

Case Study Report

# Greater Manchester

Doing ageing differently

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

Targeted Analysis

# Case Study Report: Greater Manchester

Version 12/11/2020

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**Case Study Report**

# **Greater Manchester**

## **Doing ageing differently**

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## Foreword

It's late April 2020 and like many others, working from home as the Covid crisis swirls around us. The world has been turned upside down and all our plans, both personal and professional have been placed on pause. They have been displaced by immediate concerns of keeping safe and of joining the effort to keep others safe.

In Greater Manchester that means we are working across public services, community groups and researchers to get information to those on the wrong side of digital divide. We are giving a platform to older people who are both worried – about the impact of Covid – and frustrated by the portrayal of older people as frail, vulnerable and sometimes, disposable.

And sooner rather than later we will be planning our response to the longer term implications of Covid. Here it seems is where the research conducted under the ACPA project can be looked at anew. There are a number of themes that we can build on:

- Bringing services together at local level to respond to the ongoing needs and wants of older people, particularly those at risk of exclusion and isolation;
- Promoting the diverse voices of older people as social actors;
- The role of social innovation in transport, housing and cultural activities;
- Collaborating internationally in an open and challenging way;
- Building consensus around ambitious long-term plans with policy makers.

Each of these themes lends itself to our new situation we all find ourselves in. We need to reapply our collective efforts to ensure that the new normal is an "age-friendly new normal".

A huge thanks to the legion of Greater Manchester colleagues who continue to inspire, and to our older people's representatives who never give up.

**Paul McGarry**

Assistant Director, Greater Manchester

Ageing Hub

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## Abbreviations

<b>BAME</b>	Black, Asian and Minority Ethnic
<b>EC</b>	European Commission
<b>ESPON</b>	European Territorial Observatory Network
<b>ESPON EGTC</b>	ESPON European Grouping of Territorial Cooperation
<b>EU</b>	European Union
<b>GM</b>	Greater Manchester
<b>GMCA</b>	Greater Manchester Combined Authority
<b>HEI</b>	Higher Education Institution
<b>NUTS</b>	Nomenclature of Territorial Units for Statistics
<b>UK</b>	United Kingdom
<b>WHO</b>	World Health Organization



Chapter 1

# Introduction





# 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 Greater Manchester and portrays the state of affairs in Greater Manchester in terms of:

- Demographic trends and developments related to population ageing within the city region;
- The strategy and policies that the urban authorities, professionals and other stakeholders in Greater Manchester 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 Greater Manchester based on the insights that have emerged from ACPA.

Chapter 2

# Demographic profile





## 2. Demographic profile

Greater Manchester (GM) is a city region and combined authority area in North West England, comprising 10 metropolitan boroughs: Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan. GM has a population of almost 3 million people, and is the second most populous area in the UK outside of Greater London, and thirteenth most populous in the European Union. Spanning almost 1,300 square kilometres, GM is also the second largest urban area in the UK.<sup>1</sup>

### 2.1 Spatial distribution of older people in Greater Manchester

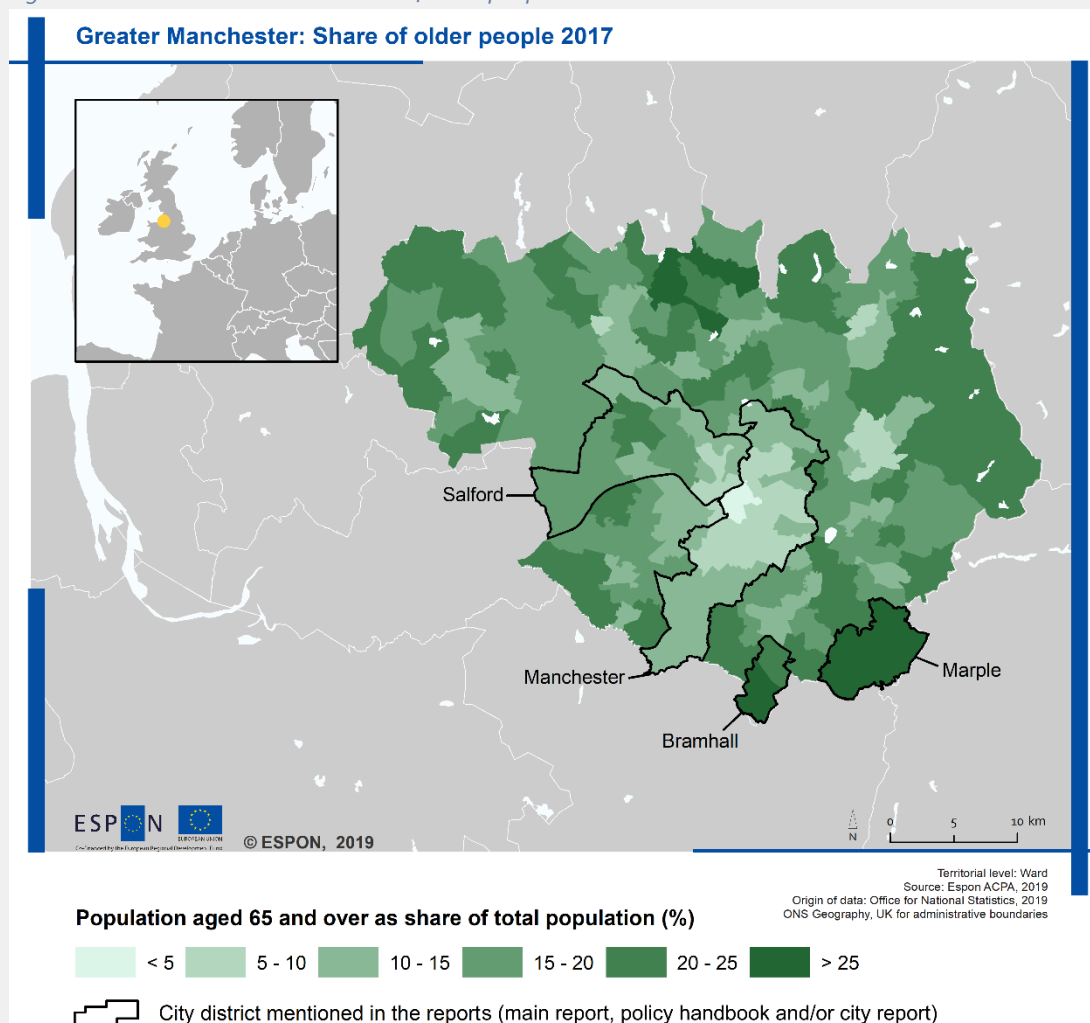
Figure 2.1 shows the spatial distribution of older people across Greater Manchester. Concentration of older people is highest amongst outer, non-urban areas. The highest concentrations lie within the far south and far south east of the region, within the boroughs of Bramhall and Marple within the Stockport local authority. Both of these boroughs were historically part of the historic county of Cheshire, and could be considered relatively affluent and less urban than other boroughs in Greater Manchester.

The lowest concentration of older people lies in the neighbouring city centres of Manchester and Salford, in the centre of the GM region. Concentrations are also low within the urban centres of the other eight metropolitan boroughs within GM.

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<sup>1</sup> Sources: Office for National Statistics and Eurostat.

Figure 2.1: Greater Manchester: Share of older people 2017



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

## 2.2 Temporal dynamics

Following a similar pattern to the current spatial distribution of older people in Greater Manchester, the change in older populations over time has been towards outer, non-urban areas (figure 2.2). In addition to the far south and south east of GM (Bramhall and Marple respectively), migration of older people has extended (though not exclusively) to the north west, north, north east and east of the city region, and all of the eight metropolitan boroughs within GM experience at least some wards with relatively high levels of migration of older people. In contrast, Manchester and Salford, which are located in the centre of GM, experience net migration of younger people.

This map shows that within the Greater Manchester Area, there are both areas with increases in the number of older people and areas with decreases (i.e. the borough Manchester). Figure 2.3 additionally shows that Manchester is only one of the few areas that does experience local declines (together with Glasgow, Nottingham, Brighton and parts of London) – contrary to most of the country.

Figure 2.2: Greater Manchester: Change in older population 2001-2017

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

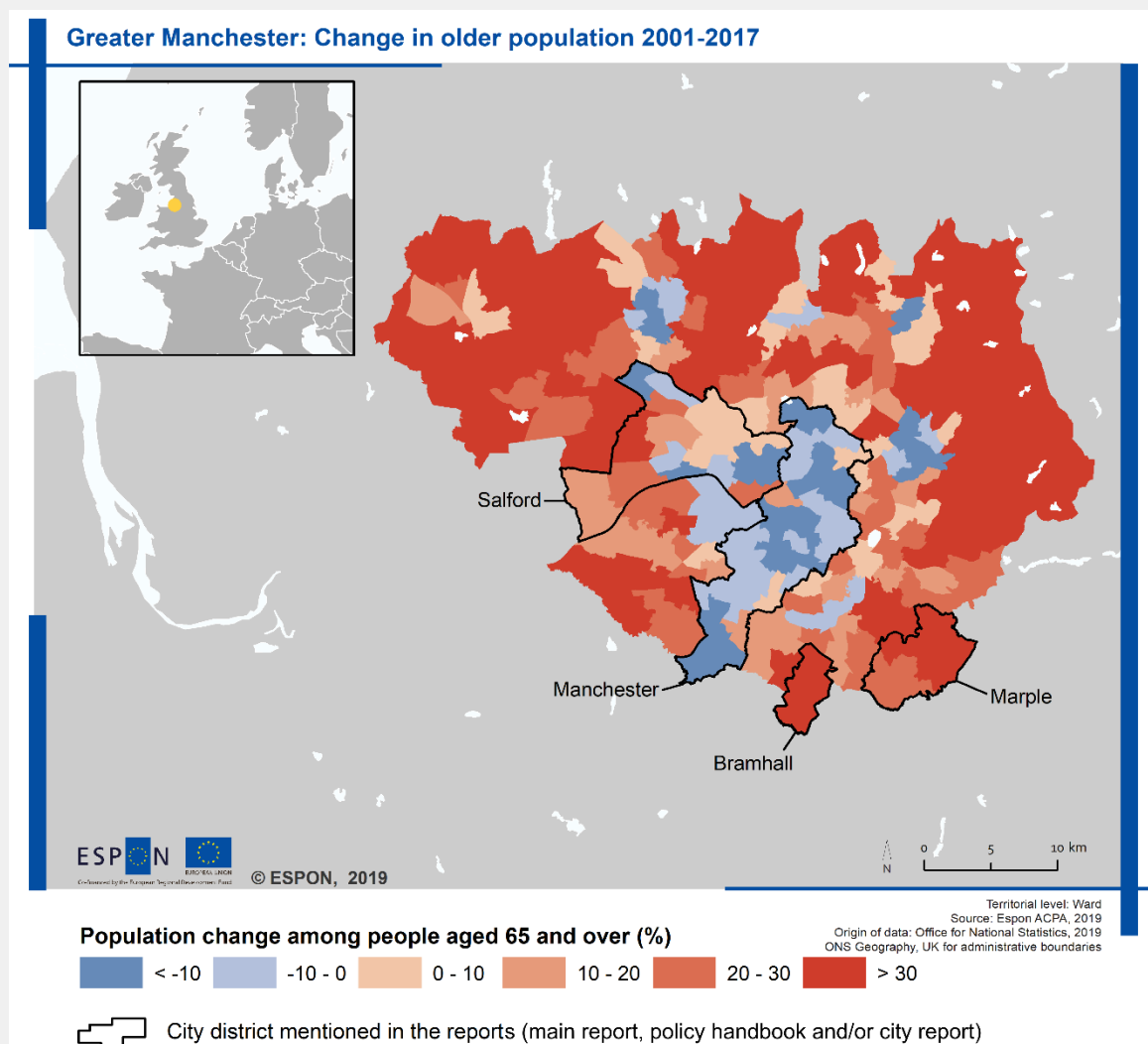
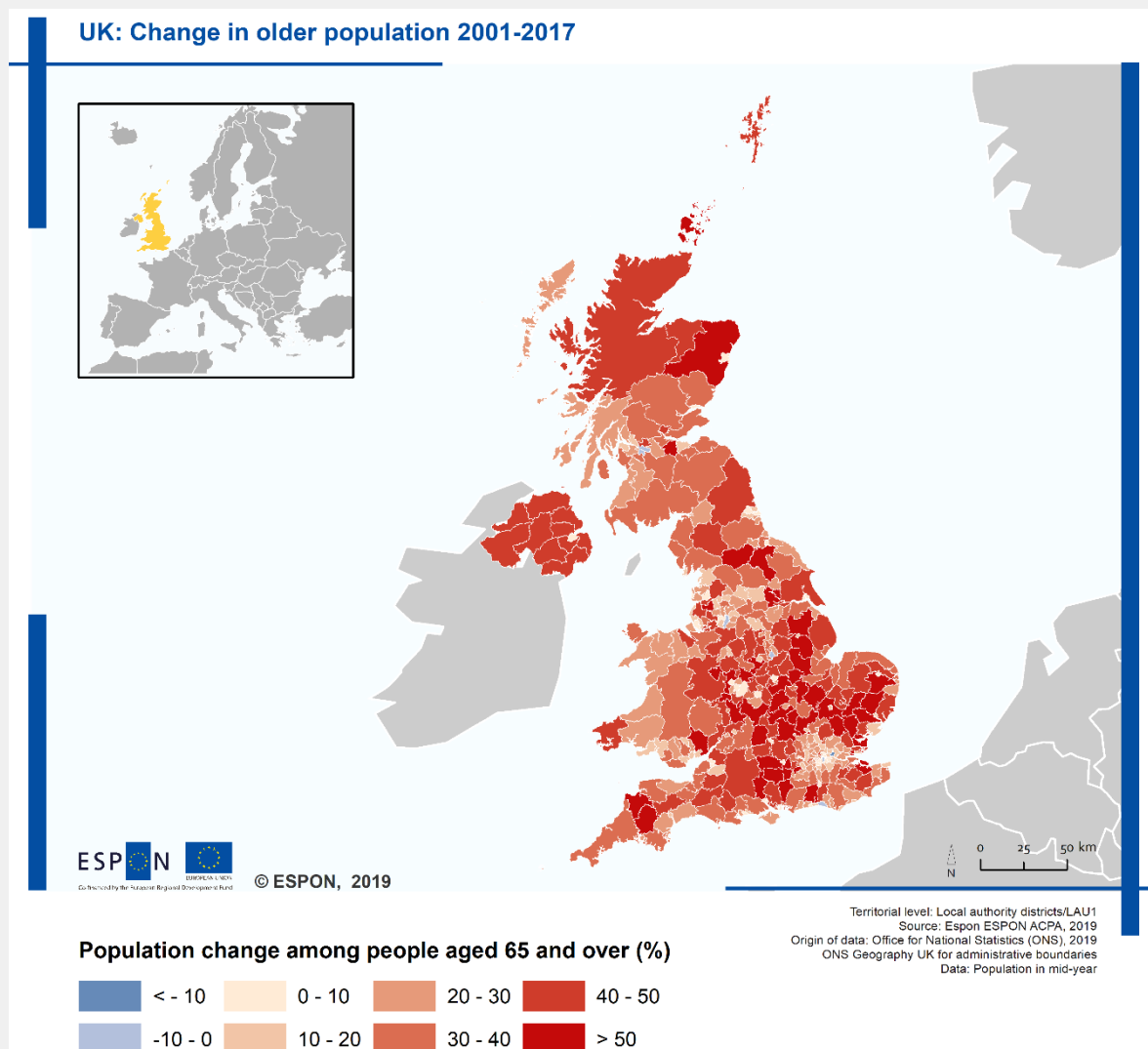


Figure 2.3: United Kingdom: Change in older population 2001-2017



Chapter 3

Policy overview





## 3. Policy overview

### 3.1 Motivation and goals

GM's slogan is “**Doing Ageing Differently**”. The ‘difference’ in the approach, again, reflects a recognition of health and social care devolution<sup>2</sup> and of new political power at the city-region level, which presents an opportunity to the local economy and society more generally. It also reflects that there is a need for a different approach given increasing life expectancy and the need to act now regarding policies and planning frameworks, which are likely to influence circumstances of older people over the next few decades.

Consultees considered ageing to be important to GM for a variety of reasons, including:

- **Inequalities:** Although there is considered a “golden generation” of affluence amongst the post-WWII, “baby boomer” generation, the reality is much more diverse. The GM economy was reliant on heavy industry which has declined rapidly since the 1980s, creating relatively high unemployment, poverty and health inequalities.
- **Employment:** Given (on average) increasing life expectancy, there is an increasing recognition that ageing is more than just frailty and poor health, and more attention is needed to connect older people to employment opportunities and overcome ageism in the workplace. For example, older people may have to work for longer, and unemployed older people may need to secure alternative careers and re-training. Consequently, ageing is part of the region's industrial strategy.
- **Economy:** Related to the above, it was recognised (particularly following an independent economic review that took place around 10 years ago) that there is a sizeable, and increasing, economically inactive older population.

Practically all consultees reflected a **history of co-working between the 10 local authorities** that form the GM region. Conceptually, this stems from a **shared GM identity**, which has evolved out of an identity associated with the North West of England and particularly the historic county of Lancashire<sup>3</sup> within which most of GM resides, which could be traced back hundreds of years. On 1 April 1974, the Local Government Act 1972 established Greater Manchester as a union of 10 local authorities, including Stockport and Trafford which were originally part of the historic county of Cheshire. Greater Manchester as a concept predated this formalisation of the union.

This GM identity has more recently been formalised by the UK government striking a so-called ‘**devolution deal**’ with the 10 GM local authorities. This deal means that the UK government has agreed to begin to devolve services from central government to GM as a combined authority and city region, including the health and social care budget. Part of the devolution deal was that the GM electorate elects a Mayor of GM

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<sup>2</sup> It is important to note that this is one example; devolution is more broad than that and therefore devolution has larger impact across Greater Manchester's programme and work.

<sup>3</sup> Not to be confused with the current administrative county of Lancashire: county capital Preston.

to oversee the devolved services. Though an interim mayor was appointed in 2015, **the election of the first elected mayor (Andy Burnham) in May 2017 was seen to have further boosted the GM devolution agenda and shared working, including in relation to ageing.** For example, ageing featured in the mayor's election manifesto. Other individuals have been influenced in consistently championing this agenda within GM.

The mayor chairs the Greater Manchester Combined Authority (GMCA) which shares power with the 10 individual GM local authorities. Strategically, **ageing is one of GMCA's 10 priorities, supported by all 10 local authorities and the Mayor of GM as part of the Greater Manchester Strategy.** The portfolio lead member and Chief Executive of Age-Friendly Greater Manchester is also part of the GMCA, with the Greater Manchester Ageing Hub coordinating related delivery. These signal to the GM region that this agenda is important, with significant implications in terms of policy, profile and support. This infrastructure has been supplemented by other investments, such as the Ambition for Ageing programme funded by The National Lottery Community Fund, expertise from local universities and funding and a strategic partnership with the charity the Centre for Ageing Better. On a micro-level, so-called 'age-friendly' training is available across the region, and ideas are shared at local leads meetings. In addition to the GMCA, each of the 10 local authorities has made commitments regarding ageing via local plans.

Equally, **involving older people at various levels of decision-making**, from strategic to the voluntary sector, via older people's forums and networks (for example the GM Older People's Network) has been noted as important to incorporate grassroots views. It was recognised that it is important for BAME older people to be included as part of this conversation despite historical perceived challenges such as language barriers.

### 3.2 Priorities

GM has a **holistic approach to ageing** that covers many agendas. As such, it was not apparent that any of the age-friendly domains are specifically prioritised. However, of all the domains, **transport** was considered important by a number of stakeholders including older people themselves. Key points mentioned include GM's own Metrolink tram system being beneficial to older people in reaching areas across the city region having been extended recently, and also that transport is a barrier to participation in other areas, with older people considering step-free access and toilets as important.

The importance of bus transport for older people was noted by a number of consultees including older people themselves, particularly those in rural communities. Transport more generally also links into the air quality agenda and local Clean Air Plans in the 10 individual local authorities, as well as urban living: if urban living could be made more attractive to older people, there could be less reliance on cars. Consequently, it was mentioned that urban environments need to be safer, more accessible (even pavements, for example),

attractive and green. In future, potential further devolution could increase GMCA’s responsibility for transport and potential for adapting transport in line with an age-friendly city.

In addition, **health** services are a priority in GM, given their importance over the life course. Health services have recently been devolved as part of the devolution deal. This is hoped, by 2040, to lead to more proactive and preventative approaches around integrated care models and social prescribing: using primary care to take pressure away from acute, hospital care. An example was given of a local authority investing more of its limited public health budget in creative arts in recent years. This move more generally requires resource shifts from acute to primary care, and more generally, would enable older people to maintain independence for longer.

Table 3.1: Priority table

Priority areas according to city representatives of Greater Manchester (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	4
Domain 3: Housing	5
Domain 4: Social participation	4
Domain 5: Social inclusion and non-discrimination	5
Domain 6: Civic engagement and employment <sup>4</sup>	5
Domain 7: Communication and information	4
Domain 8: Community support and health services <sup>5</sup>	5

### 3.3 Approach

Consultees, particularly those with a health-related job role or focus, emphasised that **ageing is part of the wider life course of good health**. This philosophy has helped integrate ageing into broader discussions around health, social care and more generally “living well”. Equally, some consultees felt that ageing is more than just health, extending to housing, employment and the economy (see above). Including ageing and older people as part of wider agendas has helped generate interest in this area and engage a wide audience.

The concept of ageing and its connection with help is often seen as a deficit-based (negative) model, often associated with the medical model of ageing; for example, use of the term ‘frail older people’, ‘bed blockers’, etc. **Framing ageing within strengths-based (positive) approaches and language such as “age-friendly”**

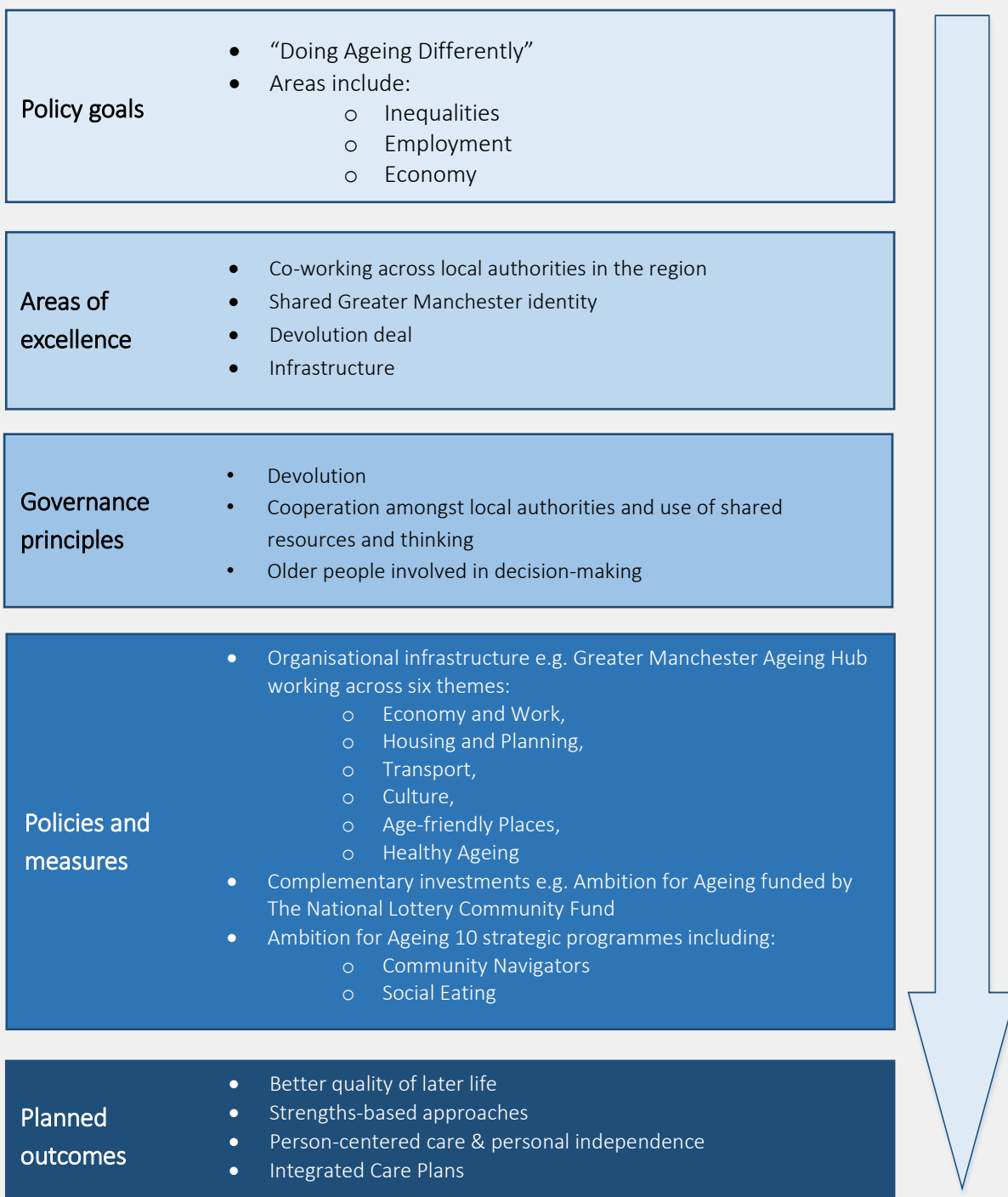
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<sup>4</sup> Of the WHO policy domains, domain number 6 is only partly addressed in Age-friendly Gothenburg, as civic engagement is an area of focus, whereas employment is not explicitly included and primarily addressed within policies concerning labour market and adult education. Nevertheless, in the forthcoming action plan for Age-Friendly Gothenburg, one central element will be to make better use of the resources of older people in volunteer work.

<sup>5</sup> Older care and home care are not explicitly included in the Age-Friendly Gothenburg programme.

and “all age” has been welcomed by older people in particular, who do not want to be discussed in negative contexts or seen as a burden. “Age-friendly” has provided a strong ‘brand’ and connections to other cities in the UK, Europe and worldwide that are utilising similar approaches. “All age” approaches are relatively novel, but some perhaps unexpected similarities between groups have been noted: for example prams/buggies require similar access requirements as wheelchairs; young people and retired people have spare time during the daytime. Anchor institutions (for example, museums, art galleries) can be important resources if they see their offer as for all, not just the well-off.

Figure 3.1: Policy overview



Chapter 4

**Perspectives on  
policy initiatives**





## 4. Perspectives on policy initiatives

A selection of inspiring policy initiatives and organisational structures in Greater Manchester is presented below. These initiatives were selected based on intensive consultation with policy makers, stakeholders and older people in Greater Manchester. They outline innovative methods that have produced tangible effects. For the complete methodology, please consult the scientific annex provided in the main report of the ESPON ACPA study.

### 4.1 Strength and balance pathway

#### Content and organisation

- The public Health team of Wigan developed a strength and balance program.
- Target group are older adults living in the local authority.
- Older people can be referred to the pathway from a local health or social care provider, community worker, GP or practice nurse, or make a self-referral.

#### Effectiveness

- Falls causes over 200,000 hospital admissions nationally of people aged 65. The aim of the pathway is to reduce falls of old adults.
- It is too early to assess the full impact of the pathway, and cost savings from the approach may take a number of years to realise.

#### Innovativeness

- The pathway merges several different activities associated with improving strength and balance, into a pathway.

#### Transferability

- The strength and balance pathway can be transferred to any local area.

### 4.2 Collaborative research by Higher Education Institutions (HEIs)

#### Content and organisation

- Local universities work with Greater Manchester Combined Authority, the ten Greater Manchester local authorities and independently on research related to ageing and age-friendly.
- This includes, but is not limited to, the Manchester Institute for Collaborative Research on Ageing (MICRA): [www.micra.manchester.ac.uk](http://www.micra.manchester.ac.uk).

- Research outputs include The Golden Generation Report<sup>6</sup>.

### **Effectiveness**

- HEIs have taken part in a number of conferences and research exchanges, for example collectively hosting the British Society of Gerontology conference, and have developed a local network of partners and those interested in the research, including the National Institute for Health Research (NIHR) Policy Research Unit on Older People and Frailty<sup>7</sup> and the NIHR Applied Research Collaboration Greater Manchester Healthy Ageing Theme<sup>8</sup>.

### **Innovativeness**

- Collaboration has transcended professional boundaries and competition, for the greater good of Greater Manchester.
- Researchers have benefited from collaboration as well.

### **Transferability**

- Collaboration between local HEIs can be achieved in any local area.

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<sup>6</sup> <http://hummedia.manchester.ac.uk/institutes/micra/reports/golden-generation-report-2017.pdf>

<sup>7</sup> <https://www.opfpru.nihr.ac.uk/>

<sup>8</sup> <https://www.nihr.ac.uk/news/new-nihr-applied-research-collaborations-to-tackle-the-biggest-challenges-faced-by-the-health-and-care-system>



Chapter 5

# Challenges and opportunities



## 5. Challenges and opportunities

Although the previous section has shown successful examples of initiatives for older people, interviews with various groups of stakeholders in Greater Manchester 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 Greater Manchester, the interest groups representing them and policymakers in the city. Key challenges cited by stakeholders centred on austerity and subsequent inequalities and resourcing of initiatives, the ‘infancy’ of the concept of an age-friendly city in policy terms, transport, physical infrastructure, and that older people are not a homogenous group. On the other hand, opportunities cited were in relation to social prescribing, the benefits of growing old in a city, and making use of the private and voluntary sectors.

Table 5.1: Challenges and Opportunities | Older people

	Challenges	Opportunities
Older people	<ul style="list-style-type: none"> <li>• <b>Transport:</b> With many older people living in rural areas, transport infrastructure serving older people living in rural areas can be variable, including infrequent bus services, lack of services at weekends and poor connections between transport modes. The cost of transport in rural areas can often be expensive to connect to cities, which disproportionately affects those with low incomes.</li> <li>• <b>Physical infrastructure:</b> The urban environment is not necessarily age-friendly. For example housing, planning, street furniture (e.g. lack of benches to sit), commercial and retail offerings which struggle to appeal to older people.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Benefits of growing old in a city:</b> Consultees felt that there are an increasing number of benefits of growing old in a city. For example, Greater Manchester’s Metrolink tram system was generally viewed positively, and is felt to be accessible and is going to be expanding over the coming years. There are also plentiful cultural activities, museums and places of interest in the city. Also, accessing activities is easier in a city environment as cities are hubs of facilities.</li> <li>• <b>Private sector:</b> The private sector, including shops, supermarkets and smaller companies, could support and potentially fund opportunities for older people. For example, shops and supermarkets supporting for older people with dementia (for example, signing up to the Dementia Friendly charter) was cited.</li> </ul>

Table 5.2: Challenges and Opportunities | Interest groups

	Challenges	Opportunities
<b>Interest groups</b>	<ul style="list-style-type: none"> <li>• <b>Variation amongst older people as a group:</b> Older people are not a homogenous group, nor can they be defined by age group necessarily, as some older people are in better physiological health with better life opportunities than other people of the same age. Older people of the same age can have drastically different experiences, affected by a range of factors and demographics including their health status, current and prior income level, gender, sexuality, ethnicity and social isolation and loneliness.</li> <li>• <b>Infancy:</b> Consultees generally felt that it still feels in the 'early days' for the concept of an age-friendly city – many of the outcomes desired from this initiative will take many years to realise.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Voluntary sector:</b> Cooperation and the variety of resources offered by various voluntary sector organisations and charities was thought to be good across a range of consultees. In particular, the voluntary sector was seen as key to accessing a range of minority groups that the private and public sector may struggle to engage in the same way, including ethnic minorities. Experiences do vary, however, with voluntary sector organisations at different stages, and voluntary sector infrastructure being more developed in some regions than others. The voluntary sector can be supported to achieve more for older people through building their own capacity. It was felt that challenges to this can be the competition between some voluntary sector organisations; also it was felt that there may be a tendency for some smaller organisations to be overlooked when resources or funding are allocated.</li> </ul>

Table 5.3: Challenges and Opportunities | Policy makers

	Challenges	Opportunities
<b>Policymakers</b>	<ul style="list-style-type: none"> <li>• <b>Austerity and resourcing</b> are challenges in delivering services and outcomes for older people generally. Consultees felt that these wider issues need to be addressed first before issues associated with ageing can effectively be tackled, in many cases, particularly amongst lower income groups across the city.</li> <li>• <b>Inequalities:</b> Wider inequalities, often related to health or poverty, are the biggest issues facing older people, not necessarily ageing first and foremost. As noted above, the ability of local government and the voluntary sector to deal with these can vary.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Social prescribing:</b> There is an increasing narrative in the UK from government and wider society promoting the benefits of social prescribing. However, it was recognised that while social prescribing commissioning is increasing and awareness of it is improving, it is a relatively new and developing concept, and so the evidence base behind it is not necessarily comprehensive and is currently relatively weak. Social prescribing was also considered to rely on communities having assets and a developed voluntary and community sector, which many poorer areas do not have.</li> </ul>



Chapter 6

Policy  
recommendations



## 6. Policy recommendations

Key to progress in GM has been how the 10 different local authorities and the Mayor of GM work together as a combined authority. This has been helped by a shared GM identity and, more recently, devolution and role of the Mayor of GM as a figurehead with age-friendly one of his main commitments. Strategically, ageing is one of GMCA's 10 priorities as part of the Greater Manchester Strategy, and combined with other strategic developments, these have significant implications in terms of policy, profile and support.

GM has also considered age-friendly as a cross-cutting and positive initiative that permeates many diverse agendas, from health to housing to employment, rather than restrict it to few specific projects or programmes. Doing so has helped generate interest in this topic area and engage a wide audience.

### 6.1 Strategic recommendations

- **Break down overall goals into small steps:** 'Age-friendly' has at times felt like a fledgling agenda, with outcomes expected by 2040 or beyond. It would be useful to emphasise intermediate goals, to drive short-term progress.
- **Utilise academia and other research:** GM has engaged well the local academic community. It would be useful for other areas to make local academic institutions at the heart of their local approaches, including commissioning specific work or projects, which may help to drive innovation.
- **Test and learn:** Try new approaches and do not be afraid of ideas not working – they can provide valuable learning experiences for future development.

### 6.2 Thematic recommendations

- **Information and communication: Change the language on ageing.** Stakeholders, and particularly older people, expressed frustration with deficit-based models and language used in relation to ageing. "Age-friendly" and "all age" were seen as more acceptable terms, with ageing framed as part of the life cycle rather than a separate development. For example, it was recommended to rebrand apprenticeships to make them more attractive for workers over the age of 25.
- **Community support and health services: Promote a person-centred approach.** It is crucial to older people that they live independent lives. A person-centred, strengths-based, preventative approach to ageing was felt to be required, to promote "active ageing" not crisis management.
- **Social participation: Have voices of older people integrated into delivery.** Older people's voices must be held in equal value to senior staff, planners, developers etc.





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