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

Targeted Analysis
Case Study Report:
Amsterdam

❌ Gemeente
❌ Amsterdam
❌

City for all cultures and ages

Case Study Report: Amsterdam

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Gemeente Amsterdam

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Abbreviations

EC	European Commission
ESPON	European Territorial Observatory Network
ESPON EGTC	ESPON European Grouping of Territorial Cooperation
EU	European Union
NUTS	Nomenclature of Territorial Units for Statistics
WHO	World Health Organization

Foreword

The city of Amsterdam is growing! This growth applies to the inhabitants of all ages and therefore also for older people. Until 2040, the number of older people in Amsterdam is projected to increase from approximately 105.000 in 2018 to aproximately 170.000 in 2040. Increases in the number of older people from non-western origin account for almost half of this growth. This group is expected to triple towards 2040 and experiences health issues relatively often. Average life expectancy has also risen, which causes more chronic diseases such as arthritis, neck and back problems, diabetes and dementia. Furthermore, the number of people with multiple health issues will increase. The city of Amsterdam puts effort – together with its partners – into facilitating healthy and active ageing. The number of healthy years lived is paramount here.

The increasing size and complexity of health conditions and diseases have a significant impact on the demand for healthcare. The Dutch National Institute for Public Health and the Environment (RIVM) has estimated that the national healthcare costs in 2040 will have risen to 174 billion euros. This is a doubling of the healthcare costs compared to 2015. It confronts us with a large challenge to ensure that older people in Amsterdam can age in a comfortable manner, in their own environment. And where care and support is necessary, we also strive to give older people as much control as possible.

The development of a city that is ageing can be observed not only in Amsterdam, but throughout Europe. In fact, some cities such as Zaragoza have experienced population ageing already much more than Amsterdam. How do such cities anticipate the changing demographics in their city and what can we learn from them? These questions were the starting point for conducting a comparative study together with eight European cities on the strategies aimed at active and healthy ageing: ESPON ACPA.

It has led to detailed insights in the demographics of the cities involved, how older people experience their lives in these cities and how the city administrations shape their ageing policies. Furthermore it has led to a compelling overview of inspiring projects and programmes aimed at ageing in the city. These are related to transport, inter-generational activities, raising awareness and housing. Despite these initiatives, the reports show that cities are only at the beginning and are struggling with the way they should prepare their city for population ageing.

The reports provide effective building blocks to further build upon and to take current and future actions that are required for making the city a place that allows for comfortable and healthy ageing. This year, Amsterdam will conduct an in-depth strategic study on the impact of ageing on the city. ESPON ACPA will be taken into account in that study.

Tom van Benthem and Johan Osté

Municipality of Amsterdam

1   Introduction

Many countries in Europe are facing a demographic transition which also entails an increasing number of older people. This trend is usually most apparent in rural areas. However, in urban areas this phenomenon is starting to become visible as well. The cities of Amsterdam, Barcelona, Gothenburg, Hengelo, Greater Manchester, Nantes, Oslo and Zaragoza belong to a group of cities that are either already facing relatively high percentages of older people in their populations, or expect such high percentages in the near future. During the last years, these cities have undertaken action to improve quality of life for older people. Still, they have a knowledge need related to the following questions:

- How do older people experience the daily life in the cities?
- What do older people view as benefits and constraints associated with urban living?
- How are the eight stakeholder cities responding to population ageing?
- Which policies have been the most effective in developing age-friendly cities and how have they been implemented and which are the success factors?

ESPON ACPA has resulted in good practices and policy recommendations based on case study research in the eight stakeholder cities. These insights have been combined in the ACPA synthesis report, main report and policy handbook. While those reports offer valuable information in aggregated form, it is also valuable to look at the situation in each of the eight stakeholder cities in more detail.

Therefore, eight city reports are available that provide a closer look at each stakeholder city. The present report focuses on Amsterdam and portrays the state of affairs in the city in terms of:

- Demographic trends and developments related to population ageing within the city;
- The strategy and policies that the urban authorities, professionals and other stakeholders in Amsterdam pursue to cope with population ageing;
- A selection of inspiring examples of how the ageing policy has been implemented;
- Challenges and opportunities from the perspective of older people, interest groups and policy makers;
- Policy recommendations for Amsterdam based on the insights that have emerged from ACPA.

2 Demographic profile

Amsterdam is the Netherlands' capital city, housing over 862.000 people. Approximately 12 % of the total population is aged 65 years and over. This share is relatively low compared to the national Dutch average of 18.8 %, and is partly due to the fact that the city's two universities and university of applied sciences attract many young people from over the whole country.

2.1 Spatial distribution of older people

Substantial spatial differences in the share of older people exist within the city. Generally, the district Zuid (South) houses most older people, especially in the neighbourhoods Buitenveldert Zuidwest and Gelderlandpleinbuurt, where respectively 1.150 (29%) and 1.123 (25%) older people lived in 2018. Also Wildeman in the Nieuw-West district housed over 1.000 older people that year (21%).

Relatively seen, a few other neighbourhoods had higher percentages of older people. With 46% older people, the neighbourhood Sportpark Middenmeer Zuid (district Oost/East) tops the ranking, followed by the Harmoniehofbuurt in Zuid (43%). The following table provides the top 5 per neighbourhood, with a separate ranking for the absolute and relative distribution.

Table 2.1: Spatial distribution of older people – ranked in absolute terms (left) and relative terms (right)

	Neighbourhood	No. 65+	Share 65+		Neighbourhood	Share 65+	No. 65+
1	Buitenveldert Zuidwest	1.150	29%	1	Sportpark Middenmeer Zuid	46%	138
2	Gelderlandpleinbuurt	1.123	25%	2	Harmoniehofbuurt	43%	591
3	Wildeman	1.038	21%	3	De Klenckebuurt	39%	303
4	Buitenveldert Zuidoost	987	26%	4	Buikslotermeerplein	37%	371
5	Buitenveldert Oost Midden	966	30%	5	Baanakkerspark Zuid	35%	159

Source: Onderzoek & Statistiek, municipality of Amsterdam (2018)

Map 2.1: Amsterdam: Share of older people 2018

Amsterdam: Share of older people 2018
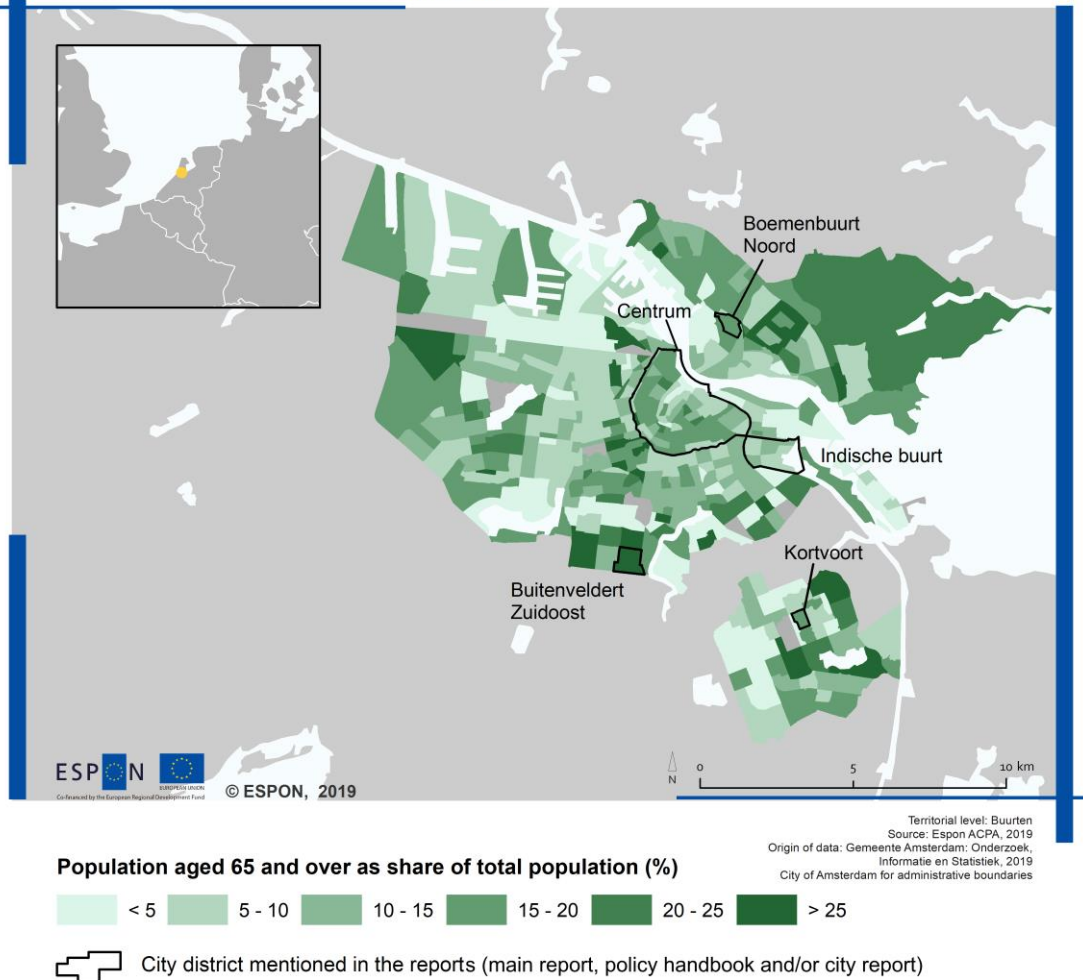
Boemenbuurt Noord

Centrum

Indische buurt

Kortvoort

Buitenveldert Zuidoost

© ESPON, 2019

0   5   10 km
N

Territorial level: Buurten
Source: Espon ACPA, 2019
Origin of data: Gemeente Amsterdam: Onderzoek,
Informatie en Statistiek, 2019
City of Amsterdam for administrative boundaries

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

< 5 | 5 - 10 | 10 - 15 | 15 - 20 | 20 - 25 | > 25

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

Note: the map also indicates the names of particular neighbourhoods that are mentioned within ESPON ACPA.

2.2   Temporal Dynamics

The share of older people in Amsterdam is projected to grow towards 2030 relatively faster than in the Netherlands on average: in Amsterdam, the share of older people will increase from 12,8 % in 2019 to 16,8 % in 2030, versus a growth from 19,2 % (2019) to 23,8 % (2030) on the national level as outlined in figure 2.1 on the next page.

Figure 2.1: Share of older people among total population, 2000-2030
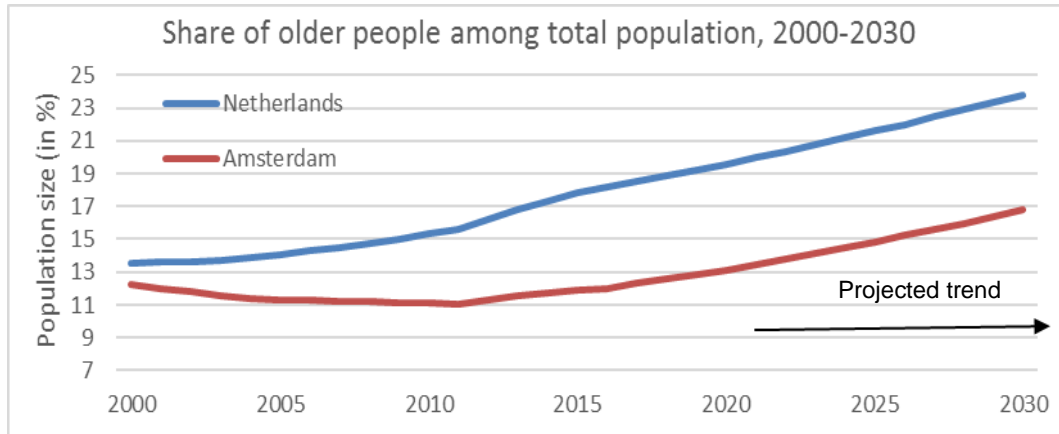
Source: Dutch Central Bureau of Statistics (CBS, 2017)

Analysis on the national level shows only increases in the share of older people (map 2.2). However, analysis at the urban level shows that there is a clear division visible between areas that will experience a decline of older people, and neighbourhoods that will experience a stark increase of older people. This is a process that is already going on, as map 2.3 on the next page shows for Amsterdam.

Map 2.2: The Netherlands: Change in older population, 2000-2017
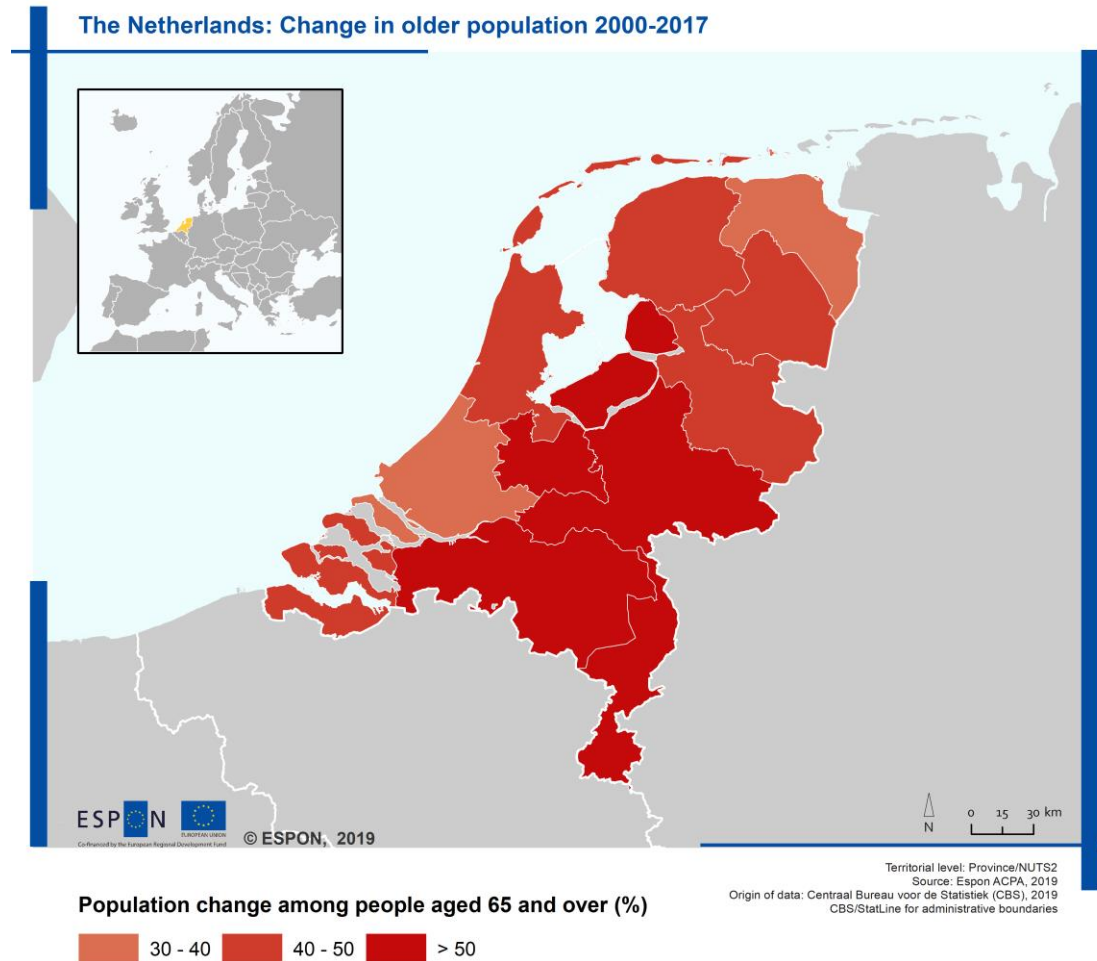
Map 2.3: Amsterdam: Change in older population 2005-2018

Amsterdam: Change in older population 2005-2018
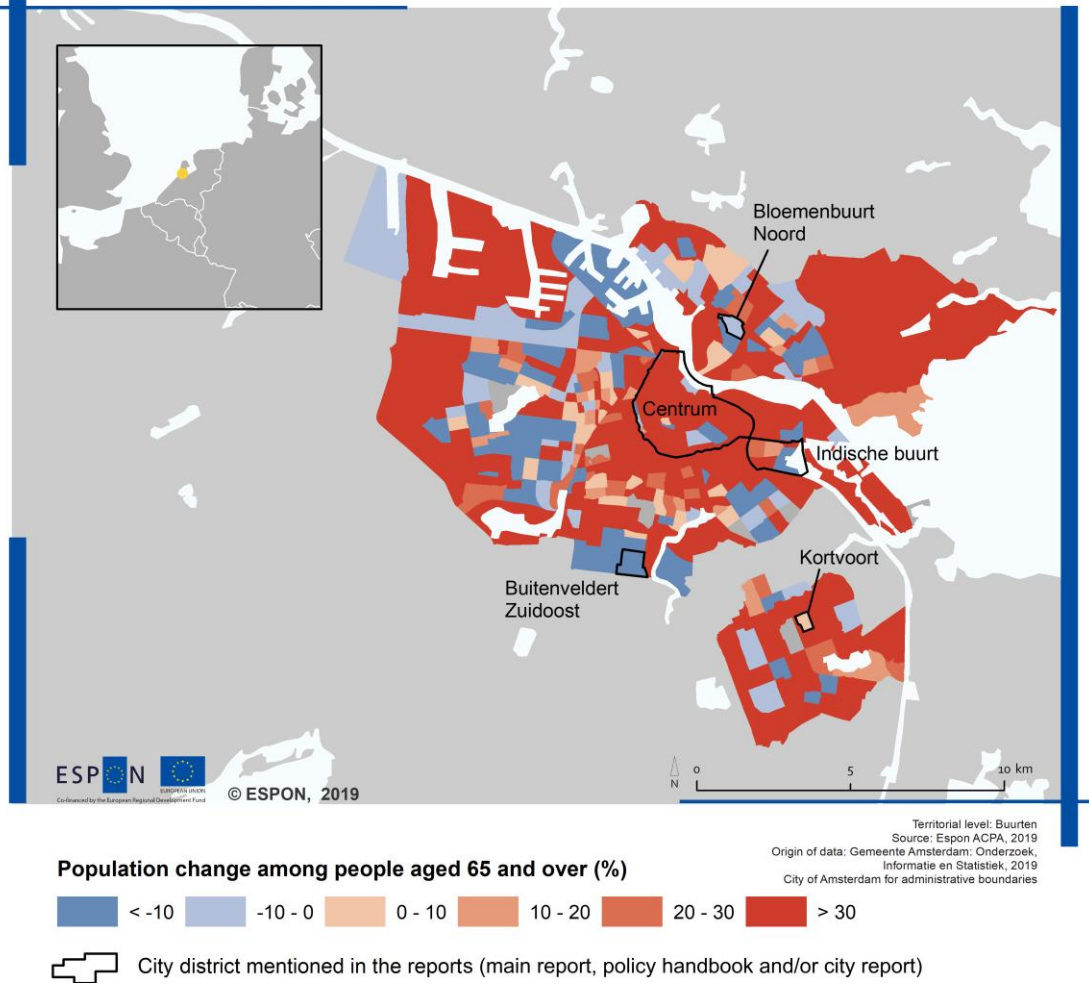
Bloemenbuurt Noord

Centrum

Indische buurt

Kortvoort

Buitenveldert Zuidoost

ESPON
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N
0   5   10 km

Territorial level: Buurten
Source: Espon ACPA, 2019
Origin of data: Gemeente Amsterdam: Onderzoek,
Informatie en Statistiek, 2019
City of Amsterdam for administrative boundaries

Population change among people aged 65 and over (%)

< -10   -10 - 0   0 - 10   10 - 20   20 - 30   > 30

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

Note: the map also indicates the names of particular neighbourhoods that are mentioned within ESPON ACPA.

3   Policy overview

3.1   Motivation and goals

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

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

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

Apart from the focus on inclusion, Amsterdam does not have unique strategic goals regarding its older residents. However, since joining the Age Friendly City network, the city has adopted the targets that the WHO has specified for all eight domains that an Age Friendly City should work on.

3.2   Priorities

Table 3.1 shows how representatives from the city have weighted their priorities against the eight WHO policy domains.

Even though the eight WHO domains are followed by the City Council, thematic priorities have also been set, functioning as the main guiding themes for the city's policy makers. These thematic priorities are called "Action lines" and are based on the most important developments related to ageing policy. The four Action lines are:

- Loneliness;
- Dementia;
- Fall prevention and physical exercise;
- Housing.

From the action lines, it can be seen that generally, the topics health and housing gain most attention in the City of Amsterdam. However, the action lines are mostly cross-sectoral and require cooperation between multiple municipality departments and usually external organisations.

Lastly, a point of attention with Amsterdam's policy is that many policies show overlap with other target populations. Sometimes, they are not specifically intended for older people, but instead, for multiple populations, including older people. Examples of this are poverty prevention, and platforms such as www.jekuntmeer.nl which is intended as 'market place' for supply and demand of social activities.

Table 3.1: Priority table

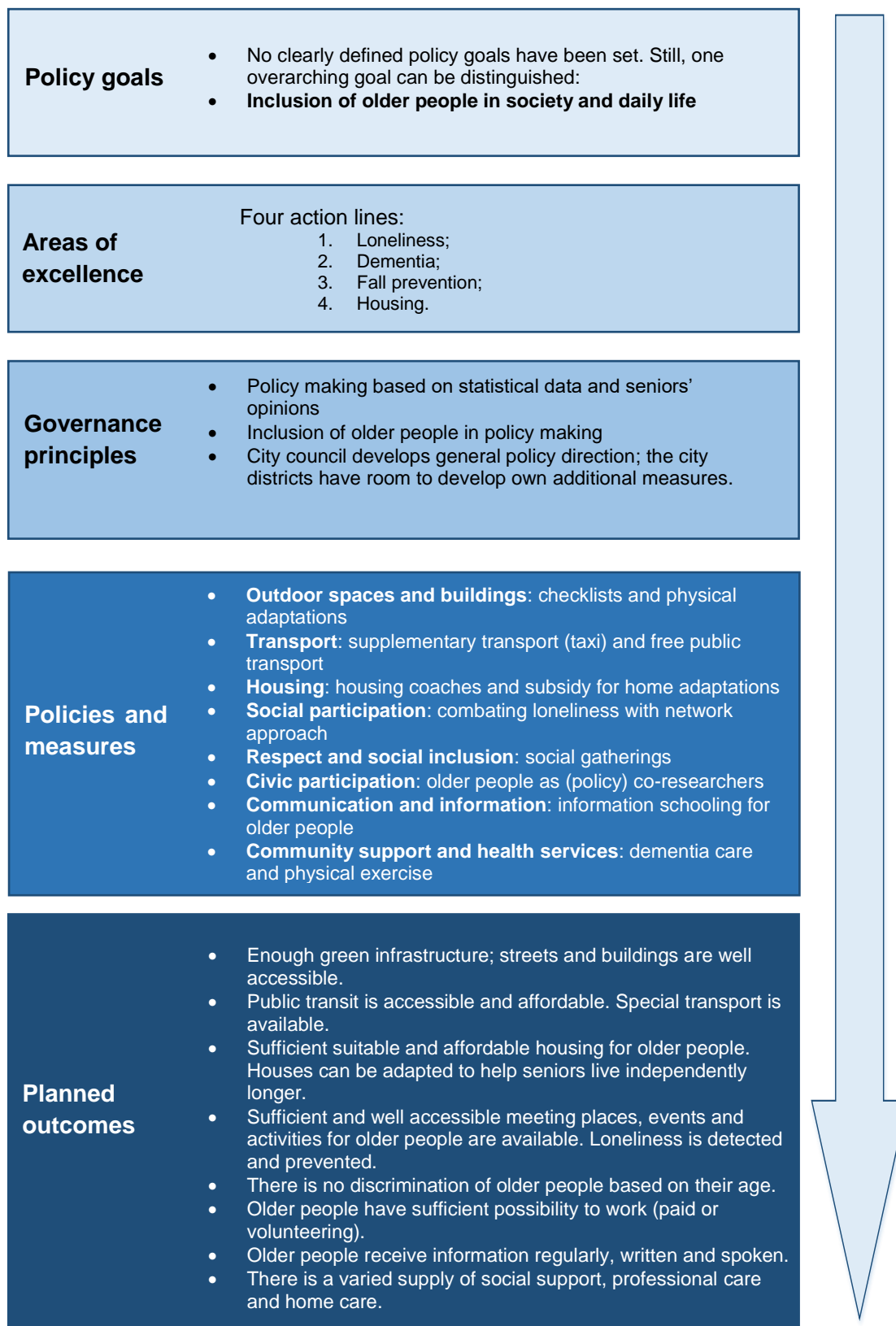| Priority areas according to city representatives of Amsterdam *(scores range from 1 to 5, where 1 indicates a very low priority and 5 a very high priority)*	
Domain 1: Outdoor spaces and built environment	4
Domain 2: Transport and mobility	3
Domain 3: Housing	4
Domain 4: Social participation	3
Domain 5: Social inclusion and non-discrimination	3
Domain 6: Civic engagement and employment	2
Domain 7: Communication and information	2
Domain 8: Community support and health services	5

3.3 Approach

The City of Amsterdam follows the eight WHO domains very closely, but has tailored the topics to specifically meet the needs of the local population. This has been done in two ways: firstly, for every neighbourhood, an analysis of the neighbourhood profile has been made, and secondly, the inhabitants have been questioned about their wishes and needs. This co-research has been carried out in two city neighborhoods. Interestingly, in this research the technique of co-research is used. This means that older people are trained to become researchers with the goal of helping with the gathering of information among their fellow residents.

Based on that, four pilot areas have been identified where most problems have arisen and where potential for improvement was deemed highest. These four neigbourhoods are: Bloemenbuurt (district North), Indische Buurt Oost (district East), Buitenveldert Oost (district South) and Kortvoort (district Southeast). Innovative experiments initially take place in these pilot areas, and when they turn out to be successful they are scaled up to the rest of the city.

3.4   Schematic overview

The following figure summarizes Amsterdam's Age-friendly City policy:

Figure 3.1: Policy Overview

Policy goals	• No clearly defined policy goals have been set. Still, one overarching goal can be distinguished: • **Inclusion of older people in society and daily life**
Areas of excellence	Four action lines: 1. Loneliness; 2. Dementia; 3. Fall prevention; 4. Housing.
Governance principles	• Policy making based on statistical data and seniors' opinions • Inclusion of older people in policy making • City council develops general policy direction; the city districts have room to develop own additional measures.
Policies and measures	• **Outdoor spaces and buildings**: checklists and physical adaptations • **Transport**: supplementary transport (taxi) and free public transport • **Housing**: housing coaches and subsidy for home adaptations • **Social participation**: combating loneliness with network approach • **Respect and social inclusion**: social gatherings • **Civic participation**: older people as (policy) co-researchers • **Communication and information**: information schooling for older people • **Community support and health services**: dementia care and physical exercise
Planned outcomes	• Enough green infrastructure; streets and buildings are well accessible. • Public transit is accessible and affordable. Special transport is available. • Sufficient suitable and affordable housing for older people. Houses can be adapted to help seniors live independently longer. • Sufficient and well accessible meeting places, events and activities for older people are available. Loneliness is detected and prevented. • There is no discrimination of older people based on their age. • Older people have sufficient possibility to work (paid or volunteering). • Older people receive information regularly, written and spoken. • There is a varied supply of social support, professional care and home care.

4 Perspectives on policy initiatives

A selection of inspiring policy initiatives and organisational structures in Amsterdam is presented below. The full set of good practices that have been identified, including more in-depth descriptions and insights, is available in the policy handbook. It should be noted that the examples differ in type of measure. UP! – an example which aims to change the stereotype on ageing – is a very practical and relatively small project. The Combating loneliness approach is a much broader program.

Combating loneliness (Aanpak eenzaamheid)

Content and organisation

- The programme consists of three elements: a **learning approach** by development of knowledge about proven interventions to counteract loneliness, the **Amsterdam Loneliness Network** consisting of over 600 stakeholders that organises gatherings and has created a toolkit with best practices and proven interventions for the prevention of loneliness and the **municipality as stakeholder**: the municipality aims to function as a catalyst by providing basic services that can generate multipliers, as well as bringing together all involved stakeholders.
- Focus on older people, especially minorities such as migrants or those without partner.
- The municipality coordinates the programme and has involved 600 stakeholders.

Effectiveness

- A diverse set of results has been made. A selection of outputs from 2018 includes:
- Organisation of 6 thematic conferences;
- 40 trainings on prevention of loneliness have been given to approx. 600 professionals;
- 2 instruments have been developed for policymakers to develop policies for combating loneliness and to assess subsidy requests for loneliness projects;
- a practical guide 'Lonely in Mokum' has been developed, with theoretical insights about loneliness, stories from lonely people and social workers and promising projects;
- the online toolkit contains 22 proven interventions and 12 promising projects, as well as guidelines for prevention and combating of loneliness.

Figure 4.1: Toolkit with knowledge about proven interventions and other tips, collected from all participating stakeholders

Source: http://www.amsterdamsnetwerkeenzaamheid.nl/toolkit

- The outcome is an increase of knowledge about loneliness, both in terms of fighting the taboo and disseminating good practices in prevention.

Innovativeness

- The network brings together theory and praxis, by creating a clear overview of guidelines and proven interventions (toolbox) and by means of conferences.

Transferability

- The transferability depends on the local or regional existence of a knowledge institution that can assist in gathering new knowledge, for example through evaluation of local experiments.
- The network approach is very effective, although it requires solid leadership and stakeholder management. A challenge is how to reach minorities such as migrants, since they relatively often perceive loneliness as taboo.

UP! – A new perspective on ageing

Content and organisation

- UP! was founded by theatre producer Alet Klarenbeek, who noted that public opinion about ageing tends to be negative, that certain ageing topics are taboo and that therefore, older people do not easily talk about the process of ageing. She wanted to use theatre as a medium to open up older people's hearts and to spread a positive image about ageing.
- **UP! Talkshow**: regularly scheduled talkshows with "a bit of talk and a bit of show". These talkshows include a diversity of sensitive themes.
- **In je Uppie**: a smaller scale version of the talkshows, with more intimate atmosphere. This allows the participants to have more conversation with each other about sensitive topics.

Figure 4.2: UP! Talkshow

Effectiveness

- The UP! Talkshows have 175 participants on average, sometimes up to 250.
- For the In je Uppie sessions, there are between 20 and 30 participants.
- The greatest impact is the activation and empowerment of older people.

Source: Courtesy of Marlise

Innovativeness

- UP! facilitates a platform for discussion about sensitive topics, with an airy atmosphere.

- The UP! methodology should be followed, and a skilled discussion leader is necessary who acts accordingly – meaning no judgment, no interpretation and no help or intervention.
- The success of UP! is due to its style of communication: asking older people open questions (what are your needs), the use of everyday language, acknowledging that ageing is a dynamic process and not being judgmental. UP! challenges older people to become active, but does not problematise ageing nor does it tell older people how to live their lives.

Promising practice – Social Trials

During the last years, Professor Dr. Anne-Mei The has developed the Social Approach to Dementia, as opposed to the traditional clinical approach. The clinical approach treats dementia as brain disease that can be solved in the end by effective medication. Not only does this incur high medical costs, it also leads dementia sufferers to believe they have become incapable and dehumanized. Instead, what dementia patients desire the most, is continuing their normal life as much as possible, with their loved ones.

The's Social Approach to Dementia stresses not only the medical treatment, but also the effect on the personal life of the patients and their informal support network. Professor The has calculated that by pursuing a more social approach and letting live dementia patients at home for two additional weeks due to good supportive networks, the healthcare sector can save 700 million euros annually.

To test the model, The has started an experiment called the Social Trial – first in Amsterdam but now expanded to multiple Dutch cities. In the Social Trials, support networks are formed by "maatjes" (buddies) as core, surrounded by nurses, psychologists, other healthcare profs and volunteers as backup.

In the Social Trial, the support network tries to identify the type of care that matches with the needs and desires expressed by the patient.

The concept is supported by Dutch Minister of Health, Welfare and Sport, Hugo de Jonge. When the results are indeed convincing, the national dementia care system will be adopted accordingly.

Figure 4.3:Anne-Mei The.

Source: Tao of Care (2019)

Figure 4.4: Overview of the support network in the Social Trials.

Housing coaches

Content and organisation

- Many older people often end up living in a house that is larger than their needs and which can be difficult to manage. In these situations, it is often already too late to move to a more suitable home without difficulty. The city of Amsterdam has appointed housing coaches to anticipate on such problems.
- The housing coaches are volunteers who pay home visits to older people and discuss their housing situation, with the intention of making them aware of the importance of early anticipation in moving to new premises. Thereafter, they provide assistance in the process of moving to a suitable home.

Effectiveness

- Across the city, 18 housing coaches have been active and received much praise for their help.
- Yearly, they facilitate approximately 200 relocations.

Innovativeness

- With the concept of the housing coaches, a successful cooperation of multiple stakeholders (older people, housing associations, municipality, healthcare professionals and social workers) has been set up.

Transferability

- Human and financial resources are the most important conditions for transferability.
- The housing coaches should not only provide advice, but also assist with the actual process of finding a new home and moving. The success of the measure strongly depends on this.

Insight in balance (Zicht in evenwicht), for older migrants

Content and organisation

- The generic national intervention 'Insight in balance' (Dutch: Zicht in evenwicht) has proven effective for Dutch older people, but it has been hard to reach older migrants. Therefore, a culturally sensitive version was developed by the Municipal Public Health Service (GGD), called 'Insight in balance for older migrants'.
- 'Insight in balance' focuses on the development of cognitive skills to stimulate feelings of competence and control. Participants learn to interpret their fear of falling and problematic situations in a realistic manner and to cope with it during everyday activities.

Figure 3.5: Older migrant learns physical tricks to keep his balance.

Source: Public Health Service (GGD) Amsterdam, (2019)

Effectiveness

- In 2018, around 100 older migrants participated in the project.
- The most important outcomes are the increase of self-confidence and the decrease of loneliness reported by the participants.

Innovativeness

- Focus on novel needs: fall prevention for older migrants.
- For this, novel methods were used: the cultural adaptation of existing proven interventions.

Transferability

- Special, personal recruitment and ensuring a relationship of trust are essential for success.
- Also, it is crucial to ensure that the participants know each other reasonably well, because lack of trust will prevent full participation and can lead to early drop-out.

5 Challenges and opportunities

Although the previous section has shown successful examples of initiatives for older people, interviews with various groups of stakeholders in Amsterdam have resulted in the insight that in certain policy domains, there are still improvements possible. The following overview indicates this from the viewpoint of older people in Amsterdam, the interest groups representing them and policymakers in the city. It represents their viewpoints, and is therefore not fully complete in relation to all eight WHO policy domains.

Table 5.1: Challenges and opportunities | Older people

	Challenges	Opportunities
Older people	**Outdoor spaces and buildings:** The wide and open design of streets in some neighbourhoods creates an unpleasant ambiance, with anonymity and an inward orientation of the inhabitants. Older migrants find the number of shops in their area insufficient. They demand cheap shops, with cultural products. These shops are located relatively far away. Air quality is perceived as unfavourable. **Transportation:** Many older people in Amsterdam feel that public transportation has deteriorated since the launch of the North-South metro line. For example, certain bus and tram lines have been removed. So public transport has become less accessible. Many older people are afraid of cycling in the city due to the chaotic traffic, and are afraid of the metro due to the gap between the metro and the platform. **Housing:** There is a big shortage of affordable housing for older people. **Healthcare and social care:** The municipality expects too much self-reliance from older people. Older migrants are concerned about receiving care. They prefer receiving care by their family (e.g. children), but their children have difficulty with finding a home close to them, due to the overheated housing market. **Information and communication:** Many older people are concerned with the increasing digitalisation of today's society. Information channels are increasingly digital only. Older people do not always have the skills to use these digital channels.	**General:** The majority of the older people seems to be unaware of the Age-friendly City plan. Likewise, they don't know about the existence of many initiatives that are present. Promotion of these initiatives could be improved. **Social participation:** Older migrants show relatively little interest in the current supply of social and cultural activities. Instead, they prefer activities for their own group. This requires more meeting spaces to be opened, because these have disappeared in the past. **Healthcare and social care:** For older migrants, healthcare and social care provision should be culturally adapted. There are already initiatives with female physiotherapists for Arabic older women and female only sporting groups. Service provision that is culturally sensitive can be further implemented. **Information and communication:** Information should be provided to older people in non-digital, written or (preferably) personal form. Still, there are opportunities to teach older people about the use of ICT. This should be done demonstrating the potential uses (e.g. social media) instead of emphasising the difficulty of technology.

Table 5.2: Challenges and opportunities | Interest groups

	Challenges	Opportunities
Interest groups	**General:** The Age-friendly City plan lacks an integral vision, and only looks at quick wins. Policymakers sometimes have too high expectations: often a pilot initiative is not translated to actual policy, but sometimes it takes more time for results and outcomes to become visible. **Transportation:** Many older people in Amsterdam feel that public transportation has deteriorated since the launch of the North-South metro line. For example, certain bus and tram lines have been removed. So, public transport has become less accessible. **Housing:** There is a big shortage of affordable housing for older people. The city is too reactive to help older people who experience problems. **Outdoor spaces and buildings:** Many buildings are poorly accessible for older people. **Information and communication:** Many older people are concerned with the increasing digitalisation of today's society. Information channels are increasingly digital only. Older people do not have the skills to use these digital channels.	**General:** The Age-friendly City plan should be based on a formal strategy, with clear strategic and operational goals and clearer action points attached to each goal. The municipality can acknowledge more that it is just a stakeholder among the other stakeholders. This means that other stakeholders can be involved more in the decision-making and implementation of policies and programmes. They have knowledge about past research and policies that is now often overlooked. The target group of the Age-Friendly City plan can be broader. The plan only pays attention to neighbourhoods where success is easily obtainable, but in other districts with high concentrations of older people, such as East, older people feel ignored. Likewise relatively rich people are overlooked, because it is assumed they can organise their own care. The city's Age-friendly City policy can be evaluated more independently and more often. **Social inclusion:** The municipality can be a bit less concerned towards older people that do not participate in social activities. Some older people prefer not to engage in such activities.

Table 5.3: Challenges and opportunities | Policy makers

	Challenges	Opportunities
Policymakers	**General:** There is a group of older people that is at risk of being left behind. Predominantly older migrants. Some themes (e.g. loneliness, digital illiteracy) are taboo for many older people. **Housing:** There is a large shortage of affordable housing for older people. **Healthcare and social care:** Healthcare costs are rising. **Social inclusion:** Many older people are at risk of becoming lonely.	**General:** Policies and service provision can be made much more tailored to the wishes of specific older people, e.g. culturally sensitive. More cooperation with local stakeholders (e.g. housing associations, healthcare providers) would this easier obtainable. **Healthcare and social care:** Healthcare costs can be made more manageable through good cooperation between stakeholders and by letting older people live at home longer with smart interventions (e.g. Social Trials, use of ICT, etc.)

6 Policy recommendations

Amsterdam launched its Age-friendly City plan in 2015. At the start, in the phase of joining the WHO's Age-friendly City Network, a thorough problem analysis was made using statistics and GIS, as well as consultations of older people. Since then, the city has advanced remarkably with many inspiring initiatives across the different districts. In every of the eight WHO domains of an age-friendly city, there are visible efforts. Therefore, a first recommendation is to keep up the good work and continue the current approach. This includes an underlying problem analysis based on factual data, inclusive policies and cooperation with all relevant stakeholders. However, there is room for improvement, leading to several recommendations.

6.1 Strategic recommendations

- **Refine the Age-friendly City policy plan**, by making a more formal strategy, with a hierarchy of clear strategic, tactical and operational goals. At the moment, the city's problems are often clear, but sometimes it remains unclear what the corresponding goals and targets are and how they exactly will be reached. The same goes for evaluation. Currently, it seems a bit uncertain whether evaluation will take place, even though this is paramount to learn about the effectiveness of ageing policy and how to improve it.

- **Keep the WHO age-friendly city framework in mind**, parallel to the four action lines. The four action lines are inspiring, because they set concrete ageing challenges (e.g. dementia, loneliness) central. Still, the risk is that other important domains are overlooked. For example, the city is doing relatively less in the field of information and communication, whereas older people struggle with this due to the increasingly digitalisation of today's society. Keeping the WHO framework in mind is an effective way to assess the city's efforts for other important themes.

- **Pay more attention to minorities**. Even though the city's ambition is to be a city for all cultures and all ages, many of the identified initiatives are not effectively tailored to the nature of certain population groups. This relates especially to older migrants. Some policies, such as Insight in balance, have already been adapted into a culturally sensitive version. This could be done with many other policies, in order to reach groups such as older migrants. One prerequisite for this is that healthcare professionals, social workers and other service providers are familiar with these cultures and are able to incorporate that into their service provision.

- **Keep other population ground in mind when designing age-friendly policies**. Even though age-friendliness is paramount for an inclusive city, there is sometimes a danger of focusing too much on the needs of older people. This applies particularly to adaptations to public spaces, which should be accessible for everyone. When these adaptations (e.g. ergonomical adaptations to street furniture) are so focused on older people that they make use for other population groups less attractive, the net improvement is relatively modest.

- **Stimulate and facilitate more public discussion about ageing**. UP! is a very inspiring example which manages to spread a positive message about ageing. However, there is still a lot to achieve, particularly focusing at the taboo that is around certain subjects such as loneliness and physical deterioration. In order to help older people age actively, it requires them to be aware of the steps they need to take to facilitate an active ageing process. Open minded discussion in the fashion of the UP! Talkshows, or a similar concept, can be very beneficial to this, especially when it is brought to a broader scale level, using more different media.

6.2 Thematic recommendations

- **Continue the multidisciplinary approach to healthcare and community support for older people**. Many of the healthcare related challenges, including dementia care, require the cooperation of multiple stakeholders such as general practitioners, hospitals, social workers and healthcare insurance companies. Amsterdam is already working on removing barriers to closer cooperation, and the Social Trials are promising. Therefore, it is advisable to at least continue with the current approach, or intensify it. Other ageing policy domains will also benefit from the resulting knowledge about multidisciplinary cooperation.

- **Place information and communication higher on the agenda**. This thematic domain is relatively underdeveloped in the city's policy, but older people indicate the increasing digitalisation of society as one of the biggest struggles for them. They point out that much provision of information is digital only, or requires too much effort to acquire by different information channels. It has also turned out that many older people are not fully aware of the services and products available in the city to facilitate ageing. More effective promotion could be a useful strategy to overcome this. Effective promotion often requires personal targeting of older people, instead of using printed media.

- **Increase the reach of the city's public transport network and make it more accessible**. Many older people complain about the negative effects arising from the North-South metro line. It should be investigated how the loss of certain bus and tram lines can be restored. Also, accessibility of public transport is a matter of overcoming anxiety to use it. The public transport coaches which have a supportive role in this context could be implemented on a broader scale.

- **Investigate options to improve the housing market**. It is clear that the problem of the intensely competitive housing market in Amsterdam is not easy to solve, but at the same time, older people have great difficulty in finding better suited housing. This also applies to their families who want to live close to them to be able to provide informal care. Housing associations could give priority to those home seekers who want to give informal care to older people, such as their own parents. The current programmes are good, but more housing coaches are welcome, along with a greater stock of age-friendly housing.
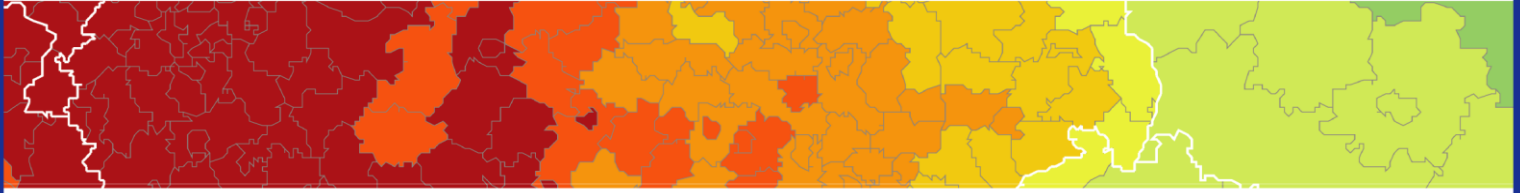
ESPON 2020 – More information

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