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

Targeted Analysis

**Scientific annex:
research methodology**

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to Population Ageing: Policy
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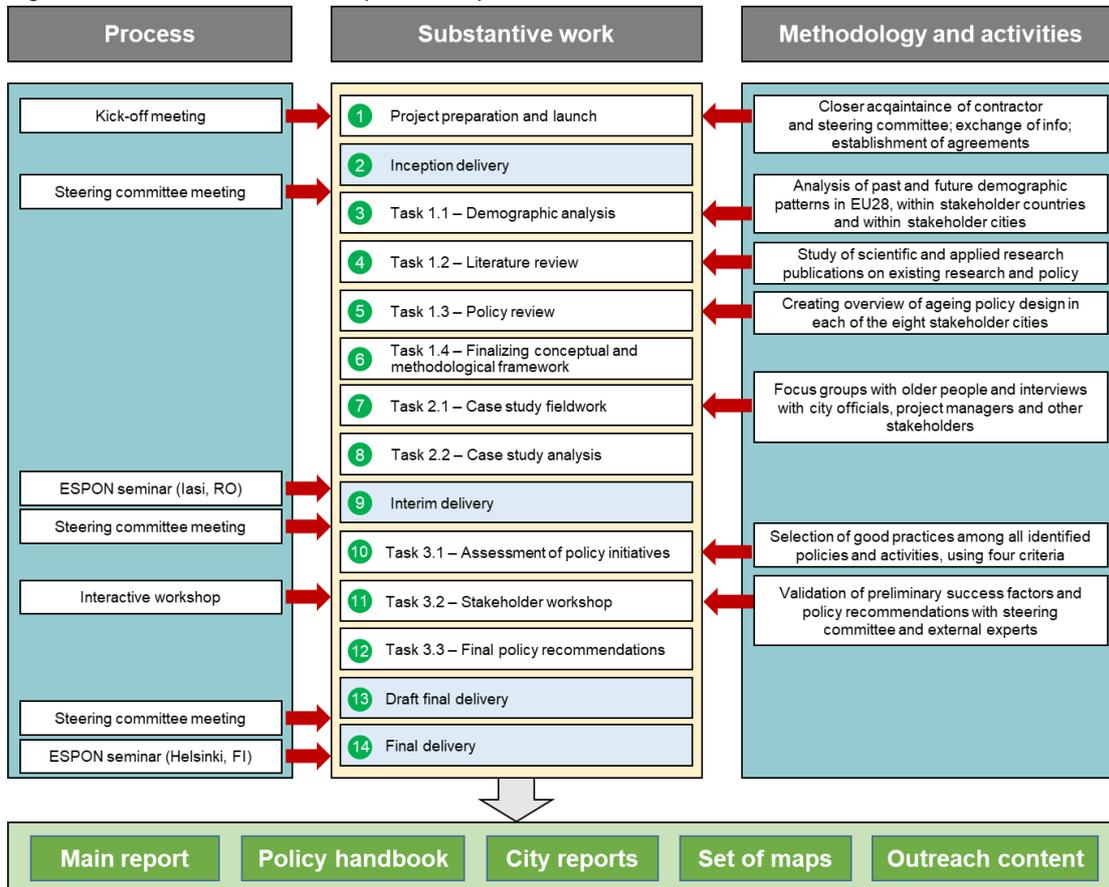
Abbreviations

ADT	Association d'Aide à Domicile
AURAN	Agence d'Urbanisme de la Région Nantaise
CAGG	Consejo Asesor de las Gentes Mayores
CCAS	Centre Communal d'Action Sociale
CEO	Chief Executive Officer
DEMIFER	Demographic and Migratory Flows affecting European Regions and Cities
DGDCS	Direction générale déléguée à la cohésion sociale
EC	European Commission
ESPON	European Territorial Observatory Network
ESPON EGTC	ESPON European Grouping of Territorial Cooperation
EU	European Union
GGD	Gemeentelijke Gezondheids Dienst
IMSS	Instituto Municipal de Servicios Sociales
NGO	Non-Governmental Organization
NUTS	Nomenclature of Territorial Units for Statistics
OECD	Organisation for Economic Cooperation and Development
ORPAN	Association des seniors nantais
PRO	Pensioner's Organization
SeGI	Indicators and Perspectives for Services of General Interest in Territorial Cohesion and Development
SKPF	Svenska Kommunalpensionärernas Förbund
SPIMA	Spatial dynamics and strategic planning in metropolitan areas
TAN	Transport Authority in Nantes
TANGO	Territorial Approaches to New Governance
UK	United Kingdom
UN	United Nations
URBACT	European Territorial Cooperation programme aiming to foster sustainable integrated urban development
WHO	World Health Organization

1 Project overview

This section explains the structure of the ESPON ACPA study.

Figure 1.1: Overview of tasks, steps and outputs of ESPON ACPA



Methodology

The overarching objective of the project is to provide a deeper understanding of the effects of the policy responses that have been implemented in the stakeholder cities to become more age-friendly. This is important for stimulating mutual learning between cities through exchange of ideas.

To achieve this deeper understanding, an answer to three policy questions is necessary. Firstly, the project examines how older people experience life in cities, focusing on their perceptions concerning the benefits and constraints of urban living. This was done through one or more focus group discussions with older people in each stakeholder city. Here, it is important to consider that older people are not a homogeneous group and that different groups of seniors have unequal access to resources and services. In order to examine how different attributes

such as gender, socio-economic and ethnic background, or place of residence influence older people's experiences of urban life, it was made sure to attain a demographically and socio-economically diverse composition of the focus groups.

Secondly, the focus is on describing and analysing the policy responses that the eight stakeholder cities have undertaken to deal with population ageing. This involves uncovering what types of strategies and policies are in place in each of the cities, and how these policy responses have been organized and implemented. Interviews with city officials, project managers responsible for relevant initiatives and other stakeholders have been conducted to answer this question. To structure the analysis of policy responses, the existing Age-Friendly City framework developed by the World Health Organization (WHO) was used. It distinguishes eight relevant policy domains that relate to ageing in cities:

- 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

Thirdly, an assessment of effectiveness of the policy responses has been carried out. They have been assessed against the aspects content and organization, impact, innovativeness and transferability to different contexts.

2 Demographic analysis

This section explains the indicators used for the demographic analysis of the eight stakeholder cities, their regions and surrounding regions and of the countries in the ESPON territory. For each indicator, the sources used are listed.

In the demographic analysis, a series of maps, figures and tables were produced, illustrating populating ageing trends and the current situation in the stakeholder cities and countries. The focus was on past and future trends concerning population ageing and also on providing insights on the socio-economic and demographic characteristics of older people. For the demographic analysis, data were collected and visualised on three territorial levels. This involved 1) comparing the stakeholder countries with other countries in Europe, 2) comparing the stakeholder cities with other municipalities in their respective countries, 3) comparing districts within the stakeholder cities. The output produced at different territorial scales is outlined below and the data and indicators used is presented in greater detail in table A1.1 (annex 1).

A comparison of the stakeholder countries with other countries in Europe

Firstly, the six stakeholder countries were compared to the other countries in Europe in order to provide an overview of the magnitude of population ageing in these countries in a wider European context. This involved comparatively analysing the most recent numbers and proportions of older people (defined as people aged 65 and over) from each country as well as visualising how the size of this population group has changed over time and how it is expected to change during the course of the next decade. In addition, a comparison of the stakeholder countries and other European countries was carried out in relation to living arrangements, citizenship, health status and remaining life expectancy of older people. The part of the demographic analysis was carried out using data from Eurostat. This part resulted in the following outputs:

- Map of the population aged 65 and over as share of the total population in % (NUTS 2 geographical level), available at page 16 of the Main Report and in the Annex Demographic maps and figures.
- Map of the change (%) in number of people aged 65 and over (NUTS 2 geographical level), available at page 16 of the Main Report and in the Annex Demographic maps and figures.
- Map of the projected population aged 65 and over as share of the total population in % (country level), available at page 15 of the Main Report and in the Annex Demographic maps and figures.
- Population pyramids showing the population structure by age and sex in each stakeholder country, available at pages 23-25 of the Main Report and in the Annex Demographic maps and figures.

- Line charts showing past and projected population ageing trends in the stakeholder countries and in other European countries, available at page 12 and 13 of the Main Report and in the Annex Demographic maps and figures.
- Bar chart showing the remaining life expectancy for men and women at age 65 in the stakeholder countries and in other European countries, available at page 43 of the Annex Demographic maps and figures.
- Pie charts showing the self-declared health status of the older population in each stakeholder country and in Europe as a whole, available at page 17 of the Main Report and at page 49 of the Annex Demographic maps and figures.
- Pie charts showing the living arrangements of the older population in each stakeholder country, available at page 50 of the Annex Demographic maps.
- Bar chart showing the older population by citizenship group in each stakeholder country and in other European countries, available at page 51 of the Annex Demographic maps and figures.

A comparison of the stakeholder cities with other municipalities in their country

Secondly, each of eight stakeholder cities were compared to other municipalities in their own country. The main intention of this part of the analysis was to produce outputs that would allow assessing the degree of population ageing in the stakeholder cities in relation to other municipalities and regions in their own country, while shedding light on issues such as regional and gender differences in living arrangements and life expectancies. One of the main challenges in this part of the analysis was that the National Statistics Institutes who produce statistics for the different countries do not always provide similar data, which means that it is not always possible to produce the same maps and figures for all countries and for the exact same years. The following figures and maps were created:

- Population pyramids showing the population structure by age and sex in each of the stakeholder countries and their respective countries overall, available at pages 23-25 of the Main Report and in the Annex Demographic maps and figures.
- Line charts showing past and projected population ageing trends in the stakeholder cities and their respective countries overall, available at page 12 and 13 of the Main Report and at page 43 and 44 of the Annex Demographic maps and figures.
- Maps showing the share of older people among the total population in the stakeholder countries at the municipal or regional level, available in the Annex Demographic maps and figures.
- Maps showing changes in the share of older people among the total population in the stakeholder countries at the municipal or regional level, available at pages 18-21 of the Main Report and in the Annex Demographic maps and figures.
- Maps showing the remaining life expectancy of men and women at age 65 in the stakeholder countries at the municipal or regional level, available in the Annex Demographic maps and figures.
- Graphs showing the gender ratios among the older population in the stakeholder countries at the municipal or regional level, available in the Annex Demographic maps and figures.

A comparison of districts within each stakeholder city

Thirdly, internal differences within the stakeholder cities were examined by comparing patterns and development trends concerning population ageing at district level. The data used for creating the city-level maps was obtained either from the stakeholder municipalities or the National Statistics Institutes. All maps show the city centre and neighbourhoods mentioned in ACPA for reference. The following outputs were produced in this stage of the analysis:

- Maps showing the share of older people among the total population in the stakeholder cities at district or neighbourhood level, available at pages 26-30 of the Main Report and at pages 1-16 of the Annex Demographic maps and figures.
- Maps showing changes in the share of older people among the total population in the stakeholder cities at district level, available at pages 1-16 of the Annex Demographic maps and figures.

3 Literature review

In this section, the methodology for the literature review is presented. It gives the information channels used for finding relevant literature, the keywords used, and a bibliography of the publications that have been found.

The aim of the literature review was to form a comprehensive overview of the state of academic research on the topic of population ageing in urban environments. The literature review was guided by the following main questions:

- Which constraints and opportunities do older people experience in urban environments? How does this differ from rural environments or life in middle-sized towns?
- What are best practices to foster active urban ageing and prevent social isolation among older people?
- How do older people experience life in cities, and how does this differ by gender, ethnic background, age, health status and other socio-demographic characteristics?

In order to answer these questions, a search for academic literature was carried out on Google Scholar, where the relevant literature was filtered by searching for different combinations of keywords. For each search, a combination of two keywords was used (one keyword from the alternatives ageing, old age, older people, seniors, and another keyword from the alternatives city, cities, urban), according to the following:

First keyword: ageing OR old age OR older people OR seniors

AND

Second keyword: city OR cities OR urban

The search was then repeated with the same keyword combinations on the abstract and citation database Scopus to ensure coverage of a wide range of relevant publications. Additional literature was searched from relevant ESPON projects such as DEMIFER, SeGI, SPIMA or TANGO, as well URBACT and Interreg-Europe. Furthermore, recommendations for literature has also been received from the stakeholder cities during the course of the project.

The review of academic literature was complemented by a review of policy and initiatives concerning ageing at different territorial levels, ranging from the global and European level to policy initiatives in the stakeholder cities and countries, as well as in other countries and cities around the world. At the global level, projects and initiatives launched by the World Health Organisation (WHO), the OECD and the United Nations (UN) were particularly relevant, whereas policy action taken by the European Commission (EC) to promote age-friendliness was most central in the policy review at European level. The policy initiatives mentioned in the Terms of Reference provided a starting point for the policy review and these key documents

were used for identifying other relevant policy initiatives at the global and European level through forward and backward snowballing techniques.

In order to form a more in-depth understanding of what types of actions have been taken to promote active ageing and the inclusion of older people in the stakeholder cities, a review of the various policies and programmes that have been launched in the cities was carried out. This was mainly carried out by the consortium members who were responsible for conducting the case studies in each respective city by using a wide range of publications, reports and brochures describing the policies and activities in the cities. This material was to a great extent received directly from the stakeholder cities but complemented by additional online searches.

Following the review of policies in each of the eight stakeholder cities, the key finding from each city was combined according to common template structure, in order to enable comparisons between cities. The template structure was based on the following four sections: 1. the vision and goals that each city would like to achieve with their work; 2. the policies and initiatives that they implement in the eight different domains of age-friendly environments; 3. the achievements they have reached; 4. any success stories or challenges that they already identify in their work.

A listing of the most relevant literature obtained in the literature review is included in chapter 8.

4 Research framework

In the following, we describe the Age-Friendly City framework by the WHO. It is the research framework that has been used for conducting the fieldwork in the eight stakeholder cities.

4.1 Foundations of the framework

An important 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).

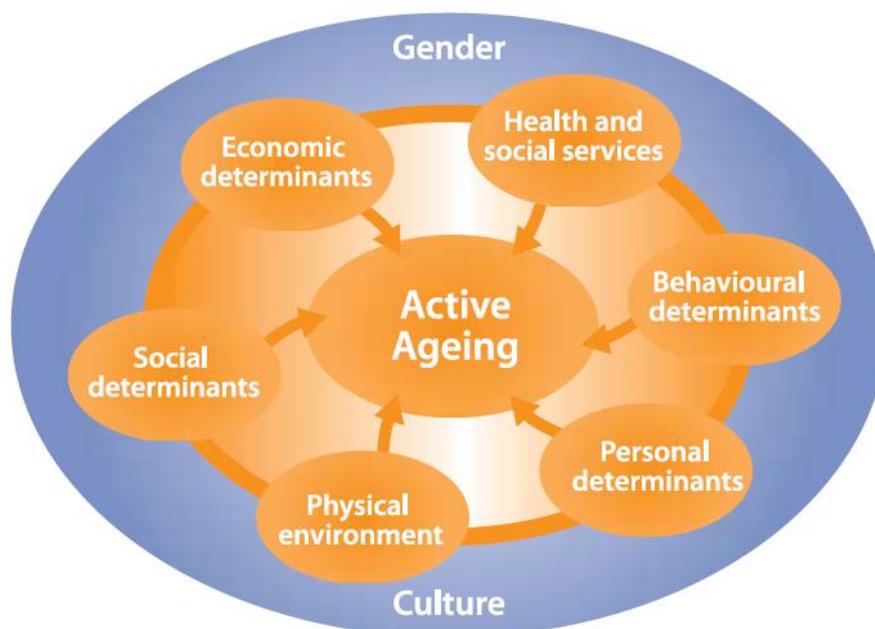
This framework is founded on the idea of active ageing, which refers to the "process of optimizing the opportunities for health, participation and security in order to enhance quality of life as people age" (WHO 2002: 12). This concept stresses that a multitude of factors in addition to health care affect 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 4.1). 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 4.1: *The key determinants of Active Ageing*



Source: WHO (2002, p. 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.

4.2 Age-friendly City framework

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 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 4.2). 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.

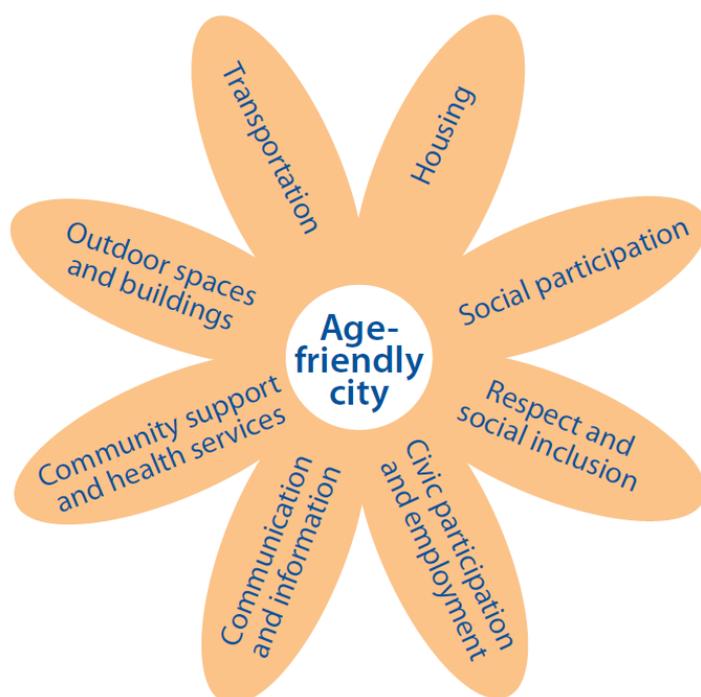


Figure 4.2: *Age-friendly city topic areas*

Source: WHO (2007, p. 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).

5 Focus groups with older people

This section provides a description of the focus groups that were held with older people, to gain insight in their perception of urban life. Per city, an overview of the focus group composition is available, with additional details. Also, the focus group questionnaire has been included.

Table 5.1: Description of focus groups held in the eight stakeholder cities

Stakeholder city	No. of participants	Demographic composition	Duration (approx.)	Date and location
Amsterdam	8	The participants were mostly regular older people, i.e. white, middle and upper class. The average age was in the category 70-75 years. Most of the participants live in the neighbourhood Buitenveldert (district of Amsterdam South).	2 hours	April 2019; Huis van de wijk (social activity centre) in Buitenveldert (district of Amsterdam South)
Amsterdam	5	Migrant older people from various origins: mainly Surinamese and from the Caribbean parts of the Netherlands. They were relatively old: 80 years on average. All of them live in the same neighbourhood (Bijlmer - district of Amsterdam South-East)	1 hour	May 2019; Social activity centre in Bijlmer (district of Amsterdam South-East)
Barcelona	6	The participants 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.	2 hours	April 2019; Barcelona City Council
Gothenburg	5	The focus group consisted of three men and two women, aged around 70–80. They were all from different parts of the city, ranging from suburban to innercity neighbourhoods, and they lived in different types of housing. Two of the participants were foreign born but have lived in Gothenburg since the 1970s.	1 hour and 40 minutes	April 2019; Gothenburg Town Hall

Greater Manchester	9	The participants are members of Greater Manchester's Older People's Network Action Group. Most of them were women. Two participants were Black, the rest were White.	1 hour	May 2019; Swan Buildings, Manchester
Hengelo	4	All of the participants were women, aged between 75 and 86. Three of them had lived in Hengelo and the surrounding area for the majority of their lives. One moved in from a different place in the Netherlands 15 years ago.	1 hour	April 2019; Swafert (social activity centre in Hengelo)
Nantes	6	Three men and three women. They came from different districts of the city, and had different economic and social backgrounds. In particular, the male participants had a migrant background and were coming from Malakoff, a district hosting a vast community originating from Maghreb.	1,5 hours	April 2019, Premises of the CCAS
Nantes	7	Only one men took part in the focus group. Participants were from a relatively highly educated group, with an high social status. They were introduced to us through one fo the most historical associations in the City (ORPAN).	1 hour	May 2019, Ecole d' Architecture
Oslo	9	The gender balance was somewhat skewed towards women, with 6 women 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. Despite including one person of immigrant background, this person moved from a country of similar culture and background. The focus group did thus not	1,5 hours	March 2019, Department of Older people, Health and Employment, municipality of Oslo

		include any participants originating from outside Europe.		
Zaragoza	12	The participants display a wide range of ages: between 65 and 90 years. They are balanced in gender.	2 hours	April 2019; Zaragoza City Council

NB: in the context of the Nantes case study, we have also participated as observers in two district meetings (*ateliers de quartier*) in Nantes Nord and Nantes Sud. The meetings comprised plenary and working group discussions respectively on the issue of housing and the preparation for the City Great Debate on Longevity.

Table 5.2: Focus group questionnaire

Interview topics	Examples of questions, with notes
Conceptual understanding	<ul style="list-style-type: none"> • What characterises an age-friendly city in the views of the participants? • To what extent is the respective stakeholder city meeting these characteristics and is there room for improvement? <p><i>You could start by presenting yourself and the project (its goals, the results we try to achieve, and what will be done with the insights we gain. Then you could say that we have learned a lot already from the local authority and the stakeholder organisations, but that we are excited that the participants have come to talk to us too, since only they of course can really tell us how it is to live in the city. You can tell them about the goal of the local administration to make the city more age-friendly and then start with the questions.</i></p>
Living in Greater Manchester/Nantes/Hengelo/Amsterdam/Zaragoza/Barcelona/Oslo/Göteborg	<ul style="list-style-type: none"> • What are the benefits and constraints of living in the city as an older person? • What do the focus group participants like and what do they consider challenging? • Which areas of the city do they like and why? Are there any areas or neighbourhoods that the older people avoid and why? • If they could change anything about the city, what would that be? • How do the older people move around in the city? (by foot, bike, private care, public transport?) Are they satisfied with the transport options and connections or do they think this could be improved? Do they feel safe when using public transport? • Do they feel well integrated in their neighbourhood? Could the city offer more social or cultural activities/opportunities for engagement for them and in which form? • Do the older people feel safe in their neighbourhood? If not, what is making them feel unsafe and could the local administration do something about that?
Knowledge about the stakeholder city's policies	<ul style="list-style-type: none"> • Are the participants aware of the stakeholder city's efforts to become more age-friendly? • Which initiatives do they know about well-known? • How do the participants view these initiatives and policies? <p><i>You could introduce this section by explaining to the participants that the local authority wants to become more age friendly, that they are therefore participating in the ESPON project, and that different activities and projects are in place to improve living conditions for older people. And then ask the people if they have noticed any changes or developments recently. If the focus group participants can't think of anything themselves, you start the discussion by mentioning some of the projects/initiatives that you have learned about and see if that rings a bell.</i></p>

<p>Involvement in the development of policies</p>	<ul style="list-style-type: none"> • Are the participants involved in the development and/or implementation of the policies? If yes, how? Are they satisfied with their role in the cities' activities? • If they are not involved, would they like to influence the development of strategies and policies in the future? In which form? Do they see any obstacles that keep them from becoming involved (e.g. time constraints, financial constraints, problems related to mobility or health etc.)? • Do the older people get engaged in their local communities in other ways? (volunteering, political associations, etc.)? Would they like to have more opportunities to get engaged in their local communities?
<p>Expectations towards the future</p>	<ul style="list-style-type: none"> • Looking towards the future, how would older people like to live as they get older? In their own homes? In a shared home with medical/social support? Or other alternatives? How could the city support them in realizing their wishes? • Technology is becoming more and more important in our daily lives, and many public services can be contacted via internet portals, social media etc. Even medical advice can be obtained through computer-based tools or via smartphones. Do the older people use the computer or smartphones, or any other technology? How do they feel about interacting with the city administration, with health practitioners or other organisations through their computers or smartphones? How do they feel about other forms of technology? E.g. domotics and technology in public spaces? • Do the participants have any other expectations towards the local authority in addition to those that were already mentioned? Are there any messages that they would like us to pass on to the local authority?

6 In-depth interviews

This section provides a description of the in-depth interviews that have been conducted. Per stakeholder city, a list of the interviewees is available with their function. Also for the two types of interviews (with city/project representatives and with representatives from interest groups), the questionnaire is listed.

Table 6.1: List of interviewees per stakeholder city

Stakeholder city	Function	Organization
Amsterdam	Senior policy advisor Housing	Clïentenbelang (interest group)
	Senior researcher	GGD (Municipal Health Service)
	Senior policy advisor Care	GGD (Municipal Health Service)
	Programme manager GoldenSports	GoldenSports Foundation
	Local experts	Kenniskring (interest group)
	Strategic advisor multidisciplinary cooperation	Municipality of Amsterdam
	Policy advisor Sports and physical exercise	Municipality of Amsterdam
	Urbanist	Municipality of Amsterdam
	Policy advisor Art and Culture	Municipality of Amsterdam
	Policy advisor Housing	Municipality of Amsterdam
	Director Care and Wellbeing	Municipality of Amsterdam
	Team manager Care policy Manager special mobility	Municipality of Amsterdam
	Manager team Older people	Public Library of Amsterdam
	Professor Dementia care Manager team Healthcare	Tao of Care PwC Netherlands
	Entrepreneur	UP!
	Advisory members	WMO Adviesraad (interest group)
Barcelona	Coordinator of the Delegation in Barcelona	Amics de la Gent Gran (NGO, "Friends of the Older People")
	Secretary	Barcelona Advisory Council for Older People (CAGG)
	Vicepresident	Barcelona Advisory Council for Older People (CAGG)
	Senior Citizens Rights Coordinator	Barcelona Advisory Council for Older People (CAGG)
	Head of the Department for the Promotion of Older People	Barcelona City Council
	Head of the Department for Social Rights	Barcelona City Council
	Head of the Department of Health	Barcelona City Council
	Head of Consultancy and Ageing Projects	Foundation for Health and Ageing (Autonomous University of Barcelona)

	Expert in ageing	Municipal Council for Social Welfare
	Head of the Department for Social Attention to Older People and Promotion of Personal Autonomy	Municipal Institute for Social Services (IMSS)
Gothenburg	Department director for eldercare and health care	City of Gothenburg
	Area manager in the Centrum district	City of Gothenburg
	Landscape architect at the Parks and Landscape Office	City of Gothenburg
	Process leader for Urban planning, Senior Gothenburg	City of Gothenburg
	Development managers for universal design at the Housing Office	City of Gothenburg
	Department director and the Traffic Office	City of Gothenburg
	Project leader at the Traffic Office's section responsible for assisted transportation	City of Gothenburg
	Active member in pensioners' organisation	Pensioners' organisation PRO
	Active members in pensioners' organisation	Pensioners' organisation SKPF
Greater Manchester	CEO Stockport Council, lead officer for Age Friendly Greater Manchester	Age Friendly Greater Manchester
	Chair of Age UK in Greater Manchester; CEO, Age UK Bolton	Age UK in Greater Manchester / Age UK Bolton
	Head of Localities	Centre for Ageing Better (Strategic partner to Greater Manchester)
	Lead, Greater Manchester Ageing Hub and Age Friendly Manchester	Greater Manchester Ageing Hub / Age Friendly Manchester
	Executive Lead, Strategy and System Development	Greater Manchester Health and Social Care Partnership
	Age-Friendly Programme Lead	Manchester City Council
	Public Health Strategic Manager	Salford City Council
	Consultant, Public Health Medicine	Tameside Metropolitan Borough Council
	Policy Officer	Transport for Greater Manchester
	Professor of Sociology	University of Salford
Hengelo	Policy advisor / project manager	Municipality of Hengelo
	Coordinator youth, healthcare and wellbeing	Municipality of Hengelo
	Policy advisor transport and mobility	Municipality of Hengelo
	Policy advisor housing and care	Municipality of Hengelo
	Project manager AVEM-groups	Municipality of Hengelo
	Urban Planner	Municipality of Hengelo
	Policy advisor health	Municipality of Hengelo
	Independent accessibility consultant	Self-employed
	Coordinator seniors & healthcare	Twentebad

	President of Vitaal Twente	University of Twente / Vitaal Twente
	Project manager	Wijkkracht
	Coordinator Zorgloket	Zorgloket
Nantes	Coordination métropolitaine Departementale+ Gereontology	CCAS Nantes Métropole DGDCS MISSION COORDINATION GERONTOLOGIQUE
	Director	ADT
	Elected representatives (helath and social affairs)	City of Nantes
	Elected representative (thematic elected seniors and distrct representative)	City of Nantes
	Elected representative (thematic elected culture and district representative)	City of Nantes
	Responsable Service Mobilité à la Direction des Transports	TAN -Nantes Metropole
	Counsellor	Maison des Aidants
	CLIC and Domicile Assistance services	City of Nantes
	Co-director Pole Dialogue Cytoyen	City of Nantes
	Director - Parcours de Vie des Aînés	CCAS
	Director	ORPAN
	Director Planification, Habitat And Demographics	AURAN
Oslo	Member of Senior Council	Central Council of Seniors in Oslo
	Head of Low-threshold section in the department for health and achievement	City district Nordre Aker, Oslo municipality
	Head of Home Service Department	City District Østensjø, Oslo municipality
	Coordinator of Age-friendly city	City District Sagene, Oslo municipality
	Assistant city district director	City District Vestre Aker, Oslo municipality
	Chair	Council of Immigrant Organisations in Oslo
	Special adviser	Department of Health, Oslo municipality
	Scientist in forestry planning and management	Department of Urban Environment, Oslo municipality
	Project leader, mobility services	Ruter (Public transport company in Oslo)
	Member of Senior Council	Senior Council Grünerløkka,
	Chair	The Central Council of Seniors in Oslo
	Head of unit	Unit for social infrastructure, Planning and Building Agency, Oslo municipality
	Special adviser and project leader of age-friendly city	Unit of senior services, Department of Older people, Health and Employment - Oslo Municipality

	Special adviser	Unit of senior services, Department of Older people, Health and Employment - Oslo Municipality
	Chief adviser	Unit of senior services, Department of Older people, Health and Employment - Oslo Municipality
	Special adviser	Unit of senior services, Department of Older people, Health and Employment - Oslo Municipality
	Special adviser	Unit of senior services, Department of Older people, Health and Employment - Oslo Municipality
Zaragoza	Vicepresident	Aragonese Council for Older People
	Manager	Atenzia (company specialised in tele-assistance)
	Manager	Federico Ozanam Foundation (NGO)
	Manager	La Caridad ("Charity") Foundation (NGO)
	Head of the Department of Education for Health	Regional Government (Aragon)
	Head of the Department for Citizen Participation	Zaragoza City Council
	Manager of Civic Centres for Older People	Zaragoza City Council
	Manager of Civic Centres for Older People	Zaragoza City Council
	Head of the Department for Social Management, Housing	Zaragoza City Council
	Head of the Department for Urban Mobility	Zaragoza City Council

Table 6.2: Interview protocol for city representatives and project representatives

Interview topics	Examples of questions, with notes
Conceptual understanding	<ul style="list-style-type: none"> • What characterises an age-friendly city according to the interviewee? • To what extent does the city already meet these characteristics? Where are gaps, where could more be done? <p><i>You could rephrase this question slightly depending on your interviewee. E.g. if you interview a person working in the housing sector, you may want to ask to what extent the city already meets the ideal standard in that sector.</i></p> <ul style="list-style-type: none"> • What characterises an age-friendly city according to the older people in the city? Does the city administration / organisation know about the views and expectations of older people? How has it learned about them? How are they taken into account? <p><i>Again, you may narrow this question down to focus specifically at the sector that your interviewee is responsible for. With someone in the housing sector, you may ask if they know about the expectations and needs of older people when it comes to housing.</i></p> <ul style="list-style-type: none"> • To what extent is ageing in a city different from ageing in a non-urban environment? <p><i>Try to broaden the discussion about urban vs. non-urban when possible. For example, does the interviewee see influence of non-urban environments on his/her own city? This could be due to influx of older people moving to the city from the country side. Does that have any consequences?</i></p> <ul style="list-style-type: none"> • Who are the "older people" that the city is trying to address with its policies? For instance, which age groups are the main target? Does the city put a specific focus on subgroups of older people, e.g. those with health issues, immigrants, people at risk of social isolation etc? Do they implement different projects and policies for different people or are their projects addressing older people in general? <p><i>We already have identified some minorities per city. Please validate these with the interviewee. And again, if you are talking to an official in a specific sector, you could ask for the target group in that sector in particular.</i></p>
Motivation	<ul style="list-style-type: none"> • Why has the city / organization decided to put population ageing and age-friendly environments on the political (or business) agenda? <p><i>You may want to adapt this question to the person you are interviewing. E.g. if you are interviewing an official who is responsible for local transportation, you may want to ask why they have decided to make local transport more age-friendly.</i></p>
Goals	<ul style="list-style-type: none"> • What does the city or organization try to achieve?

	<p><i>This question could of course be linked to the second question above ("Where are gaps, where could more be done?"). Presumably, the city/organization has set goals in areas where they feel that they have not done enough. But perhaps not all perceived gaps are addressed at the moment. You could also adjust this question to the person you are interviewing. E.g. if you talk to an official responsible for urban planning, you could ask specifically about their goals in this area.</i></p> <ul style="list-style-type: none"> • What shall be the concrete outcomes of its age-friendly policies and strategies? When would the city consider that its activities have been successful? <p><i>Again, you could adjust this question more precisely to the respective interviewee and the sector that he/she is responsible for.</i></p> <ul style="list-style-type: none"> • In public and policy debates, population ageing is mostly discussed as a challenge – for pension systems, health care system etc. These discussions often focus on older people as they become fragile and dependent. But as people live longer and stay healthy long past retirement age, older people also have a lot to offer to their communities (through voluntary work, paid work, civic engagement etc.). How does the city/organization consider older people? Does it set a focus on trying to assist those that are in need of help? Or does it also try to activate those that are still active, healthy and well-connected? <p><i>This question may be most relevant for officials who are responsible for the topic of ageing in a broader sense. Perhaps less relevant e.g. if you talk to officials who are responsible for transport or urban planning or other sectors.</i></p>
Key actors	<ul style="list-style-type: none"> • Who is in charge of developing and implementing age-friendly policies? How many team members/staff from different departments are involved in the activity, and how is the team coordinated? • How do organisations working with older people and older people themselves become involved? Which experiences has the city made in trying to reach out and engage older people? What has worked best, what has been difficult? • Is the city exchanging ideas and experiences with other cities, both within the country and internationally? What could strengthen this exchange? • Research shows that (unsurprisingly) older people are more likely to be politically and socially active the more resources they have and the healthier they are. Does the local authority try to engage older people that are harder to reach, e.g. because they are of poor health or isolated? <p><i>These questions are good to ask to people who are in charge of the topic of ageing in general. But it may also be interesting to ask how older people get involved when you interview officials who are responsible for different sectors, or individual projects.</i></p>

<p>Approach</p>	<ul style="list-style-type: none"> • Which activities have started? At what stage of implementation are they? • What are the specific goals of each activity or project? How is it being implemented; which results are envisaged? • Which target groups does each project try to address? Do the projects focus on specific areas/neighbourhoods in the city? • To what extent is the policy innovative? E.g. are novel methods used? Is there a focus on novel needs? Is there organisational innovativeness? Are novel ways of funding used? • Does the city/organization measure progress towards its goals with indicators? Which indicators? If yes, how much progress has already been made according to the indicators? • Have the projects been evaluated already? If yes, what has been the result of the evaluation? If not, is an internal or external evaluation planned and in which form? <p><i>When interviewing a policy officer that bears general and overarching responsibility, these questions are good to ask separately for each of the eight dimensions of age-friendly cities. When interviewing someone responsible for a particular initiative, that is not necessary.</i></p> <p><i>It is also good to note the goals, progress etc. of all the (major) projects that are mentioned to you. This will help us identify best practices later on. In this stage, ask about results in terms of output (short-term results; what has been done concretely). In the part about "Successes and good practices" below, outcomes are important to ask.</i></p>
<p>Sector-specific questions</p>	<p>Research has revealed that:</p> <ul style="list-style-type: none"> • green spaces and other public spaces (town squares etc.) are very important for older people as meeting places – to get in contact with others, stay connected and feel socially included. Does the city administration consider these needs of older people in its urban planning and how? • access to public transport is important for older people to remain in contact with others and participate in public life. Does the city administration try to adapt public transport to the needs of older people and how? Does the city e.g. have particular offers for older people who do not have the means to pay for regular fares? (E.g. are there travel tickets at reduced price available for those in need or above a certain age?) • health services are ideally well integrated and easily reachable for older people. It is also important that the quality of the services is assured and controlled. How does the city administration work together with stakeholders in the health care sector to achieve these goals? Are older people engaged in this cooperation? <p><i>These questions might be most relevant to ask to people working in the sectors of urban planning, transport and health care.</i></p>
<p>Successes and good practices</p>	<ul style="list-style-type: none"> • What has the city/organization achieved so far?

	<ul style="list-style-type: none"> • What do city officials/project representatives consider their biggest successes and why? What has made a certain policy successful? • Do other stakeholders (e.g.interest groups) and the older people themselves call it a success as well? • Is the policy / initiative dependent on unique conditions that would be difficult to replicate elsewhere? <p><i>Ask about outcomes (longer-term results) here as well, when discussing the successes. This means asking about the impact in broader sense that has been achieved by the policy. And again, ask specifically for the sector that your interviewee is responsible for. The same goes for the following questions.</i></p>
Opportunities and challenges	<ul style="list-style-type: none"> • Which opportunities does the city see, that can be achieved realistically? • Has the initiative been replicated in other cities within the country already? What would be necessary to make that happen? • Has the initiative been replicated in other countries already? • What does the national ageing policy mean for the city's policy? Same for the EU. And could these levels play a bigger role for the city? • Are there opportunities related to funding, that the interviewee is aware of? <p><i>Any funding is interesting to ask, but amongst others, ask about the Cohesion Fund.</i></p> <ul style="list-style-type: none"> • To what extent does technology provide opportunities to support ageing? • Which challenges have city officials / project representatives encountered in their work and how were they met? • To what extent is the city/organization able to achieve equal results for the whole population? E.g. equality among minorities, and gender equality. <p><i>Link back here to the population subgroups identified at the beginning. Do these groups require a different approach, policy-wise?</i></p>
Lessons learned	<ul style="list-style-type: none"> • What could other municipalities learn from the experiences in the stakeholder city? • Which success stories could provide inspiration for other cities? • Can the interviewee give any recommendations of what should NOT be done, based on his/her experience?
Future plans	<ul style="list-style-type: none"> • What is the city/organization planning for the near future? • How will it build on its achievements?
Ending	<ul style="list-style-type: none"> • Does the interviewee have any remarks or advice for the research team?

Table 6.3: Interview protocol for interest groups

Interview topics	Examples of questions
Conceptual understanding	<ul style="list-style-type: none"> • What characterises an age-friendly city in the views of the interviewed organisations? • To what extent is the respective stakeholder city meeting these characteristics and is there room for improvement?
Knowledge about the stakeholder city's policies	<ul style="list-style-type: none"> • Do the interviewed organisations know about the local policies related to population ageing? Which initiatives or projects are they aware of? • Does the interviewed organisation think that the local administration informs them enough about what they are doing for older people? Would the organisations prefer to be more regularly informed or to be in a closer dialogue with the city? • What do they consider the biggest successes among the local policies/projects related to ageing, what do they view more critically? • Where would they set priorities for the future?
Involvement in the development of policies	<ul style="list-style-type: none"> • How would the stakeholders describe their collaboration or contact with the city administration in general? Which role do they play in the local context? • Are the interviewed organisations involved in the development and/or implementation of the policies? If yes how? • Are they satisfied with their role in the cities' activities? Do they think that their ideas, criticisms, suggestions are heard and taken into account? • Do they have ideas how the collaboration with the local authority could be deepened or improved?
Needs and interests of older people	<ul style="list-style-type: none"> • What do the organisations consider as particular benefits and challenges of living in urban environments as an older person? • What are the opportunities and constraints of older people in the respective stakeholder city? What are the biggest challenges for older people in the city right now? How could the local administration address them, how could the stakeholder organisation contribute? • Do they opportunities and challenges of living in the respective city differ by health status, ethnicity, living arrangement, gender etc.? Does the city sufficiently address the needs and concerns of different subgroups of older people or should more be done there? • A recurring topic in many public debates is how the quality of services for older people (e.g. care in homes for seniors) can be upheld and controlled. Do the organisations think that enough is done in this respect, could the city do more and what?
Participation of older people	<ul style="list-style-type: none"> • How do the interviewed organisations involve older people and represent their expectations and interests? Do the organisations represent/work with specific groups of older people? How do they try to activate older people and get them involved?

	<ul style="list-style-type: none"> • How could older people so far become involved in the development of the city's age-friendly policies? What has worked well from the perspective of the stakeholder organisations? • How could older people be even more strongly involved in developing age-friendly policies in the future?
Successes and good practices	<ul style="list-style-type: none"> • How do the interviewed organisations view the policies/initiatives/projects? • Are there any policies/initiatives/projects that they deem successful? • What have been the success factors in these cases?
Policy advice	<ul style="list-style-type: none"> • Is there any message that you would like to give to the policy makers?
Ending	<ul style="list-style-type: none"> • Does the interviewee have any remarks or advice for the research team?

7 Assessment of initiatives and policy instruments

The last section sheds light on the selection and analysis of the initiatives and policy instruments that are highlighted as good practices in the main report and handbook. It includes the assessment framework.

Definition of a good practice

In task 3, the eight case studies in the stakeholder cities were screened for inspiring examples of successful ageing policy, with the goal of producing a set of good practices. It is notoriously difficult to establish clear objective criteria to qualify a practice as a 'good practice' (Spencer et al, 2013). Sometimes expressions like "practice with potential" or "promising practice" are used. The idea is that good practice can be considered as such only when it has been thoroughly evaluated and when its transferability and reproducibility are ascertained.

In this study, we utilised two operational definitions of good practice:

- a **promising practice**, in the identification phase, is a practice that seems to have 'worked well' according to reviews by experts and stakeholders, and responds to relevant needs of older people;
- a **good practice** is one which meets the base criterion and (most) of the additional assessment criteria explained below.

Base criterion

In order to be identified as a good practice, the inspiring successful policy or initiative had to meet the base criterion, which is that the policy or initiative is regarded as successful by all of the following three stakeholder groups:

- the responsible policy maker or project representative;
- other stakeholders involved in the policy or initiative;
- older people involved in the policy or initiative.

Assessment of good practices

When the policy or initiative met this base criterion, it was further examined, using four criteria. These are: content and organisation, effectiveness and impact, innovativeness and transferability (European Commission, 2016; Spencer et al., 2013; WHO, 2008).

Content and organisation

The content and organisation of the initiatives and policy instruments has been described by the following four aspects:

- design and delivery of services (aims and strategy; financial scope);
- target groups (population subgroups);
- coordination between different organisations and services;
- how the actors involved reach out to older people and involve them in the process.

Effectiveness and impact

Effectiveness was understood as the achievement of the expected results of the initiatives and policy instruments, both in terms of outputs and in terms of outcomes (distinguishing between short term and long term results). These were judged based on the interviews with local authority officials and stakeholders from the initiatives and the extra documentation they provided. Details on the implementation were gathered through interviews with local actors. Unintended effects (positive or negative) were considered, when reported by sources. Moreover, the overall lessons learned have been described.

Innovativeness

Innovative elements in the initiatives and policy instruments have been investigated. Innovative elements can relate to the type of needs addressed, the type of collaborations set up, the way in which services are organised, or the way in which resources are obtained. Firstly, innovativeness was assessed in relation to prior ways of handling the same needs in the same national context. Secondly, comparing the initiatives and policy instruments across the different stakeholder territories, we detected those initiatives that are innovative also in transnational perspective.

Transferability

We focused on elements that indicate likelihood of greater transferability. When we found key success factors that include elements which are unique of the particular local or national context, or are not easily available in other countries, we had to conclude that the case study is scarcely transferable. When analysing initiatives and policy instruments targeted at older people across the stakeholder territories, we aimed to distil conditions for transferability that appear from the analysis of various types of case studies. We considered both transferability of case studies as such and transfer of specific methodological elements (particularly those that have been found as innovative).

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Annex 1. Indicators used in the demographic analysis

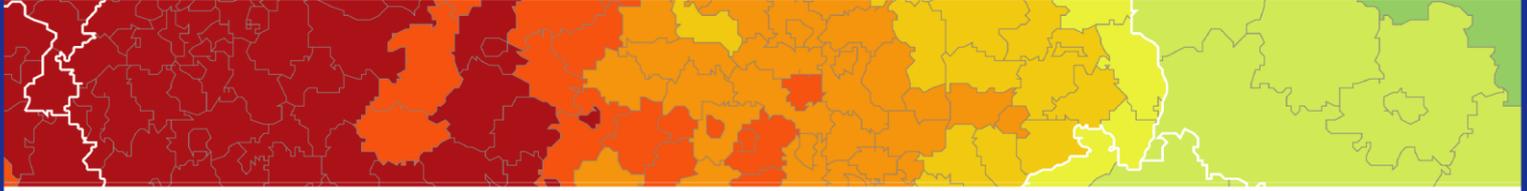
Table A1.1: Indicators used in the demographic analysis, with description and source

Indicator	Type of visualisation	Territorial level	Data years	Data source
A comparison of the stakeholder countries with other countries in Europe				
Current population structure (by age and sex)	Population pyramids	Each stakeholder country and the average for all EU Member States	2017	Eurostat (Population on 1 January by age group and sex [demo_pjangroup])
Past and projected population ageing trends (changes in the share of population aged 65 and over)	Line charts	Each stakeholder country and all other ESPON countries	2000–2030	Eurostat (Population: Structure indicators [demo_pjanind]; Baseline projections: demographic balances and indicators [proj_15ndbims])
Remaining life expectancy for men and women at age 65	Bar charts	Each stakeholder countries and all other ESPON countries	2017	Eurostat (Life expectancy by age and sex [demo_mlexpec])
Self-declared health status of the older population (65 and over)	Pie charts	Each stakeholder country and the average for all EU Member States	2017	Eurostat (Self-perceived health by sex, age and labour status [hlth_silc_01])
Older population according to living arrangements (household type)	Pie charts	Each stakeholder country and the average for all EU Member States	2017	Eurostat (Distribution of population aged 65 and over by type of household - EU-SILC survey [ilc_lvps30])
The share of the older population according to citizenship group.	Bar charts	Each stakeholder country and all other ESPON countries	2017	Eurostat (Population on 1 January by age group, sex and citizenship [migr_pop1ctz])
A comparison of the stakeholder cities with other municipalities in their country				
Current population structure (by age and sex)	Population pyramids	Each stakeholder city and their respective countries overall	2018 (except 2017 for Greater Manchester and 2015 for	Statistics Netherlands (CBS Open data StatLine), Statistics Norway, Statistics Sweden, National Statistics Institute Spain, Office for

			Nantes and France)	National Statistics (UK), INSEE (National Institute of Statistics and Economic Studies, France)
Past and projected population ageing trends (changes in the share of population aged 65 and over)	Line charts	Each stakeholder city (or region) and their respective countries overall	2000–2030	Statistics Netherlands (CBS Open data StatLine), Statistics Norway, Statistics Sweden, National Statistics Institute Spain, Office for National Statistics (UK), INSEE (National Institute of Statistics and Economic Studies, France)
Older men and women (aged 65 and over) according to living arrangements (household type)	Pie charts	Each stakeholder city and their respective countries overall (except Greater Manchester and UK and Nantes and France)	2018 (the Netherlands), 2017 (Norway, Spain and Sweden)	Statistics Netherlands (CBS Open data StatLine), Statistics Norway, Statistics Sweden, National Statistics Institute Spain, Office for National Statistics (UK), INSEE (National Institute of Statistics and Economic Studies, France)
Current share of older people among the total population in the stakeholder countries at municipal level	Maps	All stakeholder countries	2018 (except 2017 for the Netherlands and UK)	Data from: Statistics Netherlands (CBS Open data StatLine), Statistics Norway, Statistics Sweden, National Statistics Institute Spain, Office for National Statistics (UK), INSEE (National Institute of Statistics and Economic Studies, France) Administrative boundaries from: ONS Geography (UK), Nordregio and NLS (Finland), UMS RIATE, CBS/StatLine, gadm.org
Changes in the share of older people among the total population in the stakeholder countries at municipal level	Maps	All stakeholder countries	2000–2018 (except 2000–2017 for the Netherlands, and 2001–2017 for the UK)	Data from: Statistics Netherlands (CBS Open data StatLine), Statistics Norway, Statistics Sweden, National Statistics Institute Spain, Office for National Statistics (UK), INSEE (National Institute of Statistics and Economic Studies, France) Administrative boundaries from: ONS Geography (UK), Nordregio and NLS

				(Finland), UMS RIATE, CBS/StatLine, gadm.org
Remaining life expectancy of men and women at age 65 (except 60 for France) in the stakeholder countries at regional or municipal level	Maps	All stakeholder countries	France (2016), the Netherlands (2013–2016), Norway (2011–2015), Spain (2017), Sweden (2013–2017), the UK (2015–2017)	Data from: Statistics Netherlands (CBS Open data StatLine), Statistics Norway, Statistics Sweden, National Statistics Institute Spain, Office for National Statistics (UK), INSEE (National Institute of Statistics and Economic Studies, France) Administrative boundaries from: ONS Geography (UK), Nordregio and NLS (Finland), UMS RIATE, CBS/StatLine, gadm.org
A comparison of districts within each stakeholder city				
Current share of older people among the total population in the stakeholder cities at district level.	Maps	All stakeholder cities	Amsterdam and Zaragoza (2018), Barcelona, Hengelo, Gothenburg, Greater Manchester and Oslo (2017), Nantes (2015),	Data from: Office for National Statistics, Göteborg Stad: Statistik och Analys, Statistisk sentralbyrå (SSB), Ayuntamiento de Zaragoza: Observatorio Municipal de Estadística, Ajuntament de Barcelona: Departament d'Estadística i Difusió de Dades, Kennispunt Twente, Gemeente Amsterdam: Onderzoek, Informatie en Statistiek, Institut national de la statistique et des études économiques Administrative boundaries from: ONS Geography (UK), Gothenburg municipality, Oslo municipality, Ayuntamiento de Zaragoza, Ayuntamiento de Barcelona, CBS/StatLine, City of Amsterdam, IGN
Changes in the share of older people among the total population in the stakeholder cities at district level	Maps	All stakeholder cities	Amsterdam (2005–2018), Barcelona (2010–2017), Gothenburg (2001–2017), Greater Manchester (2001–	Data from: Office for National Statistics, Göteborg Stad: Statistik och Analys, Statistisk sentralbyrå (SSB), Ayuntamiento de Zaragoza: Observatorio Municipal de Estadística, Ajuntament de Barcelona: Departament d'Estadística i Difusió de Dades, Kennispunt Twente,

			2017), Hengelo (2001–2017), Nantes (2007–2015), Oslo (2001–2017), Zaragoza (2004–2018)	Gemeente Amsterdam: Onderzoek, Informatie en Statistiek, Institut national de la statistique et des études économiques Administrative boundaries from: ONS Geography (UK), Gothenburg municipality, Oslo municipality, Ayuntamiento de Zaragoza, Ayuntamiento de Barcelona, CBS/StatLine, City of Amsterdam, IGN
Gender ratios (share of men and women) among the older population in the stakeholder cities.	Graphs	All stakeholder cities	2017 (except 2015 for Nantes)	Statistics Netherlands (CBS Open data StatLine), Statistics Norway, Statistics Sweden, National Statistics Institute Spain, Office for National Statistics (UK), INSEE (National Institute of Statistics and Economic Studies, France) Institut national de la statistique et des études économiques (INSEE)



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