



EUROCITIES Social Innovation Lab

26-27 March 2019, Glasgow

Co-creation workshops - Wednesday, 27 March 9.30 - 12.00

Venue: Grand Central Hotel, 99 Gordon Street, Glasgow



Workshop A: Amsterdam city challenge - How to address the impact and specific needs of the ageing population with migrant background?

The co-creation workshops organised at the Social Innovation Lab in Glasgow give city representatives the opportunity to work together to co-design possible new and more effective responses to a common complex social challenge presented by one city.

Objectives

- Learn about co-creating innovations to city social challenges
- Formulate more effective and efficient responses to a critical challenge of a city, in a collaborative learning process with inputs from different cities

Format

Participants will work together in a workshop to co-design possible solutions to real cases of complex social challenges in cities. The case study of city challenge will be presented, discussed and explored through situation-based group work. The workshop will result in a set of ideas for actionable solutions that the representatives from the city concerned by the given challenge could take back home and consider acting upon. The logic is to generate out-of-the-box ideas and a fresh perspective to help a city that is looking for innovative ways to tackle a pressing challenge it faces at the moment.

Structure of the workshop

| | |
|---------------|--|
| 9.30 - 9.50 | Introduction to the workshop |
| 9.50 - 10.20 | Presentation of the city challenge |
| 10.20 - 10.35 | Brainstorming in pairs for ideas of possible solutions to the challenge |
| 10.35 - 11.10 | Collaborative brainstorming and shortlist of possible solutions |
| 11.10 - 11.30 | Pitching - presenting solutions to the city concerned by the challenge |
| 11.30 - 12.00 | Group work to turn ideas into actionable solutions |
| 12.00 | Closing of workshop |
| 12.00 - 12.30 | Plenary presentation of actionable solutions co-created in workshops |

Expected outcomes

- One **challenge brief** - real case scenario of complex social challenge in a city
- List of **possible ideas for solutions** brainstormed by fellow city experts in the workshop
- One or two **actionable solutions** that the city concerned by the challenge can take back

Questions for reflection

1. Have you had a similar challenge in your city? If yes, how have you tackled it?
2. Are there common elements /factors of the city challenge that you can recognise in your city? Do they manifest in a different way?
3. What ideas can you contribute to tackling the city challenge?
 - Adding a new element or taking something away
 - Integrating a new idea
 - Turning the practice upside down, assigning new roles to the actors involved
 - Segmenting the solution, exchanging one-size-fits-all for more personalised approaches
 - Bringing elements or practices associated with another field
 - Adapting responses from my city addressing this challenge
 - Learning from interventions from other cities, any other public body, social organisation, private sector or hybrid solution that could contribute to solve the challenge
 - Activating untapped (community or other) resources
 - Who can be part of this solution? (change-makers)

CO-CREATION CHALLENGE BRIEF

City: Amsterdam

Challenge: Demographic change: the impact and special needs of the ageing migrant population

Topics: SDG 3 (health and well-being), 10 (reduced inequalities) and 1 (no poverty) EPSR 3 (equal opportunities), 15 (old age income and pensions), 16 (health care), 18 (long term care), 20 (access to essential services)

The challenge

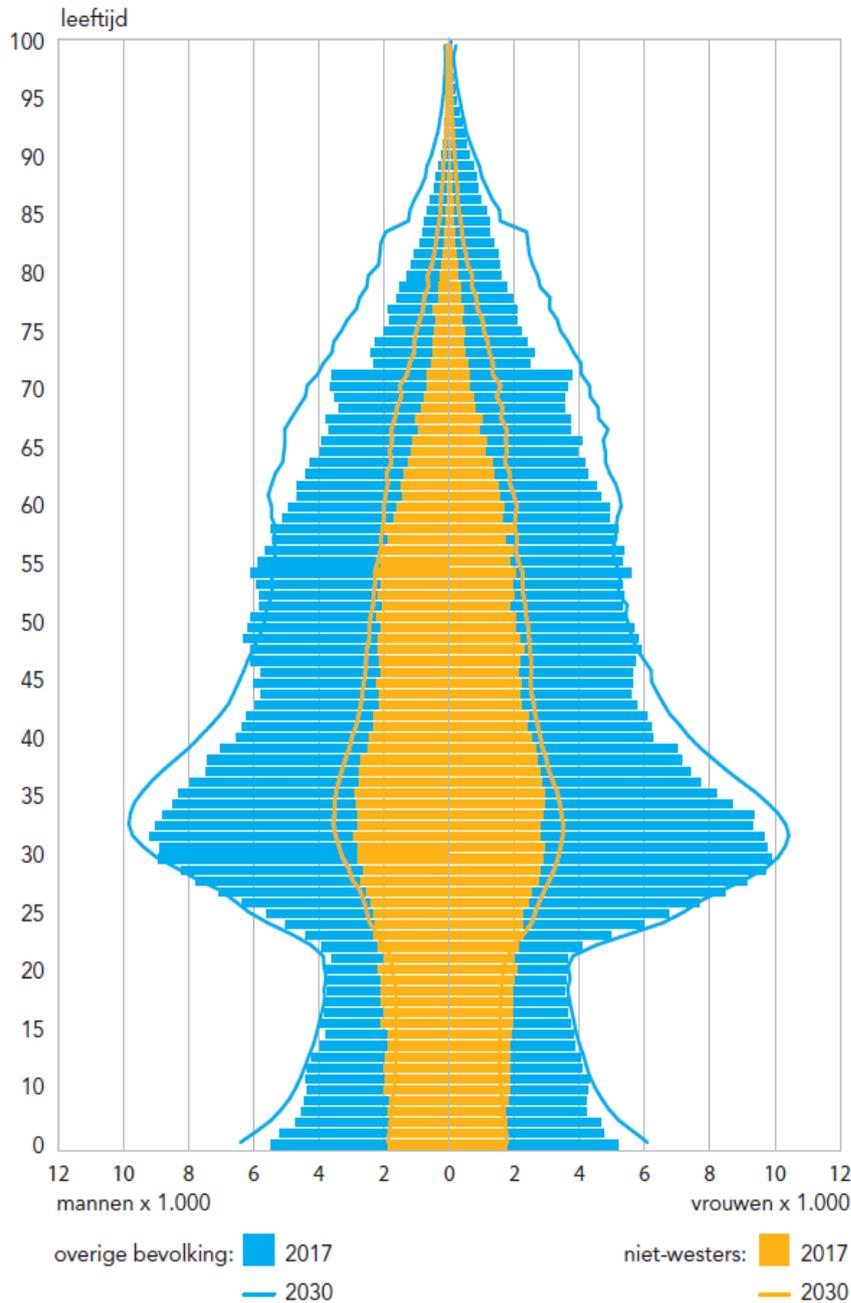
Dealing with the challenges of demographic change, especially the 1st migrant workers population. This challenge affects the entire city and all ages. Because of the slowly emerging impact of demographic change, this social challenge tends to be either overlooked or disregarded as being not acute. Of course, older people are more directly impacted with the problems facing demographic change.

While demographic change happens all over in the Netherlands, for Amsterdam it holds specific challenges combined with the population of the city and the needs of the city in total. Those specific challenges are related to the migrant population, the housing situation and the available outdoor space and transportation issues.

But also the configuration of the population as a whole creates extra problems: in Amsterdam the social economic status in a number of neighbourhoods is well below average, creating all kinds of problems which will only get worse when the demographic change hits those areas. At the moment, the population over 65 over Amsterdam amounts to 12%. In the coming years that number will grow to 17% in 2040, but in absolute numbers it will be a rise from 107.000 to 183.000 people, showing that percentages don't tell the whole story. Amsterdam as a total will grow from 860.000 to 1.060.000 people at the same time.

Below you'll see the numbers and prognosis of the migrant and non-migrant population (taken from kerncijfers 2018). The yellow is the non-western migrant population, the blue the rest. As you can see, in some age-categories the amount of older migrant people will more than double.

Bevolking naar leeftijd, geslacht en migratieachtergrond, 1 januari 2017 en 2030 ¹⁾



¹⁾ Niet-westers = Surinaams, Antilliaans, Turks, Marokkaans en overig niet-westers.
Overige bevolking = westers en Nederlands.

Problem tree

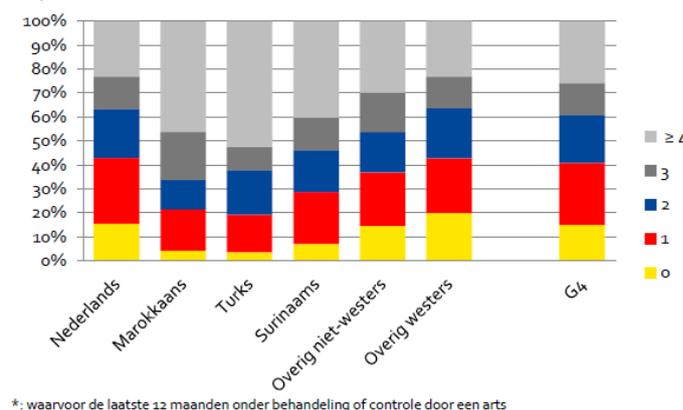
One of the core problems facing Amsterdam when it comes to demographic change is the position of (non-western) migrants. The Netherlands and thus Amsterdam has a big influx of migrant workers in the 60s and 70s. At that time, it was expected that these migrant workers would return to their own country at some point, therefore integration in the Dutch society wasn't something undertaken at that time. Contrary to belief back then those migrant workers have stayed and have become a valuable part of the citizens of Amsterdam. A large number of those migrant workers (primarily from Turkey and Morocco) are (soon) reaching the age of 65 and over.

Because their integration wasn't a policy when they arrived, especially the first generation of migrant workers have not integrated in Dutch society, ranging from learning the language to good access to health care. This first generation of migrant workers usually has a lower social economic status as well, adding to their already existing problems of a hampered integration. And research shows that exactly this part of the ageing population (first-generation migrant workers) has a high prevalence of chronic diseases and social problems compared to Dutch population. A number of health problems for 65+ are listed in this table (on the level of the biggest four cities in the Netherlands combined):

| | Dutch | Moroccan | Turkish | Surinam | Other non-western | Other western | G4cities average |
|---|-------|----------|---------|---------|-------------------|---------------|------------------|
| Hypertension | 37 | 40 | 40 | 54 | 52 | 36 | 38 |
| More than 1 problem in muskuloskeletal system | 30 | 45 | 51 | 43 | 61 | 25 | 31 |
| Diabetes | 16 | 53 | 35 | 39 | 29 | 15 | 19 |
| Cardiovascular diseases | 15 | 15 | 24 | 21 | 10 | 16 | 16 |
| Cancer | 12 | 6 | 12 | 5 | 3 | 11 | 11 |

Here a table where you can see the number of chronic diseases (chronische aandoeningen) per person over 65 divided for the different migration groups (on the level of the biggest four cities in the Netherlands combined):

Figuur 3 Verdeling van het aantal chronische aandoeningen (*) onder de 65-plussers in de G4 naar etnische herkomst (%)



On top of that, they haven't been part of the Dutch welfare system their whole life and thus do not have a full old age benefit and mostly no pension at all. Where this generation used to rely on family, the second and especially the third generation descending from migrant workers are integrating more successfully, meaning the old family ties are not something to rely on.

Especially for the non-western migrants there's a mismatch between services delivered to the general public and their special needs, creating even bigger health inequalities than already normally present. The obstacles include language, lack of finances, health capabilities, the complexity of the Dutch health system and the way the medical model in general works. This all adds up to a serious challenge for especially the first generation of migrant workers.

To summarise, the target group is characterised by:

- Poor grasp of the language and low health literacy in Amsterdam
- In general, a low social economic status with accompanying problems
- Lack of financial means after retirement with no savings available to support them
- Failing family network which up till now supported the 1st generation workers with problems due to a more active integration in Dutch society

Amsterdam needs to come up with solutions but is not sure what these solutions could be.

The context

The first generation of migrant workers is reaching the age of retirement now. With a low social economic status, social benefits that are not saved up fully, no individual pension, limited access to good housing and transport and lacking a good knowledge of the health system this will be a first generation of people ageing on a large scale below the poverty threshold.

Amsterdam is finding it difficult to include all groups of the population including this 1st generation migrant workers group. Consequences of leaving this challenge unaddressed would be a large group of citizens living below the poverty threshold, big health problems that will not be addressed as good as they should be. They cannot play their full role within the communities of the city, which is something Amsterdam would not like to accept lightly.

Testimonials

The network of migrant organisation in the Netherlands has carried out a study among older immigrants in the Netherlands, including citizens of Amsterdam. During the course of 2,5 year (2015-2017) 428 meetings, and 242 dialogue sessions has been held, reaching 14.500 seniors and 2700 informal carers. We use some of the quotes from this report to illustrate the problems seniors with a migrant background face.

Finance and housing

“She thought she would stay health but now her health is deteriorating. She lives in an apartment on the second floor without a lift. She is unable to move to another more suitable flat because of the costs and energy it will cost. She pays a relatively low rent now as she's already lives in the apartment for years. The rent will go up as she will move to another apartment, limiting her available budget for daily living” (75-year-old woman).

Lack of information on informal care support

Informal carers tell they do suffer a burden in caring for someone close to them. Procedures to get support from the municipality take too long. They feel abandoned by the municipality which should support them in their tasks to care and support someone.

Knowledge of the Dutch care system

Older immigrants do have problems to understand the Dutch care system. For instance, the 'gatekeeper role' of the physician (GP). A large number of immigrants do expect to be referred to a medical specialist if they go to the physician. Also they find it hard to understand the way the physician talks to them about their health problem and asks them all kinds of questions. They just want a referral. One of the men noted; “you need to exaggerate your health problem at the physician otherwise you won't get good medical aid”.

Previous experience

Amsterdam has of course tried to work with this 1st generation of migrant workers in the past. Up until now the results have not been as good as hoped. This is true not only for Amsterdam but for the country as a whole. On top of that this group now reaches retirement age, adding a new risk on poverty.

This situation is new in scale and in limitations of this group of people. This means we have to develop new policies and hope to learn from other cities who've done this before. This includes all areas of the age friendly city approach, a sort of wrap around care where needed, but not taking over entirely. Especially the health dimension is important in this matter. The health interventions used for the 65+ population at large does not take into account the big differences as shown in the table above when it comes to the differences between migrant groups and the Dutch population as a whole, including genetic factors. Different interventions also do not take comorbidity into account.

Key actors involved

- State authority: in charge of the retirement benefits for the entire population (AOW).
- City: in charge of spatial planning, local care systems supporting anything but medical healthcare, tendering of local transport, possibility of steering housing through ownership of most of the grounds in the city (social housing 60% new builds, 20% free market rent, 20% housing to sell).
- Health care: State organized but mostly private insurance system, where people can choose a health insurer, but everybody has the same basic health coverage package.
- Pension funds: to receive retirement benefits on top of the general benefits system.
- Civil society: depending on the activities an active social network, predominantly white and highly educated, large number of volunteers, caregiving networks, etc. Amsterdam also works together with migrant representational groups (self-organisations).
- As to research done by universities, there's a big cohort of people with different backgrounds (the HELIUS health study. HELIUS stands for 'Healthy Life in an Urban Setting', and offers a unique opportunity for improving health care in the future for various population groups in Amsterdam with different backgrounds. Approximately 25.000 inhabitants of Amsterdam have participated in this study, but that only includes people until the age of 70 and data are more targeted towards physical problems. The universities in Amsterdam and the applied school of science do signal the problem with 1st generation workers as well, but no real solutions have been presented yet through research.

Obstacles

The main obstacles in tackling the challenge are:

- Lack of understanding how the migrant population could best be served and if specifically targeted interventions would help this part of our population deal better with the challenges they face.
- How to influence health care sector deal with the extra problems that the migrant population face.
- Amsterdam comprises over 180 nationalities. How specific do these care and welfare services need to be to meet the needs of these groups?
- Lack of adaptable housing in general for people over 65.
- It's a slowly evolving situation with immediate repercussions on an individual level, but harder to surface on a population level in a city that's growing rapidly the next 25 years.
- Let's face it: money. It's a large group of people, for which special investment would require a huge sum of money to be able to arrange the support necessary.
- The continuum of informal to formal care. How can professionals link up to the informal care network of migrants?

Amsterdam has always been as inclusive as possible but has no real grasp of what the support for meeting the needs of this group should be, what the networks in city districts could solve themselves with the help of the community and where and how the city should step in to support all of the work already being done for the regular ageing population based on the eight domains of the World Health Organisation's (WHO) approach.

Opportunities

The WHO has constructed a framework for cities to work on these issues in a coordinated way. This framework consists of eight fields, notably outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services. This approach helps us in making sure we're not focussing too much on just one aspect, but make sure that all factors having an impact on the age-friendly city are involved.

Opportunities:

- Although it's harder for the city administration to reach there are self-organisations readily available to work with.
- The growth of the city as a whole might create physical opportunities to create housing adapted to the needs of this group (care at home, integrating e health solutions while building new houses, create special housing).
- Amsterdam has a good working system of support from the volunteer sector, an organized system of providing care where needed, and is familiar with the age-friendly city concept. We don't have to start from scratch.
- Trying to get care organisations to employ people from different backgrounds, so that the population as a whole can be better served.
- Better usage of procurement of the city services: make services better accessible to migrant populations (but you have to know how to procure that).
- Improve data gathering on demographic change in combination with older migrants

Contact details

City of Amsterdam

Tom van Benthem & Johan Oste

Contact details: tvbenthem@ggd.amsterdam.nl / j.oste@amsterdam.nl

Additional information

HELIUS study: <http://www.heliusstudy.nl/en/over-helius>



This event has received financial support from the European Union Programme for Employment and Social Innovation "EaSI" (2014-2020). For further information please consult: <http://ec.europa.eu/social/easi>