



Ayuntamiento
de Vitoria-Gasteiz
Vitoria-Gasteizko
Udala

Evaluation of the 2014-2016 Action Plan

Vitoria-Gasteiz, An
Age-Friendly City

MATIA
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VITORIA-GASTEIZ, AN AGE-FRIENDLY CITY

Evaluation of the 2014-2016 Action Plan

Introduction

Sociodemographic data for Vitoria-Gasteiz

A total of 250,051 people live in Vitoria-Gasteiz, according to the latest data from the Municipal Register of Inhabitants. Of this total, 15.74% of people are aged under 16, and 63.62% are aged between 16 and 64. The total number of older people is 51,621, which represents 20.64% of the population. 18.96% of men are over 65, while the total is 23.14% for women. The over-aged population (i.e. aged 80 and over) is 15,886 people in total, which represents 6.35% of the overall population. Almost a third of all 65s are therefore aged 80 or over. With regards to men, 4.93% are over 80, compared to 7.98% for women. The predominance of females in older people is therefore evident, especially as age increases. There are 88 people aged one hundred or over, 78 of whom are women and 10 are men.

Vitoria-Gasteiz: Population by age and gender, 2018

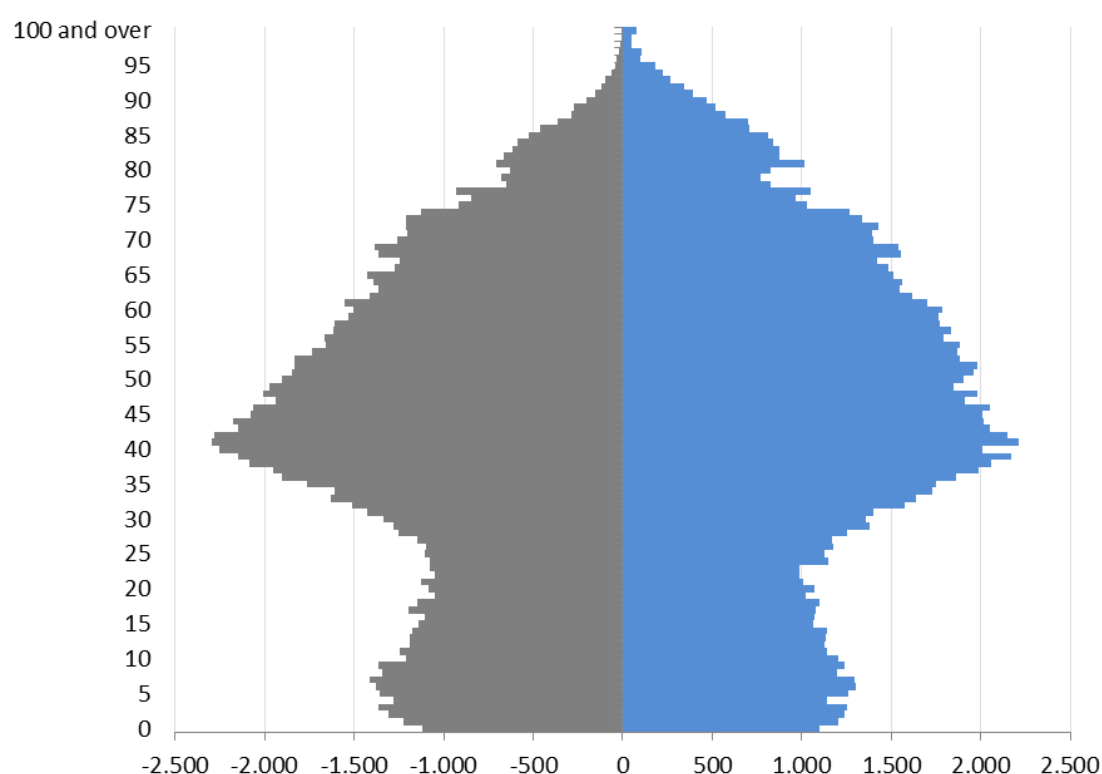
2018	Gender neutral		Men		Women	
	Total	Percentage	Total	Percentage	Total	Percentage
Total	250,051	100.0	119,462	100.0	125,172	100.0
Under 16s	39,352	15.74	20,312	17.01	19,040	15.21
Ages 16 to 64	159,078	63.62	78,882	66.03	80,196	64.07
65 and over	51,621	20.64	22,654	18.96	28,967	23.14
80 and over	15,886	6.35	5,895	4.93	9,991	7.98

Source: Vitoria-Gasteiz Town Council. Municipal Register of Inhabitants.

This reality, as evinced by previous data from the Municipal Register, can be seen more clearly in the population pyramid. This is a regressive pyramid, in which the lower age groups (at the base, up to the under 16 age group) are narrower than the upper age groups. In contrast, the cohort between 30 and 55 years has the largest population. There is a gradual decrease in the importance of this age group from 65 years onwards, although it is still high.

The pyramid also shows differences between both genders, with a greater presence of women in the most elderly groups (over 80s). This is due to higher male mortality and higher life expectancy in the group of women, which means that there are more women than men in the over 65s group, and this number is increasing progressively. All this is due to the fall in birth rates and the increase in longevity over recent years. Although the differences in mortality between the genders seem to be decreasing, male longevity is still lower than among women.

Vitoria-Gasteiz: Population Pyramid, 2018



Source: Vitoria-Gasteiz Town Council. Municipal Register of Inhabitants.

Evolution of the population of Vitoria-Gasteiz can be analysed through the inter-annual variation in population. The data for 2016 indicate that this is the section of the population which has experienced most growth compared to the previous year. In contrast, data at territorial and country levels indicate much lower growth, especially in the Basque Country as a whole, where growth is minimal.

The rate of population variation over the last decade indicates a similar pattern of results. In this case, over the last decade Vitoria-Gasteiz is the city that has grown most in population, followed closely by the territory of Álava. In contrast, the Basque Country overall shows variation of almost five points less than Vitoria-Gasteiz.

Demographic variation indices in Vitoria-Gasteiz, Álava and the Basque Country (2016)

DEMOGRAPHY	Year	Vitoria	Álava	Basque Country
Inter-annual population change (%)	2016	0.29	0.14	0.01
Population change in the last decade (%)	2016	7.49	7.35	2.61

Source: Eustat. Udalmap.

Other relevant indicators include birth rate. Birth rate refers to the relationship between the number of people born in a given year and the population of a given territory. It can be seen that the value is highest in Vitoria-Gasteiz, followed very closely by the territory of Álava, with values of 9.73 and 9.48 respectively. In contrast, the birth rate observed in the Basque Country Region is somewhat lower, with a value of 8.33.

When analysing the vegetative growth rate, these data can be used to ascertain the difference between the number of people born and the number of deaths in a particular place over the course of one year. The highest value is for the city of Vitoria-Gasteiz (1.65), followed very closely by the territory of Álava (1.19). In contrast, the Basque Region obtained a value of -1.36 for this period. This means that the Basque Region would be losing population, since the number of deceased is higher than the number of births, while in the first two the population is growing.

Together with these data, the external migratory balance would indicate the relationship between immigration and emigration registered in a specific territory for a specific period. In this case, the values observed in the different territories are quite similar, with immigration or new registrations in a territory exceeding emigration or the number of people leaving. As a result, more people are coming to Vitoria-Gasteiz, the territory of Álava and the Basque Country Region than the number who are leaving.

Finally, the proportion of foreign nationals among the total number of residents can also be ascertained. In this case, Vitoria-Gasteiz welcomes more foreign nationals, amounting to 8.53. This means that more than eight out of every 1,000 inhabitants are foreign nationals. In contrast, the territory of Álava and the Basque Country Region have a lower relative value of foreign population out of the total population, amounting to 7.88 and 6.36 respectively.

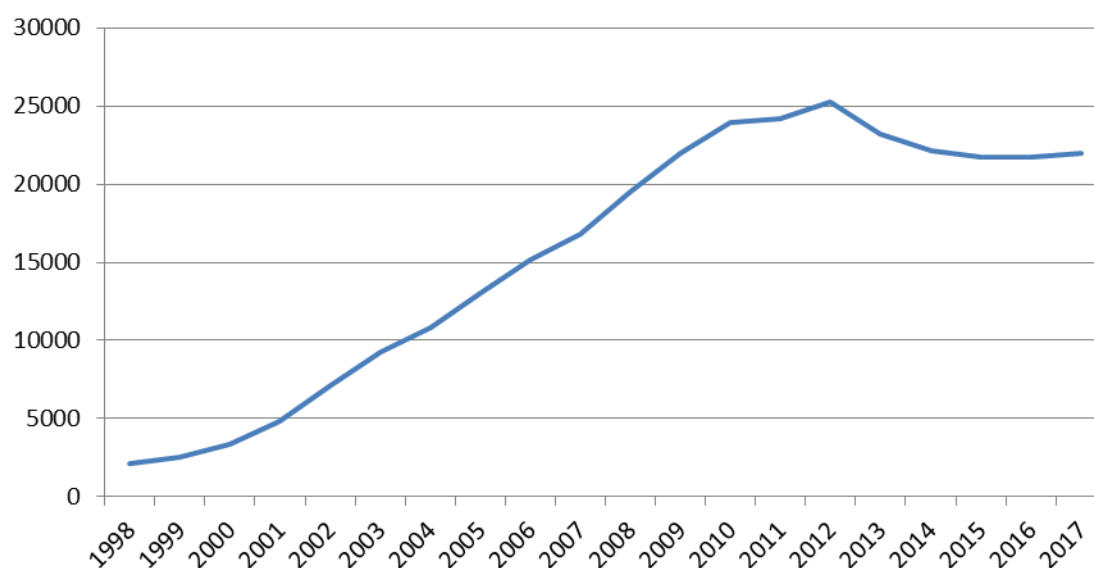
Natural population movement in Vitoria-Gasteiz, the municipal area, Álava and the Basque Country (2016)

NATURAL POPULATION MOVEMENT	Year	Vitoria	Álava	Basque Country
Crude birth rate (‰)	2016	9.73	9.48	8.33
External migration rate (‰)	2016	4.77	4.54	4.05
Vegetative growth rate (‰)	2016	1.65	1.19	-1.36
Foreign population (‰)	2016	8.53	7.88	6.36

Source: Eustat. Udalmap.

The following chart shows the evolution of the foreign population over the 1998-2017 period. The number of foreign nationals has almost quintupled over the last two decades, with a continuous increase between 1998 and 2012. As of this year, there is a slight decrease in the number of foreign nationals living in the city.

Evolution of the foreign population, 1998-2017



Source: Vitoria-Gasteiz Town Council. Municipal Register of Inhabitants.

An analysis of the evolution of the population of the city of Vitoria-Gasteiz shows that it has increased by 35,817 people over the last 22 years (1996 to 2018). All age population groups have increased, in particular the group of people aged 65 and over, which has increased by 24,263, meaning it is now almost double.

Vitoria-Gasteiz: Population by age and gender, 1996

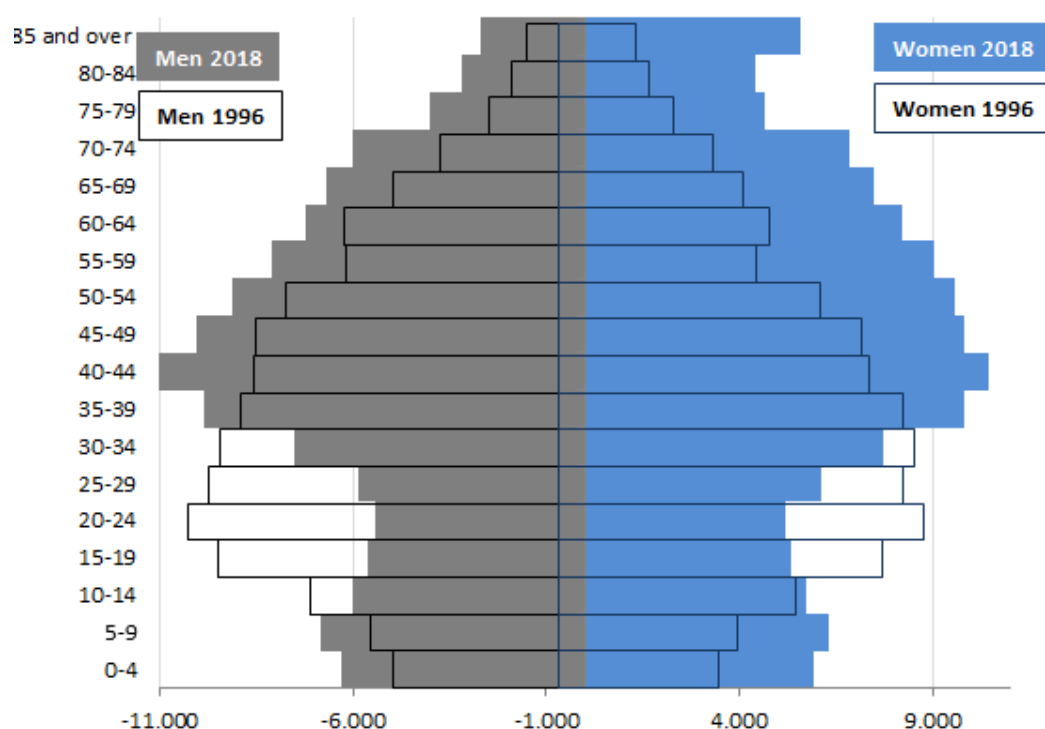
1996	Gender neutral		Men		Women	
	Total	Percentage	Total	Percentage	Total	Percentage
Total	214,234	100.0	105,300	100.0	108,934	100.0
Under 15s	30,456	14.2	15,586	14.8	14,870	13.7
Ages 15 to 64	156,422	73.0	78,423	74.5	77,998	71.6
65 and over	27,358	12.8	11,291	10.7	16,067	14.7
80 and over	6,433	3.0	2,084	2.0	4,349	4.0

Source: National Statistics Institute: INEBASE. Municipal Register of Inhabitants.

These differences in population structure over the last 22 years can be seen more clearly when comparing the population pyramid of 1996 and 2018. The first one shows a higher number of people in the 15-34 age group and a lower number in the 70-plus age group. In contrast, the silhouette of the 2018 pyramid shows a different profile, in which the decline in importance in younger generations and the increase in importance of older age groups is clearly notable. In this case, the increase of the cohorts of the so-called baby boomers to positions that reflect older age groups is clearly observed. Moreover, a certain increase in the birth rate can be appreciated, something which will have future consequences.

Once again, the demographic ageing of the population in Vitoria-Gasteiz is evident, clearly showing the changes in the make-up of the age structure. The causes of this variation are mainly the decline in the birth rate and the increase in life expectancy.

Vitoria-Gasteiz: Population Pyramid 1996 and 2018



Source: Vitoria-Gasteiz Town Council and National Statistics Institute: INEBASE. Municipal Register of Inhabitants.

Population ageing is not the same in all areas, meaning a comparative study of the different locations must always be carried out when analysing demographic ageing. The following table shows the percentage of people aged 65 and over out of the total population both in the Basque Country and in the territory of Álava. With regards to the Basque Country, the relative number of older people is 21.68%, while in Álava it stands at 20.11%. In this case, the weight of older people out of the total population in Vitoria-Gasteiz in 2017 (18.25%) is somewhat lower than for the Basque Country and the territory of Álava.

Total population and percentages by gender and age for the Basque Country and Álava

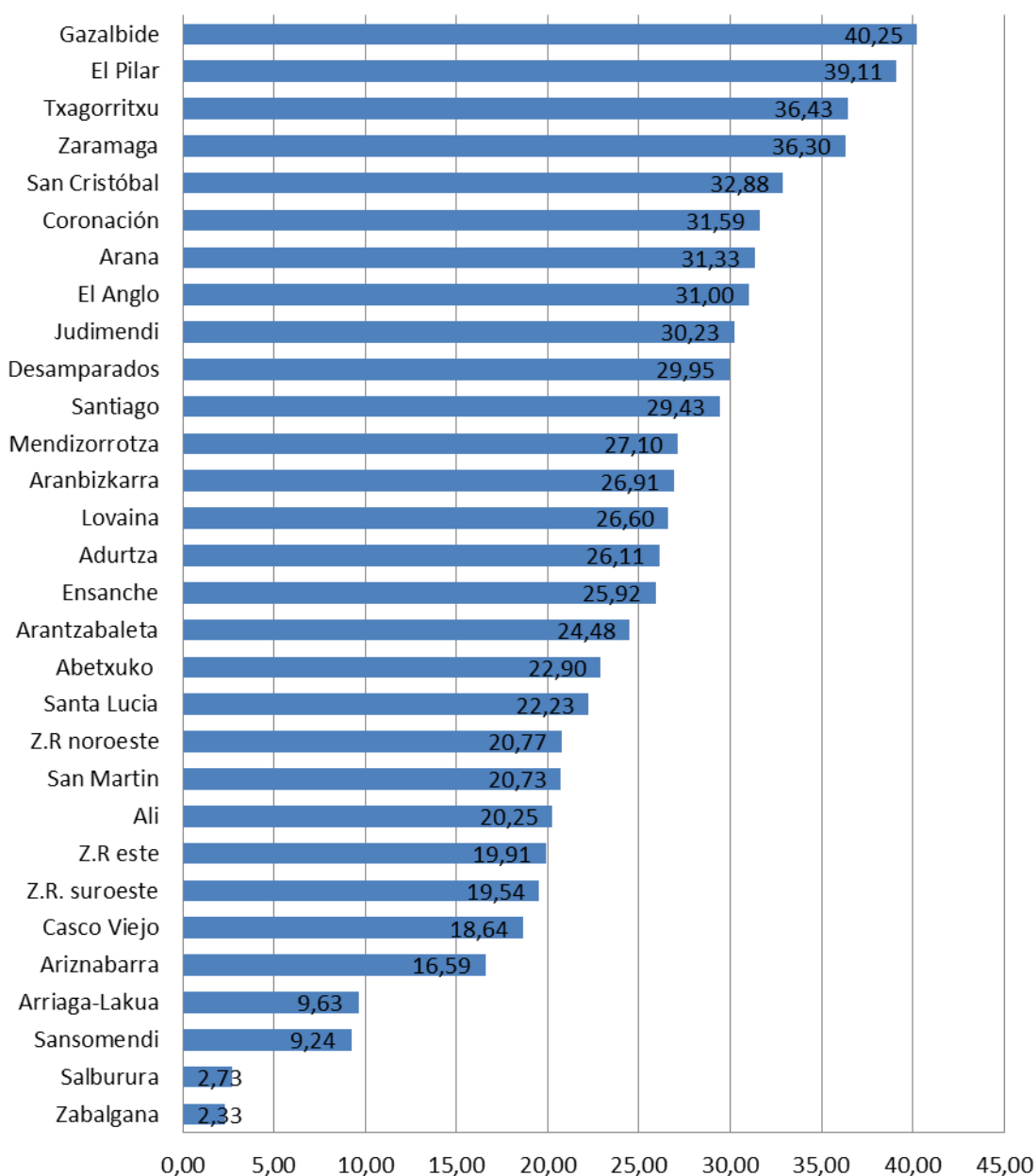
	2017	Total	People aged 65 and over	Percentage of adults out of the total
Basque Country	Total	2,175,819	471,640	21.68
	Men	1,056,378	199,549	18.89
	Women	1,119,441	272,091	24.31
Araba/Álava	Total	323,592	65,072	20.11
	Men	159,497	28,895	18.12
	Women	164,095	36,177	22.05

Source: EUSTAT. Municipal Register of Inhabitants.

In the specific case of the city, the old age rate (the percentage of people aged 65 and over out of the total population) is studied in accordance with the different neighbourhoods. The differences in their demographic make-up are therefore demonstrated. The oldest neighbourhood in Vitoria-Gasteiz is Gazalbide, where the over 65s make up 40.3% of the

population. In other words, four out of every ten people living in the neighbourhood are over 65. In contrast, Zabalgana is a young neighbourhood, where only 2.3% of people are senior citizens. These enormous differences between neighbourhoods mean they each have their own specific needs, thus affecting the restructuring and planning of resources. The residential location of older people is an important issue when organising and administering public policy.

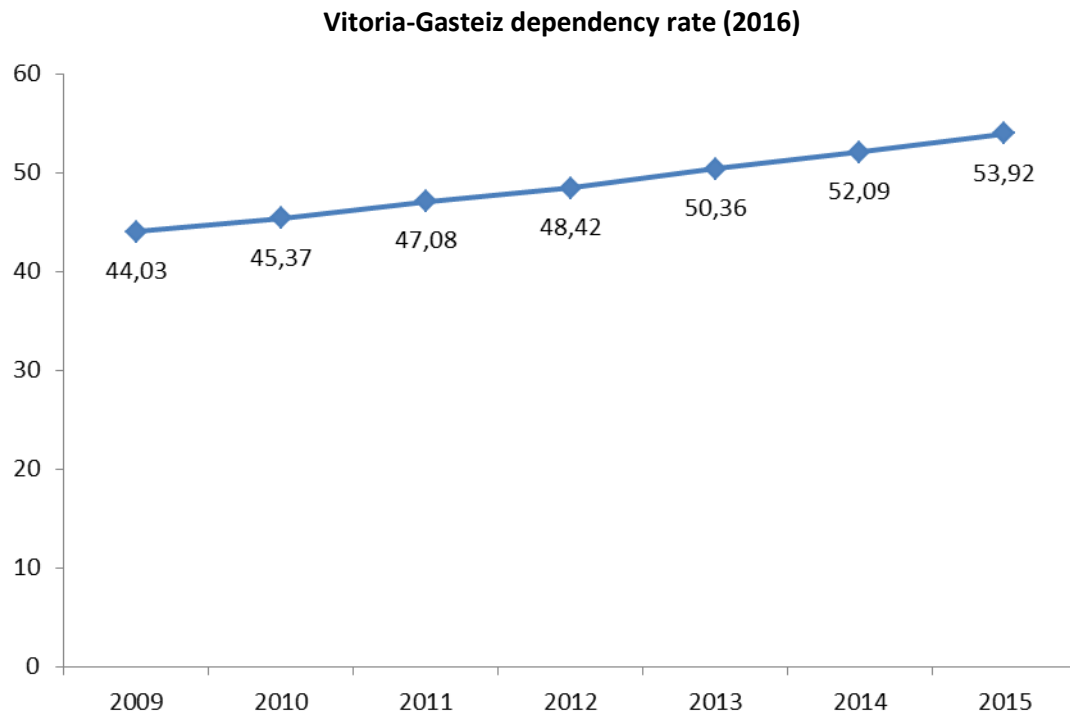
Rate of older people (over 64s) in Vitoria-Gasteiz by neighbourhood in 2016



Source: V-G Statistical Yearbook 2016.

Another indicator related to population ageing is the demographic dependency ratio. This rate refers to the proportion of dependents, understood as people aged under 16 and over 64, out of the population of working age, whose ages are between 16 and 64 years. It is a way to try and ascertain possible caregivers aged between 16 and 64 years out of the total population in who may be in a situation of dependency, the child population and the older population.

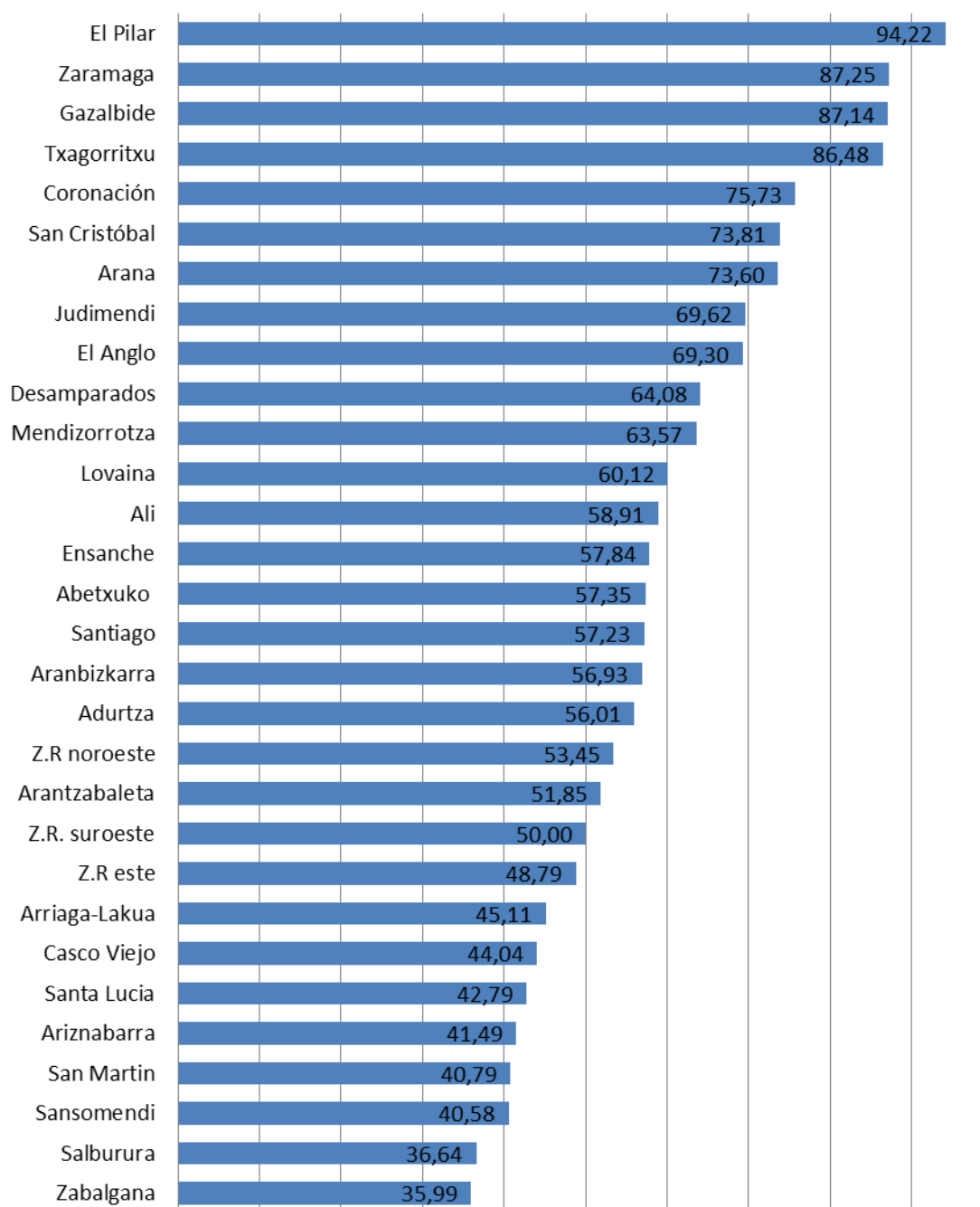
The results show that this figure has increased from 44.0% in 2009 to 53.9% in 2015. As the rate increases, the financial burden on the active population of maintaining dependents also increases. In this case, the dependency ratio in Vitoria-Gasteiz has increased by almost ten percentage points in seven years.



Source: V-G Statistical Yearbook 2016.

The results of the dependency ratio in Vitoria-Gasteiz by neighbourhood also show very different figures. The neighbourhoods in which there is a higher dependency rate are El Pilar, with 94.22% of the population not of working age out of the active population according to age, followed by Zamaraga, with 87.25%. In contrast, Zabalgana is the neighbourhood with the lowest rate of dependent people, totalling 35.99%.

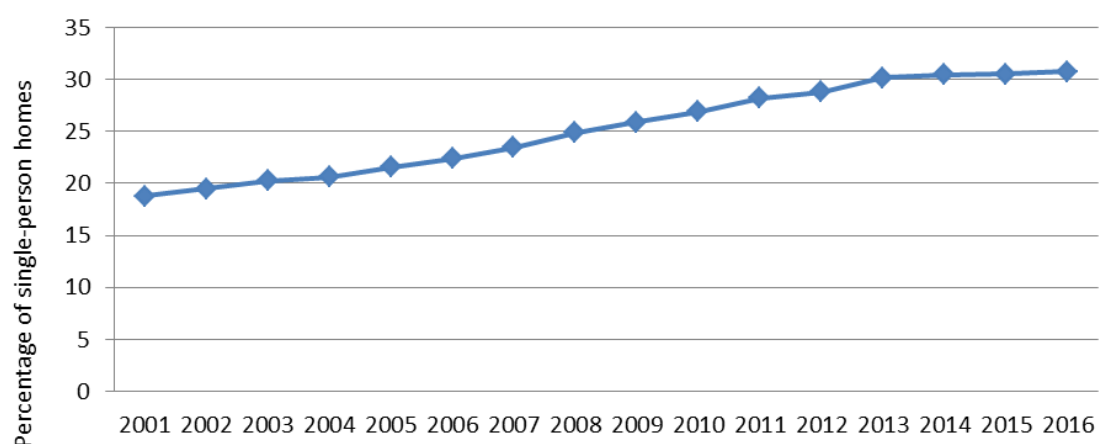
Dependency rate by neighbourhood (2016)



Source: V-G Statistical Yearbook 2016.

Households have also changed over the past two decades. The average size of families in Vitoria-Gasteiz has been decreasing, down from 2.9 in 1998 to 2.3 in 2017. This variation can also be observed in the distribution of households according to the number of members, in which households formed by one, two and three people have increased, while households formed by four or more people have been decreasing. The number of single-person households has almost doubled in recent decades, from 18.0% to 33.0%.

Evolution of the percentage of single people in Vitoria Gasteiz



Source: V-G Statistical Yearbook 2016.

The increase in single-person households is a predominant trend in all age levels. In the case of the older population, the increase in the population living alone is a consequence of improvements in health conditions and economic independence. However, this situation may also lead to greater vulnerability to situations of fragility and the need for assistance. People living alone are at increased risk of social isolation and of becoming impoverished. The higher male mortality rate means more women are widowed than men, and as a result women are more likely to suffer loneliness and isolation precisely at a time of increased dependency and need for financial aid (Sancho, 2010).

Households: number and size of households 1998, 2008 and 2017

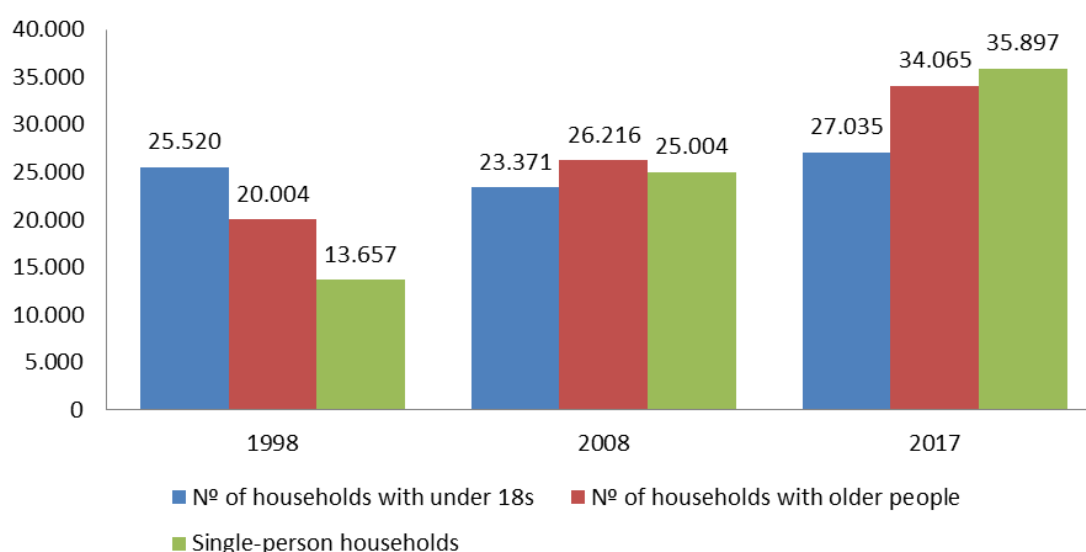
Households (1)	1998	2008	2017
Average size	2.9	2.5	2.3
NUMBER OF MEMBERS			
1 person	13,657	25,004	35,897
2 people	17,546	25,634	31,921
3 people	16,949	20,187	19,354
4 people	17,750	15,953	15,371
5 people	5,998	3,640	3,341
6 people	1,695	1,065	964
7 or more people	692	822	568
NUMBER OF HOUSEHOLDS	74,287	92,305	107,416
Nº of households with under 18s	25,520	23,371	27,035
Nº of households with older people	20,004	26,216	34,065
PERCENTAGE HOUSEHOLDS			
% single-person households (2)	18%	27%	33%
% households with under 18s (3)	34%	25%	25%
% households with older people (4)	27%	28%	32%

Source: V-G Statistical Yearbook 2016.

- (1) Household: People who make up a cohabitation unit, whether linked by kinship or not.
- (2) Nº of single-person households out of the total number of households per 100.
- (3) Nº of households with at least one under 18 out of the total number of households per 100.
- (4) Nº of households with people over 64 out of the total number of households per 100

In contrast, the make-up of the household has also changed. The number of households comprising at least one under 18 out of the total number of households has been decreasing, with a decrease of almost ten percentage points in the weight of these households out of the total. In contrast, the relative weight of households with over 64s out of the total has been increasing, up five percentage points from 27.0% to 32.0%, which is the reason for the increase in ageing in the city's population.

Make-up of households 1998, 2008 and 2017.



Source: V-G Statistical Yearbook 2016.

Other indicators relevant to the evolving population study are the data on life expectancy. These indicators are used to measure the impact of a given plan or strategy. The impacts are the long-term changes in people's health and welfare which are likely to be achieved (at least partially) through improvements in adaptation of the physical and social environment to older people (WHO, 2015). Although impact indicators are influenced by a wide range of factors and it is difficult to attribute them clearly to efforts to adapt the city to older people, their inclusion in a set of indicators is important to record the long-term impacts deriving from changes to the environment.

In the case of Vitoria-Gasteiz, no data for the Action Plan period are available, meaning there are no indicators which can measure the impact of this Plan at a macro level. In any case, the data that are available as the basis for a possible evaluation of future impact are detailed.

The available indicators are life expectancy at birth for men and women in accordance with basic health areas in Vitoria-Gasteiz, information extracted from the document prepared by the Department of Health of the Basque Regional Government (2015). Life expectancy at birth is the average number of years a new-born person would be expected to live if, over the

course of his or her life, he or she were exposed to specific mortality rates by age. Basic health area refers to the geographical area used as a reference for the work of the primary healthcare team.

Gender-distributed data have been included, as it is important to include differentiated data that can be used to measure equity. The equity indicators refer to the breakdown of data by social stratifiers such as gender, age, wealth and neighbourhood. It is therefore possible to show the different measurements of inequality available (WHO, 2015).

It is recommended that future compilations of indicators should take into account equity measures, i.e. stratified data by gender, age cohorts, neighbourhoods, etc. This type of measurements should be included for all intervention areas and all indicator types, in order to obtain specific information that can be used to examine equity in terms of inputs, outputs, results and impact.

Life expectancy at birth is a summary measurement of the mortality of a population, which is easier to understand than other mortality indicators and allows health inequalities among population groups to be detected. Social inequalities in health refer to "the different opportunities and resources related to health that people have access to depending on their social class, gender, territory or ethnic group".

Life expectancy at birth in the basic health areas of Vitoria-Gasteiz and the Basque Country Region, men 2006-2010

		Life expectancy	C.I. 95 % *	Difference with respect to the Basque Country**
Basque Country		78,1	[78,0 - 78,2]	
Ranking	Basic health areas			
1	Gasteiz Sur (Araba)	82,0	[79,4 - 84,6]	higher
4	Lakua-Arriaga (Araba)	80,9	[78,4 - 83,3]	higher
6	Aranbizkarra I (Araba)	80,6	[79,4 - 81,8]	higher
7	El Pilar (Araba)	80,3	[78,9 - 81,7]	higher
15	Ariznabarra-Ajuria- San Martin (Araba)	79,6	[78,7 - 80,5]	higher
16	Gazalbide-Txagorritxu (Araba)	79,6	[78,3 - 80,9]	higher
17	Santa Lucia (Araba)	79,6	[77,5 - 81,6]	higher
37	Gasteiz-Centro (Araba)	78,7	[77,4 - 80,0]	higher
43	Zaramaga (Araba)	78,6	[77,0 - 80,2]	higher
55	Aranbizkarra II (Araba)	78,1	[76,4 - 79,8]	higher
61	Olarizu (Araba)	77,9	[76,7 - 79,2]	higher
101	Lakuabizkarra (Araba)	77,0	[75,0 - 79,0]	higher
113	Casco Viejo (Araba)	76,1	[74,7 - 77,4]	higher
115	Abetxuko (Araba)	75,7	[72,6 - 78,8]	higher

95% Confidence Interval

** Areas with significantly longer life expectancy (less) than the life expectancy of the Basque Country, are those that have the confidence interval above (below) the confidence interval of the life expectancy of the Autonomous Community of the Basque Country

Source: Basque Regional Government Health Department (2015): Life expectancy at birth in the basic health areas of Vitoria-Gasteiz and the Basque Country Region, men 2006-2010.

The available life expectancy data show significant differences between genders and the city's basic health areas. For example, the highest life expectancy for men in 2010 was in South Gasteiz, at an average of 82.0 years, compared to 75.7 years for males residing in Abetxuko. There is therefore a difference of 6.3 years between one area of the city and another. LEX among men in Gasteiz Sur is also the highest in the Basque territory. Four basic health areas of Vitoria-Gasteiz are in the top ten in terms of highest life expectancy for men in the Basque country.

In the case of women, the highest life expectancy was 88.0 years in the Santa Lucía area, and the lowest in 82.1 years in Aranbizkarra II. In this case, the difference in life expectancy between one area and another is 5.9 years. LEX in Santa Lucía is also the highest in the whole of the Basque Country. Lakua-Arriaga and Gasteiz-Centre are placed second and third respectively. Six areas of Vitoria-Gasteiz are ranked among the top 10 areas with the highest life expectancy rates among women in the Basque Country.

Life expectancy at birth in the basic health areas of Vitoria-Gasteiz and the Basque Country Region, women 2006-2010

		Life expectancy	C.I. 95 % *	Difference with respect to the Basque Country**
Basque Country		85,1	[85,0 - 85,2]	
Ranking	Basic health areas			
1	Santa Lucia (Araba)	88,0	[85,9 - 90,2]	higher
2	Lakua-Arriaga (Araba)	87,1	[83,9 - 90,2]	no dif sig.
3	Gasteiz-Centro (Araba)	87,0	[86,1 - 88,0]	higher
8	Lakuabizkarra (Araba)	86,5	[83,6 - 89,5]	no dif sig.
9	Gazalbide-Txagorritxu (Araba)	86,5	[85,3 - 87,7]	higher
10	Aranbizkarra I (Araba)	86,5	[85,3 - 87,7]	higher
20	El Pilar (Araba)	86,0	[83,8 - 88,2]	no dif sig.
21	Olarizu (Araba)	86,0	[84,8 - 87,1]	no dif sig.
27	Ariznabarra-Ajuria- San Martin (Araba)	85,9	[85,0 - 86,7]	no dif sig.
33	Zaramaga (Araba)	85,6	[84,2 - 87,0]	no dif sig.
73	Casco Viejo (Araba)	84,9	[83,7 - 86,0]	no dif sig.
105	Gasteiz Sur (Araba)	84,0	[81,6 - 86,4]	no dif sig.
113	Abetxuko (Araba)	83,7	[79,5 - 87,9]	no dif sig.
119	Aranbizkarra II (Araba)	82,1	[80,1 - 84,0]	less

95% Confidence Interval

** Areas with significantly longer life expectancy (less) than the life expectancy of the Basque Country, are those that have the confidence interval above (below) the confidence interval of the life expectancy of the Autonomous Community of the Basque Country

Source: Basque Regional Government Health Department: Life expectancy at birth in the basic health areas of Vitoria-Gasteiz and the Basque Country Region, men 2006-2010.

These results make it possible to identify which areas in the city of Vitoria-Gasteiz require most effort in terms of social and health policies, as well as other sectoral policies with an impact on health, and help guide the actions set out in the different plans to reduce inequality.

Compared to other provincial capitals in the Basque country, the basic health areas of Vitoria-Gasteiz had better life expectancy in both men and women. Differences in life expectancy between provincial capital cities differ according to gender. While life expectancy among men in Vitoria-Gasteiz is 1.5 years higher than in Bilbao, this difference is 0.6 years for women. It is also worth noting that 75% of neighbourhoods in Vitoria-Gasteiz show higher life expectancy for men than the average values for Bilbao and Donostia-San Sebastián.

Life expectancy at birth (95% confidence interval) in the Basque provincial capitals, 2006-2010

	Men		Women	
Bilbao	77.6	(77.3 - 77.8)	85.2	(84.9 - 85.4)
Donostia/San Sebastián	78.4	(78.1 - 78.8)	85.6	(85.2 - 85.9)
Vitoria-Gasteiz	79.1	(78.7 - 79.4)	85.8	(85.4 - 86.1)

Source: Basque Regional Government Health Department: Life expectancy at birth in the basic health areas of Vitoria-Gasteiz and the Basque Country Region, men 2006-2010.

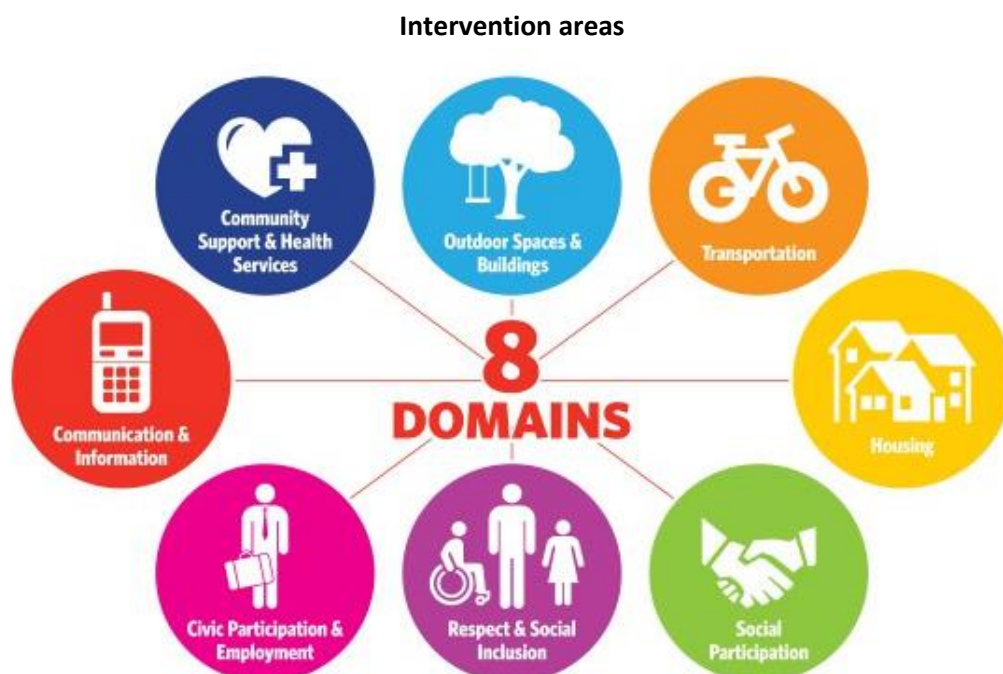
Place of residence is decisive in terms of health and social inequality. Differences in life expectancy between geographical areas are due to complex causes on two levels. Firstly, the individual socioeconomic and demographic characteristics of residents (social class, gender, country of origin) play a part in determining living and working conditions. Secondly, a population's health is determined by contextual or environmental effects, i.e. the characteristics of the geographical location. These contextual or environmental effects include, among others, the physical environment, socioeconomic and cultural characteristics, urban development, the labour market, available public or private services, and leisure facilities. Both levels, individual and contextual, must be considered when explaining inequalities in life expectancy and developing policies to address these inequalities.

Developing the Age-Friendly City Project in Vitoria 2011-2016

The city of Vitoria-Gasteiz joined the age-friendly cities project in 2011, launched by the World Health Organization (WHO) in 2005, becoming one of the first cities in Spain to do so.

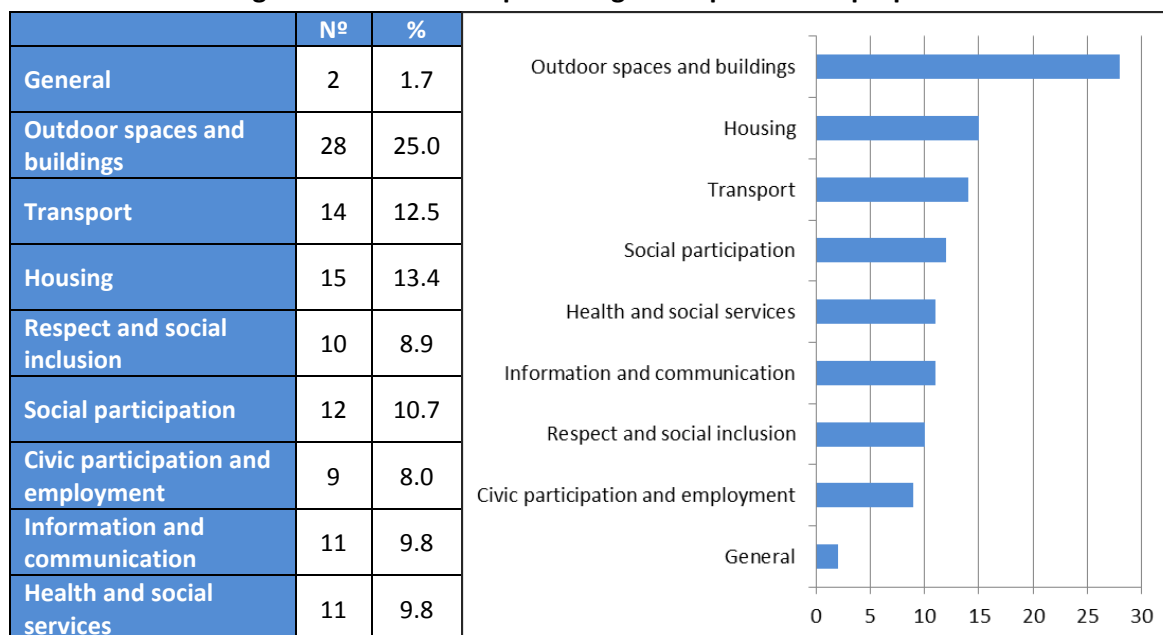
The Age-Friendly Cities project was born in response to two global trends: demographic ageing (with increasingly elderly societies) and urban development (with people living in ever-more urbanised environments). This project aims to maximise the potential of older people in generating living environments which can make the ageing process easier. Age-friendly cities count on policies, services, environments and structures to support and promote active ageing (WHO, 2007).

The work process for the city of Vitoria-Gasteiz began by diagnosing age-friendliness, following the Protocol of Vancouver and the methodology set out by the WHO. This methodology is specified in a 4-stage continuous improvement cycle (1. Diagnosis and Planning, 2. Implementation, 3. Evaluation, and 4. Continuous improvement), and is developed through a bottom-up approach, based on participation by the general public and, in particular, older people. Social agents, the private sector and the public administration (which is mainly responsible for decision-making and implementing actions) are also involved. Moreover, this process is organised in eight intervention areas: outdoor spaces and buildings, transport, housing, social participation, respect and social inclusion, civic participation and employment, information and communication, and health and social services.



Around 70 Vitoria-Gasteiz residents took part in drafting the first diagnosis stage. The final report set out a total of 112 improvement proposals to make Vitoria-Gasteiz a more age-friendly city. Most of these proposals were related to improvements in the city's physical environment (outdoor spaces, housing or transport).

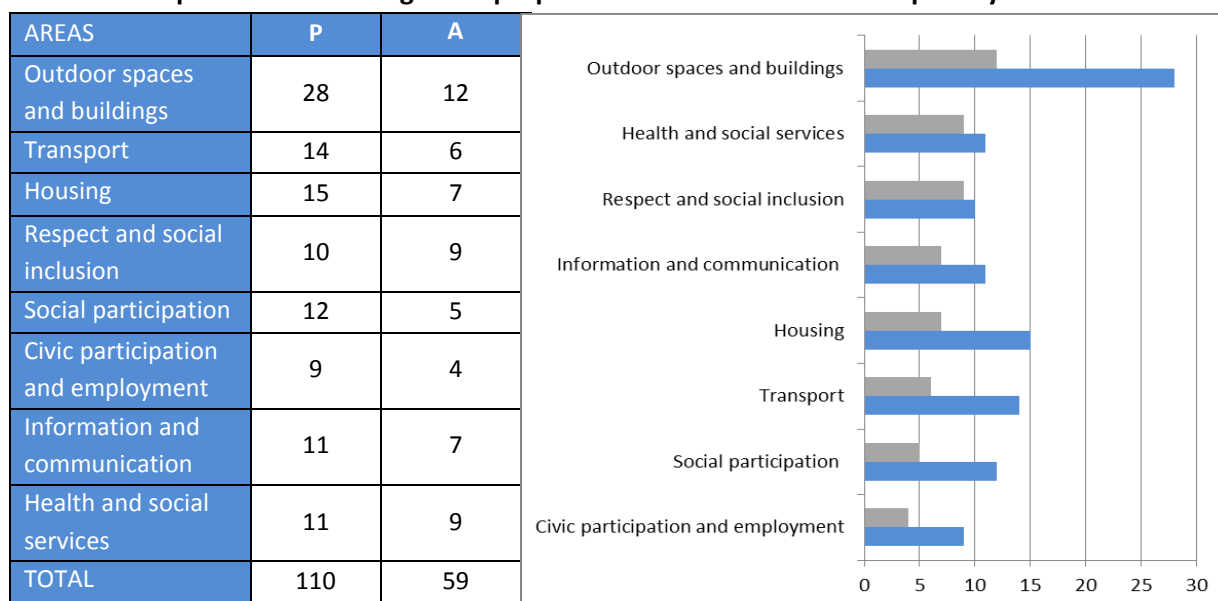
Diagnosis: Number and percentage of improvement proposals



Source: Drafted internally.

The Triennial Action Plan (2014-2016) "Vitoria-Gasteiz, An Age-Friendly City" was drawn up once the diagnosis was complete. This Plan sets out 59 specific actions¹ based on the 112 improvement proposals described in the diagnosis.

Comparative: Nº of diagnostic proposals and nº of actions of the plan by area



Source: Drafted internally.

The plan has strived to maintain the proportions determined in the diagnosis, giving the number of actions in each area their specific weight. The area with the largest number of actions to be carried out is therefore "Outdoor spaces and buildings", followed by "Health and

¹The initial 59 actions included in the Plan make up a total of 62 actions in this report, since the action titled "Develop the actions envisaged in the equality, youth, childhood and adolescence plan" has been split into three different actions in accordance with the specific Plan.

social services", which included a much higher number of actions than in the case of improvement proposals; this can probably be explained by the fact it is the Town Council's Social Policies Department which is heading up the project.

Both the diagnosis and the Action Plan were presented to the public, the rest of the Town Council's technicians, political representatives and people from associations in July 2014.

Evaluation of the 2014-2016 Action Plan

The cities and communities which have signed up to the age-friendliness movement are committed to continuously assessing and improving adaptation to older people and to making their structures, policies, environments and services accessible for people with different needs and abilities, thus promoting social inclusion (WHO, 2015).

Evaluation is a key part of research, since it allows the designed activities to be verified in a real context (Alvira, 1991) and from different perspectives (Bustelo, 1999), thus facilitating long-term decision-making and improvements while also checking the actual impact of the programme or plan (Hernández & Martínez, 1996). All aspects related to the initially proposed social phenomenon must be envisaged so it can be evaluated with as little information as possible, therefore making the decision-making process easier (López & Gentile, 2010). Evaluation frameworks and indicators are therefore key to ensuring common understanding of the elements which are most highly valued in a city when it comes to adaptation to older people, while also allowing goals and targets to be set for these basic elements. The indicators can be used to measure the baseline level of adaptation in the city, and to track its changes over time as relevant interventions are implemented.

Monitoring and evaluation are signs of good public health practice. In this context, the indicators must be an integral part of a results-focused accountability system which promotes the adaptation of cities to older people. Furthermore, the indicators can be bolstered in order to foster political and social commitment, which in turn can lead to other measures to promote and support cities adapted to older people (Davis, 2011).

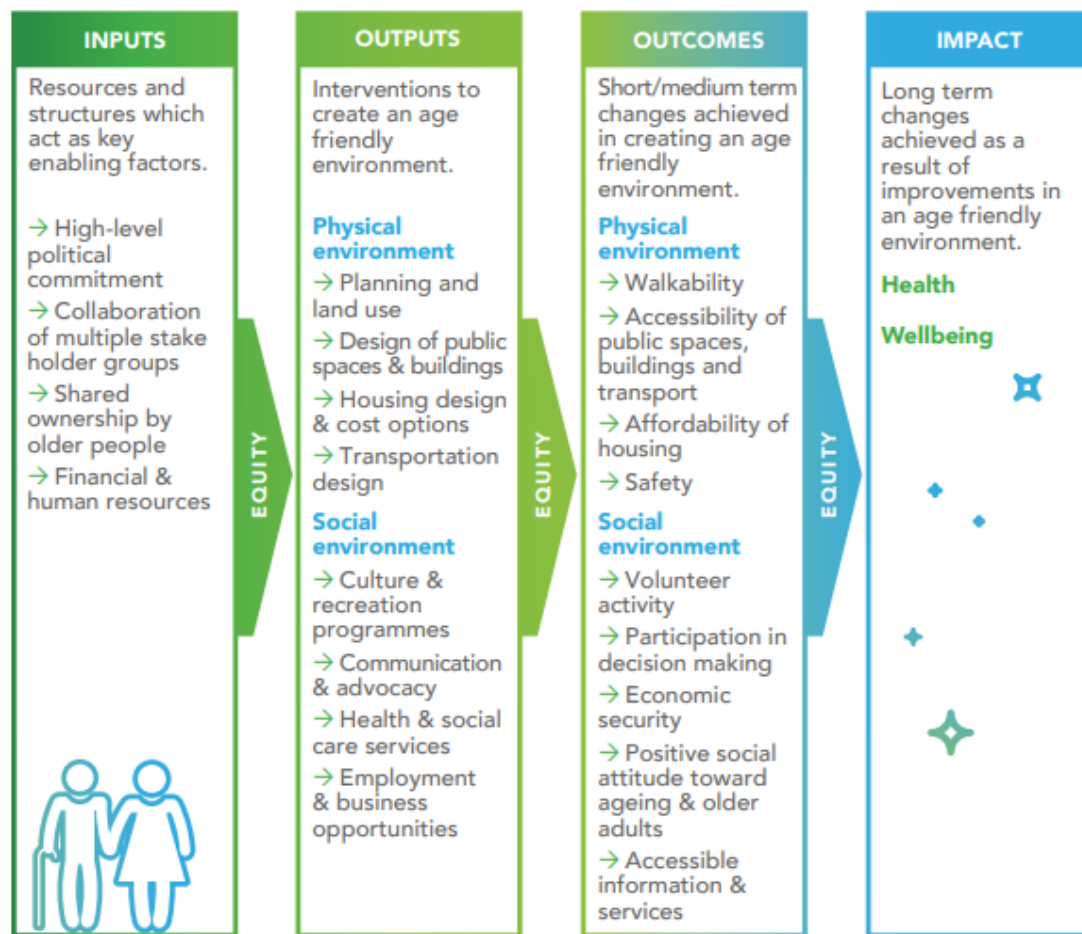
METHODOLOGY

Evaluation of the 2014-2016 Action Plan has included quantitative, qualitative and participatory methodologies. Quantitative methodologies are used for collecting and analysing data, qualitative methodologies are for collecting and analysing opinions and discourse, and participatory methodologies allow people to take ownership of the evaluation process and its results.

This evaluation has counted on the participation of both older people (the protagonists of the improvement processes), who have put forward their views, opinions and appraisals, and also the Town Council technicians, politicians and professionals involved in the actions.

The document “Measuring the age-friendliness of cities: a guide to using core indicators” (WHO, 2015) has been followed for the evaluation, along with a detailed review of the information available to the Town Council. This document, drafted by the WHO Centre in Kobe, sets out a framework and a set of indicators to help select local indicators to monitor and assess progress in improving adaptation of urban spaces to older people.

Framework for selecting a set of indicators for cities adapted to older people



Source: WHO (2015): Measuring the age-friendliness of cities: a guide to using core indicators.

The WHO framework provides an overview of the different phases and dimensions of a coordinated effort to improve the adaptation of a city to older people and, ultimately, the health and welfare of an ageing urban population (WHO, 2005). This framework provides the municipalities involved in the age-friendliness project with an assessment guide and proposes a series of indicators which can be collected when evaluating the programme. The WHO proposal provides guidance and can be tailored to each situation and strategic approach to evaluation.

EVALUATION OF INPUT

Input refers to the resources and structures which are essential for the successful implementation, development and sustainability of initiatives to adapt a city to older people (WHO, 2015). One of the most relevant indicators in this sphere refers to the Town Council's political commitment to carrying out the programme.

Information about these indicators was obtained by analysing the information available in the Action Plan, holding meetings with the technical team which heads up the project, and several in-depth interviews with key people such as:

- 2 Political representatives of the Town Council.

- 1 Municipal technician involved in developing the project.
- 1 Professional working on implementing actions.

The input indicators evaluated here are:

- High-level political commitment: Leadership
- Collaboration of different departments: Transversality
- Collaboration of different agents: Networking
- Project transmission: Dissemination

LEADERSHIP

A project such as this, which covers all aspects of a city, can only be implemented and sustainable if the highest representatives of the Town Council are committed to it and show the necessary political leadership.

While the Mayor's Office has shown a high level of commitment, including signing an official letter to approve the project (a compulsory requirement for membership of the WHO Network), in practice there has only been a low level of involvement, meaning high-level political commitment to the project has been uneven. This perception of low political involvement was also reflected in the interviews with key agents.

Input indicators: Leadership

Leadership	High	Medium	Low
Mayor's signature	X		
Political involvement			X
Total		X	

Source: Drafted internally.

The ideological commitment shown by the highest-level politicians at Vitoria-Gasteiz Town Council has become diminished in its practical transformation, resulting in a medium degree of political commitment.

TRANSVERSALITY

The age-friendly cities project, organised within the framework of the World Health Organization, has been designed to recognise its transversal nature thanks to the 8 action-research areas that cover the complexity of a city. This includes the physical environment, the social environment and the municipal resources and services that are part of any city or municipality. Ageing is therefore placed at the heart of policy decisions, acting in spheres that go beyond social or health services, always from an integrated, transversal perspective. However, transversality has been one of the main challenges faced throughout the process of developing the initiative in Vitoria-Gasteiz.

The different actions included in the Plan involve the participation of several municipal departments, as well as other institutions and services. Vitoria-Gasteiz Town Council is organised in 11 departments, 3 municipal enterprises and 3 independent organisations. Of

these 17 areas, 9 are specifically included in the Action Plan (8 departments and 1 municipal enterprise), i.e. just over half of them are involved in implementation.

Distribution of actions by Town Council Department, Service or Public Enterprise

ADMINISTRATION / DIVISION / DEPARTMENT*	Nº actions
TOWN COUNCIL	5 (3 shared)
DEPARTMENT OF THE MAYOR AND INSTITUTIONAL RELATIONS	2
DEPARTMENT OF CULTURE, EDUCATION AND SPORTS	1
DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT	1
DEPARTMENT OF THE ENVIRONMENT AND PUBLIC SPACES	10 (3 shared)
PUBLIC SAFETY DEPARTMENT	6 (3 shared)
TOWN PLANNING DEPARTMENT	5 (1 shared)
DEPARTMENT OF PUBLIC PARTICIPATION AND CIVIC CENTRES	5 (3 shared)
DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	24 (4 shared)
TUVISA MUNICIPAL ENTERPRISE	3 (1 shared)

(*) Distribution according to the current departmental classification

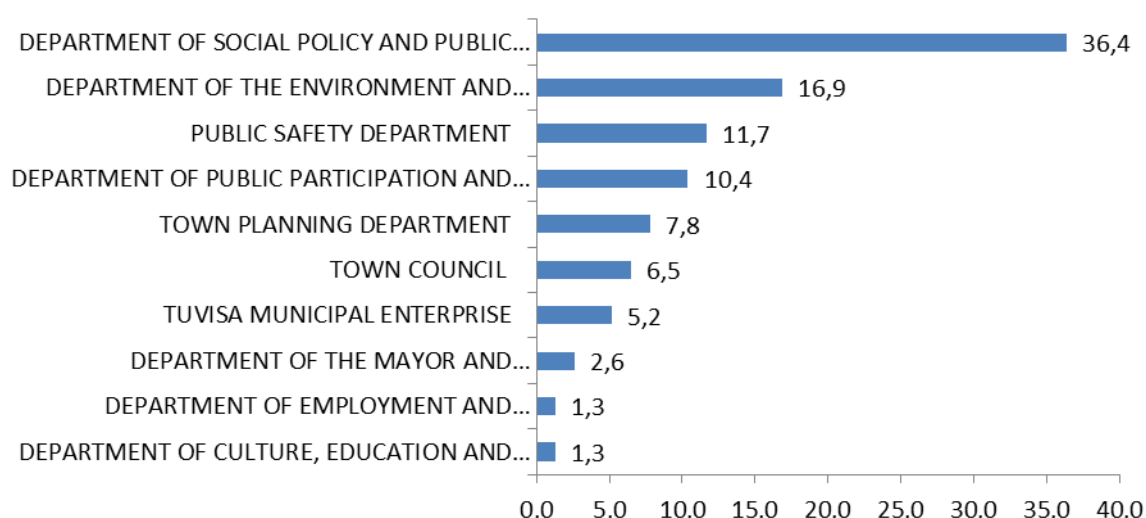
Source: Vitoria-Gasteiz Town Council. Drafted by the Social policy and public health department.

Of the total of 62 actions included in this Plan, 10 are shared between different departments and 5 involve the whole Town Council (i.e. all departments and municipal bodies work together), while 3 are also shared with the Provincial Council and the Basque Regional Government.

The Town Council area in charge of drawing up the Plan was the Senior Citizen's Service, part of the Social Policy Department, which has headed up the initiative from the outset. This Service implemented and developed the diagnosis, analysed the improvement proposals, and drafted the Plan itself. Once complete, it was sent to the different departments and services, opening up the possibility of transversal participation, although it did not receive a particularly good response.

This Department is the one with the largest number of municipal actions, 36.4% of the total, including both in-house actions and those shared with other agents. It is followed by the Department of the Environment and Public Spaces, with a weight of 16.9%, the Department of Public Safety with 11.7%, and the Department of Public Participation and Civic Centres with a weight of 10.4% of the actions. 75% of the actions correspond to these 4 Departments. The other Town Council departments and divisions make up less than 10% of the actions each, meaning there is no equitable distribution among the different agencies.

Distribution of actions by Town Council body



Source: Vitoria-Gasteiz Town Council. Department of Social Policy and Public Health. Drafted internally.

There is therefore little collaboration by the different departments, taking into account that it was the Health and Social Policies Department, specifically the Senior Citizens' Service, which, practically by itself, was chiefly responsible for drafting the Age-Friendliness Plan.

Transversality	High	Medium	Low
Departments/Municipal Enterprises involved		X	
Shared actions			X
Distribution of actions by organisation			X
Total			X

Source: Drafted internally

NETWORKING

In the sphere of collaboration with other agents, the Plan establishes actions that also involve Álava Provincial Council and the Basque Regional Government (through the Provincial Institute for Social Welfare of the Provincial Council and Euskotren, overseen by the Basque Regional Government). The Action Plan has not taken into account any agents outside the public administration. Of the total number of actions included in the Plan, 19.3% are carried out by these organisations, both in-house and shared with others.

Distribution of action, organisations external to the Town Council

ADMINISTRATION	Nº actions
PROVINCIAL GOVERNMENT	3 (3 shared)
BASQUE REGIONAL GOVERNMENT	6 (3 shared)
REGIONAL INSTITUTE OF SOCIAL WELFARE. PROVINCIAL COUNCIL	5 (1 shared)
EUSKOTREN DEPARTMENT BASQUE REGIONAL GOVERNMENT	1

Source: Vitoria-Gasteiz Town Council. Department of Social Policy and Public Health.

Although the most important governing or coordinating body in an initiative focused on adapting a city to older people may be the local authority, it is also important to recognise that non-governmental sectors, in particular civil society and the private sector, play a crucial role in promoting governmental interventions and putting right any deficiencies in them (WHO, 2015).

Networking	High	Medium	Low
Other agents involved			X
Distribution of actions other agents		X	
Total			X

Source: Drafted internally.

Important limitations are evident in the process of developing the Plan with the involvement of public, civic and social agents. This is also reflected in the type of actions included in the Plan, as most of them involve little active participation of older people in its design, development or implementation.

The interviews carried out with key people highlighted the lack of involvement of the different municipal departments and other administrations in both preparing and implementing the plan. They all coincide in considering participation to be a key element in an initiative of this nature.

DISSEMINATION

Another key element when considering the evaluation of a project is the level of knowledge of the general public and other agents involved in the initiative. Both the interviews and the focus groups (explained below) note that this is another aspect that Vitoria-Gasteiz Town Council needs to improve. Nevertheless, it should be remembered that the "Vitoria-Gasteiz, An Age-Friendly City" section on the municipal website includes information on the project, and all reports and documents generated during implementation can be found there.

All people interviewed were unanimous in stating that the general public was not aware of this initiative; this lack of awareness had a huge impact on its implementation and on active participation in the different initiatives, while also limiting the options of networking with other agents.

This lack of dissemination also affected the project at municipal level, with poor communication between the other Town Council departments and divisions. This is directly related to the barriers encountered in implementing actions, the lack of involvement of other areas, and the transversal nature of the initiative.

Dissemination	High	Medium	Low
Dissemination spaces (Website, brochures, etc.)		X	
Public awareness			X
Municipal awareness			X
Total			X

Source: Drafted internally.

OVERALL EVALUATION

Overall evaluation of input is therefore low, since both the lack of political commitment (with only medium involvement of high-level leadership) and the low level of transversality (with little involvement of other municipal bodies other than the Senior Citizens' Service in drafting the Plan), along with the poor results in terms of networking (which highlights the lack of involvement of civil or private bodies) and the limited dissemination of the initiative at public and municipal levels, have meant the essential structures were not strong enough to ensure the successful development and sustainability of the project.

INPUT	High	Medium	Low
Commitment		X	
Transversality			X
Networking			X
Dissemination			X
Total			X

Source: Drafted internally.

This evaluation process can be seen as an agent for change, and should be the basis to make improvements and achieve greater commitment and contributions by all parties involved.

EVALUATION OF OUTPUTS AND RESULTS

Project outputs refer mainly to the interventions implemented to achieve the envisaged results and impacts, i.e. the programmes and actions implemented under the Plan. Interventions focus on creating environments adapted to older people, and can include policies, services or programmes designed to modify the physical and social environment. This is not limited to the most recent interventions, but may also include modifications of existing interventions (WHO, 2015).

All the documentation generated throughout the "Vitoria-Gasteiz, An Age-Friendly City" project was reviewed in order to assess the products, along with municipal plans and other documents related to the municipality. This information was used to extract data from some indicators included in the Action Plan with regards to other plans. Furthermore, these indicators were compiled following a review of the indicators included in the Plan for each of the 62 actions.

In contrast, outcome indicators refer to short- and medium-term social and physical changes in the community environment which are attributable to interventions (WHO, 2015). These indicators were obtained through a detailed search for data generated in the Town Council, in an attempt to compile the basic indicators set by the WHO or similar. Basic indicators are the most crucial and narrowest set of indicators that could be used to monitor and evaluate urban environments adapted to older people (WHO, 2015).

Moreover, 2 meetings with older people and caregivers were held in order to obtain results indicators, with each meeting being divided into 4 focus groups. The aim of these meetings, apart from gathering information on the evolution of the project, was to discuss the positive

and negative aspects and the areas for improvement of each of the topics, in order to analyse them in comparison to the diagnosis made in 2011.

The consultation took place in two different sessions: one with under 75s and the other with people aged 75 or over. In each session, participants were divided into four groups of men and women, with each group analysing two specific areas.

- Group 1: Outdoor spaces, public buildings and social fabric (13 participants)
- Group 2: Transport and housing (12 participants)
- Group 3: Participation and employment and health and social services (12 participants)
- Group 4: Respect and inclusion, and information and communication (13 participants)

The method consisted of encouraging debate on the main positive and negative aspects of each area to be analysed, as well as comparing the current situation to the situation at the start of the plan. After the participants had discussed a particular topic, they used their card to rate evolution over the last 4 years. The options were: better, same, or worse. Two global items were also included for all participants: the degree of awareness of the "Vitoria-Gasteiz, An Age-Friendly City" initiative, and overall assessment of whether the city's age-friendliness has improved.

It should be noted that the participants in the focus groups had severe difficulties in comparing the current situation to 4 years ago when the plan was initiated. Their ratings must therefore be interpreted with a degree of caution.

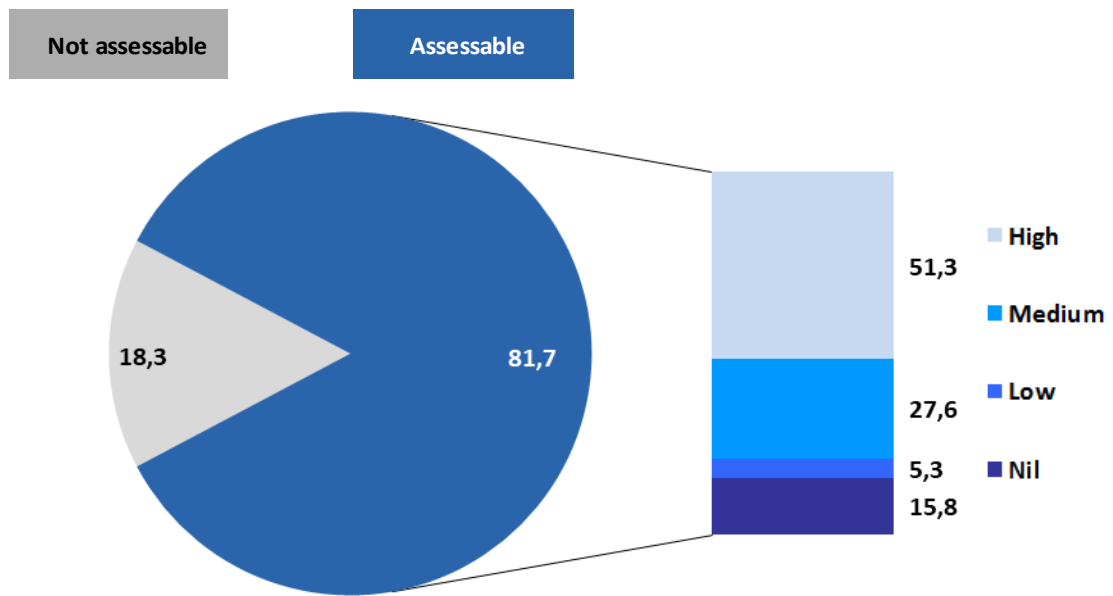
Given the difficulty of placing people in a specific timeframe regarding the implementation of the plan, it was decided to supplement the information on the evaluation of results by comparing the information extracted in the focus groups on the 8 different intervention areas to the diagnosis made in 2011. This would allow us to break down the similarities and differences in perception among participants at the start of the project and after 5 years.

The evaluation of outputs and results is presented in an overall, structured manner according to each of the 8 areas of intervention set out by the WHO. The analysis has been carried out on the basis of the indicators collected, those set out in the plan, and the information obtained in the focus groups and interviews with key people. The satisfaction studies carried out on the different resources for older people were also analysed in the Health and Social Services area.

OVERALL FULFILMENT

The total of 62 actions set out in the Action Plan are distributed in 93 indicators for analysis of their implementation. Of these indicators, 18.3% cannot be evaluated due to insufficient data. Of the rest (81.7%), 51.3% obtained a high level of fulfilment as they were fully or partially developed, 27.6% achieved a medium degree of fulfilment, and just 5.3% had a low level of fulfilment; furthermore, 15.8% were nil, i.e. the actions were not developed or the indicator has decreased instead of increasing when measuring.

Output indicators: Overall



Source: Drafted internally.

OUTDOOR SPACES AND BUILDINGS

Outdoor environment and public buildings have a major impact on the mobility, independence and quality of life of older people and affect their ability to "age at home" (WHO, 2007:16).

The WHO indicates the following as basic indicators when evaluating this area:

- Ease of pedestrian traffic in the neighbourhood: Proportion of neighbourhood streets with pavements that meet accepted local criteria.
- Accessibility of public spaces and buildings: Proportion of new and existing public spaces and buildings that are fully wheelchair accessible.

In this regard, Vitoria-Gasteiz Town Council has information on access to basic services and outdoor public spaces where evolution from 2001 to 2016 can be analysed.

In general, there is good accessibility to services both within a 300-metre radius from home and within a 500-metre radius. Focusing on the radius closest to the home, access to health services is the area that shows a lowest percentage of people who have access to these services within a radius of 300 metres from home, standing at 49.0% in 2016. However, when the radius increases to 500 metres from home, the percentage of people who can access these services increases to 80.1%.

In contrast, there has been a downward trend in the accessibility of different types of services between 2008 and 2016, both in the healthcare sector and in pharmacies, shops, financial institutions and educational services. In contrast, access to other services has improved, such as sports and cultural services, public transport and recycling.

This aspect is very relevant since availability and access to resources and services near to place of residence is crucial in older people's day-to-day lives. The availability of these services is necessary to ensure older people can continue to participate, regardless of any functional limitations they may have.

Access to basic services and outdoor public spaces in Vitoria-Gasteiz, 2011-2016

	< 300 m						< 500 m					
	2011	2012	2013	2014	2015	2016	2011	2012	2013	2014	2015	2016
Public areas open	100	100	100	100	100	100	100	100	100	100	100	100
Educational	83,75	84,46	83,32	83,59	82,29	85,94	95,11	95,11	94,47	94,12	93,82	95,38
Sports	80,42	82,95	82,75	82,27	82,15	83,56	92,29	92,29	94,25	93,84	94,47	95,13
Shops	96,03	97,14	96,50	96,34	96,06	95,64	98,25	98,25	98,13	97,91	97,80	97,65
Cultural	72,23	71,11	69,31	68,48	76,01	76,78	88,57	88,57	85,98	85,09	91,79	91,35
Recycling	98,45	98,37	97,80	97,50	99,12	98,91	98,58	98,58	98,43	99,56	99,84	99,85
Pharmacies	88,88	87,99	87,09	86,24	85,71	83,75	94,72	94,72	94,81	94,41	94,04	92,64
Financial entities	88,80	87,68	86,85	85,93	83,83	83,01	94,06	94,06	93,64	92,91	92,25	91,88

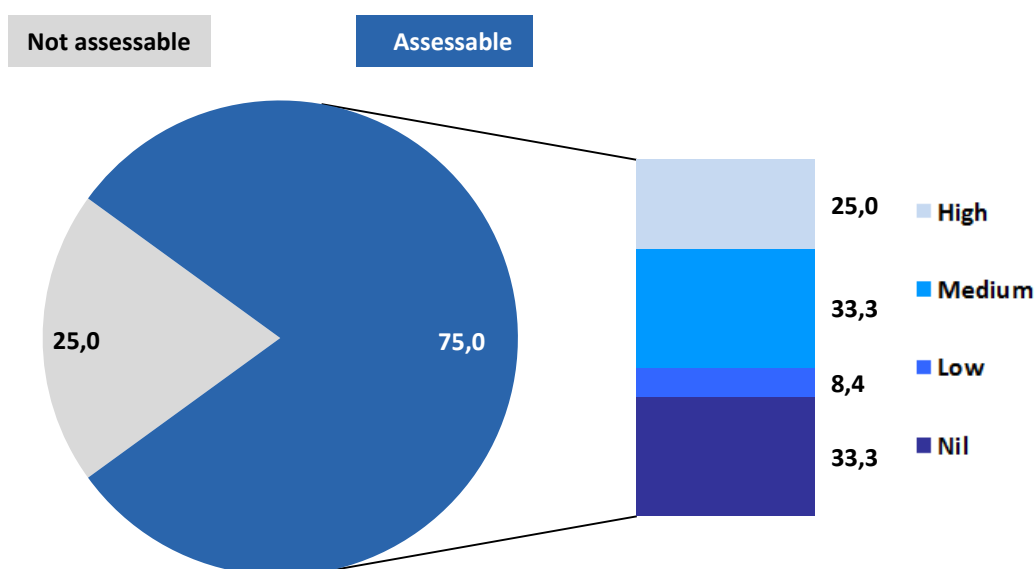
Source: Vitoria-Gasteiz Town Council: V-G Statistical Yearbook 2016.

Furthermore, it should be remembered that the city has developed a range of specific plans directly related to this area, namely the Vitoria-Gasteiz Accessibility Plan, the Plan to Combat Climate Change (2010-2020), Agenda 21, and the Urban Development Plan.

Output indicators

The age-friendliness plan included 12 actions in the area of outdoor spaces and buildings that are measured in 16 indicators. Of these indicators, 25% cannot be evaluated due to a lack of information. Of the rest, 33.3% have not been completed or their implementation has been very low, 33.3% have achieved an average completion rate, 25% have achieved a high degree of completion, and 8.4% a low level.

Outdoor spaces and buildings: Level of fulfilment



Source: Drafted internally.

The action with the highest degree of implementation is the creation and installation of ergonomic benches in the city. This is particularly positive for older people, as it makes it easier for them to move around the city, giving them a place to relax and socialise. There have also been good results in the implementation of awareness and coexistence actions among pedestrians, cyclists and drivers.

In contrast, there are 5 indicators with nil fulfilment, i.e. they have not been carried out, have had little development, or have even decreased. These are: the increase in public lavatories and the increase in activities aimed at preventing robbery, scams and theft, all of which have decreased; review of current street signage and improvement proposals; and finally, analysis of the duration of traffic lights.

Outdoor spaces and buildings: Level of fulfilment by indicator

ACTIONS	ADMINISTRATION / DIVISION / DEPARTMENT	BROKEN-DOWN INDICATORS	LEVEL OF FULFILMENT	REMARKS
Develop the actions included in Agenda 21 and which are part, amongst others, of the general plans for sustainable mobility and public spaces, accessibility, general town planning, etc., and which affect, among others, the areas of urban pollution, traffic and transport, water, energy, industry, waste, town planning and territory, nature and biodiversity, health and environmental risks.	DEPARTMENT OF THE ENVIRONMENT AND PUBLIC SPACES	Level of fulfilment of Agenda 21	Medium	In progress. 37.14% of the indicators have been achieved, while 30.55% have been partially met, 11.11% have worsened, 5.71% have remained the same and 13.89% could not be evaluated.
Develop the actions in the plan to improve accessibility in the Old District.	DEPARTMENT OF THE ENVIRONMENT AND PUBLIC SPACES	Level of fulfilment of the plan: number of actions carried out.	Not assessable	Not in keeping. The plan was eliminated, and the actions were integrated in the Vitoria-Gasteiz Accessibility Plan. Several improvements are known to have been made, such as the interior refurbishment of Villa Suso and improvements to accessibility in Echanove buildings, the patio of Escoriaza palace, and the municipal building of Fray Zacarías, among other measures.
Count on an ergonomic bench which will be installed from now on.	DEPARTMENT OF THE ENVIRONMENT AND PUBLIC SPACES	Count on the bench design	High	Since 2015.
		Nº of benches installed	High	59 new benches were installed in 2013, and 114 in 2016.
Improve public toilets and install new ones in areas	DEPARTMENT OF THE ENVIRONMENT	Number and type of	Not assessable	Data unknown.

popular for strolls.	AND PUBLIC SPACES	improvement actions in lavatories.		
		Increase in facilities and their locations	Nil	The number of public lavatories has decreased.
Promote prevention programme training actions and raise awareness of road safety and good driving manners.	PUBLIC SAFETY DEPARTMENT	Increase in activities aimed at promoting road safety and respect for road users.	Medium	Several actions have been carried out to raise awareness and provide information about the sustainable mobility and public spaces plan and the master plan for cycling mobility, with all actions implemented in a specific manner (e.g. "Pull over to the right side").
Promote training actions as part of the programme to prevent theft, scams and robberies, and raise awareness of public safety.	PUBLIC SAFETY DEPARTMENT	Increase in activities aimed at preventing theft, scams and robbery.	Nil	The number of days (89.47%) and participants in these activities have decreased considerably (73.32%).
Provide information on the new cycling regulations; the rights of cyclists and pedestrians. Promote positive attitudes of cycling-pedestrian coexistence.	DEPARTMENT OF THE ENVIRONMENT AND PUBLIC SPACES AND PUBLIC SAFETY DEPARTMENT	Nº of informative actions	Medium	An informative action was carried out: communication of the new regulations on bicycles.
		Nº of awareness actions.	High	2 training campaigns were carried out: education in schools and awareness campaign for pedestrians, cyclists and drivers.
Improve street signage.	DEPARTMENT OF THE ENVIRONMENT AND PUBLIC SPACES	Review of current signage.	Nil	No improvements have been made to street signage. Signage has been improved in specific areas.
		Proposals for improvement.	Nil	Not carried out.
Develop the cycling network, and improve the existing one.	DEPARTMENT OF THE ENVIRONMENT AND PUBLIC SPACES	Level of fulfilment of the cycling mobility plan: number of actions carried out.	Medium - high	61% of the measures envisaged in the plan have been implemented.
Analyse the duration of traffic lights in the neighbourhoods with the highest numbers of older people, and make proposals to improve pedestrian safety.	PUBLIC SAFETY DEPARTMENT	Actions taken to analyse this aspect and the proposals.	Not assessable	Data unknown.
Ask traders' associations to consider offering discounts or promotions for senior citizens in the neighbourhoods with the highest numbers of older people, as a way of	DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT	Actions taken to advocate the proposal put forward by the associations, and the traders' response.	Low	The proposal has been put forward to trade associations, but it is not known whether such discounts have been implemented.

promoting their businesses.				
Analyse the material used (textured paving tiles) in the zebra crossing areas, to guide the visually impaired.	DEPARTMENT OF THE ENVIRONMENT AND PUBLIC SPACES	Actions taken to analyse this material	Not assessable	Data unknown.

Source: Drafted internally.

Outcome indicators

The focus groups with older people revealed a series of positive aspects with regards to outdoor spaces and buildings. These include, most notably: good walkability around the city; the existence of improvements in accessibility, as most public buildings are now accessible and wheelchair mobility around the city has improved; and the high level of satisfaction with parks and green areas. In addition to these points, the focus groups brought out many other positive aspects, such as the possibility of regulated physical activities in parks, the arrangement of benches and their use as spaces for interaction, and the positive opinion of health centres within the framework of public buildings.

However, it was also noted that there are still many improvements. Within the framework of accessibility, proposals included improving some lavatories in the sociocultural centres and the need to trim some trees, while the increase in public insecurity was also noted.

Comparing the results of the diagnosis and assessment groups showed that a series of negative aspects continue to be mentioned. These aspects refer to:

- Accessibility problems in many shops
- Poor condition of different paving tiles
- Low opinion of the textured paving tiles
- Existence of unattended dogs that generate insecurity
- Dog dirt on public paths and in green areas
- Conflicts from sharing spaces with bicycles
- The times of some traffic lights do not match actual needs
- Little respect for traffic lights
- Areas with poor waste collection/street cleaning
- Existence of poorly lit areas that generate insecurity
- Lack of public toilets
- There are areas or situations that cause a feeling of insecurity

The fact that these negative aspects have continued over time does not mean that they have not changed, but rather that progress is ongoing and the perception that they can be improved persists.

It should be noted that two aspects that were initially viewed positively in the diagnosis are now seen as negative. One of them is care for green spaces, which they now describe as having worsened in recent years. Secondly, they also indicate that the city has a large number of poorly lit areas.

Focus groups: Number of positive and negative aspects, 2011-2017

	Positive aspects		Negative aspects	
	Nº	%	Nº	%
Diagnosis 2011	19	42.22	26	57.78
Evaluation 2017	18	32.73	37	67.27

Source: Drafted internally.

The focus groups with older people for this evaluation showed more negative aspects in this area than in the previous evaluation in 2011. Nevertheless, it should be noted that the city was generally perceived to have improved in accessibility.

TRANSPORT

Transport, including public transport which is accessible both physically and economically, is a key factor for active ageing. This issue is related to many of the other discussion topics. In particular, ability to move around the city determines social and civic participation and access to community and health services (WHO, 2007): 24).

The WHO indicates the following as basic indicators when evaluating this area:

- Accessibility of public transport vehicles: Proportion of public transport vehicles with seats reserved for older people or disabled.
- Accessibility of public transport stops: Proportion of properties located within walking distance (500 m) of a public transport stop.

The indicators compiled by the Town Council include access to public transport from 2011 to 2016, changes in numbers of passengers using the local bus and tram system, and evolution of passengers per inhabitant.

With regards to access to public transport, accessibility is particularly good, with almost all households being at a distance of less than 500 metres (in some cases even less than 300 metres) from public transport. Over the years there has been a slight increase, even though the initial data for 2011 were already very high, standing at 98.63% of households within 300 m of public transport and 99.6% within a radius of less than 500 metres.

Access to public transport in Vitoria-Gasteiz, 2011-2016

	< 300 m						< 500 m					
	2011	2012	2013	2014	2015	2016	2011	2012	2013	2014	2015	2016
Public transport (%)	97,21	97,05	96,62	97,99	98,12	98,22	98,63	98,63	98,63	99,56	99,58	99,60

Source: Vitoria-Gasteiz Town Council: V-G Statistical Yearbook 2016.

The number of people using the city bus and tram is also on the increase. From 2011 to 2016, the number of people using these means of transport increases yearly, monthly and daily.

Evolution of passenger movement: city bus and tramway

YEAR	Nº of passengers per year	Monthly	Daily
2011	19,256,709	1,604,726	52,758
2012	19,440,875	1,620,073	53,263
2013	20,048,845	1,670,737	54,928
2014	20,381,021	1,698,418	55,838
2015	21,466,452	1,788,871	58,812
2016*	21,944,462	1,828,705	60,122

Note: The tram service opened in 2010

* Provisional data for Dec 2016. Based on estimate

Source: Vitoria-Gasteiz Town Council.

Finally, journeys per inhabitant show good results from 2011 to 2016. In terms of the number of journeys per inhabitant per year, these have increased slightly from 2011 (80 journeys per year per inhabitant) to 2016 (89 journeys per year per inhabitant). In contrast, the number of journeys per inhabitant per month has remained the same over the years, with seven journeys per inhabitant per month.

Population and passengers per inhabitant

YEAR	Population	Journeys per inhabitant per year	Journeys per inhabitant per month
2011	240,580	80	7
2012	243,298	80	7
2013	242,147	83	7
2014	242,924	84	7
2015	245,036	88	7
2016*	246,042	89	7

*Provisional data for Dec 2016. Based on estimate

Source: Vitoria-Gasteiz Town Council

The different transport indicators show its good accessibility and its extensive use by the public. This is especially significant for older people in Vitoria-Gasteiz, if we take into account the usual physical deterioration of this age group and the size of the municipality.

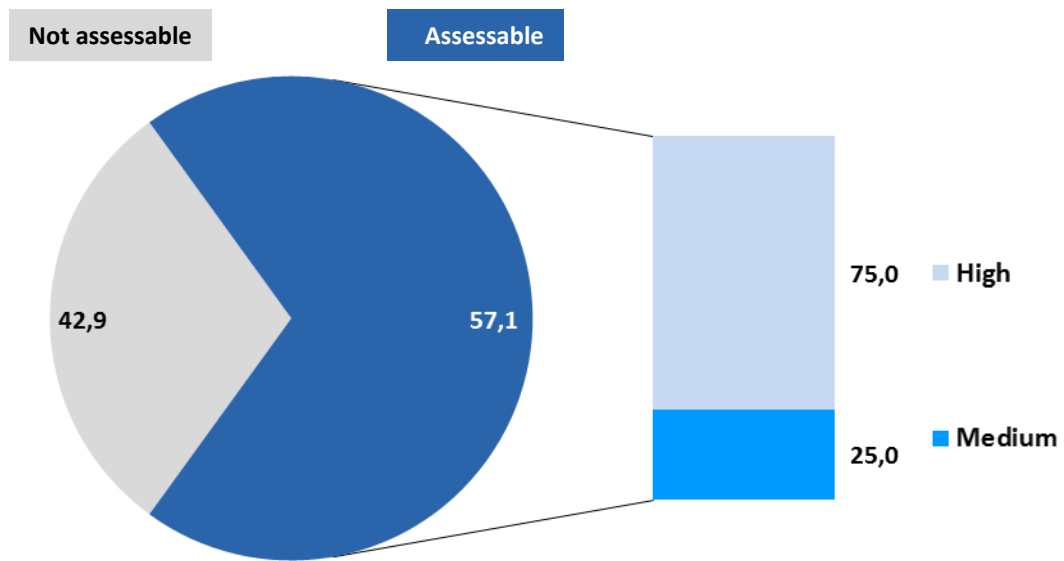
In the field of transport, the Plans developed by the Town Council are the Master Plan for Cycling Mobility 2010-2015 and the Mobility and Public Spaces Plan for Vitoria-Gasteiz.

Output indicators

The transport area consists of 6 specific actions and 7 evaluation indicators. Of these indicators, three (42.9%) could not be evaluated due to a lack of available data. However, 75.0% of all indicators compiled have been implemented to a significant degree.

The actions with a high degree of implementation are the implementation of the actions included in the Sustainable Mobility Plan and the actions to improve customer service for professional drivers. Both actions represent a direct improvement in the city's age-friendliness, with the latter being particularly relevant since driver behaviour was one of the improvement aspects detected in the diagnosis. The company TUVISA has offered three workshops for bus drivers, aimed at improving care (20 attendees), emotional intelligence (31 attendees) and quality of customer service (3 attendees).

Transport: Level of fulfilment



Source: Drafted internally.

Transport: Level of fulfilment by indicator

ACTIONS	ADMINISTRATION / DIVISION / DEPARTMENT	BROKEN-DOWN INDICATORS	LEVEL OF FULFILMENT	REMARKS
Study the possibility of subsidies for adapted transport for dependent older people.	SOCIAL WELFARE INSTITUTE	Actions taken to promote this type of aid.	Not assessable	Data unknown.
Develop the actions envisaged in the sustainable mobility plan.	DEPARTMENT OF THE ENVIRONMENT AND PUBLIC SPACES, PUBLIC SAFETY DEPARTMENT, URBAN TRANSPORT COMPANY (TUVISA) AND TOWN PLANNING DEPARTMENT	Level of fulfilment of the plan: number of actions carried out.	High	71% of the measures envisaged in the plan have been implemented.
Improve safety inside the tram.	EUSKOTREN	Number of actions carried out; installation of hold bars, etc.	Not assessable	According to Euskotren, the service is completely accessible, meaning no improvement actions have been carried out.
Facilitate use of buses by people with reduced mobility without having to ask the driver for help.	TUVISA	Actions taken to make this proposal possible.	Medium	Larger platforms have been added for easier access to the bus, and 10 enhanced-visibility signs have been put up.
Improve public care by professionals.	TUVISA	Training hours	High	3 training workshops were carried out, totalling 48 hours overall.
		Topics covered	High	The topics dealt with were: quality in customer service, customer communication, customer profile.
Count on more parking spaces in the city.	PUBLIC SAFETY DEPARTMENT, DEPARTMENT OF THE ENVIRONMENT AND PUBLIC SPACES.	Level of fulfilment of the parking master plan.	Not assessable	Data unknown.

Source: Drafted internally.

Outcome indicators

The focus groups with older people revealed a large number of positive aspects, such as their use of different means of transport and improvements in the tram system. In general, opinion was that transport had improved considerably in recent years.

The negative aspects shared by the groups referred to specific issues such as poor access both for wheelchairs and for people pushing prams, the lack of people giving up their seats to older people, and concern about pollution caused by excessive use of cars in Vitoria-Gasteiz. In addition, two negative aspects of great impact on age-friendliness were discussed and repeatedly highlighted. One of them, the conflict between pedestrians and bicycles, was recurrent in the groups and some of the key agents interviewed. The second one refers to the difficulties facing both pedestrians and drivers to move around the city due to failure to respect traffic lights, speed limits or pedestrian crossings. Most participants felt that attitudes among pedestrians and respect for traffic rules had worsened in recent years.

A similar situation is observed when comparing the public's evaluations in the first stage of the initiative, namely the diagnosis (2011), and the current evaluations in the focus groups, where the messages are generally positive but indicate specific aspects which require improvement.

Focus groups: Number of positive and negative aspects, 2011-2017

	Positive aspects		Negative aspects	
	Nº	%	Nº	%
Diagnosis 2011	11	45.83	13	54.17
Evaluation 2017	12	44.44	15	55.56

Source: Drafted internally.

Finally, it should be noted that one of the key people interviewed considers that transport is one of the priority aspects to be worked on in order to improve the city's age-friendliness, and that this has improved over recent years, due in large part to the new public transport network. Nevertheless, it is also stated that there are still major shortcomings, highlighting the need to extend bus routes, especially to points where different public services are found.

HOUSING

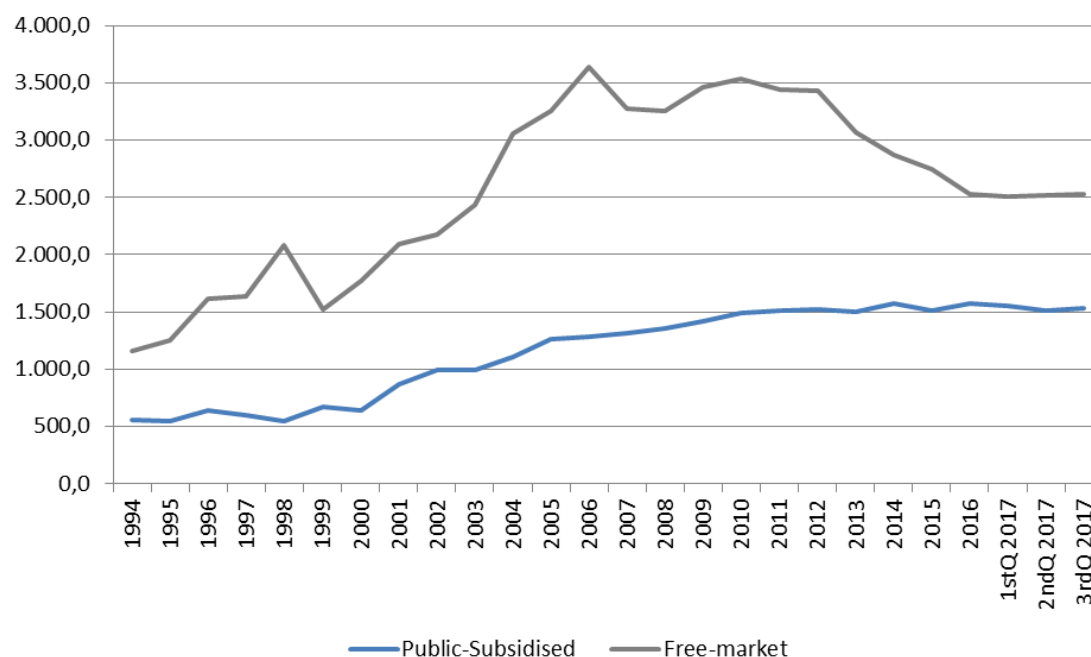
Housing is essential for safety and welfare. There is a link between adequate housing and access to community and social services, which influences older people's independence and quality of life. It is clear that there is a universal appreciation for housing and for support that enables older people to age comfortably and safely within their communities (WHO, 2007: 34).

The WHO indicates the following as basic indicators when evaluating this area:

- Affordability of housing: Proportion of older people living in a household who spend less than 30% of their disposable income on housing.

In this regard, Vitoria-Gasteiz Town Council has information on the evolution of the average price per sqm of new homes for sale in Álava. Publicly-subsidised properties have evolved differently to those without any subsidies. The price of publicly-subsidised properties has increased progressively since 1994, despite a short irregular period between 1994 and 1998, and their prices have increased from 500 euros up to 1500 euros per square metre today. Properties without any public subsidy have evolved irregularly over the years, with several increases and decreases over time, increasing between 1999 and 2006 and gradually decreasing since then. The lowest price of these houses was in 1994, at just over 1100 euros, with the highest price being reached in 2006, at 3600 euros per square meter. The average price in 2016 is 2,500 euros.

Evolution of the average price per sqm of new homes for sale (euros) Araba/Álava



Source: EUSTAT: Department of the Environment, Territorial Planning and Housing. Building and Housing Statistics.

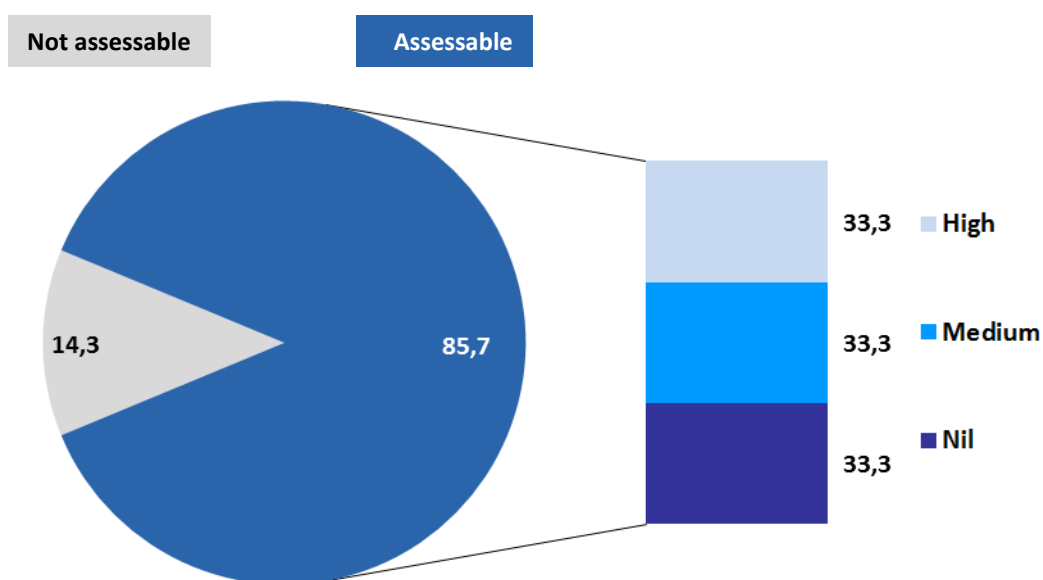
Output indicators

In the housing area, the Plan envisaged 7 specific actions, with the same number of indicators. Of these actions, one cannot be evaluated due to a lack of data, the other 33.3% have a high degree of implementation, which is the same percentage as actions with medium implementation, and the others are nil, i.e. they have not been carried out.

The actions with the highest degree of implementation are: study new lines of subsidy or aid to improve habitability (adding actions which can be subsidised) and bolster the fall prevention programme (increasing the number of home visits, workshops and participants), thus improving prevention and habitability of housing.

In contrast, the actions not carried out are: extend the criteria for older people to have access to housing which is subsidised by the Basque Regional Government, and promote a service which is self-managed by older people, with professional support, in order to help carry out small domestic repairs (this action was ruled out for technical reasons).

Housing: Level of fulfilment



Source: Drafted internally.

Housing: Level of fulfilment by indicator

ACTIONS	ADMINISTRATION / DIVISION / DEPARTMENT	BROKEN-DOWN INDICATORS	LEVEL OF FULFILMENT	REMARKS
Study new subsidy lines or aid to improve habitability.	TOWN PLANNING DEPARTMENT	Actions taken to promote this type of aid.	High	5 actions eligible for subsidy have been added.
Increase the size and criteria of subsidies to improve the accessibility of housing.	TOWN PLANNING DEPARTMENT	Increase in this aid.	Not assessable	Data unknown.
Extend the fall prevention programme.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Increase in fall prevention programme.	High	The number of home visits (42%), workshops (25%) and training courses have increased most. The number of participants has also increased (41% in workshops and 7% in training cycles).
Promote a service which is self-managed by older people with professional support to help carry out small household repairs.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Actions taken to promote this type of service.	Nil	Not carried out.
Draw up regulations stipulating that new properties must have at least one bathroom with an accessible walk-in shower.	BASQUE REGIONAL GOVERNMENT	Amended regulations.	Medium - low	In the case of publicly-subsidised properties with two bathrooms, the second bathroom must be a shower room.
Analyse whether the empty commercial units at ground floor level can be used as housing for people with mobility problems, or for people living in properties with accessibility and habitability problems.	TOWN PLANNING DEPARTMENT	Actions taken to advocate this type of action.	Medium - low	This is one of the topics to be dealt with in the Urban Development Plan.
Extend the criteria for older people to have access to subsidised housing.	BASQUE REGIONAL GOVERNMENT	Amended regulations	Nil	The regulations have not been amended.

Source: Drafted internally.

Outcome indicators

Housing is the basic area which needs improving in the city of Vitoria-Gasteiz, according to the key people interviewed. Both the groups and the interviews indicate that housing has

improved over recent years, although it is also noted that there are still serious deficiencies in accessibility, despite adapting many bathrooms and installing walk-in showers. It was also noted that the physical characteristics of many properties mean it is impossible to install a lift, resulting in many people in Vitoria-Gasteiz being isolated in their homes.

Compared to the results of the diagnosis, four positive aspects can be observed that remain over time: an increase in the number of people improving the accessibility and habitability of their homes; good accessibility in new-builds; high opinion and satisfaction with sheltered accommodation, which people see as their homes. Other positive aspects were also pointed out, such as financial aid to improve the accessibility of housing, increased awareness of this aid, and the increase in the number of changes from bathtub to shower. These clearly show awareness of risk among older people, the value they place on prevention and knowledge of existing resources.

Focus groups: Number of positive and negative aspects, 2011-2017

	Positive aspects		Negative aspects	
	Nº	%	Nº	%
Diagnosis 2011	12	48	13	52
Evaluation 2017	7	38.89	11	61.11

Source: Drafted internally.

Despite these improvements, it is still considered necessary to increase aid to improve accessibility, which is one of the negative aspects again detected in the focus groups. It was also noted that disagreements about accessibility in buildings created problems among neighbours, particularly in the Old District. Furthermore, it was also highlighted that the price of housing in Vitoria-Gasteiz is high.

The focus groups also revealed negative aspects related to coexistence. Most of these problems of coexistence between neighbours involve relations with immigrants and negative perceptions of immigration. It is particularly worthy of note that immigration appeared spontaneously despite not being considered an issue in the groups, meaning it is a latent problem in the city.

RESPECT AND INCLUSION

According to WHO, older people say that they experience conflicting attitudes and behaviours towards them. Many feel respected, recognised and included, although, in contrast, they also suffer a lack of consideration in the community, in services and within the family. This situation is due to changing rules on behaviour in society, the lack of contact between generations, and widespread ignorance about ageing and older people. Factors such as culture, gender, health status and economic status all play an important role. The degree of participation of older people in the social, civic and economic life of the city is also closely related to their experience of inclusion (WHO, 2007: 47).

The WHO indicates the following as a basic indicator when evaluating this area:

- Positive social attitude towards older people: Number of reported cases of abuse of older people (as a proportion of the total number of older people).

In this regard it should be noted that, although Vitoria-Gasteiz Town Council does not have information on the evolution of this indicator, this Plan included implementing detection, prevention and intervention actions to deal with mistreatment and abuse, along with a plan to raise awareness about respecting professionals. This action has also achieved a high degree of implementation. 37 people were attended to under this Plan in 2016, a figure that shows the progress made by Town Council in this area.

The Town Council has set up a range of interrelated Plans in this area, all designed to improve respect and inclusion for older people. These plans are:

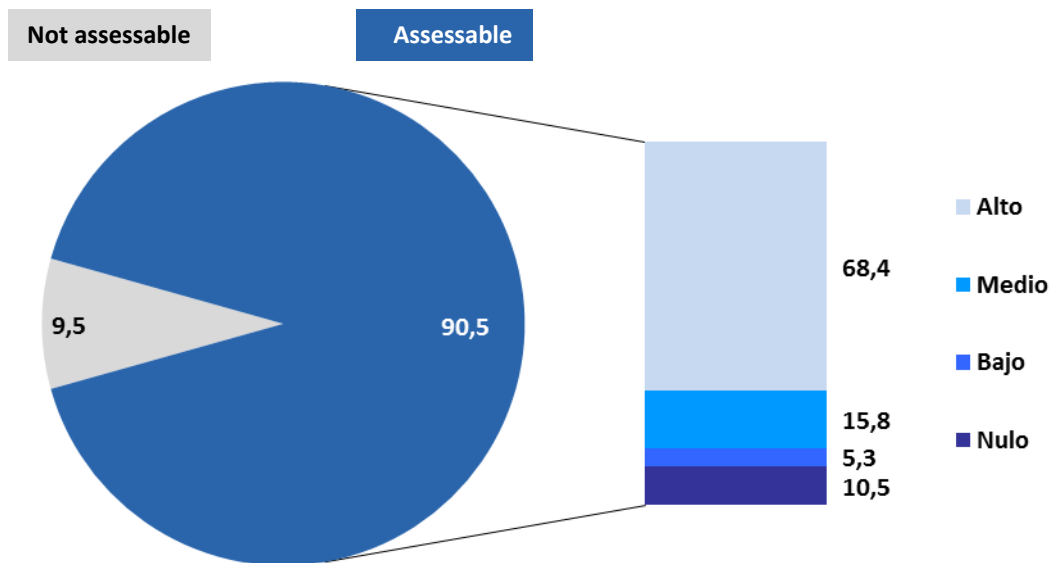
- Plan for Coexistence and Diversity
- Strategic Education Service Plan
- Plan for Gender Equality in Vitoria-Gasteiz
- Vitoria-Gasteiz Plan for Young People
- Local Plan for Children and Adolescents

Output indicators

The Age-Friendliness Plan initially included 9 actions focused on respect and inclusion, which in turn were analysed based on 9 indicators. However, given the breadth and plurality of some of these actions, a total of 12 actions and 21 indicators were finally set up.

9.5% of the indicators are not evaluated due to the lack of information. Of the others, 68.4% achieved a high degree of implementation, 15.8% medium, 5.3% low and 10.5% nil.

Respect and inclusion: Level of fulfilment



Source: Drafted internally.

The actions with the highest level of implementation are: the development of the actions referred to in the Equality Plan and the Youth Plan, although the latter does not include any actions with older people; the implementation of a plan for detection, prevention and action in situations of mistreatment or abuse; awareness of respect for professionals; the increase in intergenerational actions; and in community activities; also in this regard, the promotion of neighbourhood relations as support for older people at community level; and finally, support through psycho-social and respite resources for carer families, acknowledging their work.

It is important to point out that the action aimed at developing the equality, youth, and childhood and adolescence plans has been divided into three distinct actions to analyse each of the cases in depth. The Equality Plan has achieved a high level of fulfilment in all of its actions, and specifically in the actions aimed at older people. Moreover, most of the actions of the Youth Plan have been effectively developed, although no actions are envisaged specifically for older people. And finally, the Childhood and Adolescence Plan has a medium degree of implementation in terms of actions focused on older people, while the progress of the other actions is not known.

Respect and inclusion: Level of fulfilment by indicator

ACTIONS	ADMINISTRATION / DIVISION / DEPARTMENT	BROKEN-DOWN INDICATORS	LEVEL OF FULFILMENT	REMARKS
Continue to develop the educational city project and promote work on values such as civic awareness, solidarity and respect from early childhood, in both school and family contexts.	DEPARTMENT OF CULTURE, EDUCATION AND SPORTS	Actions developed in the educational city project	High	Over the course of academic year 2015-2016, the Vitoria-Gasteiz Educational City project was made up of 180 activities and/or programmes divided into 12 specific topics. Its percentage of fulfilment is practically total (non-implementation of activities is less than 5%).
		Educational city project actions, with the involvement of older people	High	A high number of older people have taken part in two exclusive actions. Moreover, the number of intergenerational workshops has increased from 5 to 8 workshops. The number of participants has increased by 20.58%.
Develop the actions envisaged in the equality plan	DEPARTMENT OF THE MAYOR AND INSTITUTIONAL RELATIONS	Actions developed in the equality plan	High	68% of the actions have been implemented or are in the process of being implemented.
		Actions developed in the equality plan, with the involvement of older people	High	4 actions have been carried out in the senior citizens' service in order to empower women, with a change of values and the co-responsible social organisation.
Develop the actions envisaged in the youth plan	DEPARTMENT OF THE MAYOR AND INSTITUTIONAL RELATIONS	Actions developed in the youth plan	High	89% of the plan's actions have been carried out.
		Actions developed in the youth plan, with the involvement of older people	Nil	No actions have been developed with older people.
Develop the actions envisaged in the childhood and adolescence plan	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Actions developed in the childhood and adolescence plan	Not assessable	Data unknown.
		Actions developed in the childhood and adolescence plan, with the	Medium	The plan consists of two intergenerational actions.

		involvement of older people		
Promote a positive image of older people and strive to ensure their care through an awareness campaign and a best practice guide.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Number of actions for positive dissemination of the image of older people.	Medium - high	A campaign to improve the social perception of older people was launched in 2015.
		Number of best practice guides drafted.	Nil	Not carried out.
Implementation of a plan for detection, prevention and action in situations of mistreatment or abuse.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Count on a detection, prevention and action plan for situations of mistreatment or abuse.	High	The plan was drafted in 2013, developing the necessary tools and training 170 professionals. 37 people benefited from this plan in 2016.
Increase intergenerational programmes.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Increase in intergenerational programmes	High	Intergenerational workshops have increased from 5 to 8.
		Increase in number of intergenerational participants	High	The number of participants has increased by 20.58%.
Increase community activities and open days.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Increase in number of community activities and participants	High	Despite a 30% decrease in the number of community activities at the Senior Citizens' Sociocultural Centres, the number of collaboration actions has increased, with another 59 activities.
		Increase in number of open days.	Low	There have not been any open days, but there has been a slight increase (5.59%) in the number of informative meetings about the Senior Citizens' Sociocultural Centres and other social resources.
Use training to raise awareness of good care among front-line professionals in social services, health, transport, etc.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Number of training activities in which these topics have been addressed.	High	A training exercise in good treatment of older people was completed by 170 professionals, along with two exercises focusing on the person-centred care model for 265 professionals.

Promote neighbourhood relations to support older people at community level.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Number of activities carried out.	High	A campaign to support older people living alone was set up in 2015, and a pilot project has been underway since 2016 to detect social isolation and provide support.
Support career families with psychosocial and respite resources, and recognise their role.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Increase in number of families attended to.	High	The number of families attended to has increased by 22.81%.
		Average of the services provided.	High	The average of the different resources shows a high level of activity, with an upward trend in the period 2013-2016.
		Number of activities carried out.	Medium - high	6 actions have been carried out, one of which was incorporated in 2016.
Construction of residential properties and public spaces for neighbourhood interaction.	TOWN PLANNING DEPARTMENT	Level of fulfilment of the urban development plan.	Not assessable	The plan is currently being implemented.

Source: Drafted internally.

Outcome indicators

In the respect and inclusion area, the focus groups indicated the perception that society takes into account older people and their needs as a positive aspect, along with the importance of the neighbourhood network as a source of resources for help, care and socialisation. These positive aspects have been maintained since the 2011 diagnosis.

Furthermore, the groups pointed to the fact they felt included and respected in the city as positive aspects. This feeling of inclusion and respect came from the large number of activities and events carried out by the Town Council for older people, which meant an increase in care for this collective group, and to the fact people often give up their seat on public transport.

In contrast, the assessment focus groups continued to highlight four negative aspects identified in the diagnosis:

- Widespread loss of ethical values such as empathy, civics and respect.
- Maternalistic/paternalistic attitude towards older people, treating them like children.
- Social image of old age with significant negative connotations.
- Loss of community life in today's society, especially in the neighbourhoods.

Another issue discussed in the focus groups was the perception that, although independent older people are increasingly integrated in Vitoria society, this is not the case with people who are in a situation of dependency, since the resources for their inclusion are perceived as limited.

Furthermore, new negative aspects are emerging, most notably negative perceptions of immigration.

Focus groups: Number of positive and negative aspects, 2011-2017

	Positive aspects		Negative aspects	
	Nº	%	Nº	%
Diagnosis 2011	11	47.83	12	52.17
Evaluation 2017	8	30.77	18	69.23

Source: Drafted internally.

However, the main conclusion reached by the groups was that both respect and inclusion had seen improvements in recent years in Vitoria-Gasteiz.

SOCIAL PARTICIPATION

Social participation and social support are closely linked to good health and welfare throughout the life cycle. Participation in recreational, social, cultural and spiritual community activities, as well as family activities, allows older people to continue to practice their skills, enjoy respect and esteem, and maintain or establish supportive and caring relationships; it promotes social integration and is key to staying informed (WHO, 2007: 41).

The WHO indicates the following as basic indicators when evaluating this area:

- Participation in sociocultural activities: Proportion of older people among visitors registered at local cultural centres and activities.

In this area, Vitoria-Gasteiz Town Council has information on the civic centres, sports facilities and Senior Citizens' Sociocultural Centres.

The data obtained by the Town Council show the evolution of a series of significant indicators with regards to activities in Civic Centres in 2011-2015. The results show high use of civic centres, as well as an increase in the number of activities created. Notwithstanding, evolution in the number of places and sessions over the years has been irregular, with the figures for 2015 (100,677 places and 82,914 sessions) being lower than those obtained in 2011 (101,249 places and 85,727 sessions) in both cases. However, the number of registrations has been increasing over the years, without reaching the total number of places available in any case. Moreover, the number of people has been increasing and the average enrolment per person has remained between 2.7 and 2.8 activities per person.

With regard to the user profile, most participants are in the 14-59 age range. The percentage of over 59s has remained stable since 2011, ranging between 18% and 17.3%, i.e. almost two out of ten older people make use of these spaces.

Activities in Civic Centres. Summary of indicators

	2011/12	2012/13	2013/14	2014/15	2015/16
Different activities	509	593	729	758	764
Groups formed	5,453	5,552	5,937	6,182	5,579
Places	101,249	99,179	104,645	109,929	100,677
Sessions	85,727	74,239	78,572	76,792	82,914
Registrations	87,509	83,851	85,837	86,986	90,437
People	31,017	29,596	31,232	30,975	32,942
% Under 14	21.6	24.5	24.0	26.1	-
% Over 59	18.0	17.4	17.3	17.5	-
% Women	68.5	71.4	68.1	68.4	-
Registrations/person	2.8	2.8	2.7	2.8	2.7
Places/person	3.3	3.4	3.4	3.5	3.1
Places/group	18.6	17.9	17.6	17.8	18.0

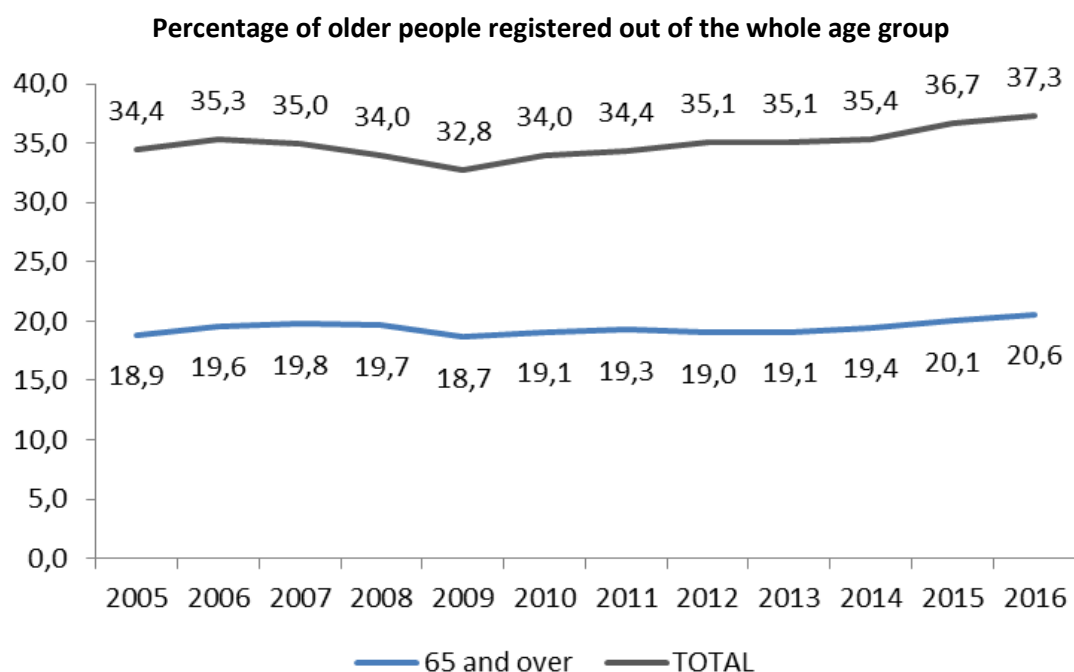
Source: Vitoria-Gasteiz Town Council. Studies Unit.

Likewise, municipal sports facilities also show a high level of public use, and a progressive increase over the years. This type of facility is used most often by people aged 5 to 15 and 35 to 44. However, older people also use them extensively, increasing from 8,422 users aged 65 and over in 2011 to 10,353 in 2016. The percentage of older people has increased slightly in recent years, always remaining below one quarter of all members (between 18.9% and 20.6%).

Number of members of municipal sports facilities by gender and age group

	2011	2012	2013	2014	2015	2016
Gender						
Men	38,839	39,652	39,836	40,528	42,349	41,652
Women	42,831	43,131	43,262	43,847	45,596	45,021
No record	2,101	2,134	2,194	2,303	2,420	5,881
Age groups						
0-4	3,090	3,144	3,415	3,931	4,249	4,427
5 to 15	15,444	16,147	16,154	16,380	17,149	17,678
16 to 17	2,628	2,768	2,883	2,902	3,078	3,290
18 to 24	6,402	6,285	6,127	6,130	6,416	6,527
25 to 34	10,950	10,687	10,159	9,636	9,610	9,250
35 to 44	16,745	16,896	16,899	16,987	17,724	17,811
45 to 54	12,632	13,012	13,270	13,696	14,230	14,893
55 to 64	7,398	7,421	7,488	7,661	8,041	8,325
65 and over	8,422	8,557	8,897	9,355	9,868	10,353
TOTAL	83,771	84,917	85,292	86,678	90,365	92,554

Source: Vitoria-Gasteiz Town Council. Studies Unit



Source: Vitoria-Gasteiz Town Council. Studies Unit

However, one of the most important resources in promoting active ageing in Vitoria-Gasteiz are the Senior Citizens' Sociocultural Centres (CSCM). Senior Citizens' Sociocultural Centres are meeting places and opportunities for networking and participation, with a wide range of activities: courses, workshops, talks, activities with children, young people, performances, events. The city has 15 Senior Citizens' Sociocultural Centres distributed around the different neighbourhoods, all of which are managed in keeping with active participation. Older people altruistically give up their time to decide on and organise the monthly schedule at their centre through the Activities Commissions, with the help of technical staff.

Satisfaction with the Senior Citizens' Sociocultural Centres was analysed in 2013, 2014, 2015 and 2017. In the first year (2013), a study was carried out on the general evaluation, including the level of satisfaction in each of the centres. Analysis in the following years was limited to general evaluations, without making any distinctions by centre.

The surveys in the four studies were answered by older people who used these resources. 821 people were surveyed in 2013 and 268 in 2017, meaning there was a significant decrease compared to the first year, although 2017 showed a slight increase compared to the data for 2014 and 2015.

General aspects, services, professional care, physical spaces and satisfaction were all analysed for each year. The results in all cases are quite positive, with average scores between 8 and 9 practically every year in all aspects on a scale of 0 to 10. Overall satisfaction appears to be on the increase, although the figures are very high every year. The best valued seems to be professional care, with a score of 9.06 in 2017. There have only been minimal variations over these years, with a highly positive appraisal since 2013.

Average satisfaction ratings for senior citizens' sociocultural centres

	General aspects	Services	Professional care	Physical space	Overall satisfaction
2013	8.01	8.55	8.94	7.94	8.80
2014	8.29	8.83	9.13	8.16	8.89
2015	8.23	8.82	9.07	8.13	8.86
2017	8.32	8.64	9.06	8.10	8.86

Source: Vitoria-Gasteiz Town Council. Department of Social Policy and Public Health.

It should also be remembered that Vitoria-Gasteiz Town Council has implemented the following specific plans to promote social participation:

- Strategic Culture Plan (currently in preparation)
- Strategic Plan for Commerce and HORECA
- Basque Language Normalisation Plan
- Basque Language Promotion Plan

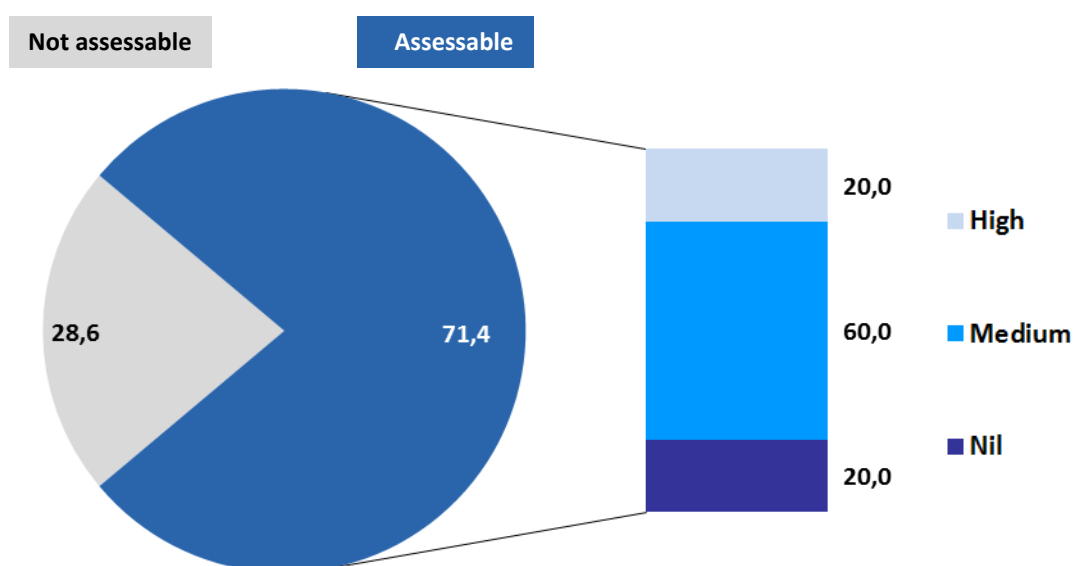
Output indicators

5 actions measured in 7 indicators were proposed in this area. Of these 7 indicators, 2 could not be evaluated due to a lack of information. With regards to the other indicators implemented, 60% have been completed to a medium degree and 20% to a high degree, with those with a nil degree of completion, i.e. those which have not been carried out, also accounting for 20%.

The actions with the highest level of fulfilment are those which look to adapt the programming of the courses, workshops and services at the Senior Citizens' Sociocultural Centres to the needs and demands of older people, with particular success in increasing the number of activities and resources. These actions bring a clear improvement for older people, as they expand their opportunities for participation and offer a range of services more in line with their wishes and needs.

In contrast, the action which was not carried out was the proposal for a mechanism through which demand could be analysed and the supply of sociocultural and sports activities in the municipality coordinated among the institutions and entities for older people. This coordination-based action highlights the need for the Town Council to improve in issues such as transversality and networking.

Social participation: Level of fulfilment



Source: Drafted internally.

Social participation: Level of fulfilment by indicator

ACTIONS	ADMINISTRATION / DIVISION / DEPARTMENT	BROKEN-DOWN INDICATORS	LEVEL OF FULFILMENT	REMARKS
Propose a mechanism through which demand is analysed and the supply of sociocultural and sports activities in the municipality is coordinated among the institutions and entities for older people.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH AND DEPARTMENT OF PARTICIPATION AND CIVIC CENTRES	Actions taken to make this planning and coordination mechanism available.	Nil	Not carried out.
Provide information and generate awareness among the over 60s about the range of options to enjoy free time as part of active ageing.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH AND DEPARTMENT OF PARTICIPATION AND CIVIC CENTRES	Number of activities carried out.	Medium - high	A brochure was published in 2015 to introduce the Senior Citizens' Sociocultural Centres.
Adapt the programming of the courses, workshops and services at the Senior Citizens' Sociocultural Centres to the needs and demands of older people.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Actions taken.	Medium - high	Set up a new centre and an increase in activities.
		Increase in activities and availability of services.	High	Activities have increased by 10.92%, places by 12.16%, and a new centre has been added. Resources for hairdressing, podiatry, outdoor gyms and cafeteria have also increased.

Improve the availability of Senior Citizens' Sociocultural Centre spaces, and create new ones to put right the problems with two of the current ones.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Further develop the actions in the Senior Citizens' Sociocultural Centre improvement plan	Medium	No measures have been taken to improve the situation of the Los Herrán and Jurizmendi centres, but a new centre has been set up.
Increase the range of leisure and free time activities for dependent people. Design descriptive activity guides for dependent people, for use at home and outside.	SOCIAL WELFARE INSTITUTE	Increase in number of activities.	Not assessable	Data unknown.
		Existence of a descriptive activities guide.	Not assessable	Data unknown.

Source: Drafted internally.

Outcome indicators

With regards to social participation, one of the issues most frequently highlighted as a positive are the Senior Citizens' Sociocultural Centres. There are many such centres throughout the city, which are highly regarded as they are seen as fundamental to maintaining good relations between people. Another aspect which is highly valued is that these centres are governed by commissions made up of older people, who are in charge of planning the different activities.

In this area, the main positive aspects identified in both the diagnosis and assessment focus groups were:

- High satisfaction of people with how they spend their free time
- Wide range of leisure resources
- Good opinion of civic and sociocultural centres
- Varied, attractive range of leisure activities

Negative aspects include the lack of involvement of some older people in the commissions, which was a recurrent theme in several centres; this is due to leadership always being shared by the same people, with little involvement of other regular users, who visit the centres merely as consumers. Another recurrent negative issue is the lack of places due to the high demand for some activities.

These centres are therefore valued positively and are perceived as resources which have generally remained unchanged since diagnosis.

Focus groups: Number of positive and negative aspects, 2011-2017

	Positive aspects		Negative aspects	
	Nº	%	Nº	%
Diagnosis 2011	11	55	9	45
Evaluation 2017	6	54.55	5	45.45

Source: Drafted internally.

With regards to enjoying leisure, it should be noted that participants focused on elements related to the Town Council's Senior Citizens' Sociocultural Centres, highlighting the importance of these resources in the lives of older people in Vitoria-Gasteiz, most notably in their enjoyment of free time.

The interviews with key people pointed to extending the focus on active ageing and participation in care facilities, such as day centres or nursing homes, as an area for improvement. This view matches that of the focus groups in the context of inclusion of dependent people. There is therefore a clear need for progress in this area.

CIVIC PARTICIPATION AND EMPLOYMENT

Older people do not stop contributing to their communities after retiring from their economic activity or leaving the labour market. An age-friendly community gives older people the option to continue to contribute to their communities, either through paid employment or voluntary work of their choice, and to be involved in the political process (WHO, 2007:52).

The WHO indicates the following as basic indicators when evaluating this area:

- Participation in voluntary activities: Proportion of older people on local volunteer lists.
- Participation in local decision-making processes: Proportion of people eligible to vote who voted in local elections or recent legislative initiatives.
- Paid employment: Proportion of older people currently unemployed.

Vitoria-Gasteiz has about thirty volunteer organisations covering different areas: outreach, environment and collaboration. However, there are no data available on the number of volunteers.

In the sphere of participation in local decision-making processes, Vitoria-Gasteiz Town Council has set up a range of participation bodies (*elkargunes*, *auzogunes* and social council) within the framework of the Citizen Participation Plan. The participation bodies ensure good relations and communications between the general public and the Town Council. They provide a space for debate in which everybody in the town is free to participate, either individually or as representatives of collective groups. These spaces establish direct dialogue between citizens, municipal technical staff and political representatives, in order to propose improvements in municipal issues. Their aim is to enrich knowledge of the actual situation in the city and take part in decision-making.

Elkargunes are spaces to express opinions and debate a range of issues with other citizens, political representatives and municipal technicians. There are currently 12 *elkargunes*, one for each issue of interest. These *elkargunes* include a specific one for older people.

Auzogunes are bodies for expressing opinions and proposing improvements for specific neighbourhoods. Traffic, waste collection/street cleaning and urban spaces are some of the issues debated among citizens, municipal technicians and political representatives.

The Social Council is the forum that represents all the organisations involved in participation in the municipality. Its function is to debate, propose and prepare reports on important issues in the municipality and on strategic municipal projects.

In addition to the participation bodies, citizens can get involved through municipal procedures (request for information and clarifications on municipal actions, request for public consultation, request for a public hearing, presentation of citizen proposals, etc.), and by exercising citizens' rights and sharing opinions and experiences (suggestions mailbox, Internet forums).

Apart from the Citizen Participation Plan, the Town Council has implemented other interrelated Plans that have an impact on this area. These plans are:

- Socially Responsible and Sustainable Procurement and Contracting Plan 2017
- Strategic Education Service Plan
- Basque Language Normalisation Plan

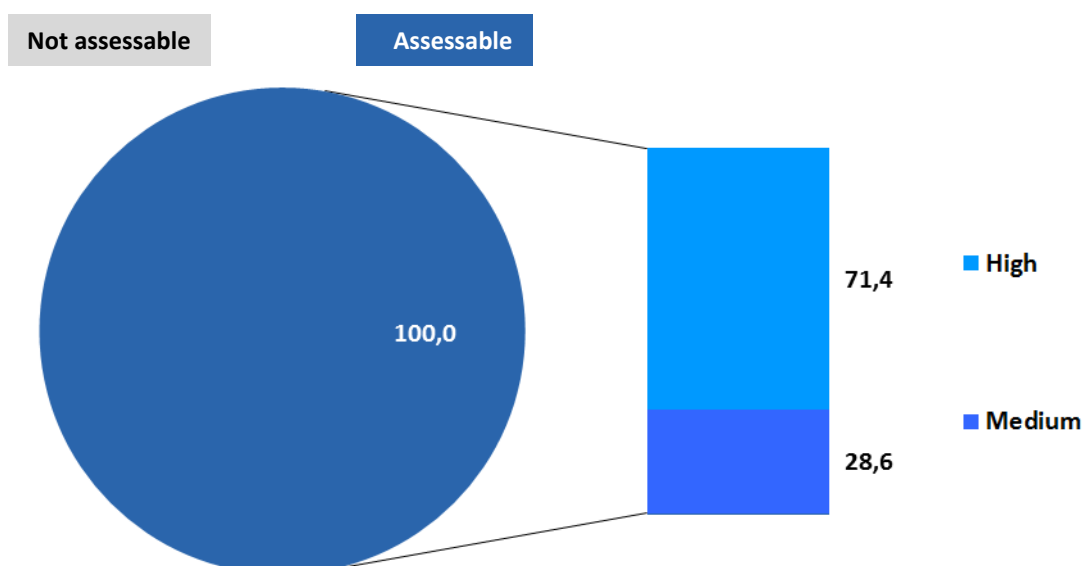
Output indicators

The age-friendliness plan envisages 4 actions for civic participation and none focused on promoting employment. These 4 actions were specified in 7 implementation indicators. All the indicators in this area perform well, with 71.4% of them with high performance and 28.6% with medium performance. All the actions grouped together here have been implemented (100%), and most of them have been implemented almost in their entirety.

In the case of the action "Further develop the actions to review the municipal citizen participation model", a municipal citizen participation plan was drawn up through the participatory process with political and technical municipal staff and associative personnel. This action involved a significant number of activities and the achievement of full and plural active participation work.

In contrast, continuing to work on the participatory agenda of the Sectoral Council for Older People was the activity that was least developed, since efforts have focused on setting up a new body for the participation of older people, known as "*elkargune*", which has replaced the work of the Sectoral Council for Older People.

Civic Participation and Employment: Level of fulfilment



Source: Drafted internally.

Civic Participation and Employment: Level of fulfilment by indicator.

ACTIONS	ADMINISTRATION / DIVISION / DEPARTMENT	BROKEN-DOWN INDICATORS	LEVEL OF FULFILMENT	REMARKS
Further develop the actions to review the municipal citizen participation model.	DEPARTMENT OF PARTICIPATION AND CIVIC CENTRES	Number of activities carried out for review.	High	A municipal plan for public participation was drawn up through the participatory process with councillors, municipal technicians and associate staff. Drafting the plan involved a significant number of activities.
		Results of the activities.	High	The main result was the drafting of the municipal plan for citizen participation through a plural participatory process.
Extend the Senior Citizens' Sociocultural Centres' activity commissions.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Increase in number of participants and committees created.	Medium - high	The number of committees has increased by 11.90%, and the number of participants by 13.16%.
		Increase in number of activities carried out.	High	The number of activities carried out has increased by 17.93%.
Continue working on the participatory agenda of the sectoral council for older people.	DEPARTMENT OF PARTICIPATION AND CIVIC CENTRES AND DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Nº of meetings	High	<i>Elkargune</i> is a newly-created organisation for the participation of older people, and has held 3 meetings annually over recent years.
		Topics covered	Medium	The main issues discussed were related to the organisation and operation of the recently created <i>elkargunes</i> .
Inform older people about organisations that need volunteers.	DEPARTMENT OF PARTICIPATION AND CIVIC CENTRES	Actions taken to advocate this issue.	High	Create an online platform to publicise the need for volunteers for each association, and carry out two promotion sessions through Batekin.

Source: Drafted internally.

Outcome indicators

However, participants in the groups pointed to the lack of participation in the organisations the Town Council has set up and in the different volunteer associations and entities. Only a few of them participated, or had participated, in the Commissions created within the framework of the Senior Citizens' Sociocultural Centres.

Perception of the different forms of participation in the city was therefore limited, since there was a general lack of awareness, particularly with regards to the *elkargunes*. These bodies therefore require dissemination.

With regard to employment, the groups focused on the employment needs of young people, without considering those of over 65s. The participants showed a clear lack of knowledge about employment options at retirement age and also an absence of interest in this aspect.

Focus groups: Number of positive and negative aspects, 2011-2017

	Positive aspects		Negative aspects	
	Nº	%	Nº	%
Diagnosis 2011	10	52.63	9	47.37
Evaluation 2017	5	35.71	9	64.29

Source: Drafted internally.

INFORMATION AND COMMUNICATION

Staying connected to events and people is vital for active ageing, as is receiving timely, practical information on how to manage life and meet personal needs. Constantly-evolving information and communication technologies are useful tools, but they can also be instruments of social exclusion. Regardless of the variety of communication options and the amount of information available, there is a need for relevant information that is readily accessible to older people with diverse skills and resources (WHO, 2007).

The WHO indicates the following as basic indicators when evaluating this area:

- Availability of information: Availability of local sources to provide information on health problems and referrals to different services, especially by telephone.

In this regard, Vitoria-Gasteiz Town Council has information on queries at the Public Information offices, the web platform and the 010 helpline between 2011 and 2015.

Although each of these channels has undergone different evolutions, all of them show good results, with an increase in the number of queries from 2011 to 2015. With regards to each channel, the number of daily queries and services has increased at the website, while telephone and face-to-face queries fell slightly from 2011 to 2014, rising again in 2015. The total number of queries for this year was 1,334,984.

Queries at Vitoria-Gasteiz Public Information Offices, website and 010 helpline

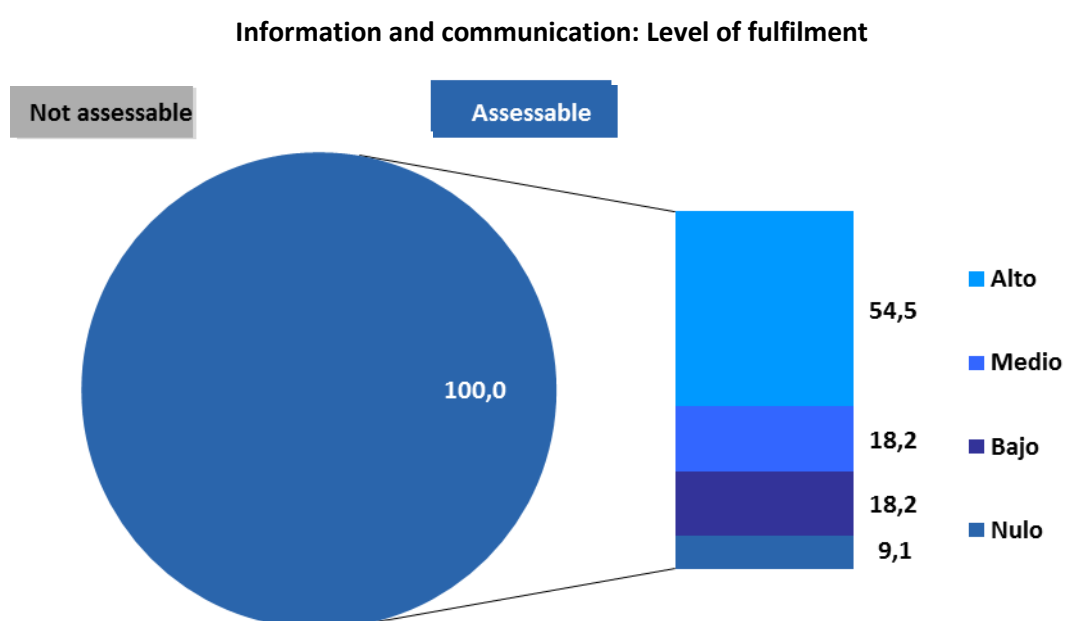
CHANNEL	2011	2012	2013	2014	2015
WEB					
SERVICES	393,301	412,970	471,799	538,048	563,601
Web queries per day	1,078	1,131	1,293	1,474	1,544
Public Information Office					
QUERIES	556,333	516,238	437,214	606,680	606,150
Public Information Office queries per day	1,524	1,414	1,198	1,662	1,661
010					
QUERIES	181,603	168,007	143,836	152,448	162,217
010 Queries per day	498	460	394	418	444
TOTAL QUERIES	1,112,812	1,061,760	1,014,732	1,319,034	1,334,984
Queries per day	3,049	2,909	2,780	3,614	3,657

Source: Vitoria-Gasteiz Town Council. Drafted internally based on the Municipal Public Information Service File.

Output indicators

The 7 actions aimed at improving information and communication are evaluated through 11 indicators, of which more than half, 54.5%, have been implemented to a high degree and 18.2% to a medium degree. Conversely, 27.3% were classified as nil or low.

It should be noted that the actions with the highest degree of implementation are related to the provision of information in the Senior Citizens' Sociocultural Centres on digital media and via WiFi. In contrast, the aim of the action not carried out was to find solutions for public administration answering machines, which are also dependent on the Basque Regional Government and the Provincial Council.



Source: Drafted internally.

Information and communication: Level of fulfilment by indicator

ACTIONS	ADMINISTRATION / DIVISION / DEPARTMENT	BROKEN-DOWN INDICATORS	LEVEL OF FULFILMENT	REMARKS
Improve the graphic and paper media for municipal services and equipment.	TOWN COUNCIL	Number of actions completed.	Low	There is only knowledge that the Senior Citizens' Sociocultural Centres have carried out in-depth actions in this area.
		Further develop the actions to improve the Senior Citizens' Sociocultural Centre information boards.	High	The documents included in the communication plan have been carried out, checking the documents for older people and improving the notice boards.

Help the Senior Citizens' Sociocultural Centres to provide, in addition to the usual information, details of social services and subsidies to improve accessibility and habitability of housing.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Number of information media produced. Number of information points where this information is provided.	High	The following have been added as information media: include topics from other services in the welcome meetings and the digital newsletter for users, family members and professionals.
Adapt administrative language and make it more flexible, to ensure it is intelligible, pertinent and useful.	TOWN COUNCIL	Number of actions completed and number of documents changed from notification to resolution for older people.	Low	Only the senior citizens area has carried out any reviews using the easy-reading methodology, and only involving documents of the Senior Citizens' Sociocultural Centres.
Provide the Senior Citizens' Sociocultural Centres with a computer network and improve the working systems in this area. Create WiFi areas and professionally supervised digital libraries in the Senior Citizens Sociocultural Centres.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Number of accessible information points.	High	Each Senior Citizens' Sociocultural Centre has an accessible information point, bringing the total to 15.
		Number of digital libraries created with professional supervision	Medium	A supervised digital library has been set up at Lakua Senior Citizens' Sociocultural Centre.
		Number of WiFi zones created.	High	All the Senior Citizens' Sociocultural Centres have WiFi zones.
Ensure that the IT courses for older people teaches them to search for information about activities and services and to carry out day-to-day activities (make a medical appointment, purchase tickets, book travel, access the municipal website, register for courses and workshops, etc.).	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Number of workshops that include these contents.	High	100% of the workshops use these contents. The number of workshops has increased by 50%.
Improve the contents of the Senior Citizens' Sociocultural Centre area on the municipal website	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Increase in new content.	High	There has been a considerable increase in content, including healthy habits, programming of activities, presentation videos, etc.
		Number of page views.	Medium - high	The Senior Citizens' Sociocultural Centre page on the municipal website was visited 22,837 times in 2016.
Find solutions for the public administration answering machines.	BASQUE GOVERNMENT PROVINCIAL GOVERNMENT	Actions taken to advocate this issue and proposals for	Nil	Not carried out.

	TOWN COUNCIL	improvement.		
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Source: Drafted internally.

Outcome indicators

In the information and communication area, one of the most highly rated aspects in the focus groups was the Senior Citizens' Sociocultural Centres. These centres are good information and dissemination points when it comes to informing older people in the city about the different resources, offers and services. The groups focused mainly on the role of the Senior Citizens' Sociocultural Centres as an essential agent in disseminating information.

Access to new technologies was also highly valued, although the digital divide which prevents many older people from accessing this type of information resources was also discussed. In this regard, the importance of continuing to maintain traditional communication channels was reiterated, in order to allow everybody to access information.

Another aspect that needs to be improved is the dissemination of information on resources aimed at older people, such as the Home Help Service or Day Care Centres. The groups pointed to the lack of knowledge of this type of social services for older people.

A comparison of the number of positive and negative aspects in this area for 2011 and 2017 shows the increase in positive elements and the decrease in negative ones. This is in line with the lessons learned from the groups and interviews with key agents, both of which believed that there had been significant improvements in the information and communication area.

Focus groups: Number of positive and negative aspects, 2011-2017

	Positive aspects		Negative aspects	
	Nº	%	Nº	%
Diagnosis 2011	7	41.18	10	58.82
Evaluation 2017	8	66.67	4	33.33

Source: Drafted internally.

HEALTH AND SOCIAL SERVICES

Health and social services are vital to maintaining the health and independence of older people living in the community. Relevant issues in this regard include Personalised, accessible quality care (WHO, 2007).

The WHO indicates the following as basic indicators when evaluating this area:

- Availability of social and health services: Proportion of older people who need personal care or assistance and receive professional services (public or private) at home or in the community.

Vitoria-Gasteiz Town Council has a range of resources and aid for older people, aimed at improving their welfare in multiple aspects:

- Resources to foster personal and social development:
 - Senior Citizens' Sociocultural Centres.
 - Community programme.
 - Outdoor gyms.
 - Healthy habits.
- Resources for older people to remain in their environment:
 - Canteens.
 - Home care.
 - Day care services.
 - Support programme for carer families.
- Resources for alternative housing:
 - Sheltered accommodation.
 - Community housing.
- Benefits for access to services:
 - Benefit for day care services.
 - Benefit for the community housing service.

The indicators collected by the Town Council include data on the psychosocial and respite resources for carer families included in the Action Plan. These involve six services: accompaniment and professional care, weekend day centre, training activities, individual psychosocial care, group psychosocial care and meetings. However, it should be noted that there are many resources and services provided by other agents such as the Provincial Council of Araba and the Basque Regional Government for which no information is available.

The data provided by the Town Council show that some dimensions of these services have increased over the years, such as the number of families attended to, the number of people using professional care and accompaniment, the average number of hours of this service per month, the number of families attended to at the day centre on weekends, individual psychosocial care, the number of sessions and the number of people participating in the meetings.

In contrast, there are some dimensions that have decreased slightly, such as the number of uses of the day centre on weekends, the number of participants in training activities, and the number of sessions of individual psychosocial care. Nevertheless, all these aspects continue to show good results.

Support programme for carer families, 2013-2016

Service	2013	2014	2015	2016	Average
Families attended to	412	404	448	506	442.5
Professional accompaniment and care	78	95	101	82	89
Total hours home care	12,549	14134	14,991.50	13,750	13,856
Average hours/month per household	19.86	16.36	15.75	21.6	18.39
Weekend day centre: families attended to	60	55	61	63	59.75
Number uses	2,475	1,932	1,826	2,355	2,147
Training activities	9	9	9	10	9.25
Number of participants	126	112	121	119	119.5
Individual psychosocial care	79	77	103	118	94.25
Number of sessions	575	584	594	596	587.25
Group psychosocial care (people)	23	19	16	21	19.75
Group psychosocial care (sessions)	37	37	37	32	35.75
Meetings	2	2	2	2	2
Participants	109	78	104	115	101.5

Source: Vitoria-Gasteiz Town Council. Department of Social Policy and Public Health.

It is also important to highlight the implementation of several plans that have a direct impact on development in this area. Specifically, these are the Social Policies Development Strategic Plan 2016-2019 and the Health Development Plans (2007-2009 and 2013-2018). In this regard, the "Map of social services in the historical territory of Álava 2016-2019", aimed at improving the age-friendliness of Social Services in Vitoria-Gasteiz, is also worthy of note.

In addition, the Senior Citizens Service has a range of satisfaction surveys on municipal resources for older people, such as the studies to evaluate satisfaction with the day care services and sheltered accommodation.

In the case of day care services, different satisfaction surveys were carried out in 2013, 2014, 2015 and 2016. The overall results show a significantly positive estimation, with most of the aspects evaluated scoring over 8 on a scale of 0-10. There are slight differences between the assessments of the families and the users, with the scores of the families being somewhat higher in most aspects.

Average satisfaction ratings for Beato Tomás de Zumárraga daytime care service

	General aspects	Services / Benefits	Professional care	Physical space	Overall satisfaction
Family (2013)	9.18	8.99	-	9.14	9.31
Family (2015)	8.5	8.38	-	8.6	8.61
Family (2016)	8.9	8.7	-	8.7	8.7
Users (2013)	8.74	8.90	9.25	9.24	9.45
Users (2014)	8.76	9.10	9.35	9.10	9.38
Users (2015)	8.24	8.70	8.90	8.71	9.21
Users (2016)	8.58	8.38	8.76	8.49	8.97

Source: Satisfaction studies of the day care service Blas de Otero, 2013-2016. Sirimiri Servicios Socioculturales, S.L.

Average satisfaction ratings for Beato Tomás de Zumárraga daytime care service

	General aspects	Services / Benefits	Professional care	Physical space	Overall satisfaction
Family (2013)	9.02	9.05	-	8.63	9.08
Family (2015)	8.9	8.8	-	8.6	8.9
Family (2016)	9.3	8.9	-	8.8	9.3
Users (2013)	7.96	8.57	8.96	8.41	8.50
Users (2014)	7.72	8.14	8.66	8.36	8.35
Users (2015)	8.26	8.58	8.98	8.86	9.05
Users (2016)	8.68	8.93	9.17	8.94	9.12

Source: Satisfaction studies of the day care service Beato Tomás de Zumárraga, 2013-2016. Sirimiri Servicios Socioculturales, S.L.

Satisfaction with sheltered accommodation was evaluated in 2013, 2014, 2015 and 2016. The results were also very positive, with most of the scores above 8 points on a scale of 0-10.

Average satisfaction ratings for Beato Tomás de Zumárraga and Blas de Otero apartments

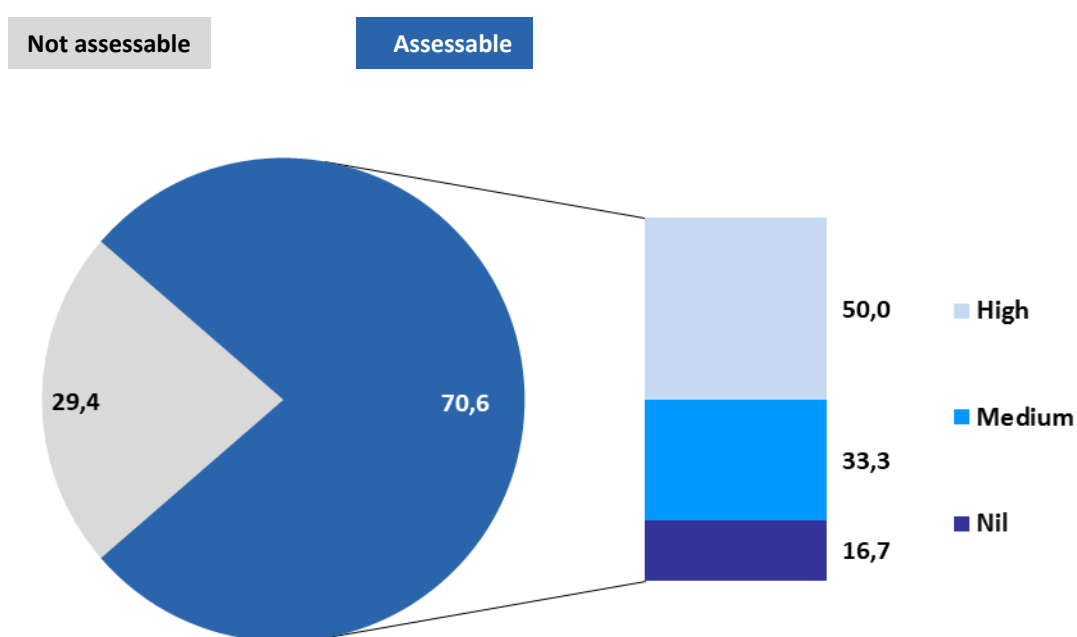
	General aspects	Services	Professional care	Physical space	Overall satisfaction
Beato Tomás de Zumárraga (2013)	8.89	8.90	9.31	9.08	9.25
Beato Tomás de Zumárraga (2014)	9.18	9.54	9.58	9.35	9.74
Beato Tomás de Zumárraga (2016)	9.44	9.35	9.56	8.39	8.78
Blas de Otero (2013)	8.97	8.94	9.26	8.71	8.66
Blas de Otero (2014)	7.97	8.15	8.46	8.77	8.50
Blas de Otero (2015)	8.65	8.84	8.87	8.75	8.55
Blas de Otero (2016)	7.68	8.42	8.68	8.65	8.48

Source: Service satisfaction studies of Beato Tomás de Zumárraga and Blas de Otero apartments, 2013-2016. Sirimiri Servicios Socioculturales, S.L.

Output indicators

The health and social services area was included in the Plan of 9 specific actions to improve age-friendliness; in turn, these actions were divided into 17 indicators in order to measure their degree of fulfilment. 29.4% (5 indicators) could not be evaluated because the necessary information was not available. Of the other indicators for which information is available, 50% have had a high degree of implementation, 33.3% medium and 16.7% nil, i.e. no actions have been carried out.

Health and Social Services: Level of fulfilment



Source: Drafted internally.

The actions that have achieved the highest degree of implementation are overseen by the Department of Social Policy and Public Health, and are: carry out a non-digital (paper) information campaign to inform of existing resources and services; provide information from social services and Senior Citizens' Sociocultural Centres; increase preventive resources for dependency, along with resources which help older people to remain in their homes; and bolster the Comprehensive Support Programme for Families Caring for Older People.

In contrast, there has been no reflection on the one-stop-shop model, nor has the incorporation of geriatricians into health teams been proposed. Both actions are overseen by different bodies such as the Provincial Council or the Basque Regional Government.

Health and Social Services: Level of fulfilment by indicator

ACTIONS	ADMINISTRATION / DIVISION / DEPARTMENT	BROKEN-DOWN INDICATORS	LEVEL OF FULFILMENT	REMARKS
Reflect on the one-stop shop model or inter-institutional coordination mechanisms.	BASQUE GOVERNMENT PROVINCIAL GOVERNMENT TOWN COUNCIL	Actions taken to raise the one-stop shop model.	Nil	Not carried out.
		Actions taken to advocate inter-institutional coordination mechanisms.	Medium-high	2016: coordination between social services institutions (between Town Hall and Provincial Council for the reorganisation of areas of responsibility in social services). 2013, 2014, 2015, and 2016 social-health coordination (between Town Council and Osakidetza: protocol for coordination in municipal social services and primary health care, and protocol for coordination in mental health between municipal social services and healthcare).
Develop the health development plan actions.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Level of fulfilment of the plan.	Medium - high	The Plan is still in force. 48.53% of the actions were completed in 2015, 13.97% are at an advanced stage, and 19.85% are in the initial stage.
		Number of actions carried out	Medium	Plan currently in progress. Around twenty actions are being carried out, with the aim of generating supportive and caring social environments, healthy living and health literacy.
Carry out a non-digital (paper) information campaign to inform of existing resources and services. Provide information from social services and Senior Citizens' Sociocultural Centres.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Number of information campaigns carried out	High	Only one campaign was carried out, but was widely disseminated.
		Increase in information distribution points	High	The number of distribution points has increased: website, health centres, 010 helpline, etc.
Increase preventive resources for dependency, along with resources which help older people to remain in their homes.	SOCIAL WELFARE INSTITUTE DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Increased availability of municipal services.	High	Availability has increased, as has the number of places available in services for older people.
		Increased availability of	Not assessable	Data unknown.

		Social Welfare Institute services.		
		Number of people served by municipal resources and services.	High	The number of older people attended to in all services has increased. Municipal financial aid has seen the largest proportional increase, and social emergency aid has experienced the highest numbers.
		Number of people attended to by Social Welfare Institute services.	Not assessable	Data unknown.
Bolster the Comprehensive Support Programme for Families Caring for Older People.	DEPARTMENT OF SOCIAL POLICY AND PUBLIC HEALTH	Reinforcement activities implemented: dissemination, new activities, etc.	High	The reinforcement actions consisted of setting up opinion groups, shared care spaces, a "Learning at Home" service, direct booking of courses and workshops, and an additional social worker in the programme.
		Number of new families attended to.	High	94 new families.
Improve the timeframes for assessing dependency and the Individual Care Plan agreement.	SOCIAL WELFARE INSTITUTE	Reduce waiting times.	Not assessable	Data unknown.
Ensure the dependency care system has more resources, in order to make it easier for dependent older people to access services, particularly day centres and nursing homes.	SOCIAL WELFARE INSTITUTE	Increase availability of services.	Not assessable	Data unknown.
		Number of people attended to.	Not assessable	Data unknown.
Propose the incorporation of geriatrics in health teams.	BASQUE REGIONAL GOVERNMENT	Actions taken to advocate this type of action.	Nil	This action has not been carried out.
Facilitate inter-institutional coordination: Town Council-Provincial Government, Basque Regional Government in the care for	BASQUE GOVERNMENT PROVINCIAL GOVERNMENT TOWN COUNCIL	Increase inter-institutional coordination and actions developed.	Medium - high	The collaboration between the Basque Regional Government, primary health care centres and basic services began 2016,

older people.				implementing a process to detect and assess abuse of older people. Furthermore, a framework cooperation agreement was signed between the Town Council and Álava Provincial Council for the reorganisation of competences in the field of social services.
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Source: Drafted internally.

Outcome indicators

Perception of health and social services among the focus groups is generally positive. Particularly notable in the social services area are the high opinions of the tele-assistance service and sheltered accommodation. The home help service is the most criticised, since it is seen as a limited resource when it comes to adapting to people's needs.

Health services are generally valued positively, with only the poor location of the hospital being highlighted as a negative.

The negative aspects in this area are highlighted in the analysis of the comparison between the 2011 diagnosis and the 2017 evaluation. These negative aspects are:

- Excessive administrative procedures and complexity when requesting services or resources.
- Lack of information on the different services and resources available. This was previously identified in the information and communication area.
- Long waiting list to see a doctor.
- High price of nursing homes.

The interviews with key agents also stressed the need to improve administrative processes and adapt services to people's needs.

This discussion brought out negative stereotypes around immigration among some participants in the groups. They also had a negative perception of use of social services by immigrants, believing they were misused.

Compared to the number of positive and negative issues discussed in the diagnostic and assessment groups, there appears to be a decrease in the number of negative aspects. It could therefore be said that perception of these resources has improved.

Focus groups: Number of positive and negative aspects, 2011-2017

	Positive aspects		Negative aspects	
	Nº	%	Nº	%
Diagnosis 2011	7	33.33	14	66.67
Evaluation 2017	7	43.75	9	56.25

Source: Drafted internally.

OTHER INITIATIVES

In addition to the actions included in the plan, different initiatives closely related to the "Vitoria-Gasteiz, An Age-Friendly City" initiative were also carried out over this time. Some of these are detailed below:

Activate Your Neighbourhood is an initiative of the Senior Citizens' Sociocultural Centres which looks to make Vitoria-Gasteiz a more age-friendly city by ensuring neighbourhoods are more welcoming and accessible, so everyone can carry out their daily activities, interact and walk around its streets more easily. In short, to ensure everyone can live better and with more autonomy. The initiative is currently being implemented in the Landázuri and El Pilar areas, with the participation of older people, local businesses, social partners and local residents.

Safe routes have been created as part of the Activate Your Neighbourhood initiative, all signposted with their own distinctive image, to promote autonomy among older people and make it easier for them to move safely around the most important parts of the neighbourhood.

Moreover, the **Age-Friendly Establishments** training workshops were implemented thanks to this initiative. The aim is to make establishments more customer-friendly by adapting them to the needs of older people, so they can continue to live their lives in their habitual environment as independently as possible. Moreover, work was also carried out alongside bars and cafés in Vitoria-Gasteiz sociocultural centres and shops in Alava and GasteizON Traders' Federation. Other training courses were also carried out as part of the "Activate your neighbourhood" programme, which also included civic and health centres. A total of 70 businesses took part.

It should be noted that the senior citizens' service also implements, in addition to the actions corresponding to it as part of the plan, others which promote age-friendliness in the city. This is the case for the following programmes and resources:

The senior citizens' service website provides various guides and documents of interest to senior citizens, such as the **"Recommendations guide for organising daily meals"** and the **"Guide to encourage adequate nutrition and physical activity"**.

Two age-friendly actions were subsequently developed in the final months of the action plan. Firstly, a **free legal service for older people** was set up, in which lawyers in Alava provide information and advice on legal rights, offer guidance prior to any legal processes, and, where necessary, refer older people to the Álava Bar Association's Legal Advice Service should a court-appointed lawyer be required to take part in legal proceedings. Secondly, Vitoria-Gasteiz joined the **Compassionate City** initiative, a project aimed at encouraging citizens to become involved in caring for and accompanying the most vulnerable in society, many of whom are elderly, and implementing a range of actions to guarantee their coverage in any vital area.

CONCLUSIONS

The **area with the best results** in the degree of implementation indicators is the **Civic Participation and Employment** area, since the information on all the indicators for evaluation shows that 71.4% obtain a degree of implementation. Of the actions developed here, particularly notable are those related to the municipal participation model and the older people commissions that run the Senior Citizens' Sociocultural Centres. Over recent years Vitoria-Gasteiz Town Council has placed great importance on promoting public participation, setting up new spaces and facilitating communication between the Town Council and citizens, with the implementation of the Citizen Participation Plan being a good example of this. No specific employment actions were included in the Plan, while in the focus groups this subject was always directed towards the need to increase employment rates among young people, without giving any importance to the need for flexible employment for older people who wish to keep on working.

This area, together with information and communication, is the only one for which 100% of the indicators are available. The areas lacking the largest number of indicators to carry out the evaluation are Transport, with 42.9% not evaluated, and Health and Social Services (29.4%), although it must be remembered that most of these indicators depend on other organisations that are not part of Vitoria-Gasteiz Town Council, such as the Provincial Council or the Basque Regional Government.

In the **Transport** area, the indicators collected (57.1%) show a high degree of implementation in 75% of cases. Particularly notable is the high degree of implementation of the actions included in the Sustainable Mobility Plan, the actions implemented in improving public care, and care for transport workers. This action is particularly relevant as it was one of the most sought-after improvements for older people in diagnosis. The focus groups also indicated high satisfaction with improvements in transport over recent years, although there was still an emphasis on improving the treatment of transport professionals. The basic indicators collected confirm the good results in this area, where access to public transport within 300 metres from home is almost 100%, and the number of users of these services have risen in recent years.

The **Respect and Inclusion** area is the one that includes most indicators (21), with very good implementation results. Just 9.5% of the indicators cannot be evaluated, while almost 70% of the rest are implemented to a high degree. Particularly noteworthy are the high level of development of the Equality and Youth Plan (although the latter does not have a specific plan for older people) and the implementation of a Plan for detecting, preventing and acting in cases of abuse, along with the increase in intergenerational programmes, the information campaign, detection and accompaniment for older people suffering from loneliness, and the bolstering of the comprehensive programme of support for carer families, all of which are overseen by the Public Health and Social Policy Department. In the focus groups, the general perception was that there had been an improvement in respect and inclusion of older people in the city, although there was some room for improvement, such as promoting the inclusion of dependent people or the loss of community life in today's society, especially in the neighbourhoods.

In the **information and communication** area, in contrast, positive results were also obtained both in the actions carried out and in the evaluation of the focus groups. As mentioned above, 100% of the indicators included in the Plan have been compiled. Slightly more than half of them have obtained a high degree of fulfilment. Both the people interviewed and the participants in the groups had a positive opinion of the Town Council's efforts and communication, highlighting the important role played by the Senior Citizens' Sociocultural Centres. It must be remembered that the participants in the groups are regular users of this type of centre, meaning their knowledge of the resource can be assumed to be higher than average. The high degree of involvement of these centres in the improvement actions is also noted, indeed they are the resources that have made the most changes and are also most closely related to the high degree of fulfilment of actions in this area. Positive results were also obtained in the basic indicators, highlighting the gradual increase over recent years in use of Vitoria-Gasteiz Public Information Offices, the website and the 010 helpline. In contrast, in terms of aspects requiring improvements, the focus groups pointed to the need to improve communication for some of the services and resources offered by the Town Council, such as the home help service, day centres, etc., where access is perceived to be more complex and information does not reach many people.

With regard to **Health and Social Services**, the overall results are also positive. Slightly more than half of the indicators implemented achieve a high degree of fulfilment. Participants in the groups expressed a generally positive opinion, but also a lack of knowledge of existing procedures and resources. The resources for older people that are rated highest by these groups are telecare and sheltered apartments. The basic indicators collected also show a high degree of satisfaction with resources for older people, such as the day care centres and sheltered accommodation. Both the interviewees and the groups indicate that the main aspect requiring improvement in order to ensure good age-friendliness is streamlining the administrative procedures required in applying for the different social services and resources, something that would transversally affect all services and programmes in the Social Policies Division and other relevant institutions (Provincial Council and Basque Regional Government). It should be remembered that data on services and resources offered by the Provincial Council or the Basque Regional Government have not been analysed in this evaluation, due to a lack of available information.

In contrast, in the **Social Participation** area only one of the 7 indicators set out in the Plan has achieved a high degree of implementation, plus two that have obtained medium-high results. All of them refer to the Senior Citizens' Sociocultural Centres. It should be noted that most messages from the people in the leisure time and social participation focus groups deal with these centres, highlighting the high degree of general satisfaction with them and the wide range of leisure options they offer. The basic indicators collected also show good results in this area, with high average satisfaction scores among users of the Senior Citizens' Sociocultural Centres, an increasing number of older people using sports facilities over recent years, and around 18% of older people involved in the civic centres, a figure which has remained unchanged since 2011. As a topic for improvement, the focus groups expressed the need to increase the number of places for activities and workshops. In this regard, it should be noted that the number of such places has increased by 12.16% in recent years.

With regards to **Housing**, it should be noted that only two of the 7 actions established have achieved a high degree of fulfilment: studying new subsidies or aid to improve habitability, and bolstering the fall prevention programme. The key people interviewed stressed the importance of improving housing in order to achieve an age-friendly city, given that there are many outstanding challenges in this field, most notably related to accessibility of buildings. The groups also pointed out another aspect that needs to be improved, namely the need to work together with local residents, since there are many problems that clearly affect their they-to-day lives and the age-friendliness of the city. Among the basic indicators compiled, the price of new homes seems to have fallen since 2012, a relevant indicator with regards to their affordability.

Finally, the area with the most negative results in terms of implementing the actions included in the Plan is **Outdoor spaces and buildings**. In this area, almost half of the indicators for which information is available have had little or no completion. However, it should be remembered that the basic indicators compiled by the Town Council (which take the form of percentages of the population that have access to a range of basic services and outdoor public spaces in Vitoria-Gasteiz at less than 300 and 500 metres from home) show very high results, with figures of around 80% in most cases. The groups also highlighted some positive aspects such as improvements in the accessibility of streets and public buildings, and satisfaction with parks and green areas. Given their low level of fulfilment, the elements included in the plan which require most improvement are: provide more public lavatories, increase education on preventing theft, scams, etc., improve street signage, and analyse the duration of traffic lights. The focus groups also discussed the need to raise awareness among cyclists and pedestrians, a problem previously identified and included in the Plan, implemented through a range of actions with a high degree of fulfilment.

In general terms, it can be concluded that the city of Vitoria-Gasteiz has made progress in terms of age-friendliness, but there are still many specific aspects to improve. The age-friendliness project has a cyclical structure of continuous improvement where there is always an opportunity to move forward and achieve an environment which facilitates the lives of older people. This evaluation represents a new starting point for diagnosis of the situation in the city.

Proposals for the future

The "Vitoria-Gasteiz, An Age-Friendly City" initiative has now completed the first cycle of continuous improvement of the WHO, thanks to the efforts of the Town Council's Senior Citizens' Service. This Service has worked independently in accordance with the methodology set out by the WHO, being one of the first to implement such experiences in both the Basque Country and in Spain. In doing so, it has laid the foundations for implementation in other municipalities and promoted the generation of knowledge in developing this initiative.

Some of the challenges found in developing the initiative come precisely from the fact that it was a new experience, meaning it was impossible to share knowledge, resources, methodology or lessons learned by others. Being an innovative initiative is one of its strengths but also one of its biggest weaknesses, since it does not count on support and previous learning from other experiences. Notwithstanding, the progress made provides a model which other cities can follow, including the aspects to improve throughout the process. The lessons learned serve as the basis to develop a continuous improvement project, where learning is key to further progress.

Some proposals for the future development of the initiative are set out below:

In the scope of the process:

1. Increase political leadership. The ideological and practical involvement of the Town Council at the highest political level is necessary. The age-friendly cities project affects all areas in a municipality, meaning it requires the highest degree of support possible for successful implementation and development.
2. Promote a transversal approach to ageing. The active participation of all Town Council areas is required when dealing with this initiative. Ageing is an issue that needs to be addressed from all levels and departments, as it is relevant to issues such as housing, health, participation, transport and town planning. The transversal approach is a major constraint in most organisations. Successful development implies generating a shared culture and structure. A top-down approach that establishes the mechanisms and channels which converge in operation is required in order for a project to be transversal within an organisation.
3. Promote networking with other public, private and social agents. Apart from including all areas in a municipality, it is also necessary to involve the agents who play an influential role in the city. A city can only be age-friendly if there is a citizens' movement which counts on commercial establishments, associations and other public organisations in the municipality with power to act.
4. Promote the creation of an interdepartmental body to guarantee transversality, which also includes representatives of other agents operating in the municipality (public, private and social).

5. Use the participation spaces created within the framework of the Citizen Participation Plan to involve a larger number of the general public. Public participation is one of the key and distinctive elements of this initiative. The use of the channels generated by the Town Council through the senior citizens' *auzogunes* or *elkargunes* is presented as an opportunity, as well as other participation experiences such as the Senior Citizens' Sociocultural Centre Commissions. Over recent years Vitoria-Gasteiz Town Council has worked on promoting public participation, meaning the age-friendliness project now has the tools and spaces necessary to increasingly involve and empower older people.
6. Promote dissemination campaigns for the project using the different information and communication channels available to the Town Council.
7. Propose including specific basic indicators in the surveys carried out regularly by the Town Council to assess progress in age-friendliness in the municipality, taking into account equity variables (gender, age, neighbourhood, etc.).

Implementing these future proposals requires generating transversality and participation processes, in which the initial development of both the Town Council's interdepartmental body and the *auzogunes* or *elkargunes* led and formed by older people is key.

In the scope of the action:

Actions identified in the evaluation:

1. Encourage people in situations of dependency to use the different resources and spaces available in the city. Have a special impact on developing active ageing of this population group, which is usually worked with from the care division.
2. Increase the number of public lavatories distributed around the city. The availability of clean, strategically located, accessible and clearly signposted toilets is a characteristic of age-friendly facilities in the town. The trend towards closing public toilets in many cities goes against the goals of the project. Their availability in the most frequented places encourages participation in outdoor spaces. Their absence is a decisive factor in many people with specific needs not taking part in outdoor activities.
3. Increase public safety in different areas of the city, and promote actions to prevent robberies, scams and theft. Perception of safety has a direct impact on social and public participation. Older people have higher levels of safety perception, associated with possible situations of greater fragility.
4. Continue with training and awareness-raising activities for public transport drivers, dealing with the treatment of older people and good driving practice. Having public transport to move around the municipality and also outside it is fundamental in people's day-to-day lives. This is of particular relevance in the case of older people who may experience increases in physical limitations when driving private vehicles, making the use of public transport a requirement for day-to-day life.

5. Continue the actions that promote home maintenance, a preference expressed by most older people when needing help.
6. Promote a figure for management of conflicts between neighbours due to the need to install a lift in the building.
7. Promote intervention and social awareness programmes to counter negative stereotypes around immigration, and encourage actions to increase good relations between all citizens, including foreigners.
8. Continue the actions in the Plan to detect, prevent and intervene in situations of inappropriate treatment or abuse, along with actions to raise awareness on treating professionals properly.
9. Continue with the actions related to intergenerational relations and promotion of the neighbourhood network. Local residents play a very important role in the lives of older people, especially those living alone.
10. Continue the work carried out in the Senior Citizens' Sociocultural Centres, promoting active leisure, involving the most fragile people and encouraging participation.
11. Use citizen participation resources such as the *elkargunes*, the *auzogunes* and the social council to develop the project and encourage the presence of older people in each of them.
12. Generate information and communication campaigns on specific social resources for older people.

Other actions:

Some actions to be taken into account are also proposed, identified according to current sociodemographic trends. These are just a few examples that can serve as inspiration for future actions in the context of the age-friendliness project.

13. Promote actions to build a dementia-friendly city, encouraging personal autonomy and active participation.
14. Tackle loneliness by promoting the social fabric of the neighbourhood, implementing initiatives to develop skills and competences which help manage it and enjoy it, and supporting volunteer organisations to accompany people who are lonely.
15. Promote gender equality in all kinds of tasks (housework, care, etc.) and in exercising the right to free time.
16. Promote spaces for individualised guidance and advice for people in the process of ageing, encouraging responsible decision-making in accordance with their future expectations.

17. Promote programmes aimed at encouraging a positive transition from working life to retirement.
18. Promote the use of new technologies in the field of active ageing, reducing the digital divide in older people.
19. Study the possibility of promoting alternative accommodation to the traditional residential model for people in need of help: co-housing, multi-occupant units, serviced apartments, intergenerational experiences, etc.
20. Guarantee that new housing, neighbourhoods and housing developments are created for life, taking into account the needs of people at any time during their life cycle: shops, nearby and accessible public services, meeting places for all ages, parks, etc.
21. Promote person-centred care in all resources and services, in particular in the residential sphere.
22. Ensure continuity of care by coordinating health and social services.
23. Promote the generation and exchange of best practice among the different agents operating in the city in each of the project areas.

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