World Health Organization

REGIONAL OFFICE FOR Europe

Age-friendly environments in Europe (AFEE)

Lessons from AFEE pilot cities

A draft summary analysis

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CONTENTS

DISCLAIMER: This document represents a first analysis of findings from the Age-friendly environments in Europe project pilot cities to collect information and case studies about age-friendly processes and approaches that are currently implemented in cities and which were mapped to the context of the framework of the AFEE project. These initial findings haven't yet been discussed with pilot cities, therefore any errors with the conclusions and analysis are entirely the authors' own.

QUESTIONS FOR DISCUSSION: The summary analysis raises a number of questions for further discussion and testing at the AFEE project meeting in Riga, Latvia, 16-17 June 2016. Feedback on this report and the results of discussions will feed into a final version of this report to be published thereafter.

Suggested Questions and Topics for Discussion

1) The barriers and facilitator of successful policy initiatives and action that are identified in this report – how far are they common to other communities, are there any to add and solutions that can be shared?
2) What is the role of an overarching strategic plan: is it an essential early step in the Age-friendly journey, or may it actually slow down more immediate practical first projects/implementations?
3) Engaging older people. Does more effort need to be given to moving from involving older people in brainstorming and information stage to cities being more formally accountable to them for results?
4) Are sufficient evaluation mechanisms in place to better understand inequality of impacts from policy initiatives in age-friendly communities? What solutions are there to address this?
5) How can we support, inspire and encourage cross-sector working and collaboration in cities and communities? What are the major challenges for this to take place?
6) Is urban displacement or migration a common challenge in cities with ageing populations, and how can it be addressed?
7) The potential gaps in implementation across some domains that are identified in this report: to which extent are they common across cities and how can we address them?

INTRODUCTION AND BACKGROUND TO AFEE PILOTS

The WHO Regional Office for Europe together with the European Commission initiated the Age-friendly environments in Europe (AFEE) project. The project aims 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 make neighbourhoods and communities more age-friendly and to measure their progress towards this objective.

Two main AFEE publications are:

1. *Age-friendly environments in Europe: A handbook of domains and policy interventions* - This handbook outlines the contents and directions of age-friendly action tackling the accessibility, availability, affordability and appropriateness of features across the physical-, and social- environment and services across eight domains of age-friendliness.
2. *Creating age-friendly environments: A tool for local policy action* - This publication provides tools to guide the policy process in local authorities in creating more supportive and age-friendly environments

The objectives of this pilot exercise were (1) to assess the potential of the Age-friendly Environments in Europe (AFEE) publications to provide inspiration and direction to newly initiated or on-going initiatives in local authorities that have the goal to creating more age-friendly, supportive environments; and (2) to collect case studies about processes and approaches that are currently implemented in communities.

To meet these objectives, seven cities were selected to take part in a basic pilot, and three of those cities took part in a full pilot that included expanding the policy context, and mapping existing activities across the eight domains of the AFEE handbook. Cities were recruited from both the WHO European Healthy Cities Network (EHCN) and the Global Network of Age-friendly Cities and Communities GNACC). In selecting cities to take part, consideration was given to covering a range of experience, geographical location, length of time engaged in age-friendly initiatives, and as an opportunity to get to know some cities at a deeper level.

The AFEE pilots, as well as the AFEE project is indebted to the support received from the AFEE scientific and project board and to Members of the Healthy Ageing Task Force of the European Healthy Cities Network (HATF) with Udine(Italy) as lead city.

The results of the pilot exercise have been analysed and used in two stages:

1. Firstly, in order to support the final development of the two AFEE publications, age-friendly city coordinators were asked to provide comments on their potential application and usefulness in their local community, and to share ideas for improvement or ways of future dissemination.

2. Secondly, to provide a snapshot of the processes and approaches that cities are implementing, depending on the stage at which they are in their age-friendly journey, and to better understand the breadth of work currently undertaken and mapped across eight domains: which of the AFEE list for policy actions are currently covered in local plans? To which extent do the lists of the AFEE handbook correspond to the actual experience on city level in AFEE pilot cities?

This report covers the second stage.

ANALYSIS OF CHECKLIST ON POLICY PROCESSES (BASIC PILOT)

In the basic pilot, seven cities completed a checklist on policy processes (reproduced here in Annex 1). The updated version of this checklist is and integral part of the publication "Creating Age-friendly Environments in Europe: a tool for policy action".

The checklist in this AFEE publication is intended as a self-assessment tool to help the reader to have a critical self-reflection and starting point for discussions about on-going policy processes involved in the journey towards an age-friendly community.

Caution needs to be exercised when reviewing the results because the checklist was not intended to lead to a comparison between cities. The checklist might be susceptible to different interpretations in different cities of the questions raised (e.g. a partial action might have been considered completed by some pilot cities and not by others)

The following is a brief summary analysis of the results followed by a detailed table of city responses against the checklist (table on page 4)

IDENTIFICATION OF ENTRY POINTS AND NEXT STEPS
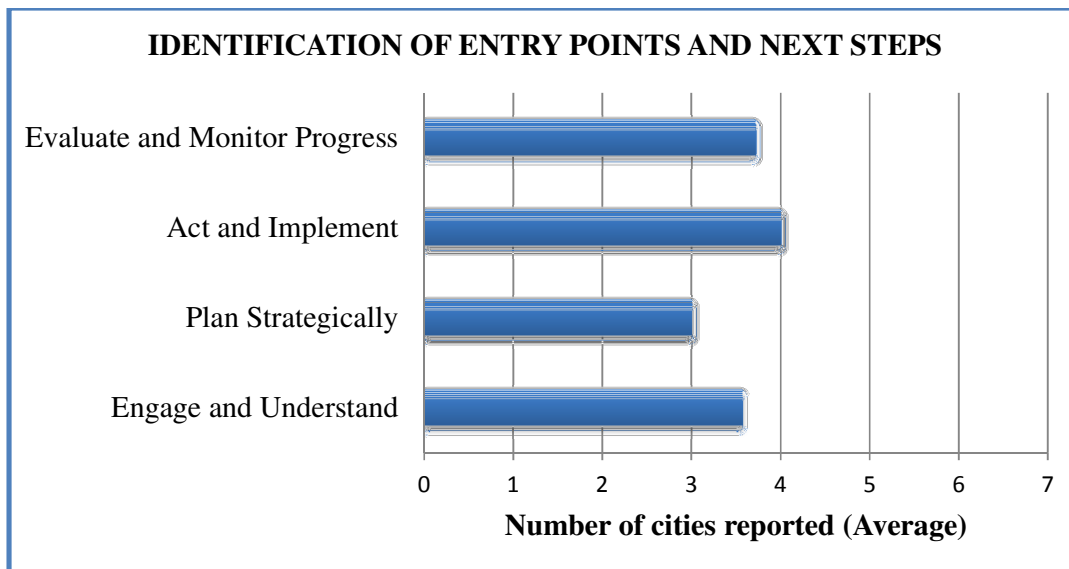
It can be seen from above that the four entry points or steps in the age-friendly journey were not necessarily linear phases. For example, a number of pilot cities had their action plans in place and were implementing, before having an overarching strategic plan agreed upon.

The step 'Plan Strategically' includes actions related to cross sector collaboration and strategic oversight and was reported lowest in this section. Comments by cities in their policy case studies suggest that cross-sector working continues to pose challenges and can be time consuming.

The second lowest reported step for this section was 'Evaluate and Monitor Progress'. Two factors are likely at work here, evidenced by comments by pilot cities in other parts of the pilots. Firstly, formal evaluations continue to present difficulties, even for cities that have been involved in age-friendly work for some time. More recently, participating cities cited that they had not set up the systems required for a more formal evaluation and monitoring over time, also indicating that evaluation as a separate step in the policy cycle sketched in the AFEE publication might still be considered for a later stage. Another question is whether it is possible to effectively monitor and evaluate without a cross-sector plan or strategy in place, and that efforts to move ahead with both may need to be undertaken in tandem.

LEVEL OF ENGAGEMENT WITH CORE PRINCIPLES

Principle	Number of Cities Completed (Average)
Integrated approaches and multilevel governance	~3
Life-Course Approach	~4
Focus on Equity	~2.3
Collaboration across sectors and stakeholder	~3
Participation of Older People	~3.6

Number of Cities Completed (Average)
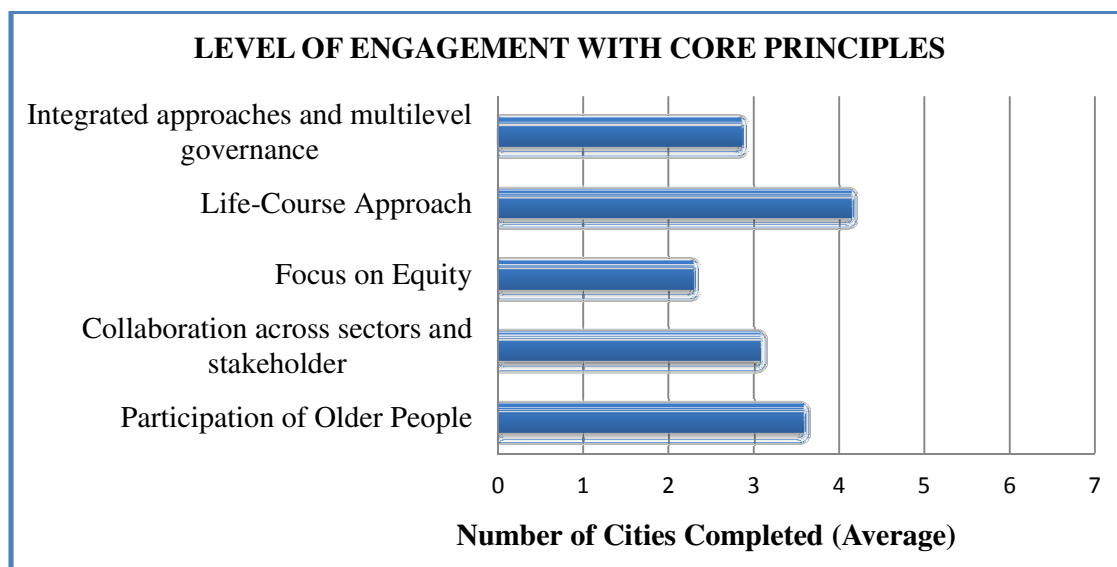
The higher counts in both the categories "Participation of older people" and "Taking a life-course approach" were encouraging and cities were consistently able to refer to good examples of engagement with older people as stakeholders (See for example below for Belfast Case Study). There might also be some evidence that these are features of good practice that were already in place in pilot cities before "age-friendly city" initiatives started more formally. These cities may also have been more likely to join networks like WHO Global Network of Age-friendly Cities and Communities (GNAFCC), and European Healthy Cities Network. It also should be noted that the checklist is not able to reveal differences in local definitions / implementation of the concept of "participation of older people", with variations in best practice.

"Focus on Equity" had the lowest count in both the principles of engagement and overall. Comments in the policy case studies, and results in the full pilot also suggest that it is an ongoing challenge for cities to reach out to more vulnerable groups e.g. because of language, cultural, or health issues.

A set of actions had been completed by all of the pilot cities. This may suggest that there is a core set of principles and steps that communities prioritise and implement, despite differences in scale or resource. While there is overlap with requirements to join the WHO Age-friendly or Healthy Cities networks, others may indicate developing shared values.

- A local steering or working group had been set up.
- There is political support for healthy ageing/ age-friendly environments on the highest level
- There is an operational/action plan describing concrete actions and interventions under each objective.
- Successful experiences have been shared in national and international networks.
- Older people are given a chance to propose activities and comment on the plan
- Are age-friendly environments understood as environments supportive and inclusive to all people
- Is prevention and strengthening of capacity actively supported in services for older people

A small number of the steps had only been completed in two or fewer cities. Suggesting that a few core areas remain more challenging to achieve, or were of lower priority.

- *Older people were not always given a regular account of the achievements and evaluation of the initiatives.* This may indicate that more effort is needed to move from involving older people mostly in initial assessment, information collection and brainstorming, to cities being accountable to them for their work in more formal ways.

- In the majority of pilot cities the *relevant sectors and stakeholders had not expressed commitment to measure the impacts of their work on the lives of older people*.

- *Focus on Equity* - in the majority of pilot cities the segments of the population, which have benefited from specific interventions had not been fully analyzed. Nor was evidence collected on the extent to which specific interventions contributed to closing equity gaps. Context given elsewhere by pilot cities indicates that there might be challenges of data collection and evaluation of efforts overall. Without measuring impacts and their distribution, issues of inequality may remain less visible and receive less action.

TABLE OF RESPONSES TO POLICY PROCESS CHECKLIST

Policy Processes Checklist Questions	Belfast	Gdynia	Kadıköy	Oslo	Riga	Stoke-On-Trent	Udine
IDENTIFICATION OF ENTRY POINTS AND NEXT STEPS							
Engage and understand							
Has a local steering or working group been set up?	X	X	X	X	X	X	X
Has a participatory age-friendly assessments been conducted?	X	X	X	X			X
Has a Healthy Ageing profile been compiled?	X						X
Has information from assessments been published and disseminated to the general public?	X	X	X				X
Is there political support for healthy ageing/ age-friendly environments on the highest level?	X	X	X	X	X	X	X
Plan strategically							
Have different sectors committed to a common vision?	X	X	X		X	X	Not formally
Have policy frameworks from different sectors been reviewed and common priorities been identified?	X			X	X		Not formally
Is there a comprehensive strategy for healthy ageing that defines overall goals?	X		X	X		In progress	X
Has the strategy been approved?	X		X	X			X
Have responsibilities for the different priority areas been defined?	X		X	X		X	X

Act and implement								
Is there an operational/action plan describing concrete actions and interventions under each objective?	X	X	X	X	X	X		X
Has the plan been widely consulted?	X	X	X	X	X	In progress		X Need to expand
Have sufficient resources been identified to enable implementation of actions?	X	X	X		X			X
Has the majority of planned actions been implemented?	X		X		X	X		X
Evaluate and monitor progress								
Are local experts on evaluation involved and available for advice on evaluation of projects and monitoring of progress?	X	X	X		X			X
Has the process, including encountered obstacles and lessons learned been documented continuously and are they accessible for the team involved?	X		X					X
Have existing activities within any of the eight domains of age-friendliness been evaluated?	X		X					X
Have outcomes and impacts of a previous plan been evaluated?	X		X		X			X
Has any project/action been adjusted and implementation improved on the basis of evaluation or monitoring?	X		X			X		X
Have successful experiences been shared in national and international networks?	X	X	X	X	X	X		X

LEVEL OF ENGAGEMENT WITH CORE PRINCIPLES							
Policy Processes Checklist Questions	Belfast	Gdynia	Kadikoy	Oslo	Riga	Stoke-On-Trent	Udine
Participation of older people							
Have older people been:							
involved in assessing the age-friendliness of their local environment?	X	X	X	X		X	X
given a chance to propose activities and comment on the plan?	X	X	X	X	X	X	X
given possibilities to actively participate the development of priorities of the plan and its implementation?	X		X	X	X	X	X
empowered to participate in the evaluation?	X		X	X			X
given account of the achievements and evaluation of the initiative?	X						X
Collaboration across sectors and stakeholders							
Have the relevant sectors and stakeholders:							
Contributed to mapping existing policy frameworks and activities?	X	X	X	X		X	X
Participated in the development of a strategic plan and its priorities	X		X	X	X	X	Partial
Integrated activities on healthy ageing in their work plans and budgets?	X			X	X		Partial
Expressed commitment to assess the impacts of their work on the lives of older people?	X		X				Partial
Mainstreamed concerns of healthy ageing into revisions of own sector's guidelines and frameworks?	X		X		X		X

Focus on equity							
Can basic statistical indicators be disaggregated for the analysis of differences between groups and areas?	X	X	X		X	X	X
Have potentially disadvantaged groups or older people at risk of exclusion been empowered to express their needs and experiences?	X	X	X				
Are disadvantaged areas prioritized in the allocation of resources and planning of activities?	X		X		X		X
Has it been analysed which segments of the population have benefited from specific interventions?	X		X				
Is there any evidence that some interventions contributed to close equity gaps?			X				
Life-course approach							
Have different age bands of people participated in the age-friendly assessment?	X		X	X		X	X
Are age-friendly environments understood as environments supportive and inclusive to all people?	X	X	X	X	X	X	X
Is prevention and strengthening of capacity actively supported in services for older people?	X	X	X	X	X	X	X
Is social support given in critical transitions of life (e.g. transition into retirement, onset of chronic disease or the loss of a partner)?	X	X	X	X			
Are capacities of older people strengthened and used to support younger generations?	X	X	X	X	X		X
Integrated approaches and multilevel governance							
Have policy frameworks and laws on regional, national and international level been mapped?	X	X	X	X	X		
Were different levels of local governance involved in the operational planning, and was the most appropriate scope of implementation identified for each action?	X			X			X
Have regional and national resources contributed to the implementation of the plan?	X					X	X

Have experiences and evaluations been shared on regional and national level?	X	X		X	X	X	X
Year commenced work (self-reported)	2012	2003	1995	2014	2012	2013	2004

ANALYSIS OF POLICY CASE STUDIES (BASIC PILOT)

To provide context to the checklist, most cities that completed the basic pilot also provided a short policy case study as part of the AFEE pilot questionnaire. (Note: The following analysis **excludes** questions 1-2 of 8 as these provided comments that have informed the final revisions of the AFEE publication.)

Question 3) After having filled in the checklist, how would you describe the current status of your age-friendly community initiative? (Following the model for policy processes to create age-friendly environments, in which of the four phases would you locate your community?)

Findings:
- 2 cities answered the question directly and considered themselves to be in phase 3 – Act and Implement.
- 4 cities responded that they had advanced to some extent across all of the phases, and had not chosen one specific phase.

This supports the guidance provided by the AFEE policy tool that states that the four phases do not necessarily reflect a linear process, but that the sequence of steps might be applied in a more flexible way. That finding also is supported by checklist responses where some cities had high completion rates for phase 3 (act and implement) alongside much lower completions rates in phase 2 (plan strategically). More often than not, cities had action plans before they had overarching strategies. A question that then follows is how helpful it is to have an overarching strategic plan before undertaking action planning and implementation.

Question 4) Which partners and stakeholders are involved in the Age-friendly initiative and what are their roles?

Most commonly included stakeholder groups (out of 6 cities that provided information):

Local Government	6
NGOs and 'Community Groups'	5
Health services/departments inc. commissioners	5
Older People's Groups (representative, advisory, not large NGO)	4
Academic institutions	4
Social Care/Welfare	4
Housing (public)	3
Transport departments	3

Other stakeholders engaged but referenced frequently were the Police Department, Cultural Institutions, Private Sector, Sports & Leisure, Residential or Day Care for older people, Volunteering groups, Department of Innovation.

Case study - Stakeholder involvement in governance of Age-friendly Belfast:

Many of the key voluntary, community and public organisations providing services for older people in Belfast are members of Belfast Strategic Partnership (BSP) and leadership/ governance for Age-friendly Belfast is therefore provided by Belfast Strategic Partnership (BSP) supported by the Healthy Ageing Strategic Partnership (HASP). HASP involves the following organisations:

- Age NI
- The Alzheimer's Society
- Belfast Area Partnership Boards
- Belfast City Council
- Belfast Health and Social Care Trust
- Belfast Healthy Cities
- The Department of Regional Development
- Engage with Age
- Greater Belfast Seniors Forum
- The Health and Social Care Board/Belfast Local Commissioning Group
- Linking Generations Northern Ireland
- North Belfast Senior Citizens Forum
- Northern Ireland Housing Executive
- The Public Health Agency
- Volunteer Now

HASP works closely with Greater Belfast Seniors Forum, a representative group of older people in Belfast. Age Partnership Belfast (APB) supports this Forum and a network of numerous forums and groups, which play an important role in involving older people throughout the age-friendly process.

HASP co-ordinates delivery of the 3-Year Age-friendly Belfast Plan, monitors progress against the action plan and reports every 2-3 months to BSP. Lead organisations as identified in the plan oversee the delivery and performance management of relevant aspects of the age-friendly action plan and report progress to HASP. The HASP age-friendly team provides specific support for the development of key initiatives, for example a positive ageing campaign, age-friendly charter, intergenerational work and the Age-friendly Convention.

After three years HASP will evaluate the action plan and identify successes and areas for future improvement. The evaluation report will be submitted to Belfast Strategic Partnership and to the World Health Organization.

Questions 5) Please provide a timeline of your journey towards more age-friendly communities indicating what you consider main milestones achieved?

Of the 7 participating cities, 4 had been engaged in the work for less than 5 years, and three for 10 or more years. The different timelines were highly varied and often had very different views of what constituted a milestone, so that comparability between cities is limited. However some common milestones were:

- Joining networks or movements such as the Healthy Ageing Task Force of the European Healthy Cities Network, or the GNAFCC.
- Conducting broad consultations and baseline assessments with older people.
- Setting up of steering or advisory groups.

The amount of time a city had been working on age-friendly initiatives, was only loosely correlated with how the checklist was reported, and that indicated the stage they were at or the amount of progress made.

Not all the important milestones were necessarily strategic or top down, as illustrated in the following case study.

Case Study – Volunteering, the first step towards age-friendly Kadikoy

"We consider the existing Volunteer Centres of Kadıköy Municipality as the very first step taken towards becoming an age-friendly municipality. These Volunteer Centres are fully civil initiatives, established in 1995. The practice began with the opening of the first volunteer centre and became popular by 1998. Today there are 19 Volunteer Centres whereas Kadıköy Municipality has 21 neighbourhoods, 2 activity units (Theatre Volunteers and Music Volunteers with 121 participating in choirs) and 1 Community Centre, being used by all other civil initiatives and NGOs in the area. More than 8000 volunteers, without the employment of any professionals, are actively involving in the processes of raising public awareness about topics ranging from sports to health, art, gender, disaster management etc. Among registered volunteers, 80% are female and aged over 65. Therefore it is also possible to name these centres as "active ageing centres". Volunteer Centres of Kadıköy Municipality serve as a means for intergenerational solidarity and socializing"

Question 6) Which have been the main obstacles and barriers in the process towards creating age-friendly environments in your community? How did you manage to overcome them?

Findings: Of the obstacles mentioned, the top three were related to the challenge of inter-sectorial working. Though individual cities have developed ways of managing this, for example by delivering training to other departments, engaging diverse groups in the steering group, and generally taking advantage of relationships and identifying broader opportunities to help deliver age-friendly goals, there seems to be no single blueprint on how to do this.

"From our perspective, this part of the tool document could be extended and contain several step-by-step approaches on how to engage municipal divisions and politicians and unite them around the theme of age-friendliness" Oslo

Challenges	Comments
Influence: Both persuading wider stakeholders of urgency or need for change, and competing political priorities, in this case a political focus on youth and unemployment.	One solution was to link into wider initiatives (e.g. WHO European Healthy Cities goals and core themes: Belfast), or to take advantage of opportunities which increase municipality powers such as local government reforms
Capacity and resources: Limited funding and personnel. This was linked to both of the above obstacles, as it requires time and resource to lobby and engage with broader stakeholders in order to persuade and change practices	What helps to overcome this: • Having control of allocated resources. • Commissioning work out to other groups. • Ownership by older people acting as expert advisors • Steering group composed of people from different backgrounds and sectors.
Remit/Sphere of Control: Limitations of structures and lines of municipal responsibility over different departments, such as planning, or outdoor spaces.	Lobbying for a next level up (e.g. regional) approach to include AFC. Staff who sit across issues staffing e.g. in Belfast a Healthy Urban Planning Officer is in place to ensure health is considered as part of the planning process
Urban Migration/Displacement: Older people relocating due to urban transformation, making it difficult to retain volunteers and also to track impacts.	Noted by one city: lack of a good solution
Practical/physical limitations: E.g. finding urban and green spaces and expanding mainstream opportunities in cities for use of older people.	This was noted several times by different cities, though no specific solutions were listed.

Question 7) If you have a municipal ageing policy (strategy or action plan), how well do you think it responds to:
> **a) Evidence of the local situation of older people?**
> **b) Needs expressed by older people themselves?**
> **c) The level of available resources?**
> **d) Health 2020 and the European and Global action plan on healthy and active ageing?**
> **e) Equity goals, poverty reduction and development of social policies?**

Half of the cities that responded had an ageing policy/plan in place (3 out of 6). Of those one city's plan was part of a wider public health strategy that they considered the main strategic document governing their Age-friendly initiative. The limitations of data were cited along with inadequate consultation of older people.

How well does ageing policy respond to:	City Responses:
Evidence of the local situation of older people?	Only one of the three policies
Needs expressed by older people themselves?	Yes, strong in all three
The level of available resources?	Yes
Health 2020 and the European and Global action plan on healthy and active ageing?	Yes, aligned, though not all explicitly
Equity goals, poverty reduction and development of social policies?	Yes

8) Is there a system in place for monitoring and evaluating the age-friendly initiative?

Of the six cities that answered this question only two had monitoring systems in place. Three had partial systems in place and one was developing their system. This reinforces findings throughout the pilot of the desirability to invest more in monitoring systems.

SUMMARY ANALYSIS OF MAPPINGS OF ACTIONS TO AFEE DOMAINS (FULL PILOT)

> "An age-friendly environment ideally acts at the nexus, assessing barriers and adapting structures across all eight domains and all three dimensions in an integrated way. By working at the centre of this complex web, interventions for age-friendly environments can help tackle some of the biggest challenges to healthy and active ageing, such as social isolation and loneliness, injuries and falls, inactivity, elder maltreatment and mental health" (p1. Creating Age-Friendly Environments in Europe: A tool for local policy, WHO, 2016)

Three cities participated in the full pilot and were asked to map their main programmes and projects currently implemented across the eight domains (as laid out in the AFEE handbook on domains and policy action). This could include policies that were not only targeted on older people but on the general population more broadly, if older people were among the main beneficiaries.

The aim was to get a fuller picture of cities' work across the eight domains, and to what extent age-friendly is working across the built, social and services contexts, rather than clustered in one or two areas. This served as a final check of the validity of the action lists that had been drawn up for each of the eight domains. Participating cities for this full pilot were ageing chosen to represent a range of experience, geography and context.

Policy Context Case Studies – Oslo and Udine (see Annex 3)

As part of their responses to the full pilot, Oslo and Udine provided detailed further information on the context of the policy environment in their cities. Their case studies contain a richness of information that provide useful insights for other communities who wish to embark on the journey towards creating age-friendly environments.

Summary findings and commented tables

A certain amount of caution must be applied to any findings from the full pilot as each of the cities might have approached their response somewhat differently. It is likely that cities had somewhat different interpretations of some sections within the pilot templates.

All three of the cities in the full pilot were undertaking work in each of the eight domains, and across the social, physical and service sectors of the AFEE framework, to a greater or lesser extent.

The mapping exercise identified an abundance of initiatives and cross-collaboration in outdoor spaces, housing and transport, underpinned by important urban planning initiatives and policies. There were also well-developed social participation activities, largely provided in the NGO and senior citizens sector. There were also strong signs of mainstreaming within cultural and academic institutions. All three cities had a strong health and community services domain, as well as multiple sources of information and communication that serve older people.

There was some indication that areas where cities reported no activity may be partially due to the limitations of the pilot. For example, cities noted that they supported the take up of welfare technology, including training, but then did not report that they provided devices.

However, even with these potential caveats in mind, the following potential less frequently implemented areas were identified within the mapping that were also either supported by narrative by the cities themselves, were grouped together, or frequent enough to suggest a trend.

- Equity, there was a notable gap in targeting older men, and also in monitoring and supporting equitable access and affordability to social participation activities. Most cities reported a challenge of reaching the most vulnerable older people and in monitoring equitable impact. In addition the domain with the least mapped activity was Domain 5 - Social Inclusion and non-discrimination, such as tackling ageism, financial exclusion, and fraud or abuse prevention.
- Emergency planning and Disaster preparedness: In every domain, this was weak.
- Alternative living models: Despite strong showing in the housing domain across the cities, only one reported activity to support alternative models of living, e.g. cooperative, intergenerational or village models.
- Economic Life and Employment: While some attention was given to employers, no opportunities were noted to help older people into business ownerships

The following pages lay out the mapping exercise tables, and observations per domain.

Domain 1: Outdoor Environments

Overview: Initiatives were well covered in this domain across all action areas. Cross-sector forums and plans were a feature, as well as inclusive design and older people being engaged in reviewing the city's streets and buildings. Oslo had a highly developed inclusive design strategy.

Areas that were covered to a lesser extent: Buildings designed for access to people with sensory impairments.

Action area	Objective	Udine	Oslo	Gdynia
		Is this objective already covered in your local policy priorities? And/or is it already covered in any existing policy document, strategy or action plan ?		
Domain 1 Outdoor Environments				
Barrier-free public spaces and buildings for a range of possible impairments	Targeted action for people at risk	Yes	yes	
	Accessible/	Yes	yes	yes
	inclusive design	Yes	yes	yes
	Crossings and traffic lights	Yes	yes	
	Sensory impairments	Yes		
	Dementia-friendly	Yes	yes	
Supporting community interaction and personal independence	Access to amenities	Yes	yes	Yes
	Access to buildings	yes	Yes	yes
	Access to public or specialized transport	yes	Yes	Yes
Places to be and stay	Benches and toilets	Yes		Yes
	Safe and clean environments	Yes	Yes	yes
	Places for recreation and leisure	Yes	yes	Yes
	Parks and green spaces	Yes	Yes	
	Resilient and therapeutic places	Yes	Yes	
Belonging and sense of self	Agency	Yes	yes	
	Aesthetics and usability	Yes	yes	
	Understanding belonging	Yes		Yes
	Preserve memories and continuity	Yes	Yes	Yes

Domain 2. Transport and Mobility

Overview: Initiatives were well covered in this domain across all action areas. Transport infrastructure commonly incorporated physically accessible features. Older people had also been engaged in identifying issues, particularly around paving and walking. Transport strategies were taking on board issues of ageing population,

Areas that were covered to a lesser extent: While a range of transport options were noted in the pilots, there were no explicit references to affordability and also to the facilitation and support for alternative transport schemes (e.g. policy to support volunteer driving schemes).

Domain 2 Transport and Mobility				
Infrastructure for active mobility and walkability	Promote walking among older people	Yes	Yes	Yes
	Pavements	Yes	Yes	Yes
	Increase road safety and reduce motor traffic and speed	Yes	Yes	
	Support safe cycling infrastructure	Yes	Yes	
Public transport	Develop and enforce accessibility standards in public transport	Yes	Yes	Yes
	Offer reliable and affordable public transport options	Yes		
	Good quality and appropriate public transport service for older people	Yes	Yes	yes
On-demand specialized transport services and other support to improve mobility	Technological solutions	Yes		Yes
	Support transition from car to other means of transportation	yes		Yes
	Specialized community services for people with special needs	yes	Yes	
	Support and facilitation of alternative transport schemes	Yes		

Domain 3: Housing

Overview: Initiatives were well covered in this domain across most areas. Inclusive design policy and or legislation ere in place in all cities, cross-sector planning collaborations, funds to support adaptations and improvements, as well as innovative safety programmes.

Areas that were covered to a lesser extent: This included alternative living models such as cohabitation, intergenerational and village models. Planning work with people to help them age in place. Work to mitigate severe weather events.

Domain 3 Housing				
Combatting inequity through improved housing	Ensuring equitable availability of high-quality housing	Yes	yes	yes
(crosscutting with domains 1, 2 and 5)	Ensuring appropriateness and affordability of age-friendly housing options	Yes	Yes	
	Ensuring access to essential services	Yes	Yes	
	Ensuring supportive neighbourhoods	Yes	Yes	yes
Creating wide housing choices that support independence	Developing a vision and strategy to meet changed housing needs of older people	yes	yes	
(crosscutting with domains 7 and 8)	Informing and helping older people to plan for ageing in place	Yes		
	Making existing housing stock appropriate and safe for older people	Yes	yes	Yes
	Access to services	Yes	Yes	
	Multisectoral collaborations	Yes	Yes	yes
	Home as a site for prevention, rehabilitation and care provision	Yes	yes	yes
Alternative models of living	Cooperative housing	Yes		
	Intergenerational housing	Yes		
	Village models	Yes		
Setting and enforcing standards for newly built houses	Age-friendly building and design guidelines	Yes	Yes	yes
Support home assessments and modifications	Providing support for repair and maintenance	Yes	Yes	
	Providing support for home modifications	Yes	Yes	Yes
Support for relocation	Access to residential care for all if needed and wanted	Yes	Yes	
	Supporting a feeling of "home"	Yes	Yes	
Security and safety	Crime prevention	Yes	Yes	
	Feeling of safety at home and in the neighbourhood	Yes	Yes	
	Extreme weather events	Yes		

Domain 4 Social Participation

Overview: Initiatives were well covered in this domain across all areas. This had the greatest range of opportunities and initiatives highlighted within the cities.

Areas that were covered to a lesser extent: Targeted work with older men, and monitoring equitable access.

Domain 4 Social Participation				
Range of opportunities for social participation that are accessible for older people	Empowering older people to participate in activities and increasing awareness of existing activities	Yes	Yes	Yes
(Cross-cutting with domains 2, 5, 6 and 7)	Supporting existing community assets and services from different stakeholders and NGOs, and making them accessible and appropriate for older people	Yes	yes	Yes
	Meeting potentially divergent needs sensitive to health and functional abilities, gender, age, ethnic background, education and income	Yes	Yes	
	Monitoring and supporting equitable access and affordability	Yes		
Supportive environments for social exchange and places providing opportunities for social contact (cross-cutting with domain 3: housing)	Decentralization of activities	Yes	yes	
	Creating local meeting places and support neighbourhood centres	Yes	yes	
	Using existing infrastructures more effectively by collocating activities for older and younger people	Yes	yes	Yes
	Support day care and activity centres	Yes	Yes	Yes
	Creating opportunities for social interaction attractive to older men	Yes		
Multilevel interventions	Combining the promotion of physical activity with social and cognitive activity	Yes	yes	
	Multilevel interventions targeting social isolation and loneliness	Yes	Yes	
Lifelong learning	Promoting lifelong learning in collaboration with educational institutions	Yes	Yes	Yes
Multisectoral collaborations	Collaboration with institutions of arts and culture	Yes	Yes	Yes
	Collaboration with the private sector	Yes	yes	

Domain 5 Social Inclusion and non-discrimination

Overview: This domain was the one least well covered of all, across the three cities. Perhaps this also reflects a common issue identified in the basic pilot where the checklist identified equity as one of the most challenging areas.

Areas that were covered to a lesser extent: Particularly few specific examples addressing ageism, combating elder abuse and fraud and social exclusion. In addition, the role of older people in the family was not a focus. Although intergenerational activities were referenced by the pilot cities, there were few explicit references to skills exchange.

Domain 5 Social Inclusion and non-discrimination				
Respect and non-discrimination (crosscutting with domain 7: communication and information)	Combatting ageism	Yes		
	Promoting a positive image of ageing and increasing awareness of ageing issues	Yes		
	Strengthening prevention of elder abuse, neglect and fraud	Yes		
	Enabling skills, experience and knowledge exchange between generations	Yes		
Social exclusion (crosscutting with domains 4, 6 and 8)	Preventing economic exclusion	Yes		
	Focus on equity between and within neighbourhoods	Yes	yes	
	Preventing loneliness and isolation	Yes	yes	
	Support for carers and families with dependent older people	Yes	yes	
Targeted action for individuals in vulnerable situations	Reaching out to excluded and isolated individuals	Yes	yes	
Social capital	Strengthening community ties	Yes	yes	Yes
	Encouraging interaction between neighbours	Yes	yes	yes
Intergenerational spaces and activities	Increasing intergenerational contact, understanding and exchange of values, skills and experiences	Yes		Yes
	Strengthening the role within families	Yes		

Domain 6 Civic Engagement and Employment

Overview: Initiatives were well covered in this domain, in particular around empowerment, volunteering and engaging older people in decision-making. It was, however, marked by fewer initiatives to foster employment and entrepreneurship.

Areas that were covered to a lesser extent: Economic life and employment.

Domain 6 Civic Engagement and Employment				
Engagement in political life and decision-making	Empowering citizens to have a voice and take an active role in decision-making	Yes	yes	yes
	Other forms of participatory mechanisms	Yes	yes	yes
	Consultation of older people in the definition of problems and actions needed	Yes	yes	yes
Economic life and employment	Employers providing better opportunities for an age-diverse workforce	Yes	yes	
	Creating new business or entrepreneurial opportunities	Yes		
Engagement in public life: co-creation and volunteering	Promoting co-creation: involving older people in the design and delivery of services that affect their lives	Yes		Yes
	Promoting social inclusion of older people though voluntary work	Yes	yes	Yes

Domain 7 Communication and Information

Areas that were covered to a lesser extent: Work was well underway in this domain across all areas and a multi-level approach in both Oslo and Udine with web, print, social media, face to face and events were used to disseminate information.

Potential gaps: None specific.

Domain 7 Communication and Information				
Age-friendly information	Increasing accessibility of information	Yes	yes	
	Ensure effective dissemination of information	Yes	yes	yes
	Age-friendly formats	Yes	Yes	
Clearing house for health-related information	One-stop shop for information for older people, their families and carers	Yes	yes	
	Capacity-building to support self-management	Yes	Yes	
	Providing the range of information that older people need	Yes	yes	
Health literacy	Making sure that information provided reaches older people	Yes	Yes	
Public events	Providing opportunities to learn about and try out existing and new activities and services	Yes	Yes	yes
Digital gap	Provide Website/ Internet platform for older people	Yes		Yes
	Decreasing the digital gap	Yes	Yes	

Domain 8 Community and Health Services

Overview: *Areas that were covered to a lesser extent* in all action areas except emergency planning and disaster preparedness.

Potential gaps: With the exception of emergency preparedness, other potential gaps were not concentrated in one area. E.g. Person-centred planning was not referenced in any response, limited information about activity prescribing, or provision of assistive devices.

Domain 8 Community and Health Services				
Coordination of care and integrated care provision	Facilitating access to care	Yes	yes	Yes
	Person-centred care planning	…		
	Day-care and respite care facilities	Yes	Yes	
	Seamless service delivery for those in need of health, social and long-term care	yes	Yes	Yes
Health promotion and prevention services in health care services	Universal provision of primary health care services and preventive services (including vaccinations and health checks)	Yes	Yes	

	Capacity building in the health workforce	Yes	yes	
	Home-based rehabilitation and physical activity trainings	Yes	yes	
	Specialized counselling services for older people	Yes	yes	
	Prescription of activities for active and healthy ageing (with offers adapted to people living with certain limitations)		yes	
Home care and support to informal care	Medical home visits	Yes	Yes	
	In home social services	Yes	Yes	
	Offer of preventive services at home	Yes	Yes	
	Support to carers and families	Yes	yes	
Community support services	One-stop shops of information for information on services for older people and their families	Yes	yes	
	Support for people who have lost a partner (e.g. administrative help with funeral arrangements etc.)	Yes		
	Telephone assistance services for older people living independently (including counselling, help to navigate and access other services, or telephone based encouraging for physical and mental activities)	Yes	yes	yes
	Community supply (renting out) of assistive devices	Yes		
Residential care facilities	Ensure access to residential care (including seamless access after hospital stays)	Yes	yes	
	Providing health promotion initiatives (e.g. falls prevention) and access to basic services (e.g. healthy nutrition) in residential care setting	Yes	Yes	
	Improving quality of care	Yes	Yes	
Technology & assisted living	Remote security alarms	Yes	Yes	yes
	New technological solutions for remote health monitoring and communication from home with medical staff	Yes	yes	yes
	Courses and increased distribution of new technologies that are adapted to the needs of older people	Yes	yes	yes
	Support implementation of tele services	Yes		yes
Emergency planning and disaster preparedness	Plans for effective response to			
	major incidents (such as infectious outbreaks and emergencies)	Yes		
	Emergency plans for protection of older people in extreme events (e.g. heat-waves, earth quakes, etc.)	Yes		

Annex 1

CHECKLIST ON AGE-FRIENDLY POLICY PROCESSES

(This Annex reproduces the original checklist from annex I of the "Creating age-friendly environments document." It has since been amended in line with the results of the AFEE pilots)
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This checklist presents core steps within the four phases of the age-friendly journey and different levels of engagement with its core principles, based on the *Creating Age-friendly environments in Europe* policy process model. The checklist is intented to be used by local community leaders or coordinators as a rapid self-assessment to chart progress and to gain an overall overview of which processes are well underway and which ongoing processes should be strengthened in the age-friendly journey. The checklists items also provide a guide for communities on potential success factors that could serve as entry point to foster engagement. More detailed guidance on each step can be found in the *Creating Age-friendly environments in Europe tool.*

Please check all the boxes that apply to your local community.

IDENTIFICATION OF ENTRY POINTS AND NEXT STEPS

Engage and understand
☐ Has a local steering or working group been set up?
☐ Has a participatory age-friendly assessments been conducted?
☐ Has a Healthy Ageing profile been compiled?
☐ Has information from assessments been published and disseminated to the general public?
☐ Is there political support for healthy ageing/ age-friendly environments on the highest level?

Plan strategically
☐ Have different sectors committed to a common vision?
☐ Have policy frameworks from different sectors been reviewed and common priorities been identified?
☐ Is there a comprehensive strategy for healthy ageing that defines overall goals?
☐ Has the startegy been approved?
☐ Have responsibilities for the different priority areas been defined?

Act and implement
☐ Is there an operational/action plan decribing concrete actions and interventions under each objective?
☐Has the plan been widely consulted?
☐ Have sufficient resources been identified to enable implementation of actions?
☐ Has the majority of planned actions been implemented?
☐ Has a successful intervention been identified that could be delivered on a bigger scale?

Evaluate and monitor progress
☐ Are local experts on evaluation involved and availabel for advice on evaluation of projects and monitoring of progress?
☐ Has the process, including encountered obstacles and lessons learned been documented continuously and are they accessible for the team involed?
☐ Have existing activities within any of the eight domains of age-friendliness been evaluated?
☐ Have outcomes and impacts of a previous plan been evalutated?
☐ Has any project/action been adjusted and implementation improved on the basis of evaluation or monitoring?
☐ Have successful experiences been shared in national and international networks?

LEVEL OF ENGAGEMENT WITH CORE PRINCIPLES

Participation of older people

Have older people been:

☐ involved in assessing the age-friendliness of their local environment?

☐ given a chance to propose activities and comment on the plan?

☐ given possibilities to actively participate the development of piorities of the plan and its implementation?

☐ empowered to participate in the evaluation?

☐ given account of the achievements and evaluation of the initiative?

Collaboration across sectors and stakeholders

Have the relevant sectors and stakeholders:

☐ contributed to mapping existing policy frameworks and activities?

☐ participated in the development of a strategic plan and its priorities?

☐ integrated activities on healthy ageing in their workplans and budgets?

☐ expressed commitment to assess the impacts of their work on the lives of older people?

☐ mainstreamed concerns of healthy ageing into revisions of own sector's guidelines and frameworks?

Focus on equity

☐ Can basic statistical indicators be dissagregated for the analysis of differences between groups and areas?

☐ Have potentially disadvanted groups or older people at risk of exclusion been empowered to express their needs and experiences?

☐ Are disadvantaged areas prioritized in the allocation of resources and planning of activities?

☐ Has it been analysed which segments of the population have benefited from specific interventions?

☐ Is there any evidence that some interventions contributed to close equity gaps?

Life-course approach

☐ Have different age bands of people participated in the age-friendly assessment?

☐ Are age-friendly environments understood as environments supportive and inclusive to all people?

☐ Is prevention and strengthening of capacity actively supported in services for older people?

☐ Is social support given in critical transitions of life (e.g. transition into retirement, onset of chronic disease or the loss of a partner)?

☐ Are capacities of older people strengthened and used to support younger generations?

Integrated approaches and multilevel governance

☐ Have policy frameworks and laws on regional, national and international level been mapped?

☐ Were different levels of local governance involved in the operational planning and was the most appropriate scopes of implementation identified for each action?

☐ Have other tiers of government been informed of the outcomes of the assessment and involved in strategy development?

☐ Have regional and national resources contributed to the implementation of the plan?

☐ Have experiences and evaluations been shared on regional and national level?

Annex 2

POLICY CASE STUDY QUESTIONS

1)   Were there any questions in the checklist that you found difficult to answer because the language used was unclear?

2)   Were there any questions in the checklist that you found particularly hard to answer for other reasons, and why?

3)   After having filled in the checklist, how would you describe the current status of your Age-friendly community initiative? (Following the model for policy processes to create age-friendly environments, in which of the four phases would you locate your community?)

4)   Which partners and stakeholders are involved in the Age-friendly initiative and what are their roles?

5)   Please provide a timeline of your journey towards more age-friendly communities indicating what you consider main milestones achieved?

6)   Which have been the main obstacles and barriers in the process towards creating age-friendly environments in your community? How did you manage to overcome them?

7)   If you have a municipal ageing policy (strategy or action plan), how well do you think it responds to:
     a) evidence of the local situation of older people?
     b) needs expressed by older people themselves?
     c) the level of available resources?
     d) Health 2020 and the European and Global action plan on healthy and active ageing?
     e) Equity goals, poverty reduction and development of social policies?

8)   Is there a system in place for monitoring and evaluating the age-friendly initiative?