# Summary of

# Age-friendly Cities and Communities

## World experience and pointers for New Zealand

## A review for the Office for Seniors

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## Acknowledgement

Download the summary and report at: www.superseniors.msd.govt.nz

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# Introduction

Recognising the global phenomenon of an ageing population, creating environments where people of all ages can actively participate and be treated with respect under the auspices of the World Health Organization's Age-friendly Cities and Communities programme is becoming a priority around the world, including New Zealand.

This document summarises *Age-friendly Cities and Communities: World experience and pointers for New Zealand*. The report provides background research to support the implementation of the World Health Organization's Age-friendly Cities and Communities (AFCC) programme in New Zealand. In particular, this report provides an overview of the international best practice for Age-friendly Cities and Communities and looks at:

· evaluating the successes and benefits how the successes and benefits of AFCC programmes

· adapting the AFCC concept to fit local conditions and local resources

· incorporating public/stakeholder engagement into AFCC projects

· the criticisms of the AFCC concept and its processes

· the relevance of the AFCC process to New Zealand including standards, accreditation process, and formal associations.

For this review, the focus is on national and international literature from academic publications, including journal articles, research reports, think pieces and selected material from government sources. These have been found through internet searches, such as Google scholar. The results are selective as a result of the high number of sources and focused on works in English, from countries to which New Zealand may compare itself.

# History of and case for the Age-friendly Cities movement

*An 'age-friendly city' is an inclusive and accessible community environment that optimises opportunities for health, participation and security for all people, in order that quality of life and dignity are ensured as people age." (Novek and Menec, 2014)*

## AFC Precursors

The first World Assembly on Ageing, in Vienna in 1982, marked the recognition of population ageing and increasing urbanization as an issue for developed countries. Over the following two decades, the World Health Organization (WHO) moved from a predominantly health and disease focus to a wider view of how older people could be engaged in their communities at many levels.

## The WHO launches *Global Age-friendly Cities: A Guide* (2007)

Eight "domains" of age-friendliness were developed from responses from 158 focus groups in 33 cities worldwide. These were:

- transportation
- housing
- outdoor spaces and buildings
- respect and social inclusion
- social participation
- civic participation and employment
- communication and information
- community support and health services.

These domains were summarised in *Global Age-friendly Cities: A Guide* (WHO 2007), which aimed to stimulate the creation of accessible and inclusive urban environments to promote active ageing.

The WHO AFCC project led to the formation of the Global Network of Age-friendly Cities and Communities. Membership ranges from rural villages to "mega-cities", and now includes over 380 cities and communities.

# Basic concepts related to Age-friendly Cities and Communities

The WHO intends its AFC framework to be adapted to the particular needs and circumstances of each country and community. The Report summarises key concepts relevant to New Zealand.

## Active/successful ageing

The WHO concept of active/successful ageing envisions older people – including the frail elderly – participating and being active in many different spheres, from the social, cultural and spiritual, to civic affairs. Active ageing embodies both rights and obligations, is empowering, flexible, and respects diversity.

## Ageing in place

The majority of people prefer to remain in their own homes as they age. This is seen as cost effective compared to long-term aged care facilities. "Ageing in place" is linked to greater independence and a sense of belonging by older people.

## Environmental gerontology

"Environmental gerontology" looks at the relationship between older people and their socio-spatial surroundings. It is strongly linked to the WHO age-friendliness domains, and depends on environmental supports such as transport and recreational opportunities so that older people can meet their needs more easily and maintain their independence for as long as possible.

## Planning and housing concepts

*Urban planning* is crucial to creating age-friendly cities and communities. There are several barriers to creating age-friendly cities and communities, including existing infrastructure may not be keeping pace with changing demographics.

*Accessibility of housing* is a key component in quality of life and age-friendliness, and there should be a range of options for older people, from single-family dwellings to assisted living and communal options. Expanded housing options and hubs of services can make ageing in place possible for older people. These can also be attractive to younger people.

*Universal design concepts* can incorporate age-friendly adaptations such as stair-free environments, walk-in showers, easy to use switches and handles, insulation, and night lighting.

*Innovative housing options* may be increasingly sought-after by the ageing population. Meeting this demand will require creative partnerships between older people, local authorities, building companies, housing associations and other groups. This includes, senior co-housing[1], affordable rental housing including opportunities to remodel, home sharing and the Village model.

*Naturally occurring Retirement Communities (NORCS)* are areas within cities or regions that have evolved over time into communities of older people.

*Community development principles* align with AFCC approaches ie empowerment, community control, self-help, and collective action to generate "bottom-up" solutions to problems. This means that initiatives are "user-led" rather than "service-led".

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1   Individual private homes linked to shared amenities such as guest rooms, dining rooms, and community gardens.

## Psycho-social concepts

*"Social capital"* can foster social inclusion and hence active ageing. Older people can contribute a wealth of wisdom and experience ("generativity") to the social capital of their communities, and this should be valued.

*Social inclusion* and *community participation* can be enhanced by social integration, social support, and access to resources. An older person's social inclusion or exclusion is determined by both physical and social factors.

*Quality of life* indicators compliment age-friendly measures, and bring greater depth and an older person's perspective to the table.

## Political and global concepts

*"Top-down" elements* – including support, funding and regulation from government, local government and other agencies – should ideally be combined with "bottom-up" advocacy and action by older people themselves in AFCC initiatives. Active participation from older people can help local officials understand the needs of the ageing population, thereby creating more effective physical environments.

*Global issues* such as changes to the welfare state and economic austerity impact on AFCC initiatives. The AFC philosophy is however focused on the rights of older people, empowerment, and cooperation with government, and the private and public sectors.

*An intergenerational approach* – the idea that "age-friendliness benefits all ages" – can be used to support investment in urban improvements. Many AFC initiatives have been found to benefit younger people.

# Special aspects of the Age-friendly Cities and Communities movement

### Dementia-friendly initiatives

The UK Prime Minister's challenge to establish "dementia-friendly communities" (DFCs) saw more than 82 places committing to becoming dementia-friendly in early 2015. There is potential for learning and collaborating between the AFCC and DFC movements.

There is broad agreement on the importance of "legibility" of the urban environment for people with dementia, for whom trips outside their own known environments can be extremely disorientating and confusing.

### Rural areas

Ageing in rural settings raises unique issues that need to be incorporated into the WHO AFC concept. Older people in rural communities often have a strong sense of social connectedness, and are actively participating at many levels. However, life for marginalised older people can be even more difficult in rural areas than in cities. The support and services they need are often not available in more remote areas.

### Cultural/ethnic diversity

Despite the growing recognition of cultural and ethnic diversity in many countries, these terms are not expanded on or given great significance in the AFCC literature. The AFCC emphasis calls for older people of all ethnicities to have access to cultural opportunities and participation as part of ageing in place.

### Technology

There are many ways that assistive technology can enhance age-friendliness, ageing in place and social connectivity. This ranges from online shopping and digital reminders, to disability equipment, GPS tracking and "telemonitoring". Older people's use of the internet is increasing all the time.

# Evaluation of Age-friendly Cities and Communities initiatives and the use of indicators

AFCC is a comparatively new movement and there is scarce information on evaluation of initiatives. This could be in part due to the highly complex, subjective and dynamic nature of the concept.

## The WHO "core" indicators

In 2015, the WHO published *Measuring the Age-friendliness of Cities,* which is a guide to using "core" indicators for measuring the age-friendliness of urban environments. These are intended to be adapted and supplemented as necessary to local contexts. They can be used to measure a baseline level of age-friendliness, to monitor how this changes over time as interventions are implemented.

The *Measuring the Age-friendliness of Cities* offers five indicator areas: equity, input, output, outcome and impact. These reflect the key principles of equity, accessibility and inclusiveness.

## Criticisms of the use of indicators

There is still little consensus from policy makers, researchers, and interested communities on how age-friendliness should be measured or evaluated. Research suggests that there are at least some "universally applicable" characteristics of an AFC approach, but there needs to be a high degree of flexibility so that the AFC framework can be adaptable to the varied needs and resources of individuals and communities.

## Evaluation

Two papers provide guidance in this area. Neal and Wernher's *Evaluating Your Age-Friendly Community Program: A Step-by-Step Guide* (2014) sets out requirements for members of the network, with specific instructions for evaluation. Coleman's thesis (2015) aims to create a reliable and effective list of age-friendly indicators for the built environment.

# Limitations and criticisms of the Age-friendly Cities and Communities approach

Some researchers maintain that too little attention has been given to defining the age-friendly city. Another criticism is that the voices of many have been excluded, including people of advanced age who are still relatively independent, older people in rural areas, and older people from minority groups.

Other criticisms of the WHO framework include that it is inflexible, has a top-down perspective, fails to recognise diversity among older people and communities, and lacks a framework that can be used in both developed and developing countries. The WHO has always advocated that its guidelines be adapted to local contexts.

A bottom-up approach may not offer reliable enough information to support action plans. There are complaints of duplicate activities across individual communities and organisations.

A better understanding of age-friendly concepts in workplaces is needed that allows for the inclusion/valuing of older workers, attitude change, and challenging stereotypes.

Emergency preparedness and disaster management are often-overlooked but critical components in planning age-friendly communities. It is vital that emergency planning and training takes into account the special needs of older adults and people with disabilities, and recognises older people as a valuable resource in their communities.

# Applying the Age-friendly Cities and Communities concept in New Zealand

### Workforce participation

New Zealand has a high rate of workforce participation in the 65 plus age group which is facilitated by retirement income policy. The economic contribution of older people in the paid workforce is especially relevant in the context of labour and skills shortages linked to demographic change. But it is important that "active ageing" policy also respects the older person's choices. The WHO AFCC vision includes volunteering, caring, and the contribution of frail and dependent people.

### Ageing in place

New Zealand has implicitly adopted an ageing in place policy but the implications need to be given greater thought, especially as the "oldest old" are the fastest growing age group and many will be living in mainstream housing and dependent on care "in place". This is a major policy challenge for the future.

### Housing for older people

New Zealand lacks the wide variety of housing necessary to meet the needs of an ageing population. Options such as cooperative housing, shared housing, and intergenerational housing could be explored. Implications for planning, building and zoning regulations also need to be investigated.

### Community development and social capital

Mobilising communities, self-help, community control, collective actions and recognition of social capital – holds great potential for New Zealand communities seeking to become age-friendly.

### Political and governmental factors

Achieving a balance between top-down and bottom-up approaches is a key challenge. Especially when taking into consideration the need for accountability; the silo effect; and decentralisation.

### Research and evaluation

User-led research is appropriate to AFCC philosophy but is expensive and may not be seen as rigorous and scientific. Can universal guidelines be applied in this highly complex field? Encouragement should be given to New Zealand researchers to work in the AFCC area, exploring how local approaches can be developed that is also consistent with AFCC principles.

### Gaps in knowledge

In the New Zealand context, these include the potential for dementia-friendly communities, and what age-friendliness means for Maori and other cultural communities.

# Conclusion

The AFCC movement is relevant to the New Zealand context, as it considers:

- more than the physical environment, including the psycho-social, cultural and economic environments of older people

- older people need to having their voices heard and be actively involved in all stages of developing an age-environment.

- the processes and initiatives for implementing AFCC need to be flexible, to cope with change and to recognise local geographical and demographic diversity

- an adaptable and flexible way to evaluate the process and initiatives and assessing AFCC outcomes. Achieving meaningful evaluation is a significant challenge

- a workable balance between the requirements of government agencies and the needs and aspirations of local communities and neighbourhoods, ie between top-down and bottom-up approaches.

Even though there is a great deal that can be learned from AFCC values and processes that have been developed internationally, these need to be adapted to New Zealand conditions and reflect New Zealand situations. Some of the concepts and definitions found in the review need closer scrutiny from a New Zealand point of view, for example the concepts of ageing in place, active ageing, liveability, empowerment. This includes the special needs and aspirations of Māori, Pacific and other cultural groups.

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