effects, as well as bringing together and matching all involved stakeholders.

A more hands on initiative is implemented in Barcelona. The Vincles (Bonds) initiative is a “service designed to combat loneliness by reinforcing the social relationships of senior citizens who feel lonely, using new technologies to improve their well-being”. With the help of an user-friendly app, it aims to enable older people to communicate and interact with their family and friends, as well as with other senior citizens belonging to the Vincles network through video calls and text, video or voice messages. Through this app, users can stay in touch with their loved ones, and meet new people with shared interests.

Barcelona does not stop with the Vincles initiative, but also tries to stimulate intergenerational support through the ‘Viure i Conviure’ (Live and Live Together) initiative. This is an intergenerational initiative where an older person hosts a student at home during the academic year. This combats loneliness among older people and offers free housing for young students, while promoting solidarity.

In Zaragoza there is a lunch counter (“*el servicio de comedor*”) available at seven Social Gathering Centres for old people. These lunchcounters aim to foster better relationships between the people attending, in order to boost social networks and combat loneliness.

### **Main policy recommendations**

- Local associations and locally well known seniors can be the most effective ambassadors to mobilise individuals at the local level.
- The domain of social participation lends itself well to combination of goals. For instance, tackling social exclusion while also building some skills or facilitating intergenerational contacts.

## **4.2.5 Social inclusion and non-discrimination**

### **Main trends and priorities**

All cities have prioritised social inclusion and non-discrimination in their policies. This mostly applies not just to older people, but to all of the inhabitants of the city. Compared to the other domains, social inclusion and non-discrimination has a moderate priority on the age-friendly policy agenda.

### **Perspectives of seniors**

Social inclusion and non-discrimination is a topic for older people from two perspectives: the first being risk of exclusion due to losing mobility at an older age, and the second being misunderstood by service providers. Loneliness is an increasingly important topic for people of different generations within the cities, but this is especially the case for older people that are less mobile, because they are unable to go outside independently. There are many initiatives to help older citizens with loneliness, however the focus group outcomes clearly emphasise that transport options are essential. For migrant seniors in particular, there is a need for social meeting places where cultural activities can be enjoyed. Often, migrant seniors feel misunderstood and have a need for events that link more to the cultures of their native countries.

### **Interventions and good practices from the stakeholder cities**

Social inclusion is one of the main priorities in the stakeholder cities and most of the good practices have a link with this domain. A variety of different types of initiatives can be recognised here, with focus on intergenerational integration, migrant groups and cultural activities or events.

## **Intergenerational activities**

Amsterdam vertelt (Amsterdam narrates) started as part of the bigger programme Lang Leve Kunst (Long Live Art - 2013-2016) by the Dutch cities Amsterdam, The Hague, Eindhoven, Leeuwarden and Maastricht. with the goal of increasing and diversifying the supply of cultural activities for older people, as well as increasing intergenerational contacts. In Amsterdam this was implemented as Amsterdam narrates, which evolved into a stand alone project in 2016. Amsterdam narrates has two pillars: photography and literature. In both pillars, older people become familiar with the opportunities of the respective activity. They do this together with younger people, in pairs.

Zaragoza has two intergenerational programmes to create interaction between different generations. Habil.e.dades is a program where volunteers of the Social Gathering Centres for old people also share time with a group of students, that have a mental disability, from a gardening school. This program is both beneficial for students as for the volunteers. Canas y Canicas (grey hairs and marbles) is another intergenerational program. In this program volunteers share study and play time with children who don't have a large family in the city, like migrants.

## **Migrant groups**

In Hengelo, weekly meeting groups for immigrant seniors are organised under the name 'AVEM-groups' (Allochtone Vrouwen en Mannen; Immigrant Women and Men). The AVEM-groups have an important underlying objective: prevention of unnecessary use of the formal healthcare system. In the Netherlands, older people can ask the municipality to arrange care, like daytime activities, support with doing groceries or help with cooking. While this is a great system, for some people it is tempting to apply for these services while they are not yet fully necessary. The AVEM-groups help the older people to stay active. At the same time they provide social workers with deeper insights in the personal needs of the target group and of individual participants. This helps in the assessment of requests that the municipality receives for additional care. Through this programme, unnecessary care is prevented, with estimated healthcare cost savings of € 170.000 per year.

## **Cultural activities & Events**

Nantes has extensively invested in diversifying its cultural offer and bringing it close to its citizens, primarily because it is seen as a powerful tool to promote integration and social inclusion. The Carte Blanche (White card) has been a useful means to facilitate access to culture by offering more affordable prices but also an array of subsidiary services which have helped in attracting new users to cultural and sport events. It provides access to discounts in more than 60 cultural venues and sports facilities: amongst others theatres, cinemas and

exhibitions. It was first launched in 2012, and while it is not specially dedicated to the senior citizens, it has been widely used by them.

Similarly, Oslo municipality has had a close collaboration with the Norwegian Opera and Ballet, the Oslo Philharmonic Orchestra, Oslo museums and additionally appointed cultural ambassadors to help advocate for participation. There has also been a collaboration with some of the city's cinemas, the Culture and Literature Houses, and there has been collaborations with Oslo Metropolitan University on debate series targeting older people. The UN's International Day of Older Persons on the 1<sup>st</sup> of October is celebrated as the final day of the 'Senior Week' (*Senior i Sentrum-uken*), which has been coordinated by Oslo municipality's Department of Older People, Health and Employment and has been organised since 2013. In addition to these centrally coordinated activities, there are several inclusive initiatives in the city districts through the Senior Houses, but also ensuring benches around a football field is a way to encourage intergenerational meeting. Additionally, creating 'arenas with an agenda and a social dimension' is a way for people to meet whilst going somewhere for a specific purpose, whether it is a space for renting tools, working in a communal garden, or handing in old clothes.

In Zaragoza, the Social Gathering Centres for older people or *Centros de Convivencia* are a community space available for older people to socialise and participate in a wide range of activities, such as conferences, workshops, trainings, day trips, etc. The Centres also provide older people with access to information and other services that are relevant to them, such as legal counselling. There are 31 Centres spread across the city and organised as a network, which means members are allowed to access activities from any of the Centres in the city. The Centres are seen as a means to an end as they seek to increase the wellbeing of older people by facilitating social interaction and promoting the active engagement in a wide range of activities. The Centres help older people continue to be physically and mentally active as well as to build social support networks which also helps avoid undesired loneliness.

### **Main policy recommendations**

- Activities that promote social participation and inclusion often rely on the active engagement of volunteers.
- It is also important to have a facilitator who is in charge of coordinating and managing the activities, and for ensuring that the activities are inclusive, respectful and engaging for all.
- Some initiatives also rely on collaboration with cultural institutions, which means it is important to have well-established ties to these institutions.
- Many seniors experience barriers to cultural participation, and one way of lowering the threshold to participate is by making it free or affordable to take part, in order to ensure that high costs are not the reason for people not to participate.

## **4.2.6 Civic engagement and employment**

### **Main trends and priorities**

As seen above, the overarching ambition that most cities pursue is to ensure that older people are empowered to play their role as citizens, which is directly connected with the promotion of civic engagement. In most cities, however, civic engagement was very much aligned with social integration and non-discrimination: these domains were often addressed as part of a holistic approach. The involvement of seniors in the design of initiatives which are relevant to them as well as in contributing to define actual policies varies across the cities and could be improved. Again, the main challenge is to mobilise the least engaged and active people. The field of employment has received little attention in the stakeholder cities. Rather, initiatives have tried to promote voluntary engagement by seniors, again as a way to ensure their social integration and prevent isolation. Compared to the other domains, civic engagement and employment has a moderate priority on the age-friendly policy agenda.

### **Perspectives of seniors**

Civic engagement and employment was not mentioned during the focus groups and does not seem to be an item on the minds of the consulted older citizens.

### **Interventions and good practices from the stakeholder cities**

Civic engagement and employment is a topic which is low on the priority list of the stakeholder cities. One good practice was identified in Greater Manchester in this field. Working Well began in March 2014 as a pilot programme which provided support to 5,000 benefit claimants (of all ages) who had completed the government's Work Programme but not found work. The aim of the pilot was to improve the work readiness of all clients base, and achieve job start outcomes for 20%, with 75% of those starting work sustaining employment for at least one year.

At the heart of the Working Well pilot programmes is the notion of providing intensive, personalised support, fully integrated into Greater Manchester's public services. In April 2016 the pilot programme grew, expanding its offer support to a further 20,000 people across a more varied client group. The 2014 Devolution Agreement gave Greater Manchester the responsibility to co-design (with the government's Department for Work and Pensions) and commission a devolved equivalent to the new national Work and Health programme. Greater Manchester's Working Well: Work and Health Programme started in early 2018 and will run until 2024, supporting a further 23,000 people.

## **Main policy recommendations**

- Encourage active involvement of senior citizens in policy design.
- Welcome people of all ages to actively participate in society through awareness raising and confidence building campaigns.

### **4.2.7 Communication and information**

#### **Main trends and priorities**

The domain of communication and information relates to two main challenges. The first one relates to the need to effectively raise awareness on policies, initiatives and opportunities among older people. Senior citizens are often unfamiliar with the offer of services and activities by the city. Thinking creatively about what tools are more effective to reach out to this audience is paramount. The television is still a main source of information for many seniors. It is also possible to provide information points and paper brochures. These measures however, are unlikely to reach the most isolated individuals. In order to reach out the most isolated individuals it is however also necessary to mobilise resources at the district level; have ambassadors which facilitate access to the information at the neighbourhood if not at domicile level.

The other issue is represented by the increasing digitalisation of society. A group of seniors has difficulties to keep up digital competences or is unwilling to learn these skills. This leads to a phenomenon called digital exclusion, where these unable to make use of digital information sources are less informed than others, and as a result less involved in social activities and events. To tackle this, digital involvement should be stimulated through trainings, but alternative methods also need to be kept in place.

While the cities recognise the need for available information and communication services, this is not regarded as a big priority. Compared to the other domains, communication and information have a low priority on the age-friendly policy agenda.

#### **Perspectives of seniors**

Awareness of the cities' policies is a challenge in all the stakeholder cities. Older people indicate that, while there is a group of citizens that are highly involved in the policy cycle and are thus very aware of what is organised, the majority of seniors is unaware of many of the activities in the city. Communication and awareness raising is thus essential to reach wider audiences.

Digitalisation is seen as a source of unease for many of the consulted older people. Without good supply of training facilities to use computers, tablets or smartphones, older people will not be able to participate as well as younger generations. For older people with limited means, the affordability of digital devices poses an additional challenge. Digitalisation should get more attention of policymakers to prevent growing intergenerational inequalities.

## **Interventions and good practices from the stakeholder cities**

Communication and information is recognised by the cities as an important domain, and a lot of communication tools are being used, both digitally and offline. Most cities also have a central information point where citizens can ask questions. Still, these methods do not reach all of the members of the target group. There are few striking good practices in this domain. One example that is considered a good practice is CLIC (Centre Locale d'Information et de Coordination), the local information and coordination center in Nantes.

For fifteen years, the City of Nantes has set up a single point of contact for people aged over 60 and their families. This desk has the role to inform, listen and support to find solutions tailored to the needs of everyone: home helpers, institutional accommodation, meal delivery, remote assistance, etc. Today, Clic brings together all the professionals involved in the assessment of home needs.

### **Main policy recommendations**

- Cities should put emphasis on spreading information about what type of transportation solutions, housing alternatives and cultural and leisure activities are available for seniors.
- It is important that information is not only provided digitally, as traditional sources of information, such as printed materials and telephone are still the preferred choice for many seniors.

## **4.2.8 Community support and health service**

### **Main trends and priorities**

Health is surprisingly a domain on which cities have placed relatively little emphasis; probably because it is also the least 'new' when it comes to ageing. Cities such as Nantes struggle with envisioning possible solutions to face the future capacity and space constraints in hospitalised facilities, once the number of old people in need of medical assistance will increase even further. In Amsterdam the high costs and the tight healthcare labour market are a concern. In these two cities some of the solutions proposed have included home delivered medical assistance, housing options tailored to the level of autonomy or - more indirectly - policies to ensure seniors remain healthier for longer (as in the two Nordic cases) by encouraging an healthy and active lifestyle. More could also be done to build on existing formal and informal community support systems which for instance in Zaragoza mitigate the lack of capacity and constraints of institutional responses. In Hengelo social support is seen as a core pillar of health policies, and collaboration between the neighbouring municipalities is used as method to keep the costs of healthcare low and the quality high.

## **Perspectives of seniors**

In most of the stakeholder cities, older people are concerned about the amount of available beds in healthcare institutions and also the quality of care that is provided in those institutions. For migrant groups, formal care is often seen as not fitting the cultural needs of these individuals. There are sometimes language barriers, and people prefer to rely on the help of family and friends. The increase of the number of older people in need of care is seen as a concern.

## **Interventions and good practices from the stakeholder cities**

Community support and health services have traditionally been prioritised by municipalities. Therefore, a lot is going on in this field. Main items are to enable informal care providers to help senior citizens, and to stimulate older people to stay more active and healthy. Both topics are strongly linked with social welfare, as they allow older people to stay mobile and keep in touch with their old contacts.

The Maison des Aidants (House for Helpers) responds to the need to provide support to the Aidants (or the helpers) of people who suffer from neurodegenerative illnesses. While the attention is usually focused on the patient, the needs, difficulties and fragilities of these people are often overlooked, first and foremost by themselves. This initiative provides a space that offers moral support to these individuals, through the provision of expert medical advice (mostly psychological) and care, but also through the offer of leisure activities to leave the routine or strengthen ties with the old person they support. It therefore combines a focus on individual and convivial needs. It also offers the helper the opportunity to take time off and take care of the helped as well as provide training and education activities to assist them in their role. In the near future, they would like to develop domicile services, and for instance allow psychologists to visit the families at home. Most of the new users are referred by their doctors or pharmacists, or by word of mouth, although the initiative is widely promoted by the city as well.

Radars in Barcelona is a project of community action to detect and prevent risk situations for older people and lessen the negative effects of unwanted loneliness and isolation. It is a prevention and care network in which volunteers, organisations, commercial establishments and public authorities take part. The aim is to help senior citizens who live alone or with other older people to remain in their own homes and feel accompanied, with the help of people around them.

Neighbours and people working in proximity shops and pharmacies are the main actors checking on older people (e.g. their health, appearance, or behaviour). In case of anomaly or incident, they inform the relevant social services. Some volunteers periodically call older citizens to establish a relationship of trust and decrease the feeling of loneliness.

## Sport

Fall prevention is one of the four pillars of Amsterdam's Age-friendly City plan. Falling is specially problematic among older migrants. Surinamese, Turkish and Moroccan older people are respectively 4,7; 5,3 and 5,5 times more likely to fall than their Dutch counterparts. The cognitive behavioural group intervention Zicht in evenwicht ('A matter of balance') has proven effective for Dutch seniors, but hard to reach older migrants with. Therefore, a culturally sensitive version was developed in Amsterdam: Zicht in evenwicht voor oudere migranten ('A matter of balance for older migrants'). A matter of balance focuses on the development of cognitive skills to stimulate feelings of competence and control. Participants learn to interpret their fear of falling and problematic situations in a realistic manner and to cope with it during everyday activities.

In Wigan (one of Greater Manchester's ten local authorities), there is a pathway that has been developed by the Public Health team within the local authority in association with their sport and leisure services. The pathway includes a six-week supported home exercise programme, followed by ten-week group-based 'skilling up' sessions, a 15-week evidence-based strength and balance exercise programme and long-term maintenance sessions, all of which are supported by a home exercise booklet to encourage participants to practice techniques that they have learned throughout the programme in their own time.

At the Social Gathering Centres for old people in Zaragoza people can choose to attend courses about Health and Quality of life. There are 263 courses to pick and there are currently 6,242 people attending these courses. There are also about 20 hiking groups of old people who gather regularly for hiking activities. This year the municipality of Zaragoza is also promoting the initiative "frágiles", included at the Healthy Project and designed by the investigation group GENUD (Growth, exercise, nutrition and development) of the University of Zaragoza.

### Main policy recommendations

- In order to alleviate pressure from health facilities and hospitals as well as to restrict costs, cities should invest more in decentralised and domicile care provision by facilitating the formation of informal support networks around older people.
- Also, more emphasis on prevention and awareness raising are necessary among younger generations.

### 4.3 Commonalities and differences

Looking back at the analysis above, it is possible to outline commonalities and differences between the stakeholder city approaches. The approaches exhibit some differences, but more commonalities are visible.

The **differences** in the approaches relate to the subsidiarity (governance level), definitions and policy demarcations. First, there are differences visible in the level at which governance takes

place. In some cities (e.g. in Greater Manchester and Oslo) the districts have the autonomy to develop their own additional initiatives, and in some cities, the regional governance level is used relatively more than in other cities. Second, the age thresholds for target group demarcation differ per city (50+, 60+, 65+ or 67+ years). Also the policy choices related to target groups (general policy or differentiated by sub group) and geographical coverage (city wide or targeted at specific neighbourhoods) do differ per city.

Still, more **commonalities** are visible. All eight stakeholder cities experience big increases in the number of older people that are very locally concentrated. These ask for place-specific policy. Most policies aim to make older people more active and independent – often focusing on relatively vital seniors. The most popular themes in most approaches are social participation, inclusion and community support – though the cities themselves also deem housing as priority.

The actual design and implementation of many activities is also similar across the stakeholder cities. For example, cultural activities for older people are often in neighbourhood centres or in other public places. With respect to transport, tailored solutions prevail that can bring older people to locations where public transport is not available. With housing, the goal is often to let older people live longer independently, by providing adapted housing for living independently or funding where older people can apply for a subsidy to make adaptations to their own homes.

Yet, it is also notable that none of the cities has a clear long-term strategy, nor do the cities systematically monitor and evaluate their progress in making their city more age-friendly.

## 5 Conclusions and recommendations

The ESPON ACPA research has delved into current policies on age-friendly cities and explored the developments in eight stakeholder cities. The results of the study help the stakeholder cities and other European urban authorities to take their age-friendly policies to the next level. Not just with the development of age-friendly policies, but also with the implementation of initiatives. In the conclusions below, urban authorities can find the main results of the ACPA Targeted Analysis. They include useful prompts for authorities to take action and also discuss ways in which the actions can be successfully implemented with support of the local governance systems.

The outcomes of the data analysis, literature review and case studies provide us with a broad basis to develop overarching conclusions. The study points to a set of reflections and crosscutting lessons, that are described below. These lessons lead to a set of policy recommendations. During the study several fields of interest were identified that provide starting points for new research. These suggestions are provided in paragraph 5.3.

### 5.1 Conclusions

#### **Ageing in cities differs from other geographical contexts**

It has become clear that in cities, the process of population ageing occurs in a different context, which has partly different consequences in cities compared to more rural areas. Some characteristics of population ageing are similar across geographical contexts – such as rising healthcare costs. Nonetheless, there are also several examples of issues that are unique to cities.

For a great deal, this is related to urban planning. Cities have always been environments of high density, with scarcity of space. Across many policy domains, interviewees have noted that in their city, there is an ongoing ‘battle for space’. The stakeholders with the highest bargaining power often succeed to claim most space within cities – and unfortunately, older people and the stakeholders protecting their interests tend to lose out in this power game. It was also found that the high – and increasing – land rents in the stakeholder cities make it hard to retain certain common services for older people within the city. In such cases, these services are outbid by private parties or more capital intensive sectors that are able to pay higher land rents for urban space. Joining forces by various stakeholders and better coordination hereof could increase their bargaining power and help in retaining amenities for older people.

Second, cities are a significantly busier environment than non-urban areas. The heavy traffic in cities has been mentioned by many older people and other stakeholders as a drawback to living in the city. It can cause anxiety and therefore act as a barrier to older people’s mobility. It is therefore paramount to ensure that not only the physical accessibility, but also the perceived accessibility and safety within cities is enabling older people to remain active.

Lastly, there is a relevant demographic element that distinguishes cities from other places: their diversity. Cities house an abundance of different population groups. Also among older people, many different subgroups can be identified, based on household status, race, ethnicity, disability and similar characteristics. The variation herein is much larger in cities, which means that in cities, the demands and needs expressed by older people also vary considerably. This makes it more difficult for public authorities to effectively address all older people's needs in cities compared to other places. It requires cities to frequently investigate the demands of their older population.

### **Age-friendly policies are often cross-sectoral and integrated**

Overall, the study portrays that cities do not necessarily view the different WHO domains as individual fields, but rather as an integrated whole. Policy initiatives generally cover multiple domains, and age-friendliness is not something that should be pursued from a narrowly defined sector-based approach, but from a more holistic and cross-sectoral perspective. This is the case, as even the good practices that are most clearly connected to a certain domain, often contribute positively to several other domains.

For instance, most of the examples highlighted from the cities have a clear attachment to the overarching themes of active and healthy ageing and counteracting undesired loneliness. Efforts to enhance active and healthy ageing can be considered highly important from the perspective on ensuring that seniors can live meaningful lives and play more roles in society.

During the study it was found that many municipalities still struggle with bringing together expertise from different sectors together, resulting in different sectoral teams working on age-friendliness isolated from each other. Such isolated sectoral approaches can be a barrier to further implementation of age-friendly policies. In successful cities, multidisciplinary teams have set up. Such 'taskforces', consisting of relevant expertise such as urban planning, urban ergonomics, transportation, geriatrics and more, are formed flexibly for each specific challenge – e.g. fall prevention. Therefore, multiple project teams of varying composition can function at the same time, depending on the challenges that have to be tackled in a city.

### **Successful age-friendly policies create synergies across policy domains**

Many of the good practices are not strictly confined to a certain policy domain, rather they simultaneously contribute to enhancing the age-friendliness of the stakeholder cities from a multitude of perspectives. This could be considered advantageous and something that is worth pursuing, as efforts in a certain domain can have positive spill-over effects in other policy areas. As illustrated by the collection of good practices, there are clear synergies that can be found between the different domains, and it could be considered desirable that an initiative can contribute positively to several domains. An inspiring example is Gothenburg's Life Filming,

which combines multiple demands by combining digital skills development with social participation and inclusion in one project.

### **Successful initiatives are usually based on close collaboration across different actors (institutional and non-institutional)**

Most of the initiatives are designed and managed in partnership with several institutional and non-institutional actors, which range from civil society organisations, health, leisure and sport facilities and restaurants. It is crucial for a city to have a solid and extensive network in place: not only to diversify as much as possible their offer (e.g. number and distribution of cinemas, restaurants where old people get a special price) but even to make them possible. Some of these initiative are particularly innovative in light of the unique combination of expertise and angles covered.

### **Active involvement of the beneficiaries during design and implementation makes the difference**

A common element in most of the good practices is that they rely on a central involvement of older people in the planning, design and implementation of the activities and in the follow-up and evaluation of the initiatives. For instance, in Oslo, the involvement of seniors is a central principle in the city's commitment to become more age-friendly. This can be seen as something that can contribute to the long-term sustainability of age-friendly policies, as getting a seniors' perspective on what improvements are needed could be considered fundamentally important for the planning of age-friendly cities. User involvement in developing policies requires good communication and management of expectations and a clear participatory structure to ensure that all voices are heard and properly considered. More generally, stakeholder involvement could be considered important for the success of many of initiatives, but in order for this to be effective, solid leadership and stakeholder management is necessary. Several of the initiatives strongly rely on the engagement of volunteers, and in these cases, it is important to have a leader or facilitator who can act as an intermediary and link between different actors.

In order to reach older people who are less involved, for instance those with an immigrant background, a low socio-economic standing, or seniors from the LGBT community, it may be necessary to design the activities with the intended target group in mind. For example, in the Golden sports initiative in Amsterdam, a way to reach older women with a migrant background was to tailor the activities to the culture and preferences of the target group. Also, an aspect that is highly important when designing activities for seniors is that participation should not be too expensive in order for the activities to be inclusive for all groups.

Lastly, a positive and informal approach towards older people is important: reaching older people becomes more effective when they are not called 'senior' and when it is not emphasised they have a 'problem'.

### **Political commitment and funding are essential for sustainable success**

Ageing policies are designed to have a long-term impact. For ageing policies to be successful and sustainable and for age-friendliness to be truly prioritised, it is fundamentally important to have political will. Several respondents indicated that the initiative they were running was easily replicable in other contexts, on the condition that solid political commitment by the city was in place. In connection to this, it is important that there is sufficient funding allocated for carrying out age-friendly initiatives. For instance, public transportation that is age-friendly and free to use for seniors is something that will likely benefit the city in the long run, as people can live more active and healthier lives into older age. Private companies play a big role here. At the same time, the collection of good practices also shows that measures that are not very costly can also have a positive impact on the quality of life of seniors.

### **The digital transition can bring new opportunities but also increase social exclusion**

As our societies become more digitalised, questions of loneliness and exclusion are increasingly discussed from the perspective of digitalisation. Digitalisation can lead to a digital divide where vulnerable groups may face increasing exclusion. Hence, it is important that information is not only provided digitally, as traditional sources of information, such as printed materials, can still be the preferred choice for many seniors. It is also important that cities offer support for people who are not comfortable using computers and other digital devices. Overall though, digitalisation also brings new opportunities, and technology is something that can support active and healthy ageing and contribute to improving the lives of seniors and other people.

## **5.2 Policy recommendations**

The conclusions of the study led to a set of policy recommendations that address common challenges that were identified during the study. These policy recommendations are both at a strategic and a thematic level and apply for all cities. It should be mentioned that for some cities, certain recommendations are already part of their policy network.

### **Continue to invest in the Age-Friendly City network**

The cities that have been investigated for the ESPON ACPA project and that are part of the Age-Friendly City network are highly positive about the concept. They consider it as a crucial means to structure their policy programme and to apply focus to the most important and demanding topics within the phenomenon of population ageing.

For example, the city of Zaragoza, first had the intention to implement 25 measures after consultation of older people. After streamlining the approach with the Age-Friendly City framework, a more focused approach on several overarching issues for older people in the city

was chosen. More emphasis has also been placed on engaging experts and incorporating results of internal evaluations.

In several cities, including Amsterdam and Oslo, representatives highlight the apparent ease of entering the Age-Friendly City network and subsequently developing an Age-Friendly City action plan. This has sparked awareness of population ageing across the various policy departments in the stakeholder cities. Creating an age-friendly city is dependent on a holistic approach to all stages of life and multiple policy domains, thus considering these policies in a cross-sectoral manner has been key to their success. In particular the need to involve spatial development expertise in other domains such as wellbeing and transport has been realised by many city officials. The membership of the Age-Friendly City has clearly stimulated this mutual cooperation within the municipality departments to collectively work on active ageing. Lastly, the cities highlight the opportunities for exchange of experiences and best practices between the cities, provided by the network.

### **Need to invest in a long-term strategy on active and inclusive ageing**

The stakeholder cities do not have a long-term strategy towards 2030. There are indications that this applies to many more European cities. Cities should therefore invest in developing strategic and tactical goals related to population ageing.

This should ensure more stability on the long run and a higher probability of reaching steady change – instead of running occasional pilot projects without continuation. The WHO has declared the Decade of Healthy Ageing (2020 – 2030), which provides a useful, critical opportunity to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector and to develop a strategy and actions together.

### **How to achieve change?**

The following actions could help in achieving more change:

- **Convince politicians** of the issue of population ageing, as they usually react to problems. This requires a good external campaign, showing the anticipated steep increase in number of older people. It should also show the accompanying costs (e.g. healthcare costs), especially when no action is taken.
- A collective approach towards **all relevant European institutions** should be made. For example, as many cities as possible should collectively bring the topic under attention of members of the European Parliament (MEPs) in order to get population ageing higher on the political agenda. In approaching the European Parliament, it is worthwhile to liaise with AGE Europe, which already works closely with the European Parliament.
- At the national level, the **establishment of a council or round table** with representatives of all relevant stakeholders should be set up to influence politicians. Such a council should represent all cities within the country.
- Within cities, **an ecosystem is needed for more collaboration** of institutional and non-institutional stakeholders. The foundation of a network organisation as linking pin

between all relevant stakeholders, led by the municipality, is a good starting point for such an ecosystem.

### **Raising public awareness about ageing**

Apart from targeting politics, it is also important to target citizens. It can be concluded that in today's society, ageing is sometimes seen very negatively and misunderstood. Ageism and negative stereotypes about ageing are problematic as they can constitute barriers to developing an age-friendly society.

More should be invested to raise awareness across the whole society to understand what ageing means and how it can be supported. For instance, when shop keepers know more about dementia, they may be better able to identify and counteract problems that dementia sufferers are coping with. In addition, when younger generations are more aware of the precautions they can take to facilitate healthy and active ageing, they will profit from that directly, and society will profit from that indirectly through lower healthcare costs. Having a platform for discussing certain more sensitive topics related to ageing could be considered an important step towards becoming a more age-friendly society and for overcoming falsely-based stereotypes and taboos.

### **More monitoring and evaluation is needed**

Inspiring examples of success stories can be found in many cities, but often factual substantiation of the results is lacking. This has two reasons. First, in part of the projects investigated, there is no monitoring and evaluation involved. That makes it hard to gather information on the effectiveness of active ageing policies. Second, in the cases where there is some sort of monitoring and evaluation, it turns out that measurement of the policy effects is sometimes hard. Though varying between WHO policy domain, the nature of desired outcomes in some domains causes difficulties with measuring the outcome. For example, social participation is a prominent policy domain in the present active ageing policies, but it is hard to measure the meetings, chats and other social activities that older people employ. Other policy domains are easier, such as adaptations to public space, which can be seen in Gothenburg's obstacle database, amongst others.

In order to gain a more reliable insight in the effectiveness of which best practices really work and which ones do to a lesser extent, it is crucial to place more emphasis on monitoring and evaluation. An effective example can be seen in the learning network approach by the cities of Amsterdam and Greater Manchester, where the municipality works together with local universities to set up experiments within projects, measure results and evaluate the outcomes.

Proper *ex post* evaluation, measuring the project outcomes and comparing it to the baseline measurement both quantitatively and qualitatively, will be necessary to further improve efforts by cities to become an age-friendly city.

## **Cities have to constantly adapt their policy to a changing society**

Learning from already developed policies and initiatives through proper evaluation is one thing; it is another thing to keep critically reflecting on the current priorities and to match these with ongoing societal developments and demands from older people.

### **Digitalisation as impediment to inclusion**

The need to critically reflect on the match of supply and demand can be seen in one commonality across most cities working to become an age-friendly city. Most of the cities have identified social inclusion as one of their top priorities. This is usually implemented through an increase of the number of social activities that are organised for older people.

While that is very beneficial for many older people, at the same time, we see increasing digitalisation in our society. However, especially seniors aged 75 and over tend to have difficulties with using computers and smartphones. This provides challenges to the provision of public services, which are increasingly offered digitally by default, including tax declaration and request for social services. Governments and other providers of services for older people should be aware of seniors that cannot use or do not wish to use digital channels, and provide relevant alternatives. This also applies to communication of municipal policies to older people. Therefore, information about services and activities relevant for older people should be provided via printed media as well, and ideally also via information offices.

### **Adapting policies and initiatives to specific target groups**

Cities are getting increasingly diverse, and this applies not only to young generations. Also among older people in cities, there are many different sub groups. For example, there are well known inequalities in origin (older migrants), gender, sexual orientation (LGBT) and income. These developments ask for tailored approach. Stakeholders implementing activities for older people should become more aware of these diverse groups and their demands to increase social inclusion. This includes using the language of the target group – literally and figuratively –, adapting activities to their culture, and making use of non-digital information and outreach channels when needed

In Zaragoza there is a project called Igualdad, which means Equality. There are representatives of the Equality project at almost every Social Gathering Centre for old people. These representatives look out for the equality in the centres, and they learn and unlearn about gender, equality and peoples behaviour.

### **Consider the people around the senior**

It is common to think of the senior as the sole person being in need of care. Nonetheless, an increasing number of informal caregivers report to be under significant pressure due to providing care, sometimes leading to physical and psychological problems.

### **Need for holistic approaches and better cooperation among stakeholders**

Another point of attention for keeping an eye on developments and demands is that many cities have adopted the WHO's age-friendly city framework with the eight policy domains. While these domains provide an excellent starting point for understanding the relevant themes, they also introduce a risk, of compartmentalising ageing policy.

Many developments and demands from older people require an holistic approach. For example, combating loneliness requires involvement from stakeholders across various WHO domains, including social participation and inclusion, health and community services, and housing. The same applies to many other examples, such as falls prevention, which requires involvement from health and community services as well as outdoor spaces and the built environment. Therefore, in order to provide fitting answers to older people's demands, it is also necessary to transcend policy domains and bring policy makers from these domains in contact with each other more frequently to stimulate cooperation.

This applies not only to cooperation within city administrations, but also between civil servants and other stakeholders. It is recommended that cities investigate the foundation of a network organisation as linking pin between all relevant stakeholders. Greater Manchester serves as a great example with its Greater Manchester Ageing Hub: a network consisting of the Greater Manchester Combined Authority and all ten councils, the Greater Manchester Health and Social Care Partnership, the Age UK Network across the metropolitan area, the city's universities and social organisations and many other stakeholders. The Hub's role is to coordinate a strategic response to ageing by bringing together (amongst others) the mentioned parties.

### **From the local to the European level**

Facilitating urban ageing is relevant on all geographical levels. Many of the inspiring examples have in common that they rely on professionals and volunteers who act on the local level, where they know the inhabitants. Cities should do more to make use of these valuable experts.

At the same time, there is need for the sharing of ideas and good practices at the European level. An increasing number of cities is already sharing experiences through platforms as Eurocities, AGE Europe and the European Innovation Partnership on Active and Healthy Ageing. It is recommended that more cities join such networks to share good practices and learn from each other.

Also financially, the European space provides possibilities and incentives. The ESPON ACPA study has shown that many age-friendly cities almost exclusively use their own budgets for the implementation of active ageing policy. Possibilities for use of European funds was discussed, but few of the civil servants saw this as a chance for their own city. This has two reasons. First, many city representatives working on ageing are not aware of possible sources of funding, such as the European Regional Development Fund (ERDF) and the European Social Fund (ESF). Those that are aware of European funding opportunities, indicate that the administrative burden

associated with it is too high, making it an uninteresting option for them. It is therefore recommended to work on the visibility and administrative burden of European resources for national policy makers.

### **5.3 Recommendations for future research**

During the implementation of this targeted analysis and with the help of the enthusiastic group of stakeholder cities involved, it became clear that there are still many questions regarding age-friendly cities that have not yet been researched in this study. These opportunities for future research are addressed below.

#### **More research on the urban dimension of population ageing**

With this study, it has become clear that cities form a distinct environment in which population ageing takes place. However, the scope of the study has impacted the extent of evidence collected. To further increase our knowledge about the urban dimension of population ageing, it is necessary to study this on a bigger geographical scale.

The most fundamental question, which is: to what extent are cities different than other places with regard to population ageing, should ideally be studied using comparative analysis with contrasting case studies. Future research should therefore use a research design that includes both cities and their rural hinterlands as comparative case studies. Only then, a true answer can be given to the question as to what does make population ageing in cities unique.

In a similar vein, a broader scale study – with more cities included as case study – will offer the possibility of identifying a typology of cities with population ageing. This typology could focus not only on demographic trends, but also on policy responses. In order to reliably arrive at such a typology, substantially more case study cities are needed than the current number of eight in this study.

Besides, some other interesting topics should be further explored within this category of the urban dimension. It was noted earlier that the battle for space is a very distinct feature of cities and that this impacts population ageing in cities. What are effective strategies in this battle for space? How should we deal with private parties in cities, which are a potential barrier to service development for older people? Also, it was noted that population in cities is often a very local phenomenon, with concentrations of problems in specific neighbourhoods. Development of demographic models on the city level will be helpful in assessing where in a city most demographic change will occur and where most older people will live in the future. Ideally, this uses scenario analysis, in order to make predictions with different assumptions, such as increasing gentrification. Lastly, it is important to include Eastern European cities in future research. These cities were not part of the current study, but are also coping with population ageing and provide learning opportunities.

### **Develop methods for the evaluation of social initiatives**

During the case studies it became evident that social initiatives have the potential to address ageing at a multitude of terrains. To develop and implement these initiatives, political support is needed. An effective way to gain this political support is by proving the added value of the initiatives. This can be done through proper monitoring and evaluation.

There are a number of methods that can be used to measure the effect of policies. Examples include social cost benefit analyses and business cases. Effects can also be measured in a more qualitative manner through stakeholder consultation techniques. These methods help, however they do not provide a full and accurate picture. Moreover, the degree to which they are useful depends strongly on the type of policy that is being implemented. For hard investments such as the improvement of infrastructure it is often easier to quantify effects than for softer measures on for example social inclusion. It is worthwhile to further develop methods for the quantification of effects especially in the social sphere. This can assist policy makers to develop evidence based approaches to their local policies.

### **Study ageing from a positive perspective**

Ageing populations are usually seen as a challenge by politicians and policy makers, because they are associated with a decrease in share of the population that is active in the labour market along with an increase in costs for the provision of services such as health care. We will however have to face the reality of ageing populations in the near future. With this fact in the back of our minds, it is valuable to consider ageing from a different, more positive perspective. We should search for ways of seeing ageing populations as a societal resource rather than a burden, and apply a more positive approach towards ageing policies by activating citizens rather than supporting them. Research towards positive ageing is still quite limited, and policy makers could benefit from additional information with this perspective in mind.

### **Further refinement of relevant target groups and their needs**

Most of the cities have identified target groups, such as older migrants, LGBT people or people with different income levels in their age-friendly policies. The reasoning behind this is that people with different backgrounds have different needs once they grow older. During the studies, it became apparent that these target groups are often heterogenous and difficult to define. There is benefit in better clarifying the need to have these target groups and studying what the differences are between the different groups.

## References

- AdvantAGE (2019). AdvantAGE: managing frailty. Available at: <http://www.advantageja.eu/>
- Andonian, L., & Macrae, A. (2011). Well older adults within an urban context: strategies to create and maintain social participation. *British Journal of Occupational Therapy*, 74(1), 2–11. Available at: <https://doi.org/10.4276/030802211X12947686093486>.
- ARC (2018). Executive Summary. The 2018 Aging Readiness & Competitiveness Report: Small Innovative Economies. AARP International. Available at: [https://arc2018.aarpinternational.org/File%20Library/Countries/2018\\_Executive-Summary.pdf](https://arc2018.aarpinternational.org/File%20Library/Countries/2018_Executive-Summary.pdf)
- Beard, J. R., & Petitot, C. (2010). Ageing and Urbanization: Can Cities be Designed to Foster Active Ageing? *Public Health Reviews*, 32(2), 427–450.
- Berg, P. van den, Arentze, T., & Timmermans, H. (2011). Estimating social travel demand of senior citizens in the Netherlands. *Journal of Transport Geography*, 19(2), 323–331. Available at: <https://doi.org/10.1016/j.jtrangeo.2010.03.018>.
- Bonvalet, Ca., & Ogg, J. (2007). Ageing in Inner Cities: The Residential Dilemmas of the Baby Boomer Generation. *International Journal of Ageing and Later Life*, 2(2), 61–90.
- Buffel, T., McGarry, P., Phillipson, C., De Donder, L., Dury, S., De Witte, N., ... Verté, D. (2014). Developing Age-Friendly Cities: Case Studies From Brussels and Greater Manchester and Implications for Policy and Practice. *Journal of Aging & Social Policy*, 26(1–2), 52–72. Available at: <https://doi.org/10.1080/08959420.2014.855043>.
- Buffel, T., & Phillipson, C. (2018). A Manifesto for the Age-Friendly Movement: Developing a New Urban Agenda. *Journal of Aging & Social Policy*, 30(2), 173–192. Available at: <https://doi.org/10.1080/08959420.2018.1430414>.
- Buffel, T., & Phillipson, C. (2016). Can global cities be 'age-friendly cities'? Urban development and ageing populations. *Cities*, 55, 94–100. Available at: <https://doi.org/10.1016/j.cities.2016.03.016>.
- Buffel, T., Phillipson, C., & Scharf, T. (2016). Ageing in urban environments: Developing 'age-friendly' cities. *Critical Social Policy*, 32(4), 597–617. Available at: <https://doi.org/10.1177/0261018311430457>.

Buffel, T., Phillipson, C., & Scharf, T. (2013). Experiences of neighbourhood exclusion and inclusion among older people living in deprived inner-city areas in Belgium and England. *Ageing and Society*, 33(1), 89–109. Available at: <https://doi.org/10.1017/S0144686X12000542>.

Cauwenberg, J. Van, Bourdeaudhuij, I. De, Meester, F. De, Dyck, D. Van, Salmon, J., Clarys, P., & Deforche, B. (2011). Health & Place Relationship between the physical environment and physical activity in older adults: A systematic review. *Health & Place*, 17(2), 458–469. Available at: <https://doi.org/10.1016/j.healthplace.2010.11.010>.

Chaudhury, H., Campo, M., Michael, Y., & Mahmood, A. (2016). Social Science & Medicine Neighbourhood environment and physical activity in older adults. *Social Science & Medicine*, 149, 104–113. Available at: <https://doi.org/10.1016/j.socscimed.2015.12.011>.

Chaudhury, H., Mahmood, A., Michael, Y. L., Campo, M., & Hay, K. (2012). The influence of neighborhood residential density, physical and social environments on older adults' physical activity: An exploratory study in two metropolitan areas. *Journal of Aging Studies*, 26(1), 35–43. Available at: <https://doi.org/10.1016/j.jaging.2011.07.001>.

Clarke, P., & Nieuwenhuijsen, E. R. (2009). Maturitas Environments for healthy ageing: A critical review. *Maturitas*, 64, 14–19. Available at: <https://doi.org/10.1016/j.maturitas.2009.07.011>.

Costa-font, J., Elvira, D., & Mascarilla-miró, O. (2009). 'Ageing in Place'? Exploring Elderly People's Housing Preferences in Spain. *Urban Studies*, 46(2), 295–316. Available at: <https://doi.org/10.1177/0042098008099356>.

EIP on AHA (2019). What is the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)? Available at: [https://ec.europa.eu/eip/ageing/about-the-partnership\\_en](https://ec.europa.eu/eip/ageing/about-the-partnership_en).

ESPON (2005), The spatial effects of demographic trends and migration. Final report for ESPON project 1.1.4. Available at: <https://www.espon.eu/sites/default/files/attachments/fr-1.1.4-full.pdf>.

ESPON (2010). DEMIFER - Demographic and migratory flows affecting European regions and cities. Final report. Available at: [https://www.espon.eu/sites/default/files/attachments/Final\\_report\\_DEMIFER\\_incl\\_ISBN\\_Feb\\_2011.pdf](https://www.espon.eu/sites/default/files/attachments/Final_report_DEMIFER_incl_ISBN_Feb_2011.pdf).

ESPON (2013). SeGI - Indicators and Perspectives for Services of General Interest in Territorial Cohesion and Development. Final report. Available at: <https://www.espon.eu/programme/projects/espon-2013/applied-research/segi-indicators-and-perspectives-services-general>

ESPON (2013a). TANGO - Territorial Approaches for New Governance. Final report. Available at: <https://www.espon.eu/programme/projects/espon-2013/applied-research/tango-territorial-approaches-new-governance>

ESPON (2014). TIPSE - The territorial dimension of poverty and social exclusion in Europe. Final report. Available at: <https://www.espon.eu/sites/default/files/attachments/Final Report.zip>.

ESPON (2019). ETRF – A Territorial Reference Framework for Europe. Final report. Available at: [https://www.espon.eu/sites/default/files/attachments/ESPON\\_ETRF\\_Final\\_Report\\_Main\\_Report.pdf](https://www.espon.eu/sites/default/files/attachments/ESPON_ETRF_Final_Report_Main_Report.pdf)

ESPON (2019a). eHEALTH – Future digital health in the EU. Final report. Available at: [https://www.espon.eu/sites/default/files/attachments/Final report. 2019 03 25\\_final version\\_0.pdf](https://www.espon.eu/sites/default/files/attachments/Final report. 2019 03 25_final version_0.pdf).

Fadda, G., Cortés, A., Olivi, A., & Tovar, M. (2010). The perception of the values of urban space by senior citizens of Valparaiso. *Journal of Aging Studies*, 24(4), 344–357. Available at: <https://doi.org/10.1016/j.jaging.2010.07.001>.

Fitzgerald, K. G., & Caro, F. G. (2014). An Overview of Age-Friendly Cities and Communities Around the World. *Journal of Aging & Social Policy*, 26(1–2), 1–18. Available at: <https://doi.org/10.1080/08959420.2014.860786>.

Galcanova, L., & Sýkorová, D. (2015). Socio-spatial aspects of ageing in an urban context: an example from three Czech Republic cities. *Ageing and Society*, 35, 1200–1220.

Garon, S., Paris, M., Beaulieu, M., & Msw, A. V. (2014). Collaborative Partnership in Age-Friendly Cities: Two Case Studies From Quebec, Canada. *Journal of Aging & Social Policy*, 26(1–2), 73–87. Available at: <https://doi.org/10.1080/08959420.2014.854583>.

Green, G. (2012). Age-Friendly Cities of Europe. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 90, 116–128. Available at: <https://doi.org/10.1007/s11524-012-9765-8>.

Greenfield, E. A., Scharlach, A. E., Lehning, A. J., Davitt, J. K., & Graham, C. L. (2013). A Tale of Two Community Initiatives for Promoting Aging in Place: Similarities and Differences in the National Implementation of NORC Programs and Villages. *The Gerontologist*, 53(6), 928–938. Available at: <https://doi.org/10.1093/geront/gnt035>.

Hern, S. O., & Oxley, J. (2015). Understanding travel patterns to support safe active transport for older adults. *Journal of Transport & Health*, 2(1), 79–85. Available at: <https://doi.org/10.1016/j.jth.2014.09.016>.

Hirsch, J. A., Winters, M., Ashe, M. C., Clarke, P. J., & McKay, H. A. (2016). Destinations That Older Adults Experience Within Their GPS Activity Spaces: Relation to Objectively Measured Physical Activity. *Environment and Behavior*, 48(1), 55–77. Available at: <https://doi.org/10.1177/0013916515607312>.

Hoof, J. Van, Kazak, J. K., Perek-białas, J. M., & Peek, S. T. M. (2018). The Challenges of Urban Ageing: Making Cities Age-Friendly in Europe. *International Journal of Environmental Research and Public Health*, 15, 2473. Available at: <https://doi.org/10.3390/ijerph15112473>.

Interreg Europe (2019). TITTAN – Network for Technology, Innovation and Translation in Ageing. Available at: <https://www.interregeurope.eu/tittan/>

Interreg Europe (2019a). Centre of Expertise Healthy Ageing. Available at: <https://www.interregeurope.eu/policylearning/good-practices/item/2559/centre-of-expertise-healthy-ageing/>

Lanzieri, G. (2011). The greying of the babyboomers. A Century-long view of ageing in European populations. *Statistics in focus, Eurostat*, 23/2011.

Laverty, A. A., & Millett, C. (2015). Potential impacts of subsidised bus travel for older people. *Journal of Transport & Health*, 2(1), 32–34. Available at: <https://doi.org/10.1016/j.jth.2014.08.004>.

Liu, Y., Dijst, M., & Geertman, S. (2015). The subjective well-being of older adults in Shanghai: The role of residential environment and individual resources. *Urban Studies*, 1(23). Available at: <https://doi.org/10.1177/0042098016630512>.

Lynott, J., McAuley, W. J., & Mccutcheon, M. (2009). Getting Out and About: The Relationship Between Urban Form and Senior Travel Patterns. *Journal of Housing For the Elderly*, 23(4), 37–41. Available at: <https://doi.org/10.1080/02763890903327366>.

McGarry, P., & Morris, J. (2011). Working with Older People A great place to grow older: a case study of how Greater Manchester is developing an age-friendly city. *Working with Older People*, 15(1), 38–46.

Nygård, M., & Jakobsson, G. (2013). Senior citizens and political participation – evidence from a Finnish regional study. *Ageing and Society*, 33(1), 159–180. Available at: <https://doi.org/10.1017/S0144686X11001139>.

Oswald, F., Hieber, A., Wahl, H.-W., & Mollenkopf, H. (2005). Ageing and person-environment fit in different urban neighbourhoods. *European Journal of Ageing*, 2(2), 88–97. Available at: <https://doi.org/10.1007/s10433-005-0026-5>.

Parent, A.-S., Tram, N., & Wadoux, J. (2011). Age-friendly environments in Europe.

Peek, S. T. M., Luijkx, G., Rijnaard, M. D., Nieboer, M. E., van der Voort, C. S., Aarts, S., ... Wouters, E. J. M. (2015). Older Adults' Reasons for Using Technology while Aging in Place. *Gerontology*, 62, 226–237. Available at: <https://doi.org/10.1159/000430949>.

Rémillard-Boilard, S., Buffel, T., & Phillipson, C. (2017). Involving Older Residents in Age-Friendly Developments: From Information to Coproduction Mechanisms. *Journal of Housing For the Elderly*, 31(2), 146–159. Available at: <https://doi.org/10.1080/02763893.2017.1309932>.

Richard, L., Laforest, S., Dufresne, F., & Sapinski, J. P. (2004). The Quality of Life of Older Adults Living in an Urban Environment: Professional and Lay Perspectives. *Canadian Journal on Aging*, 24(1), 19–30.

Richard, L., Gauvin, L., Gosselin, C., & Laforest, S. (2008). Staying connected: neighbourhood correlates of social participation among older adults living in an urban environment in Montréal, Québec. *Health Promotion International*, 24(1). Available at: <https://doi.org/10.1093/heapro/dan039>.

Righi, V., & Sayago, S. (2017). Urban ageing: technology agency and community in smarter cities for older people. In *Proceedings of the 7th International Conference on Communities and Technologies* (pp. 119–128).

Sadana, R., Blas, E., Budhwani, S., Koller, T. and Paraje, G., 2016. Healthy ageing: raising awareness of inequalities, determinants, and what could be done to improve health equity. *The Gerontologist*, 56(Suppl\_2), pp.S178-S193.

Santana, P. (2000). Ageing in Portugal: regional inequities in health and health care. *Social Science & Medicine*, 50, 1025–1036.

Siren, A., Hjorthol, R., & Levin, L. (2015). Different types of out-of-home activities and well-being amongst urban residing old persons with mobility impediments. *Journal of Transport & Health*, 2(1), 14–21. Available at: <https://doi.org/10.1016/j.jth.2014.11.004>.

Skouby, K. E., Haukipuro, L., Lynggaard, P., & Windekilde, I. (2012). Smart Cities and the Ageing Population, 1–12.

Smets, A. J. H. (2012). Housing the elderly: segregated in senior cities or integrated in urban society? *J Housing and the Built Environ Housing and the Built Environ*, 27, 225–239. Available at: <https://doi.org/10.1007/s10901-011-9252-7>.

Sorensen, A. (2006). Liveable Cities in Japan: Population Ageing and Decline as Vectors of Change. *International Planning Studies*, 11, 225–242.

Takano, T., Nakamura, K., & Watanabe, M. (2002). Urban residential environments and senior citizens' longevity in megacity areas: the importance of walkable green spaces. *Journal of Epidemiology & Community Health*, 56, 913–918.

URBACT (2017). Good practices: Bringing citizens closer to their mayor and city services. Available at: <https://urbact.eu/bringing-citizens-closer-their-mayor-and-city-services>

URBACT (2017a). Good practices: The playful paradigm. Available at: <https://urbact.eu/playful-paradigm>

URBACT (2017b). Good practices: Building an age-friendly city. Available at: <https://urbact.eu/building-age-friendly-city>

URBACT (2017c). Good practices: McAuley Place for older people. Available at: <https://urbact.eu/mcauley-place-older-people>

Wang, M., Yang, Y., Jin, S., Gu, L., & Zhang, H. (2016). Social and cultural factors that influence residential location choice of urban senior citizens in China: The case of Chengdu city. *Habitat International*, 53, 55–65. Available at: <https://doi.org/10.1016/j.habitatint.2015.10.011>.

Weiss, R. L., York, N., Boulevard, B. P., & Fahs, M. (2011). Promoting Active Urban Aging: A Measurement Approach to Neighborhood Walkability for Older Adults. *Cities and the Environment*, 3(1), 1-12.

WHO (2002). Active Ageing: A Policy Framework. WHO, Noncommunicable Diseases and Mental Health Cluster, Noncommunicable Disease Prevention and Health Promotion Department, Ageing and Life Course. Available at:  
[https://apps.who.int/iris/bitstream/handle/10665/67215/WHO\\_NMH\\_NPH\\_02.8.pdf;jsessionid=376236CE88CAC5B85B5CBFE9380A4659?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf;jsessionid=376236CE88CAC5B85B5CBFE9380A4659?sequence=1).

WHO (2007). Global Age-friendly Cities: A Guide. WHO, Ageing and Life Course, Family and Community Health. Available at:  
[https://www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](https://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf).

WHO (2015). World Report on Ageing and Health. World Health Organization. Available at:  
[https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1).

WHO (2016). Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health. Report by the Secretariat. WHO, Sixty-ninth World Health Assembly. Available at: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_17-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_17-en.pdf?ua=1).

WHO (2017). Age-Friendly Environments in Europe: A handbook of domains for policy action. WHO, Regional Office for Europe. Available at:  
[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0011/359543/AFEE-handbook.PDF?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0011/359543/AFEE-handbook.PDF?ua=1).

Wiles, J.L., Leibing, A., Guberman, N., Reeve, J. and Allen, R.E., 2012. The meaning of “aging in place” to older people. *The Gerontologist*, 52(3), 357-366.

Yung, E. H. K., Conejos, S., & Chan, E. H. W. (2016). Social needs of the elderly and active aging in public open spaces in urban renewal. *Cities*, 52, 114–122. Available at:  
<https://doi.org/10.1016/j.cities.2015.11.022>.

Zhai, Y., & Baran, P. K. (2016). Landscape and Urban Planning Do configurational attributes matter in context of urban parks? Park pathway configurational attributes and senior walking. *Landscape and Urban Planning*, 148, 188–202. Available at:  
<https://doi.org/10.1016/j.landurbplan.2015.12.010>.

## **Annex 1 – Approaches towards age-friendliness in the stakeholder cities**

### **Amsterdam: city for all cultures and ages**

The ambition of the City of Amsterdam is to be a city for all population groups. Inclusion is the keyword at the heart of the city's vision on social policy. This refers to optimal participation of all inhabitants in the city – also older people. Two forms of inclusion can be distinguished in this vision: inclusion of older people in society and daily life, but also inclusion of older people in decision making. The city aims to include older people in the process of policy making as much as possible.

Another reason for the development of policy for older people is the population development. Amsterdam is still a city with a relatively young population, but there is a clear growth of the number of older people in the city.

The process of developing policies focused on older people in Amsterdam has been going on for a longer period of time already, but in 2014 with the installation of the new city council, older people became a focus area for one of the aldermen. Following this, in 2015 Amsterdam joined the Age Friendly City Network of the World Health Organization.

Apart from the focus on inclusion, Amsterdam does not have unique strategic goals regarding its older residents. However, since joining the Age Friendly City network, the city has formulated targets for each of the eight WHO domains that an Age Friendly City should work on. Even though targets have been specified for all eight WHO domains, Amsterdam has chosen to focus on the following strategic themes: Dementia, Loneliness, Housing, Fall Prevention and Physical activity.

### **Barcelona: a city for all phases of life**

Barcelona has a long track record of public policies addressing population ageing. Notable examples include the 2008-2011 and 2016-2019 Municipal Action Plans, the 2006-2010 Municipal Programme for older people, 2017-2021 Plan to Improve Barcelona's Age Friendliness, and the 2018-2030 Strategy for Demographic Change and Ageing.

In 2009, the Barcelona City Council began the Barcelona Age-Friendly City project in the framework of the Age-friendly Cities programme promoted by the World Health Organisation (WHO). Two years later, the city joined the Global Network of Age-Friendly Cities with the commitment to involve older people in community activities and to improve their quality of life.

At the Barcelona City Council, the concept of 'right to the city throughout life' is preferred to 'age-friendliness'. This implies that Barcelona aspires to become a city "that offers opportunities, space and the possibility for people of all ages to live together". Thus, the slogan "A city for all phases of life" ("Una ciudad para todos los ciclos de la vida") was developed.

The city decided to implement a series of initiatives specific for older people as awareness on the changing demographic trends grew. Addressing the concerns of seniors is now on the agenda of all political parties, as seen during the 2019 local elections campaigns.

Barcelona's strategic positioning regarding to population ageing policies is observable in two aspects: the executive structure of the local administration and the most relevant measures to defend and promote the rights of older people. First, the City Council hosts a specific Department for Childhood, Youth and Older People, responsible for ensuring the efficient delivery of projects and services to these groups. Then, the 2016-2019 Municipal Action Programme holds policies for improving the quality of life of seniors in a prominent position, stressing the importance of promoting active ageing and personal autonomy. The Programme keeps in mind that older people constitute a diverse, heterogeneous group with a different profile compared to previous generations of seniors, e.g. they are better educated and familiar with some new technologies.

### **Gothenburg: a better place to age in**

The main reason for why ageing has been placed on the political agenda in Gothenburg is that the population is ageing, and as people now live longer and remain active for longer than before, it is considered vital that the growing number of seniors can live a good and worthy life. Age-friendly Gothenburg (*Åldersvänliga Göteborg*) is the name of the policy initiative appointed by the municipal board that seeks to make the city a better place for people of all ages. The slogan "Gothenburg: a better place to age in" could be used as a motto for this programme, where one of the main aims is to improve older people's living conditions by strengthening self-determination and evening out differences in health and well-being (WHO, 2019). The goal of becoming age-friendlier is tied to other initiatives that have been launched in the city to promote social sustainability, inclusion, human rights, public health and equal life opportunities. The aim is to create more accessible and inclusive social and physical living environments that are supportive of better health and quality of life.

In striving to become a more age-friendly city, the main target group that the city seeks to address are people aged 65 and over. Many age-friendly policies are designed with this target group in mind, but city officials do not view the age-friendly city as a place that is merely a good place for older people, but one where people of all ages and abilities can live a good life. There is also certain emphasis on different sub-groups and minorities within the older age groups. E.g. older men tend to be more difficult to reach than women, and there have been efforts to increase the social participation of men by organizing activities that are more specifically aimed at men at the city's meeting points. Another perspective concerning the city's efforts to address minorities is a pilot model for a norm-conscious way of working that has been developed by the city to ensure that its employees are more equipped to meet different individuals and especially older LGBT persons. There is also emphasis on reaching language minorities, such as the city's sizeable Finnish language population.

## **Greater Manchester: doing ageing differently**

The Greater Manchester Age Friendly Strategy was developed in 2018, as local stakeholders felt that a strategic response to the ageing demographic of Greater Manchester was needed. It is predicted that 1.1 million people living in Greater Manchester by 2038 will be over the age of 50: 37% of the total population.

Greater Manchester (GM) is committed to pioneering a new positive vision of ageing- 'It is vital that we change the narrative and celebrate the fact that more people are living longer and the opportunities that brings for us individually and as a society' (Greater Manchester Age Friendly Strategy 2018).

The eight World Health Organisation (WHO) age-friendly 'domains' are central to the Greater Manchester Age Friendly Strategy. As part of this strategy the Greater Manchester Ageing Hub was formed in Spring 2016 to coordinate a strategic response to the opportunities and challenges of an ageing population in the city region.

The Greater Manchester Age Friendly Strategy (September 2018) sets out 12 clear targets:

1. Establish age-friendly communities across Greater Manchester, promoting volunteering and bringing generations together;
2. Build a health and social care system that works for older people;
3. Increase housing choice to promote social connections and wellbeing in later life;
4. Create opportunities to maximise the skills and experience of older workers;
5. Create a transport network that supports older people to stay connected and active;
6. Develop an age-friendly plan for each local authority area;
7. Become a world leader in research and innovation for an ageing society;
8. Campaign for positive change in the way older people are viewed;
9. Make sure access to entitlements and benefits is easier and simpler;
10. Show leadership in developing age-friendly initiatives at all levels and across all sectors;
11. Support more people to be physically active as they age;
12. Engage and involve older people in arts and cultural activities across Greater Manchester and establish a Centre for Age Friendly Culture – a world first.

## **Hengelo: right care in the right place**

In the past, the city of Hengelo has avoided the definition of target groups in her policies. The idea behind this is that the city should be a pleasant place to live for all of its inhabitants, regardless of age or socio-economic status. Hence there are no policy documents directly aimed at ageing, the seniors, or developing an age friendly city. Over the last years however, target groups have received more attention in the policy debate. There is a growing range of policies in different policy fields that include measures to become more age-friendly.

The municipality recognises demographic change and ageing as challenges for the future. Additionally, with the decentralisation of a share of social policy domains in 2015, the municipality is responsible for the provision of care to those inhabitants in need. Hengelo aims to support older people by enabling them to stay at home for a longer period of time. Informal

care, where neighbours and family members assist with basic tasks, is a central focus in this approach. The motto is 'Right care in the right place'.

The city does not specify any hard targets in her policies regarding the older people, but there are many initiatives which are seen as a success. A main source of pride is the broad range of support measures for people that suffer from forms of dementia. Another prized initiative is that of the AVEM-groups for immigrant older people. These initiatives are linked with a broad network of voluntary workers, who actively support different initiatives for older people in the city and broader region. In general, an active network of care providers and good healthcare infrastructure are in place. This is apparent in cooperation at regional level between insurance companies, care providers, doctors and municipalities. Also, a broad range of data is gathered on the quality of life of seniors by different organisations.

From interviews with policy makers, a set of main challenges are identified in the city of Hengelo. The policy making process is considered a top-down process in Hengelo. The different groups of seniors are not actively involved in policy making, but the municipality recognises potential here. In some fields, it is challenging to stimulate people to consider the effects ageing has in their work. As such, Hengelo does not consider itself a leading actor in ageing policies, but is eager to learn and apply new methods.

### **Nantes – longevity: let's open the possibilities**

As for other cities, demographic change and the progressive increase of senior people as part of the total population has been the main reasons for which Nantes has put special emphasises on healthy ageing. However for the city this theme has been at the hearth of public polices already for a long time. The decentralisation process and wave of socially progressive young - often female – mayors in the France of the 80s have played an important role in putting at the heart of city policies social and economic interventions aimed at improving social integration, including that of senior people. Social integration and civic participation are indeed key values underpinning the city approach to this policy domain: "Notre ambition est claire: chaque personne âgée doit être placée au Coeur du dispositif, en usager et en citoyen à part entière, en acteur reconnu et écouté". Which can be translated to "Our ambition is clear: each older person should be placed in the heart of the system, as a user and as a full citizen, as person that is recognized and listened to".

The essence of the city policy on healthy ageing is well expressed by the title of the recent Grand Debat, the third of its kind hosted between January and May 2019, which the city has organised on this very topic: Longevity, let's open the possibilities. Emphasis is here put on the opportunities that the extension of life expectancy offers rather than on its limitations and the challenges it poses. The demographic transition is also seen by the city as an economic opportunity to create jobs, establish start-ups, NGOs and different type of civil society organisations which are flourishing in the city.

In terms of institutional design, Nantes is part of a complex administrative infrastructure. Every commune part of the metropolitan area is responsible for policies related to older people. Large communes, such as Nantes, have their specific services for the seniors and an adjoint solidarité, who is an elected representative in charge of healthy ageing related policies. In addition, the adjoint de quartier ensure coordination also at the district level. At the metropolitan level, the Centre Communal d'Action Sociale (CCAS) provides coordination at metropolitan level. Nantes also presents a very strong and advanced associative network. The city works in close coordination and in partnership with several associations. Their role is especially important in order to diversify as much as possible the offer and reach out to people at the neighbourhood level.

Every six years municipal elections take place and, as a result of the new coalition, a Note d'Orientation Politique and subsequent Action Plan is enforced.

The Action Plan which is currently under implementation identifies 4 policy goals, which are: a) Allow older people to be fully part of the social life of their city; b) Diversify offers and services to allow people to age in their own place; c) Diversify services and adapt them to the needs of the most fragile among the older people; d) Ensure good quality public services.

### **Oslo: a greener, warmer and more inclusive city**

Oslo is to be a greener, warmer and more creative city with room for all people of all ages. This paints the backdrop and strategically positions age-friendly policymaking as a horizontal objective demanding cross-sectoral collaboration. The overall vision of the work follows the WHO's overarching definition of creating 'an age-friendly city that is inclusive, with an available and accessible urban environment that promotes active ageing'. Part of this is to ensure that the older people were able to retain their independence, whilst staying active in safe environments. This requires a greater focus on the individual, and a holistic approach to city-wide adaptation. An important component of Oslo's work is necessarily the need to think interdisciplinarity in their planning processes, as the realities of the increasing population of older people; as an increasingly fitter, healthier and more diverse group, requires a more adaptive and varied approach.

An age-friendly city should arguably be founded on a strong and changed narrative. This will help sustain and buttress new innovation and practices in the social, technological and service field, which will be based on an understanding of the importance of personal achievement, opportunities life-long learning and being a valuable asset to greater society. The foreword in the Action Plan for an Age-friendly Oslo opens by stating that 'older people are a resource that Oslo has not been utilising'. It also emphasises that people should be able to continue to be who they are regardless of age, and not be expected to fit into a homogenised category of the generally perceived ideas based on the structurally ingrained attitudes of ageism.

The action plan for an 'age-friendly' city devised by the City Government in 2017 has six domains. Whereas the WHO differentiates between social participation, social inclusion and non-discrimination, and civic engagement and employment, Oslo's City Government made the decision to capture these through the overall umbrella of 'social participation'. This is because of the broad notion of social participation covering 'a range of social activities, culture and working life, political engagement and organisational work'. To realise the Action Plan envisioned by Oslo municipality existing plans such as the white paper on Senior Citizens, the Plan for a Safe and Diverse Care of Older people, the People's Health Plan, and the Strategic Building Plan for Older Citizens in need of assistance, must be considered and grounded in a common platform and vision.

### **Zaragoza: friendly city (together) with seniors**

Age-friendly policies in Zaragoza are part of municipal social policies and in coordination with other public entities at regional and national level. Over the past five years, age-friendly policies have sought to promote active aging and increase the quality of life for older people in Zaragoza, building on both the WHO's framework as well as existing local structures.

To date, ageing policies in Zaragoza have been spearheaded by the City Council's Technical Office for Seniors. In May 2019, the newly elected municipal government included a Delegation for Seniors within the Area of Social Action and the Family. This recognises the need to have a political body that specifically focuses on older people, as a distinct segment of the population.

Under the slogan "Zaragoza, Ciudad Amigable con las Personas Mayores" (Zaragoza, Age-friendly City with Seniors), the City Council has disseminated aging policy initiatives using a common logo developed by IMSERSO for its use by all cities and regions in Spain that are part of the WHO's Network.

Upon joining the WHO's Global Network for Age-Friendly Cities and Communities in 2011, the city of Zaragoza developed an Action Plan for 2014-2017, which outlined actions to be undertaken (based on 25 proposals identified by older people in the diagnosis of the city's "age-friendliness"), responsibilities, and stakeholders that would be involved in the implementation of the Plan. In order ensure alignment between WHO's eight domains, the set of proposals/actions planned, and the management structure within the local government, the city of Zaragoza defined the following four strands or axes for policy implementation within the city's Action Plan:

- Strand 1. Participation and social recognition: with the overarching goal of valuing the social contribution of older people, promoting intergenerational coexistence and active participation in their environment, involving older people in the improvement of the city, this strand addresses domains "Respect and Social Inclusion" and "Civic Participation and Employment";
- Strand 2. Promotion of leisure and free time for an autonomous and healthy aging: Encompassing the domains "Community Support and Health Services" and "Social

Participation”, the goal of this strand is to promote resources, services and activities especially of a preventive nature that contribute to an autonomous and healthy aging;

- Strand 3. Accessibility and Transport: This strand seeks to facilitate the use and access of public and private resources to older people, improving the accessibility of infrastructures. It thus covers the domains “Outdoor spaces and Built Environment”, “Housing” and “Transportation”;
- Strand 4. Information and ITCs: this strand corresponds to “Communication and Information” and its goal is to enhance access to public and private services (quantity and quality).

## **Annex 2 - Life in the stakeholder cities according to older people**

In each of the stakeholder cities, focus groups with older people have been held. The aim of the focus groups is to meet the second objective of the study, which is to gain insight in the quality of life of different types of older people in different types of cities. Therefore, it was crucial to obtain a mix of various backgrounds among the participating older people. In each city, presence of both majority and minority groups was ensured. In the gatherings, quality of life in the participants' living areas and the rest of the city was discussed, followed by a closer look at their opinions related to the topics housing, mobility, services and social life in their neighbourhood.

In the following paragraphs, the insights from the focus groups are presented per stakeholder city. The last paragraph gives an overview of the broader picture that has emerged from the focus group discussions.

### **Amsterdam**

In Amsterdam, two separate focus group discussions have been held: one with older people in the district of Amsterdam South – most of the participants live in the neighbourhood Buitenveldert – and one in South-East (Bijlmer) with migrant older people from various origins: mainly Surinamese and from the Caribbean parts of the Netherlands.

The respondents are generally very pleased with life in their city. Still, they see different priorities. In South, the older people are mostly concerned with the quality of public space, whereas in South-East, most importance is given to social participation. Another important finding is that generally, the older people are only to a small extent aware of the city's attempts to become age friendly, with the exception of some politically active participants.

In Amsterdam-South, older people praise the area for being a garden city conceptually. This means that public space contains a lot of green areas. At the same time, they think that the wide, open street design facilitates an anonymous atmosphere where people are too inward oriented. Also, air quality in the area is seen as unfavourable. In the garden city concept, housing gets particular attention. This can be seen in the older people's opinions about housing in their neighbourhood. They are satisfied with their homes and think that their homes are age friendly, although the cost of housing is perceived as excessive. However, this is not a problem for older people specifically: the overheated housing market is a problem for the whole city.

Most emphasis was put on the topic of mobility by the older people in Amsterdam South. They are relatively healthy and desire transport options to reach the destinations where they can continue their social life. However, the impression exists among the older people that the accessibility of public transport is inadequate in their neighbourhood. Mainly bus stops are too

far away and routes are not practical in terms of efficient connections with destinations such as shops, healthcare and other services. Cycling in the nearby area of Buitenveldert is manageable according to the (younger) older people, but for older people it becomes quickly frightening due to drivers on mopeds on cycle lanes. Also outside their own neighbourhood, and especially towards the city centre, older people indicate that the traffic becomes too chaotic and unsafe. The last topic, social participation, is not a priority according to the older people of Amsterdam South. They feel that there are many opportunities for social participation, of which much is organised by the community centre in the neighbourhood. Also there is a social service point, which provides older people with assistance to find the right service. However, the older people object that the city's policy is expecting too much self-reliance and taking the initiative from its older citizens, especially vulnerable older people. They recommend that more home visits are paid to make sure that no vulnerable older people are left behind in this respect.

The migrant older people in Amsterdam also enjoy living in Amsterdam South-East. They think it is cosy in the neighbourhood and also are positive about the green character of the area, with relatively big homes. In South-East, there is a relatively high spatial concentration of older people with a migrant background. These people indicate this as an advantage, and prefer living with other people with the same background over a mixed population structure.

The migrant older people in Amsterdam have different opinions on living in the city than the other consulted older people. They put social participation highest on the agenda. Their main complaint is the lack of meeting spaces. They would like a space where small parties can be held and where cultural activities can be employed. Interestingly, they do not feel they are lonely and even in cases of loneliness, they will rely on their peers, rather than on municipal services. This is because they feel that the city's representatives don't understand their culture and their needs well enough. The same applies for informal care, which the migrant older people prefer much over institutionalised healthcare. Therefore, they point out that it is crucial that their children will be able to find a home close to them, so that they can provide healthcare. This is often not possible, which leads to a lot of frustration, since migrant older people often find it an uncomfortable idea to be left in the hands of institutionalised healthcare.

Lastly, the migrant older people are negative about transport options, the availability of shops and about the digitalization of society. They indicate that the transport options are expensive, that quality of RMC (a taxi-like transport system for vulnerable population groups) is low (low punctuality and many detours) and that public transport is physically inaccessible (the metro gap is considered dangerous and bus entries are too high). Regarding shops, they feel that the supply has become too expensive and western-oriented over the years, while they desire cheaper, Asian and Surinamese shops that can provide them with the goods from their own culture. Lastly, they are worried about the increasing use of technology. Most migrant older people have little to no digital skills. During the focus group it was indicated that even though the public library provides lessons on computer use, this is of little use, since many migrant older people have no money to buy the necessary technology. This also applies to other groups

of older people to a certain extent. Therefore, analog communication towards older people seems unavoidable.

## **Barcelona**

In Barcelona, six older people have been consulted. They came from different areas across the city, and from various socio-economic backgrounds. Among the six, one has a migrant background and another is disabled.

The focus group participants understand that Barcelona should be friendly to all ages, not just to seniors. All participants acknowledged that the city has made some progress over the last years to improve living conditions of older people. The participants were aware of some of the city initiatives to become more age-friendly, namely the Radars project and the Vincles project (see also chapter 4). One participant did not know that Radars was led by the City Council and thought it was run by a private association. They have a positive opinion of these initiatives. Some of the participants are involved in the Vincles project. They think the city administration is genuinely worried about older people over the last four years, although it has encountered constraints which hindered the adoption of more ambitious measures. However, they all agree that much more needs to be done in every domain.

In relation to open spaces and built environment, the older people comment that there are enough green areas, although the lack of public toilets in many of them represents a problem. They would like wider and safer pavements, with compulsory licences for people riding bicycles and electric scooters. They also demand civic education to raise awareness among the youth of the shared use of open public areas; for example, young people should remember not to play music very loudly in parks as it may disturb children and older people.

As for mobility, the older people complain that some metro stations are not equipped with lifts or escalators. Going around the city with wheelchairs is also quite challenging, especially in streets where pavements are not even. The participants also complain about bicycles and electric scooters; they think their use should be regulated and their speed limited.

Housing seems to be the most problematic domain for seniors in Barcelona. Participants think that older people should have the opportunity to decide where to live. For example, if they choose to live in their homes, physical barriers should be eliminated. There are not enough public nursing homes for the existing demand, which results in long waiting lists. Private nursing homes are deemed too expensive by the participants, although the quality is good. The company of other residents and the healthcare provided is appreciated. However, most people want to stay in their homes. Some people just will not accept going to a nursing homes. Sharing a flat with other people to combat loneliness is an option. The participants concurred that the local authorities should do more to facilitate varied housing options for older people (nursing homes, social housing, protected flats, and rehabilitation of buildings).

With regards to social participation, participants argued that they have always participated in social life since they were young. To increase social participation of older people, they suggest disseminating more information about relevant initiatives and activities. Inter-generational activities were also discussed. For a couple of participants they were essential in an age-friendly city. The youth and older people – they argue – should know and support each other, participate in cultural activities together, and develop an awareness of their needs. All older people agree that inter-generational activities should be further promoted.

Another issue which participants raised is the precarious professional situation of caregivers. They are poorly paid and unstable. Migrants are increasingly covering these positions even though many do not have certified qualification (this does not apply to nursing homes, where everyone must certify their qualification). Participants admitted that they would not want their children to accept this kind of work. They also claimed that the City Council must guarantee the adequate attention to seniors, ensuring the quality of the work of caregivers.

When asked about the role of technology in their lives, one person said that having an electric powered wheelchair had given autonomy to go out and move around the city independently. This has given this person the motivation to participate in social activities. Another participant asserted that she learnt about cultural activities through social media. The participants agree that most people aged 65-70 have a smartphone and know how to use it. However, they are concerned about the prospect of being forced to process paperwork electronically. They suggest that the City Council offices should have a person in charge of helping people without IT skills with their paperwork. They admit that IT skills in the case of older people often have to do with their professional past.

As for their expectations for the future, the participants demanded that ageing policies should be protected against party politics. All parties should commit to respecting the broad social consensus reached with the Barcelona ageing strategy 2018-2030. The consulted older people expect further progress to make Barcelona an age-friendly city, strengthening the initiatives in place and developing new ones.

## **Gothenburg**

In Gothenburg, the focus group consisted of five older people. Two of them are migrants, but have lived in the city since the 1970s. All live in different parts of the city and have lived there for a relatively long period of time, ranging from 20 to 50 years.

In general, the group is not well aware of the strategies that the city has for becoming more age-friendly. The discussants mentioned that the older age group consists of a broad group of people that are composed of people in three different stages: those who have recently retired, those who are “semi old”, and those who are “very old”. The impression of one of the participants was that the city’s main focus is on those who are “very old” and least mobile, and

that there are efforts in this group to prevent falls, free healthcare and home care, while other groups of seniors receive less attention.

The older people feel that their voice is not properly taken into consideration and a couple of participants are rather unsatisfied with how citizen dialogues are carried out in the city. They feel that they should be more properly engaged in an earlier stage, as they now feel that the dialogues are carried out at a point when they feel like everything has already been decided on. It should be noted that there are formal forums where organizations that represent older people in Gothenburg regularly meet municipal politicians and authorities. Seniors in Gothenburg are represented by pensioners' organizations, that form pensioners' councils in the city and in each of the 10 city districts. A couple of the focus group participants are actively involved in different pensioner's organizations and also spoke not only from their own personal point of view but also partly based on their experiences from these organizations.

There are a couple of aspects that the older people in Gothenburg are generally positive about, one being the pensioners' card that was introduced a few years ago. It gives seniors access to various activities either free of cost or at reduced prices. For example, seniors can swim for free in the city's public swimming pools and also access gym facilities and various cultural activities at reduced prices. Among the most appreciated features of the senior card is that public transportation can be used for free (except for during rush hours), also including the possibility to reach the islands in the surrounding archipelago with boats that are part of the public transportation system. In general, public transportation is considered to be of good quality in Gothenburg, and the group participants mainly use public transportation to get around the city. The discussants also appreciate that the city provides a lot of good activities that older people can participate in. However, while this is good, one participant felt that these activities sometimes compete with the activities offered by voluntary organizations and different associations, and to an extent challenges the existence of these associations, which have historically played an important role in Swedish society. It was furthermore mentioned as problematic that many meeting points, such as facilities of associations and pensioners' organizations, have been closed down due to austerity measures in the city, and also that there are seldom common meeting places in the newly built stock. This was considered to be something that negatively affects the social life of older people in Gothenburg.

Among the major challenges for older people in Gothenburg are digitalisation and housing. It was mentioned that many seniors are much less comfortable using digital tools, and that this is a challenge when society is becoming increasingly digitalized. For example, one concrete problem that was mentioned is that many public toilets require card or digital payment and do not accept cash anymore. One of the participants thinks that Gothenburg should have a more well-thought-out strategy for handling digitalization and the challenges that it brings.

Also housing is perceived as a major challenge by the consulted seniors in many ways and it was mentioned that this is not only a problem in Gothenburg, but more generally a problem in many parts of Sweden, where housing is expensive and where there are housing shortages in

many cities and regions. Different aspects were highlighted, such as the fact that many people are staying in their dwellings as it may be impossible for them to move to another apartment which might be better suited for their needs. As new housing is often rather expensive, and many cannot afford moving into a new dwelling, it was mentioned that some people are living in overly large apartments as it might be more expensive for them to move into a newer smaller apartment. However, one positive note related to housing that was mentioned were the so called safety homes ('Trygghetsboende') that have been introduced in the city as a new way to live, where safety and community are key elements. This type of housing has been developed with consideration to the ambition that people typically want to avoid moving from their home as they age, and it is based on the idea that certain small adjustments in the dwelling can make them safer and more comfortable. This was mentioned as a positive initiative that has improved the housing situation for some seniors in the city.

Lastly, segregation in both socio-economic and ethnic terms is a problem according to the older people. Gothenburg has a considerable minority population who speaks Finnish as their first language, resulting from large scale migration from Finland to Sweden in the 1970s. The Finnish minority has since 2011 had certain rights according to the law on national minorities and minority languages, including the right to receive care in the Finnish language. In practice, according to one of the participants, who is of Finnish descent and active in one of the Finnish pensioners' organizations, the level of services provided in Finnish is not sufficient, and especially as many Finnish migrants now are retired and require special care, it is problematic that the staff in many older people's homes do not have sufficient skills in the Finnish language.

## **Greater Manchester**

The participants of the Greater Manchester focus group were nine members of the Older People's Network Action Group.

The first topic discussed with the participants is their opinion on characteristics of an age-friendly city. Most of the elements mentioned by the participants are related to the built environment and transport. They stated that good footpaths, street lights and infrastructure is important and should be made with older people in mind so it is accessible. With regards to public transport, regular transport links in general but particularly routes to hospitals and supermarkets are important. Also, there were suggestions to make public transport more accessible, for example by changing the bus stops (lower the printed timetable to eye level and electronic real time screens showing bus timetable), training the drivers in being age-friendly, and including audio on buses saying what stop is next. Also proper housing is seen as important by the group, with accessibility high on the priority list.

The group is critical whether Greater Manchester meets the criteria that are described above, although they are sure that there is a split in how the expectations are being met across the different areas within GM. One participant notes that the mayor is currently working on making

the buses publically owned as opposed to run by private companies- there is hope that this will be done with age-friendly GM in mind. In terms of housing they do not believe that GM does enough, they describe waiting for a ground floor flat or bungalow as “waiting for dead men’s shoes”. They are worried that the world is becoming very internet focused, even with the council. Shops are moving towards self-service everywhere, banks are closing on local high streets and banks that remain are becoming more and more self-service oriented, local post offices are closing.

The group is worried about safety in the city. In general there are far fewer police officers and community support officers on the streets. This has an effect on everyone, not just the older people in the community. One interviewee is a member of the Neighbourhood Watch board. The police used to fund the Neighbourhood Watch scheme. In 2014 they handed this over to the community with the intention that they would support. However, the interviewee says that they have actually seen very little police support and the scheme is now entirely community led. Many note that they would not go out after dark. They also mention fear of fraud and cyber crime.

The effects of digitalisation are considered disturbing for most of the participants. Technology can feel quite isolating in a big city because you may need to be reliant on it to do many day to day things now. They do not feel supported to learn about new technology with most saying they would not know where to go to seek this kind of support. One interviewee says that not being up to date with technology can end up costing older people a lot of money- there is the expectation now that you will shop around every single year for the best deals on insurance etc, so for older people who cannot use the internet this means they just renew their policies which is more expensive or they stay on expensive energy tariffs because they do not know how to switch. Also a lot of services are now automated or self-service such as supermarkets, this is very isolating for older people.

The majority of the interviewees were not aware of any policies within GM that specifically had age-friendly GM in mind. One interviewee felt that often when older people are involved in consultation groups or boards, it feels a little like a token effort. It is often felt that once decision makers are at the consultation phase, they already know (often without compromise) what they intend to do anyway so the consultation groups are to tick a box. They feel that things start at a policy making/ corporate level then are brought down to consultation phase and older people are spoken to, however it should work more from the bottom up and involving older people from the start. They note a number of people they have spoken to and had consultations with who then just haven’t even got back to them about what happened or any changes that were made so it can feel like a wasted effort.

Ideally, the municipality should consult people of all genders and ethnicities about age-friendly policies. The group feels that the consultations are sometimes centred on white women from a financially better-off household. They also speak to more outgoing people who are involved in

the community- this isn't representative of those who are most affected by not living in an age-friendly society.

## **Hengelo**

The participants in the focus group in Hengelo were four women, three of which had lived in Hengelo and the surrounding area for the majority of their lives. One has moved in from a different place in the Netherlands 15 years ago.

The older people in Hengelo generally are pleased with life in their city. Compared with the other stakeholder cities, the city of Hengelo is relatively small and quiet, and it is this characteristic that the older people value: proximity to services without the rush of a big city. In Hengelo, the Wijkkracht organisation coordinates social activities. Examples include handcrafts, sports, games, sometimes combined with wellbeing (such as memory training games). The consulted older people are pleased with these activities. However, they note that they know a lot of peers who are not reached with such supply of by services. They point out that the municipality should do more to prevent loneliness among those older people. For example, they indicate that older people need a 'buddy' that brings them to social activities. There could be a role for volunteers to provide such services. About transport, the older people have mixed feelings. They don't use public transport facilities often, because the bus stops are too far away. However, there is a public service provider ('Carintreggeland') that focuses on services related to wellbeing. One that the older people are positive about is the trip service by Carint. This service provides leisure (day) trips to destinations across the Netherlands. The older people like the destinations that are offered and think it is an effective way to prevent loneliness. Another topic that the participants have mixed feelings about is the liveability of their areas for older people. They indicate that an increasing amount of people with psychological problems are housed in their blocks and that drug dealing occurs more often, leading to feelings of unsafety. Lastly, the consulted older people are worried about the increasing digitalisation of society. They have limited computer skills and express no wish to learn them, pointing out that the telephone should stay available as communication medium.

## **Nantes**

These findings are based on the first focus group, and the observation of a district workshop in Nantes South (related to the issue of housing), which was held as part of the preparations for the Greet Citizens Debate on longevity planned for May 2019. The focus groups was attended by six participants, of which three men and three women. They came from different districts of the city, and had different economic and social backgrounds. In particular, male participants had a migrant background and were coming from Malakoff, a district hosting a vast community originating from Maghreb.

One of the core messages shared by all participants was the need to have a holistic approach to healthy ageing policies, which does not only focus on seniors, but also the whole society. In that respect, investing in the education as well as the integration of younger generation was seen as an essential factor, at least under two perspectives.

First from a security perspective, as they all shared a feeling of insecurity especially at night, even in the city centre. Some participants also advocated for the need for more surveillance in the streets including close to their habitats. Also linked to security is the issue of isolation. They felt (some) older people are often left alone, or do not know who to turn to in case of need or emergency. Here, the vast network of local associations seems to compensate well the action by the city, but especially small organisations need more support.

Second, from a transport perspective, there is a need to promote an educational and behavioural change. They shared the impression that there is a frequent lack of kindness and respect by bus drivers and understanding of older people's needs and necessities. There are also several limitations related to the security of the vehicles as well as the bus stops. Also, one shared issue is the need to arrange and support transport to and from the bus-stops. The city has actually provided in small scale some supporting measures to "escort" disable people and similar services could be deployed for seniors (although from a financial perspective this might prove not sustainable).

Also crucial is the theme of housing. The shared feeling was that it is difficult to access a decent apartment, often there are long waiting lists and the quality and state was not up to standards. Growing old, a shared concern was how to maintain as much as possible privacy and independence while receiving support and care. In that respect, the new initiative of the *maisons partagées* (shared houses) was praised as a good solution. Here each individual has his own room and toilet but a shared kitchen and living room which promotes conviviality. At the same time assistance with meals preparation and any other necessary support is provided. However, there were different views with regards to the costs, which in the opinion of some participants are not always affordable.

With regards to health facilities, there was concern over the limited number of beds and the long waiting time experienced at the emergency services. The limitation of current facilities vis a vis the increasing number of senior people in need of support is also a challenge recognised by city officials.

One of the aspects of public policies which was praised by all is the vast offer of leisure and cultural activities, some of which for free, which are offered. At least half of the participants had benefitted from these opportunities (especially women). Another very positive aspect is the abundance of green spaces and parks, where however more sitting options should be provided. On that, participants also had creative and practical ideas, for instance the possibility to design benches not annexed to pick-nick tables or with an access option from the centre (instead of only on the sides).

Overall, while the city tries to engage senior communities at the local level and organises ateliers de quartier (neighbourhood workshops) and meetings with city officials, the shared impression is that suggestions are not always taken into account, and that in any case the format of such meetings is often not stimulating people to speak up, when they are less used to express their opinion.

It is worth noting that participants took the opportunity to voice their concerns, needs and request during the discussion, which explains why the focus was primarily on aspects which could be improved.

## **Oslo**

The focus group for the Oslo case study consisted of nine individuals, and the gender balance somewhat skewed towards women, with 6 woman and 3 men participating in the group. The majority of the focus group participants were selected and approached by the city council for older people, health and employment based on their ability to speak for a wider group, indicating a resourceful set of participants. These participants were aware of the policies initiated in the City of Oslo to some extent, both before and during the preparation for the focus group. Two of the participants were suggested by the Central Council for Seniors. It is important to note that despite including one person of immigrant background, this person moved from a country of similar culture and background. The focus group did thus not include any participants originating from outside Europe.

The focus group participants for the Oslo case study expressed a general satisfaction with the age-friendly policies in Oslo, highlighting aspects such as the variety and availability of cultural events and activities and access to healthcare services, and recognized the efforts of the City of Oslo in taking steps towards becoming increasingly age-friendly. Although not all focus group participants live in city districts piloting age-friendly policies, the general perception of the policies in the changed semantics and focus on older people as healthy and resourceful citizens is a much-welcomed change. However, some of the participants still feel the stigma of being older in their daily lives. The feeling of having been able to participate in the development of policies for an age-friendly city was commended by the participants as an indication of the city's wish to adjust to fit all generations. With public meetings/citizen meetings, site visits and inspections across the city, the participants feel that older people have been given the opportunity by the city to express their views and contribute with their expert knowledge of being an older citizen, regardless of their actual participation.

Public transport was one of the main topics of discussion. Although generally happy with the service in financial terms, the accessibility of trams and busses is one of the main challenges. The trams are old with steep steps, and not wheelchair accessible. The busses are good, but the pavements around the bus stops are poor, and the curbs often too high creating potentially dangerous situations.

Public transportation is viewed as one of the main facilitators for social inclusion, and with increased mobility people's ability to participate in activities across city boroughs contributes towards a happier and healthier life. The City of Oslo's 'Rosa Buses' initiative has thus been a great success, as it is an accessible and social experience that help older people across the initial threshold of reducing e.g. distances to bus/tram/metro stops. The 'Rosa Buses' is currently in a pilot stage and has been operative in a few of the pilot boroughs for age-friendly city-initiatives.

Feeling secure and being able to feel safe in all of the city's districts is another topic discussed during the focus group. Suggestions towards increased visibility of police at night, coupled with more streetlight would contribute towards a heightened sense of safety in all neighbourhoods. Housing and isolation were also discussed by the participants, and the initiative towards creating care/safety homes and activity buddies are received positively. Regarding housing, according to one of the participants, the way the current housing market is today, the ability to bridge the generation gap in the city of Oslo is difficult as younger generations often cannot afford housing in these areas.

Other issues discussed center around digitalisation and the need for human contact. Although praised for its positives with regards to healthcare, security and services, digitalisation in e.g. the public transportation system is considered a challenge in the future. The focus group participants are all personally positively inclined towards digital technologies, but some concern was expressed regarding the threshold for using digital tools for older people and the need to ensure some form of person contact to avoid creating a 'digital divide'. Having a place to go to ask questions is voiced by all participants, praising the establishment of so-called 'Senior Houses'. These are meeting arenas for older people, and a point of contact. There is also the ability to buy cheap dinner, coffee and cake, attend seminars and other activities organised in-house.

## **Zaragoza**

The twelve older people that participated in the focus group in Zaragoza (of age 65-90, balanced in gender) were generally positive about the city and think Zaragoza is an age friendly place to live, in part due to its size, but also because it is accessible and there are many options to remain active. It is clear from the discussion that the Social Gathering Centres for older people ('Centros de Convivencia') are the city's flagship initiative which is greatly appreciated by many seniors in Zaragoza. The Social Gathering Centres provide social activities including sports, cultural activities, trainings and workshops. These are generally free, in contrast to the trips that are sometimes organised. The demand for the activities is much greater than the supply and often the older people cannot sign up for some of the activities or are required to stop attending (this applies to activities organised regularly).

The participants also are positive about Zaragoza's transport system. Generally speaking, the older people think transport is accessible in Zaragoza, where it is relatively easy to move around, partly because it is not a large city, but also because it is well connected. Either buses or trams connect the different districts. However, participants feel the availability of transport options (bus lines/trams) is not the same across district/neighbourhood, with some being better than others. For those districts that are not as well connected, the issues participants mentioned were not having a tram line, or having to connect different buses to get to certain places. Also some bus lines can get extremely crowded.

While general perceptions about the city's age-friendliness are positive, the consulted older people also identify areas where the city is not doing so well. This has mostly to do with outdoor spaces. Participants note the lack of benches in some of the city centre's main streets – where there used to be benches but were removed after the streets have been renovated, of public toilets – despite the fact that the City Council has agreed with some bar/restaurant owners that they let people use their toilets – and of drinking fountains. All of these make it challenging for older people to go for walks around the city centre.

Moreover, the older people indicate that there is a lack of suitable housing. The participants feel that there are insufficient publicly provided means to guarantee people's wellbeing at home, and so once they are highly dependent, a retirement home is probably the best option. However, there is a lack of affordable places in retirement homes and there are long waiting lists to access the places that exist.

Lastly, digitalisation is a point of interest. The consulted seniors see the potential and increasing use of new technologies in people's day-to-day life. But, amongst the older people, it is the phone rather than the computer that is most widely used. Older people have learnt and are more comfortable using the phone rather than the computer. The reason why they do not learn to use technology more is because there is always someone within the family that is there to help them. Yet, some participants feel it would be useful to have more IT support through the Social Centres, not only in terms of providing IT rooms where people can use computers but also to learn how to do many of the bureaucratic procedures that are now being done online (through telematic systems).

## **Conclusion**

The results from the focus group discussions with older people show both differences and commonalities between the stakeholder cities. The differences occur because of specific local issues within the cities. However, it is clear that all cities are coping with at least two common themes.

The most apparent is housing – where affordability has become a concern for many older people. The problem is twofold: high rental prices are a serious barrier for older people, but

younger generations' mobility on the housing market is also affected when older people stay in their homes longer.

A second topic that is apparent in most cities is older people's unease with the increasing digitalisation of society. Without good supply of training facilities to use computers, tablets or smartphones, older people will not be able to participate as well as younger generations. For older people with limited means, the affordability of digital devices poses an additional challenge. The topic of housing is already high on the policy agenda (table 4.1) but digitalisation should get more attention of policymakers to prevent growing intergenerational inequalities.

## **Annex 3 - Policy review of policies addressing population ageing at the global and European level**

This document provides an overview of policy initiatives that have been taken at the global and at the European level in dealing with challenges related to an ageing of the population structure. The document is structured in two parts. First, focus is placed on key policy initiatives that have been launched at the global level since the 1990s, followed by the most relevant European-level initiatives from the past decade.

### **1. Policy action at global level in dealing with population ageing**

At the global level, the question of population ageing is one that has gained increased political concern during the last few decades. In particular, the World Health Organization (WHO), the United Nations (UN), and the Organisation for Economic Co-operation and Development (OECD), have actively worked with pushing the question of population ageing on the global policy agenda.

#### **WHO Ageing and Health Programme**

The WHO has since the 1990s played a pivotal role in developing policies that deal with ageing and health. An important step was taken in 1995, when the WHO renamed its Health of the Older People programme to Ageing and health. This signaled an important change in how ageing was viewed, and instead of compartmentalizing older people, the new name of the programme embraced a life course perspective, building on the notion that the best way to ensure good health for future cohorts of older people is by preventing diseases and promoting health throughout the life course. Central in the life course perspective is also the idea that the health of those who are now in older age can only be fully understood if the life events that they have gone through are taken into consideration. The aim of the Ageing and Health programme was to develop policies that ensure the best possible quality of life for as long as possible, and for the largest possible number of people. The programme emphasized the need for fostering interdisciplinary and intersectoral initiatives and also highlighted the importance of adopting a community-based approach, respecting cultural contexts and influences, recognizing the importance of gender differences and strengthening intergenerational links. In 2000, the WHO changed the name of its programme to Ageing and Life Course to reflect the importance of the life-course perspective. Another concrete measure taken in 2000 by the WHO was installing an Adviser on Ageing in each of its six regional offices worldwide to address specific issues from a regional perspective (WHO 2002).

At around the turn of the millennium, several global policy initiatives focusing on ageing and health were launched. In 1999, the United Nations General Assembly declared that year the

International Year of Older Persons and the World Health Day that year was themed “Active ageing makes a difference”. Also, that same year, the WHO launched the Global Movement for Active Ageing.

### **UN Political Declaration and Madrid International Plan of Action on Ageing**

A particularly important document that has guided policy action on ageing during the 2000s is the United Nations Political Declaration and Madrid International Plan of Action on Ageing adopted at the Second World Assembly on Ageing in 2002 (UN 2002). This marked a turning point in global action towards “building a society for all ages”. This plan of action presented a new agenda for dealing with the question of ageing in the twenty-first century and it was intended as a support for policymaking, including suggestions for how governments, non-governmental organizations, and other actors can reorient how their societies perceive, interact with and care for their older citizens. This was also the first time that governments agreed to link questions of ageing to other frameworks for social and economic development and human rights, most notably those agreed upon at the United Nations conferences and summits of the past decade. The following three priorities for action were identified in the recommendations: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. Several of the key issues that were emphasized in this document have remained relevant and are central also in more recent policy documents, such as promoting health and well-being throughout life, ensuring universal and equal access to health-care services, training care providers and health professionals, providing support for caregivers, and the importance of being able to age in place (WHO 2015: 5).

### **WHO Active Ageing Policy Framework**

Another central policy document that has steered policy action on ageing during the 2000s is the WHO Active Ageing Policy Framework published in 2002 (WHO 2002). This policy framework was set against the backdrop that while population ageing is one of humanity’s greatest triumphs, it is also a major challenge, that will place increased economic and social demands on all countries. In this document, it is stated that an ageing of the population is a global phenomenon that demands international, national, regional and local action, and that failure to deal with this demographic challenge will have socioeconomic and political consequences everywhere (WHO 2002: 45).

This framework is founded on the idea of active ageing, which refers to the “process of optimizing the opportunities for health, participation and security in order to enhance quality of life as people age” (WHO 2002: 12). This concept stresses that a multitude of factors in addition to health care affect how individuals and population age and that health, participation and security are fundamentally important for ageing to be a positive experience. The WHO framework argues that active ageing policies and programs should enhance the health,

participation and security of older citizens, and that these policies and programs should be based on the rights, needs, preferences and capacities of older people (WHO 2002: 6). In the framework, “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labor force. Active ageing also aims to extend healthy life expectancy and quality of life for all people as they age. The WHO defines health as being composed of physical, mental and social well-being, and in the active ageing framework, policies that promote mental health and social connections are as important as those that improve physical health status.

The framework also stresses that ageing policies should embrace a life course perspective, that recognizes that earlier life experiences influence how individuals age. Interdependence and intergenerational solidarity are important components of active ageing, as people age within the context of others, and the quality of life that a person enjoys at a later stage in life depends on experiences that they have gained throughout their life course, and also on the manner in which succeeding generations provide mutual aid and support. The life course perspective therefore emphasizes that interventions that support a healthy life are important at all stages of life (WHO 2002: 14).

The WHO policy framework identifies six key determinants of active ageing: economic, behavioral, personal, social, health and social services, and the physical environment (see figure 1). Economic determinants include ones related to e.g. income and work, behavioral determinants include physical activity, healthy eating, alcohol and tobacco, and personal determinants include factors such as biology and genetics and physical factors. Determinants of the social environment include features such as education, social support, violence and abuse, whereas determinants related to health and social service systems include health promotion and disease prevention, long-term care and mental health services for example. Finally, determinants connected to the physical environment include attributes such as safe housing, clean water and air, and falls prevention.

Figure 1. The key determinants of Active Ageing (according to WHO 2002: 19.)



In addition to the six different types of determinants, there are two cross-cutting determinant that influence active ageing, namely culture and gender. Firstly, culture determines how society views older people and ageing. There is high cultural diversity among and within countries and regions, but there are also certain some critical universal values that transcend culture, such as ethics and human rights. Secondly, gender differences also have an effect, and for instance in many societies, girls and women have a lower social status and less access to nutritious foods, and education for instance. Boys and men on the other hand are more likely to suffer from for instance injuries or death due to violence, occupational hazards and suicide, and also more often smoke, consume alcohol and use drugs. From a policy-making perspective, it is thereby crucial to acknowledge that an active and healthy lifestyle of the older people is determined by a wide array of determinants that need to be addressed by several different policy domains.

An active ageing approach seeks to eliminate age discrimination and recognizes the diversity of older populations. In this framework, it is considered vital that older people and their caregivers are actively involved in the planning, implementation and evaluation of policies, programs and knowledge development activities related to active ageing (WHO 2002: 46). These core principles are ones that have been stressed in a vast share of policies concerning ageing.

The WHO Active Ageing Framework published in 2002 presented a number of policy proposals in relation to three central pillars of active ageing: i.e. health, participation and security. These included both broad proposals encompassing all age groups as well as proposals more specifically targeting older people. Firstly, proposals related to enhancing health, included measures connected to e.g. quality of life, barrier-free living, age-friendly and safe

environments, social support, healthy eating, mental health services, and ageing at home and in the community. Secondly, among the policy proposals related to participation where ones connected to life-long learning, poverty reduction, formal work, voluntary activities, transportation, creating a more positive image of ageing, and promoting the participation of women. Thirdly, proposals related to security included measures concerning social security, social justice, and reducing inequalities in the security rights and needs of older women. (WHO 2002: 47–53).

In this document, the WHO also pledged its commitment to work in cooperation with other international agencies and the UN to encourage the implementation of active ageing policies at global, regional and national levels, while highlighting, that ultimately it will be up to national and local communities to develop and implement the policies and programs tailored to their unique circumstances. The WHO's Active Ageing framework, together with the UN Plan of Action on Ageing (UN 2002), addressed previously, have provided a roadmap for creating multisectoral active ageing policies during the 2000s. Common to both these documents is that they identify the importance of health in older age and emphasize the potential of older populations as important resources for future development, especially as life expectancy is expected to increase. These documents also address a wide range of areas where policies can enable the contributions of older people and ensure security in older age.

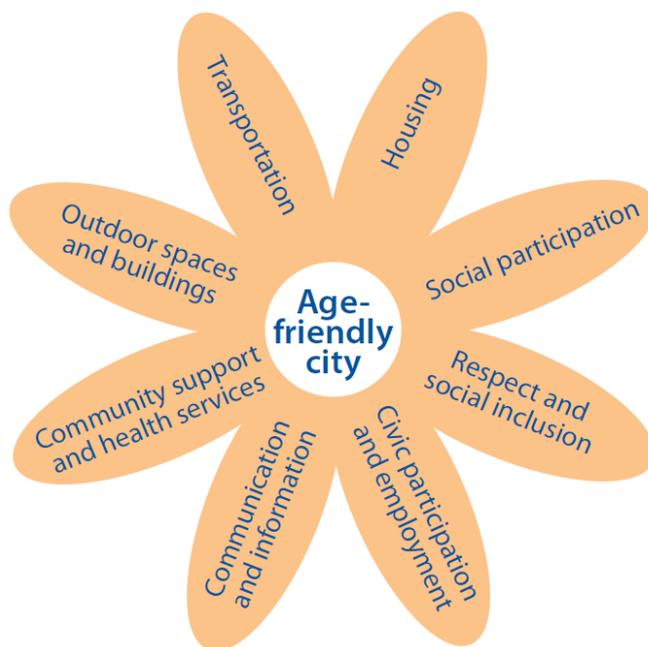
### **WHO Global Age-friendly Cities: A Guide**

Whereas the previously discussed policy documents had addressed the question of ageing on a more general level, in 2007, the WHO laid more specific emphasis on the question ageing in cities by publishing *Global Age-friendly Cities: A Guide*. This policy guide had a clear urban focus, and it was intended to help cities become more age-friendly by better utilizing the potential of older people. This guide was set against the backdrop that in addition to population ageing, urbanization is another major global trend. While cities are growing, and the share of senior residents is increasing, population ageing should not merely be viewed as a challenge, but older people are also a resource. This guide was founded on the WHO Active Ageing Framework (WHO 2002), and the idea of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. This means that a vital part of being an age-friendly city is that policies, services, settings and structures should be designed so that they support and enable people to age actively. It is crucial to recognize the wide range of capacities and resources among older people while anticipating and responding flexibly to ageing related needs and preferences. In addition, it is important to respect the decisions and lifestyle choices of older people and to protect those who are most vulnerable and to promote their inclusion (WHO 2007: 5).

This policy guide was compiled based on the output of focus groups with older people carried out in 33 cities in all WHO regions, nine of which were European cities. None of the stakeholder cities of ESPON ACPA project were among the cities involved. In these focus groups, older

people were asked to describe the advantages and barriers that they experience in relation to eight different domains of livability that influence the quality of life of older people (see figure 2). This guide includes an overview of important aspects concerning age-friendly urban features related to each of the eight policy domains that cities should consider, including gaps and barriers to age-friendliness as well as concrete suggestions and recommendations for improvement. The themes that were mentioned in each city were recorded to form a picture of what was the most important, and based on the themes, a checklist of age-friendly urban features was developed for other cities to follow.

Figure 2. Age-friendly city topic areas (according to WHO 2007: 9)



In relation to the eight policy domains of age-friendly cities, the WHO (2007) guide lists the following key points as important features of a specific policy domain:

- Outdoor spaces and buildings:
  - Pleasant and clean environment, the importance of green spaces, somewhere to rest, age-friendly pavements, safe pedestrian crossings, accessibility, a secure environment, walkways and cycle paths, age-friendly buildings, adequate public toilets, older customers.
- Transportation:
  - Availability, affordability, reliability and frequency, travel destinations, age-friendly vehicles, specialized services for older people, priority seating and passenger courtesy, transport drivers, safety and comfort, transport stops and stations, taxis, community transport, information, driving conditions, courtesy towards older drivers, parking.

- Housing:
  - Affordability, essential services, design, modifications, maintenance, access to services, community and family connections, housing options, living environment.
- Social participation:
  - Accessible opportunities, affordable activities, range of opportunities, awareness of activities and events, encouraging participation and addressing isolation, integrating generations, cultures and communities.
- Respect and social inclusion:
  - Respectful and disrespectful behavior, ageism and ignorance, intergenerational interactions and public education, place within the community, helpfulness of the community, place in the family, economic exclusion.
- Civic participation and employment:
  - Volunteering options for older people, better employment options and more opportunities, flexibility to accommodate older workers and volunteers, encouraging civic participation, training, entrepreneurial opportunities.
- Communication and information:
  - Widespread distribution, the right information at the right time, having someone to speak to, age-friendly formats and design, information technology (understanding the possible risks of feeling excluded due to new technology), personal and collective responsibility.
- Community support and health services:
  - Accessible care, a wider range of health services, ageing well services, home care, residential facilities for people able to live at home, a network of community services, volunteers wanted.

While the attributes of age-friendly cities are grouped according to eight policy domains, the guide underlines that these different domains should not be viewed in isolation from each other, and that these domains tend to overlap and interact. For instance, there is a connection between respect and social inclusion and the accessibility of buildings and spaces in the range of opportunities that the city offers to older people for social participation, entertainment or employment. The WHO guide (2007) argues that an age-friendly city can only result from an integrated approach which is based on how older people live. This type of integrated approach means that it is necessary to coordinate actions across different areas of city policy and services so that they are mutually reinforcing. For example, housing must be considered in connection to outdoor spaces and the rest of the built environment, and transportation services and infrastructures need to be linked to opportunities for social, civic and economic participation, and health services.

This guide stresses that design for diversity is a central characteristic of an age-friendly city. In the WHO life course perspective for active ageing, design for diversity is the key for supporting optimal capacity among high-functioning individuals and enabling older people to function who would otherwise become dependents. It should be normal in an age-friendly city for the natural and built environment to anticipate users, and an age-friendly city should be friendly for all ages, not only for older people. The specific features that are mentioned include that there should be enough public seating and toilet facilities, dropped curbs and ramps to buildings should be standard features, building and housing design should be barrier-free and lights at pedestrian crossings should be safely timed.

All in all, age-friendly cities or communities are defined as places that foster healthy and active ageing and, thus, enable well-being throughout life. They can be characterized as good places to grow old, as they help people to remain independent for as long as possible, and provide care and protection when they are needed, while respecting the autonomy and dignity of older people (WHO 2015).

### **WHO Global Network of Age-friendly Cities and Communities**

A concrete initiative taken towards creating more age-friendly cities, was the establishment of the WHO Global Network of Age-friendly Cities and Communities in 2010 (WHO 2019). This network was created to support municipalities that seek to transform their ambitions of becoming more age-friendly into reality. The network seeks to do this by connecting cities and communities worldwide and facilitating the exchange of information and experience between cities and communities. The network builds on previous work by WHO, and by 2019 more than 880 cities and communities in 41 countries were part of the network, including seven of the eight stakeholder cities involved in ESPON ACPA. The network members are committed to engage with older people and other stakeholders across sectors, assess the age-friendliness of their cities and identify priorities for action and based on these assessments to engage in evidence-based planning and policy-making across a range of fields. Additionally, members pledge to adapt their structures and services so that are accessible to older people with varying needs and capacities.

### **OECD Ageing in Cities Report**

The Organisation for Economic Co-operation and Development (OECD) has also been actively engaged in pushing the question of population ageing on the policy agenda. In 2015, the OECD published *Ageing in Cities* (2015, 2015a), a report that provides policymakers with insights and tools to tackle the challenges that population ageing presents. This report also stresses that ageing societies should not be viewed simply as societies for older people, but as places where all generations can enjoy a good quality of life. Unlike many other potential challenges, such as financial crisis or natural disasters, ageing trends and their impacts are easier to predict. This

means that it is possible for cities to prepare for future demographic changes, and those cities that are in the forefront of working towards age-friendliness can offer valuable experiences for others. It is also emphasized that ageing policies should not only be about responding to the needs and opportunities of today, but also about anticipating the future population structure, and the economic and social pathways for a smooth transition. This report also stresses the point that while population ageing can be considered a challenge, it also presents a number of opportunities for society (see table 1).

**Table 1. Key challenges and opportunities related to population ageing (adapted from OECD 2015).**

Challenges	Opportunities
<ul style="list-style-type: none"> <li>• Change in local revenue.</li> <li>• Ageing labor force, leading to a decrease in the labor supply.</li> <li>• Increase in public spending for health and social care.</li> <li>• Infrastructure and urban form need to be redesigned to increase the attractiveness of and well-being in cities.</li> <li>• Social isolation resulting from a reduced social network.</li> <li>• Access to services and jobs will become more difficult for older people.</li> <li>• Housing affordability poses challenges for the quality of life for all generations.</li> </ul>	<ul style="list-style-type: none"> <li>• New innovation and technologies could be harnessed to maintain the autonomy of older people.</li> <li>• New business models and investment strategies could be explored to bring innovative technologies to the market.</li> <li>• The need for remodeling the existing housing stock could stimulate the housing market.</li> <li>• The integration of information communication technologies (ICT) could be pursued in various policy fields, in particular, in health sector.</li> <li>• Older people could be encouraged to fill a gap in voluntary works in their communities.</li> <li>• The demographic transition could influence public trust in government and citizen's engagement.</li> </ul>

The Ageing in Cities report (OECD 2015) presents a line of different policy strategies for actions in ageing societies, based on the policies initiatives that have been implemented in different countries and cities. Firstly, developing a long-term vision for ageing societies is considered important, and it is emphasized that this vision should not only target the older people but all age groups. Creating a vision of what citizens would like their future to look like offers an important learning experience for public and private stakeholders, and it is important to include older people in the process of developing this vision. In this vision, a set of desirable outcomes and common objectives should be defined, and the vision should also include a quantitative assessment of internationally comparable indicators. Developing indicators to measure ageing societies is important, as it is valuable for cities to understand which stage of the ageing process they are experiencing and what types of changes they can expect in different stages. The importance of policy actions at different territorial levels is also highlighted, as visions at the national level can help promote synergies between local policies and national development objectives.

The OECD report stresses the importance of taking collaborative actions in dealing with the question of ageing. Three central points are mentioned here. Firstly, it is important to incorporate new actors in working towards more age-friendly societies, and many non-public actors are already centrally involved in implementing different policies. Among the different actors that are mentioned are local residents of different ages, residents' and neighborhood organizations, voluntary networks, research institutions and private companies. Secondly, there should be policy synergies between different levels of government, and as many countries have a national policy framework concerning ageing, this can play a central role on cording policy action in between central government and cities. Thirdly, creating a horizontal governance structure is important for avoiding policy silos, and instead bring together different policy sectors that are highly relevant for addressing the question of ageing, such as housing, healthcare, urban infrastructure, public transport and employment.

A number of important objectives for policy action are highlighted in the report. An important one is promoting health for all ages, which is vital as it will not only affect well-being but mitigate the cost of health and long-term care. A central part of health promotion are different types of preventative measures, such as promoting walking. For cities, an ageing of the population structure may require taking measures to adjust their public infrastructure and urban form, and it may be necessary to review whether their urban functions are still relevant. Remodeling the existing housing stock through universal design principles, where dwellings are made accessible for people of all ages and abilities, may also be necessary for meeting the demands from a new population structure.

Improving accessibility is another question of high importance in cities with ageing populations, as for instance accessibility to employment, healthcare, social care services, housing and the community are fundamental for the integration of older people in society. An ageing of the population structure requires new innovations that can help improve accessibility in many fields, such as new types of housing and information and telecommunication technologies (ICT) that improve access to health and social services. The report also mentions that redesigning the urban area to increase attractiveness and well-being can also help to revitalize economic activity and attract new industry and residents.

Providing affordable living in accessible environments is another way of improving the quality of life for people of all ages. Older people can particularly benefit from such strategies as they tend to be more likely to face the risk of poverty and isolation, and often suffer from reduced mobility, which makes it more difficult for them to access services and employment. Affordable living in accessible environments involves three principal elements: affordable housing, the availability of in-home care services and access to employment and public and private services by public transport. Considering new possibilities for alternative housing arrangements, such as multi-generational accommodation is important for increasing the supply of affordable housing.

Increasing the engagement of older people in the labor market and in social activities is another question of high importance. Mobilizing senior workers is important for dealing with a diminishing labor supply, evident in most OECD countries, and especially in Europe. Older generations can be an important resource on the labor market and provide lifelong learning possibilities and the flexibility of work environments for an older workforce can provide a way of tapping into this potential. While this will be necessary for avoiding labor shortages in ageing societies, it is also important for older people to remain active in society. Increasing the social participation of older people can help improve their quality of life while also minimizing their risk of social isolation. This can be done for instance by providing training for new jobs and skills and by promoting entrepreneurship or providing opportunities for volunteer work that can help older people stay active while strengthening intergenerational linkages in communities.

### **WHO Measuring the Age-friendliness of Cities Report**

In relation to the question of age-friendly cities, the WHO published the Measuring the age-friendliness of cities report in 2015 (WHO 2015). This report was a practical guide for using core indicators for measuring age-friendliness in cities. The report presents a framework and a set of core and supplementary indicators to inform the selection of a local indicator set to monitor and evaluate progress in improving the age-friendliness of urban environments. The guide also includes references and additional resources, such as examples of local initiatives to develop indicators for measuring the age-friendliness of communities. It is emphasized in the guide that the indicators that are presented are not intended to be a prescriptive set of guidelines to be strictly followed but rather ones that should be adapted, as necessary and appropriate, to build an indicator set that is most meaningful and relevant in the local context.

The indicator framework and indicators presented in the Measuring the age-friendliness of cities guide was created through literature reviews, expert consultation meetings, several rounds of peer review, a preliminary pilot study which generated inputs from over 40 communities across 15 countries, and a final pilot study involving 15 communities across 12 countries (WHO 2015).

### **UN Report World Population Policies 2013**

In 2013, the UN report World Population Policies 2013 was published (UN 2013). This report provides an overview of how governments worldwide view the question of ageing and to which extent policy actions dealing with ageing have been taken. The report shows that while more than 90 percent of governments in Europe and North America considered ageing to be a major concern in 2013, this sentiment was shared by only 33 percent of governments in Africa and 38 percent in Asia. The UN report shows that in dealing with population ageing and the financial unsustainability of pension programs, many governments are modifying these programs, and in some cases, are introducing mandatory fully funded pension schemes. In other countries, measures have included increasing the statutory retirement age, eliminating incentives for early

retirement, reducing benefits and encouraging more women to enter the labor force. There is a stark difference between how national governments in more developed and less developed regions have adopted these types of measures. While governments of 80 per cent of countries in more developed regions either changed the statutory retirement age or reformed their pension system or took both measures in the past five years, only 46 per cent of governments in less developed regions adopted at least one of the two measures to address population ageing.

### **WHO World Report on Ageing and Health**

While governments worldwide increasingly view ageing as a challenge that requires policy action, the World Report on Ageing and Health, published by the WHO in 2015 (WHO 2015a), underlines that there is still plenty of room for improvement in how governments actually address the question of ageing. This report carried out a review of the progress made globally since 2002 in dealing with population ageing, covering more than 130 countries. At the global scale, ageing is still not that highly prioritized and it is stated in the report that four key challenges will need to be overcome if a comprehensive public-health response to population ageing is to be successful. These include recognizing diversity in older age, understanding the impact of inequality, getting rid of outdated stereotypes and recognizing that the world is changing.

### **WHO Global Strategy and Action Plan on Ageing and Health**

At the global level, the WHO's Global strategy and action plan on ageing and health (WHO 2016a) marks an important recent step towards further promoting the question of healthy ageing worldwide. This global strategy and plan of action on ageing and health also responds to the recently endorsed Sustainable Development Goals (SDGs), where ageing is an issue that is particularly relevant for 15 of the 17 SDGs. The global strategy builds on two key policy instruments that have guided global action on ageing and health since 2002, namely the Madrid international plan of action on ageing and the WHO's policy framework on active ageing. A starting point of the development of this global strategy was the previously discussed WHO's Report on Ageing from 2015. The Global strategy and action plan on ageing and health outlines a framework for action that can be taken by all relevant stakeholders across the 15-year period of the SDGs. It also defines concrete actions that can be taken within this framework during the five-year period 2016–2020. The main vision of the strategy is a world in which everyone can live a long and healthy life and where functional ability is fostered across the life course and where older people experience equal rights and opportunities and can live free from age-based discrimination. More specifically, the following five strategic objectives are outlined in the strategy aims to achieve: 1. Commitment to action on Healthy Ageing in every country; 2. Developing age-friendly environments; 3. Aligning health systems to the needs of older

populations; 4. Developing sustainable and equitable systems for providing long-term care (home, communities and institutions); 5. Improving measurement, monitoring and research on Healthy Ageing (WHO 2016a).

### **Ageing Readiness and Competitiveness (ARC) Initiative**

In addition to policy action taken by the WHO, the UN and the OECD, another initiative that has been launched in response to the global challenge of ageing is the Aging Readiness and Competitiveness (ARC) initiative. The ARC initiative maps out how countries around the world are responding to the pressures and opportunities created by their aging populations, and explores innovations that can foster a more active, engaged, and productive older population in the years to come. The 2018 ARC report focused on 10 comparatively small countries around the world that are leading their regions in responding to demographic change, namely Australia, Chile, Costa Rica, Lebanon, Mauritius, the Netherlands, New Zealand, Norway, Singapore, and Taiwan (ARC 2018).

The ARC (2018) report presents a set of key points regarding best practices in ageing policy innovation. Firstly, it is stressed that they should be person-oriented, meaning that the most successful programs and policies are built on the direct engagement of users, not limited to older adults, but including their families and caregivers. They should also be bottom-Up, meaning that while national governments set strategic priorities and dedicate funding, the most innovative programs are born out of the local agencies, NGOs, and individuals on the front lines of aging. They should also be holistic, which refers to using integrative solutions that serve the needs of a range of stakeholders and that older adults should be seen as a vital and valued part of a community, with resources to contribute, not just needs to be met. They should also be interdisciplinary, as cross-sectoral and interdisciplinary collaboration contribute to efficiency, efficacy, and reach. Finally, the notion of evidence-based solutions is stressed, where data collection and clear metrics are used to measure the relative value of these investments, and in order to replicate and scale the most successful models (ARC 2018).

## **2. Policy action at European level in dealing with population ageing**

Among all continents in the world, Europe is characterized by the most significant population ageing. Ageing is also increasingly perceived as a challenge, and several policy initiatives have been launched at both the European level as well as in individual countries and cities to deal with the question of ageing. At the level of the European Union, the European Commission has played an important role in creating political awareness and providing support in dealing with challenges related to ageing.

## **European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)**

A key initiative launched in 2011 by the European Commission was the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA). This was the first European Innovation Partnership (EIP), i.e. a partnership bringing together a wide range of relevant actors at EU, national and regional levels across different policy areas to handle a specific societal challenge. The purpose of this partnership was to promote healthy and active ageing as well as the long-term sustainability and efficiency of the health and social care systems, and of its main concrete objectives was to increase the average healthy lifespan of EU citizens by two years by the year 2020 (EIP on AHA 2019).

The partnership organization was structured according to two pillars: action groups and reference sites. The first pillar, action groups, are communities of partners that are committed to work on specific issues related to active and healthy ageing. The partners do this by sharing their knowledge and expertise with their peers, increasing the added-value of their national and local experience, and identifying gaps that need to be fulfilled at European level. A total of six different action groups were launched as part of the EIP AHA Initiative, and these were composed of stakeholders ranging from academia to public authorities, large industry and SMEs, health and care organizations, investors and innovators, end users and patients' associations. The partners cover the local, regional, national and European levels, and these action groups work on the basis of coherent action plans that specify priorities, objectives and common activities within the scope of the EIP Strategic Implementation Plan. The partners are independent and self-governed by a team of coordinator members (EIP on AHA 2019).

For ESPON ACPA project, the action group which is of particularly high relevance is Action Group D4 Innovation for age friendly buildings, cities, and environments, composed of partners from around Europe who were committed to implementing strategies for the creation of age-friendly environments that support active and healthy ageing. This action group emphasizes that the physical and social environments are key determinants of whether people can remain healthy, independent and autonomous long into their old age (EIP on AHA 2014: 29). Within age-friendly environments, older people can age in better physical and mental health, be more socially included, and actively participate in their communities' lives, while maintaining a good quality of life. Age-friendly environments also enable older workers to remain at work for longer, hence lowering the pressure on traditional care while potentially boosting the economy through demand for innovative solutions. The action group stresses that cities and regions in Europe need to encourage more physically and mentally active lifestyles, and provide places that are safe and accessible, while promoting dignity and respect. Innovation must be introduced specifically in public transport, urban planning and services, in order to enable greater societal participation. A point emphasized by the action groups is that these goals cannot easily be met by cities and regions in isolation, and that it is crucial to build international networks for innovation, evidence development and common guidelines.

One of the concrete outputs of the Action Group on Innovation for age-friendly buildings, cities and environments is a Compilation of Good Practices published in 2013 (EIP on AHA 2013). This publication includes a compilation of 62 good practices from across 32 regions in 12 Member States, including the Netherlands, Norway, Spain, Sweden and the UK. The good practices have been clustered according to four thematic areas: 1) living environments (ambient assistant living, housing and urban environment), 2) active ageing in the community (age-friendly businesses and services, transportation, and voice of the older person), 3) active & healthy lifestyles (physical activity and tourism), 4) dementia supportive environments (community support and solutions).

The second pillar that EIP on AHA is founded on are reference sites, that are composed of regions, cities, integrated hospitals or care organizations, all dealing with the question of active and healthy ageing based on a comprehensive and holistic and innovation-based approach (EIP on AHA 2019). These reference sites offer concrete examples of their positive impact on active and healthy ageing. In the European Summit on Digital Innovation for Active and Healthy Ageing 2016, 74 Reference Sites were awarded as leading regional organizations, that are committed to investing in innovation for active and healthy ageing and supporting the transfer and scaling-up of that innovation across Europe. In total, the network of Reference Sites represents an overall investment commitment of over four billion Euros (2016-2018) in the deployment and scaling-up of digital innovation for active and healthy ageing, seeking to improve the lives of over 5 million people.

### **Dublin Declaration on Age Friendly Cities and Communities**

Another important step in policy action dealing with population ageing taken at European level was the Dublin Declaration on Age Friendly Cities and Communities (Dublin declaration 2013). The first version of this declaration was signed in 2011, and in 2013 an updated version of the declaration was signed by mayors and senior political representatives of European cities, municipalities, communities and regions during the EU Summit on Active and Healthy Ageing. The declaration was developed on a collaborative basis by the WHO Global Network of Age-friendly Cities, the Ageing Well Network (a forerunner organization to Age Friendly Ireland), and the International Federation on Ageing, following consultation with international experts in the field of age friendly cities and with local authorities. The regions, cities, counties and communities who have signed the Dublin Declaration have committed to actions that will improve the quality of life of older people, strengthen and sustain systems and services across all sectors and stakeholders, and promote a culture of innovation that will foster growth and development.

This declaration is to a great extent built on the work of the WHO, and its aim is to solicit support for a range of actions that are broadly based on the eight domains identified by the WHO in the Global Age-friendly Cities Guide (WHO 2007). The Declaration expresses the clear and strong commitment of political leaders of cities and communities to strengthen action to make their

communities more age friendly, and it emphasizes the need for ongoing improvement across a range of interrelated domains of older people's lives. Those who have signed the declaration are committed to undertake actions for improvement through a planning process which is supported by participation in the WHO's Global Network of Age-friendly Cities.

The principle of active ageing as defined in the WHO policy framework is another central element in the declaration, and there is also a close link to the WHO's Health 2020: a European policy framework supporting action across government and society for health and well-being published in 2013 (WHO 2013). The Health 2020 framework recognizes four main priority areas that include adopting a life-cycle approach and empowering people, tackling Europe's major health challenges, strengthening people-centered systems and creating resilient communities and supportive environments. The declaration also endorses the UN Principles for Older Persons from 1991 (UN 1991), and its emphasis on independence, dignity, self-fulfillment, participation and care, and the priority directions of the Madrid International Plan of Action on Ageing from 2002 (UN 2002), promoting older persons and development, advancing health and well-being into old age and ensuring enabling and supportive environments. The declaration is also specifically a support for various other policy initiatives such as the WHO European Healthy Cities Network, the WHO Global Network of Age-Friendly Cities and Communities, the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) and the European Year for Active Ageing and Solidarity between the Generations (EY2012).

### **EC AFE-INNOVNET Thematic Network on Innovation for Age-friendly Environments**

In 2014, the AFE-INNOVNET Thematic Network on Innovation for age-friendly environments was set up with financial support from the European Commission. The purpose of this network was to mobilize an EU-wide community of local and regional authorities and other stakeholders to exchange practices and to learn from each other in the search for solutions to support active and healthy ageing and in developing age-friendly environments. Most importantly, the network was set up in order to prepare the launch of the EU Covenant on Demographic Change.

### **EU Covenant on Demographic Change**

The EU Covenant on Demographic Change was launched in 2015 with a goal to engage local, regional and national authorities and other relevant stakeholders that commit to cooperate and implement evidence-based solutions to support active and healthy ageing in order to deal with the demographic challenge that Europe is facing (EU Covenant on Demographic Change 2015). The actors involved are also committed to developing and implementing an action plan on age-friendly environments based on the WHO Age-Friendly Cities Guide from 2007 and the principles of the 2013 Dublin Declaration on Age-Friendly Cities and Communities in Europe. The covenant also builds on the outcomes of the AFE-INNOVNET Thematic Network on innovation for age-friendly environments, and closely cooperates with existing initiatives such

as the WHO Global Network on Age-Friendly Cities and Communities, the WHO-Europe Healthy City Network, and the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA).

The covenant emphasizes that it is of central importance that local and regional authorities in Europe take actions towards becoming more age-friendly. Within most member states, regional and local governments are the ones that are most competent for implementing measures in policy areas related to e.g. social services, healthcare, education and training, entrepreneurship, labor market, infrastructure and transport, meaning that they play a crucial role in creating a society that allows seniors to participate in community life, in preventing isolation and making goods and services more accessible to people of all ages.

### **EC and WHO Age-friendly Environments in Europe (AFEE) Project**

Another important European-level policy initiative is the Age-friendly Environments in Europe (AFEE) project, set up jointly by the European Commission and the WHO Regional Office for Europe in order to step up work with cities and communities towards policies for age-friendly environments in Europe (WHO 2019a). The overarching aim of this project is to increase opportunities for older people in their local environments by creating tools that will allow local and regional authorities to take strong commitments to become more age-friendly and to measure their progress towards this objective. The more specific goals include providing guidance and tools for local policy makers to help identify priority areas of action, design action plans and evaluate age-friendly policies, as well as synthesizing evidence from good local practices and research in relation to healthy ageing.

A series of reports have been published as part of this project with the intention of providing guidance for planners and policymakers working towards age-friendly environments and cities. In 2016, WHO-Europe published the report *Creating age-friendly environments in Europe: A tool for local policy-makers and planners* (WHO 2016). This report is based on lessons learned from existing age-friendly initiatives in Europe, and it summarizes key factors for establishing and sustaining successful initiatives within four phases of the policy process: i.e. engaging, planning, implementing and evaluating. The report presents a collection of examples that illustrate how local governments have put the principles of age-friendly action into practice.

In 2017, the report *Age-Friendly Environments in Europe: A handbook of domains for policy action* was published by WHO-Europe (WHO 2017). This report builds on the original WHO global guide from 2007 (WHO 2007), and it relates its framework to more recent evidence from research and community action in Europe. The report suggests that age-friendly environments are most supportive if policies and projects comprehensively cover physical accessibility, social inclusion and person-centered services. Instead of asking older people and other stakeholders to define age friendly features again, this report focuses on how local authorities have reacted to the areas and challenges raised by older people and outlined in the original WHO guide. The

report brings together both evidence from research behind each of the action areas and experience from local action plans and strategies.

In 2018, the report *Age-Friendly Environments in Europe: Indicators, monitoring and assessments* (WHO 2018) was published as part of the AFEE project. This publication describes the tools that cities and communities can use for the tasks of self-assessment, target-setting and monitoring, and recommendations for selecting indicators for monitoring changes over time. The report provides a synthesis of emerging national, European and international guidance in the field of age friendly indicators and age-related statistics, from which local governments can draw inspiration to design their own toolbox of indicators, assessment instruments and information systems.

## References

ARC (2018). Executive Summary. The 2018 Aging Readiness & Competitiveness Report: Small Innovative Economies. AARP International. Available at: [https://arc2018.aarpinternational.org/File%20Library/Countries/2018\\_Executive-Summary.pdf](https://arc2018.aarpinternational.org/File%20Library/Countries/2018_Executive-Summary.pdf)

Dublin Declaration (2013). The Dublin Declaration on age-friendly cities and communities in Europe 2013. Available at: [https://extranet.who.int/agefriendlyworld/wp-content/uploads/2014/05/Dublin\\_Declaration\\_2013.pdf](https://extranet.who.int/agefriendlyworld/wp-content/uploads/2014/05/Dublin_Declaration_2013.pdf)

EIP on AHA (2014). European Innovation Partnership on Active and Healthy Ageing. Action Groups 2014 Achievements. Available at: [https://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/achievements\\_2014.pdf](https://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/achievements_2014.pdf)

EIP on AHA (2019). What is the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)? Available at: [https://ec.europa.eu/eip/ageing/about-the-partnership\\_en](https://ec.europa.eu/eip/ageing/about-the-partnership_en)

EU Covenant on Demographic Change (2015). Towards and age-friendly Europe. Covenant on Demographic Change. AFE-INNOVNET. Available at: [https://www.agefriendlyeurope.org/sites/default/files/Covenant\\_brochure.pdf](https://www.agefriendlyeurope.org/sites/default/files/Covenant_brochure.pdf)

OECD (2015). *Ageing in Cities*. OECD Publishing, Paris. Available at: <https://doi.org/10.1787/9789264231160-en>

OECD (2015a). *Ageing in Cities: Policy Highlights*. OECD. Available at: <https://www.oecd.org/cfe/regional-policy/Policy-Brief-Ageing-in-Cities.pdf>

UN (1991). *United Nations Principles for Older Persons*. <https://www.ohchr.org/Documents/ProfessionalInterest/olderpersons.pdf>

UN (2002). *Political Declaration and Madrid International Plan of Action on Ageing*. Available at: <https://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf>

UN (2013). *World Population Policies 2013*. United Nations, Department of Economic and Social Affairs. Available at:

<http://www.un.org/en/development/desa/population/publications/pdf/policy/WPP2013/wpp2013.pdf#zoom=100>

WHO (2002). Active Ageing: A Policy Framework. WHO, Noncommunicable Diseases and Mental Health Cluster, Noncommunicable Disease Prevention and Health Promotion Department, Ageing and Life Course. Available at:  
[https://apps.who.int/iris/bitstream/handle/10665/67215/WHO\\_NMH\\_NPH\\_02.8.pdf;jsessionid=376236CE88CAC5B85B5CBFE9380A4659?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf;jsessionid=376236CE88CAC5B85B5CBFE9380A4659?sequence=1)

WHO (2007). Global Age-friendly Cities: A Guide. WHO, Ageing and Life Course, Family and Community Health. Available at:  
[https://www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](https://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf)

WHO (2013). Health 2020: a European policy framework supporting action across government and society for health and well-being. WHO, Regional Office for Europe. Available at: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/199536/Health2020-Short.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf?ua=1)

WHO (2015). Measuring the age-friendliness of cities: A guide to using core indicators. Available at:  
[https://apps.who.int/iris/bitstream/handle/10665/203830/9789241509695\\_eng.pdf;jsessionid=E1E7D90E0A633457B91CFC49E04DA3A8?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/203830/9789241509695_eng.pdf;jsessionid=E1E7D90E0A633457B91CFC49E04DA3A8?sequence=1)

WHO (2015a). World Report on Ageing and Health. World Health Organization. [https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1)

WHO (2016). Creating age-friendly environments in Europe: A tool for local policy-makers and planners. European policy framework supporting action across government and society for health and well-being. WHO, Regional Office for Europe. Available at:  
[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0018/333702/AFEE-tool.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0018/333702/AFEE-tool.pdf?ua=1)

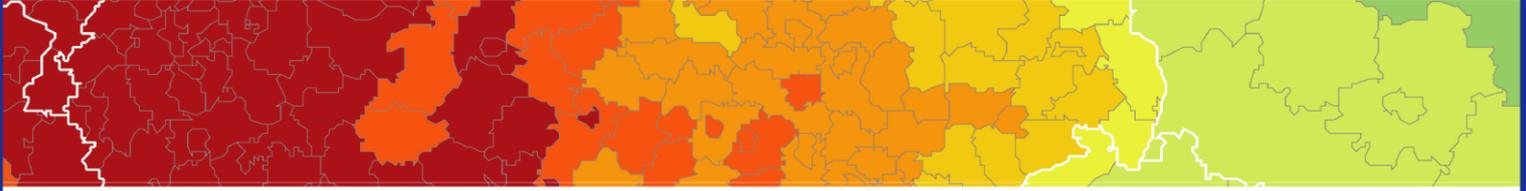
WHO (2016a). Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health. Report by the Secretariat. WHO, Sixty-ninth World Health Assembly. Available at: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_17-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_17-en.pdf?ua=1)

WHO (2017). Age-Friendly Environments in Europe: A handbook of domains for policy action. WHO, Regional Office for Europe. Available at:  
[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0011/359543/AFEE-handbook.PDF?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0011/359543/AFEE-handbook.PDF?ua=1)

WHO (2018). Age-Friendly Environments in Europe: Indicators, monitoring and assessments. WHO, Regional Office for Europe. Available at:  
[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/377481/afee-indicators-monitoring-eng.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0003/377481/afee-indicators-monitoring-eng.pdf?ua=1)

WHO (2019). About the Global Network for Age-friendly Cities and Communities. Available at:  
<https://extranet.who.int/agefriendlyworld/who-network>

WHO (2019a). Age-friendly environments in Europe (AFEE). Available at:  
<http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/activities/age-friendly-environments-in-europe-afee>



ISBN: 978-2-919795-37-6

**ESPON 2020 – More information**

ESPON EGTC

4 rue Erasme, L-1468 Luxembourg - Grand Duchy of Luxembourg

Phone: +352 20 600 280

Email: [info@espon.eu](mailto:info@espon.eu)

[www.espon.eu](http://www.espon.eu), [Twitter](#), [LinkedIn](#), [YouTube](#)

The ESPON EGTC is the Single Beneficiary of the ESPON 2020 Cooperation Programme. The Single Operation within the programme is implemented by the ESPON EGTC and co-financed by the European Regional Development Fund, the EU Member States and the Partner States, Iceland, Liechtenstein, Norway and Switzerland.