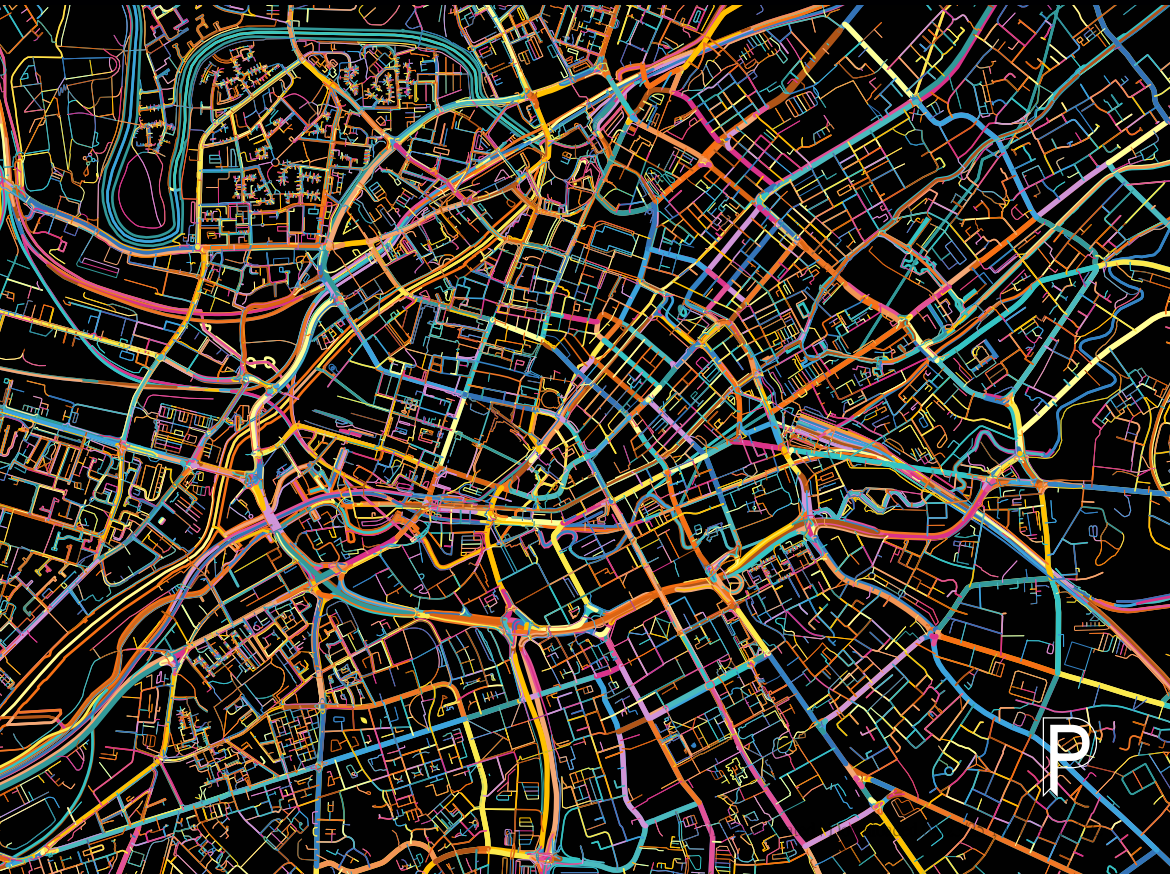


AGEING IN A
GLOBAL CONTEXT

REIMAGINING AGE-FRIENDLY COMMUNITIES

Urban Ageing and Spatial Justice

EDITED BY TINE BUFFEL, PATTY DORAN AND SOPHIE YARKER



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Series editors' preface

Chris Phillipson (University of Manchester, UK)

Toni Calasanti (Virginia Tech, US)

Thomas Scharf (University of Newcastle, UK)

As global ageing and the numbers of older people continues to expand, academics, policy makers, and health and social care professionals around the world must address the issues that emerge as a result. Ageing in a Global Context is a book series, published by Policy Press in association with the British Society of Gerontology, that seeks to influence and transform debates in this fast-moving field of research and policy. First, the series publishes books which rethink key questions shaping debates in the study of ageing. This has become especially important given the restructuring of welfare states, alongside the complex nature of population change, both of which open up the need to explore themes beyond traditional perspectives in social gerontology. Second, the series represents a response to the impact of globalisation and related processes, which are challenging the existence of national boundaries that originally framed research on ageing. From this has come the emergence of issues explored in various contributions to the series to date: the impact of transnational migration; growing ethnic and cultural diversity; new forms of inequality; and explorations of ageing in different environmental contexts. Third, a key concern of the series is the interdisciplinary connections within social gerontology. Contributions to the series provide a critical assessment of the disciplinary boundaries and territories influence later life, thereby creating new perspectives and approaches relevant to global ageing in the 21st century.

Against this backdrop, we are pleased to be able to include in this series a book that both draws upon and adds to innovative approaches to age-friendly communities in the midst of urban change. The editors, Tine Buffel, Patty Doran and Sophie Yarker, understand that the issues involved are not simply population ageing and increased urbanisation (of all ages), but the wide diversity of older people within cities. Adopting a spatial justice approach, the central questions addressed by the chapters, then, have to do with developing and adapting age-friendly cities in ways that promote social inclusion. Doing so requires a holistic view, and thus the contributors to the book include experts across disciplines interested in urbanisation and ageing from a wide array of vantage points. Also key is the active participation of older people, especially those who are from marginalised and minoritised groups, as their voices are often missing from such discussions and decisions. Although

the book has its origins in the interdisciplinary work of the Manchester Urban Ageing Research Group, in which Chris Phillipson played a key role in developing, the debates and challenges addressed by the book are international in nature, and the chapters address the challenges linked to creating age-friendly communities at all levels: theoretical, empirical and practical. The [editors' closing chapter](#) applies their spatial justice lens to the contributions of each chapter, and makes clear the importance of centring diversity, equity, and the needs and aspirations of older people through co-production in building age-friendly communities. The interdisciplinary approach of the book guarantees its relevance to scholars and practitioners in a wide array of fields, such as urban planning, human geography, ageing, social policy, architecture, public health, sociology and social work, who seek innovative ways to develop and redesign urban areas to be more inclusive across age and other inequalities.

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Notes on contributors

Tine Buffel is Fellow of the Academy of Social Sciences (FAcSS), Professor of Sociology and Social Gerontology at the University of Manchester and founding director of the Manchester Urban Ageing Research Group. She is particularly interested in studying questions related to neighbourhood and local community in later life, social inequality and exclusion, urban development, and how to create 'age-friendly' cities and communities.

Emily Crompton is an architect, urban designer and Senior Lecturer at Manchester School of Architecture. Her primary research interest is in collaborative and participatory design, with a focus on engagement methodologies. She is curator of the 'Library of Engagements', an ongoing initiative to catalogue the use of participatory methods in architecture. She is also a Fellow of the Higher Education Academy and currently leads the MSA Live project unit and the Foundation in Architecture course, which she established in 2023.

Patty Doran is Research Fellow in Sociology at the University of Manchester. Her research focuses on exploring inequalities and issues of social justice, specifically in relation to older people living in urban environments. Much of her research is based on community development and involves working in partnership with older people, local authorities, and voluntary and nongovernmental organisations to advance our collective knowledge of the opportunities and challenges associated with the sociology of ageing. She is co-deputy director of the Manchester Urban Ageing Research Group.

Mhorag Goff is Research Associate at the Institute for Health Policy and Organisation at the University of Manchester. She has experience in qualitative health services research in primary care, healthy ageing, community-based research and ethnographic and participatory research methods. Her interests are in science and technology studies and sociological approaches to organisations, information systems and complex change. She is currently investigating the impact of social prescribing on voluntary sector organisations that support older adults.

Emily A. Greenfield is Professor of Social Work and Director of the Hub for Aging Collaboration at Rutgers, the State University of New Jersey. She is an internationally recognised leader in community gerontology. Her pioneering research, teaching and practice seek to bolster community-centred approaches for advancing innovation and equity in opportunities for long and healthy lives. Her work has helped to accelerate 21st-century

models for ageing in community, including age- and dementia-friendly community initiatives, housing-based supportive service programs, and Village organisations. She also conducts research on how social inequalities from childhood influence later life cognition and wellbeing.

Mark Hammond is Senior Lecturer at Manchester School of Architecture with a background in participatory design-research approaches. His research focuses on the intersections between architecture and urban ageing within the home, community and city, with a specific interest in housing inequality and spatial justice. He is a Fellow of the Higher Education Academy and is Deputy Programme Leader for the Masters of Architecture course at Manchester School of Architecture, where he also teaches design studio.

Tess Hartland is a PhD researcher at the University of Manchester. Her current research explores experiences of ageing among refugees and asylum seekers living in Greater Manchester. Her research interests span sociology, social gerontology and global health, including migration, health inequalities, urban ageing, social justice and creative and participatory research methods.

Niamh Kavanagh is Research Associate based at the Department of Architecture, University of Manchester. Her research interests span the urban, including redevelopment/gentrification, housing, displacement and demolition, focusing on class and social injustices for marginalised groups. Her research utilises a variety of different methods, including both oral and visual, as well as stressing a community-based approach to empirical work, and as such has experience of working with different stakeholders and members of communities experiencing injustices.

Luciana Lang is an anthropologist whose research interests include age-friendly cities, natural and cultural heritage, and community use of shared spaces. She is currently looking at how faith organisations support the age-friendly agenda in Greater Manchester. As part of the research, she is carrying out an ethnography to investigate how older people are using, shaping and participating in faith spaces.

Camilla Lewis is Senior Lecturer in Architectural Studies at the University of Manchester. Her research centres on the themes of urban change, inequalities, ageing, housing, belonging and community with a strong methodological focus, spanning a variety of ethnographic, sensory and longitudinal approaches. Her publications have provided theoretical analyses on the everyday experiences of inequalities in urban environments and also practical suggestions for how to tackle marginalisation in socially excluded groups. She has co-authored a monograph entitled *COVID-19, Inequality*

and Older People: Everyday Life during the Pandemic, published by Policy Press in 2023.

Paul McGarry is Head of the Greater Manchester Ageing Hub in the Greater Manchester Combined Authority. He has an MA in Social Gerontology and is an Honorary Research Fellow at the University of Manchester. He has played a key role in the international age-friendly movement for several decades. He has advised the World Health Organization's Global Network for Age-Friendly Cities and the Age-Friendly Environments in Europe project. His contribution has been recognised by the United Nations Decade of Healthy Ageing through which he was named one of 50 leaders, and the British Society of Gerontology conferred on him the 2023 Award for Outstanding Achievement.

James Nazroo is a Fellow of the Academy of Social Sciences (FACSS), a Fellow of the British Academy (FBA) and Professor of Sociology at the University of Manchester. He is founding and Deputy Director of the ESRC-funded research Centre on the Dynamics of Ethnicity (CoDE), founding and Co-Director of the Manchester Institute for Collaborative Research on Ageing (MICRA) and co-PI of the English Longitudinal Study of Ageing (ELSA). Issues of inequality and social justice have been the primary focus of his research activities.

Melanie Z. Plasencia earned her doctorate from the University of California, Berkeley. She is currently the César Chávez Postdoctoral Fellow at Dartmouth College, where her research focuses on race, ethnicity and ageing. Previously, she served as a Visiting Scholar at the Institute for Health, Health Care Policy & Aging Research at Rutgers, the State University of New Jersey. Her work has been published in the *Journal of Gerontology: Social Sciences* and the *Journal of Social Problems*. She has also been recognised as an Emerging Scholar at the International Conference on Aging in the Americas.

Samuèle Rémillard-Boilard is Assistant Professor of Social Gerontology and Social Work at the Université de Sherbrooke and researcher at the Research Center for Aging, CIUSSS de l'Estrie-CHUS, where she directs the Age-Friendly Quebec research team. Her research centres on the themes of ageing, place and public policies, with a particular focus on the development of age-friendly cities and communities. She completed a PhD at the University of Manchester and has been collaborating with the Manchester Urban Ageing Research Group since 2016.

Joana Salles is a visual anthropologist currently undertaking her PhD at the University of Manchester. Through the co-production of short films,

her research explores how marginalised groups of older people collectively organise to resist gentrification in their neighbourhoods. Her research interests are in rights to the city, the urban commons, gentrification and collective forms of resistance and governance.

Miriam Tenquist is a PhD researcher in sociology at the University of Manchester. Her research centres on the themes of migration, ageing ethnic identity, belonging, the life course, settlement and the diasporic community. Her research spotlights the ageing Chinese diasporic community in the UK, unravelling their unique experiences. Her interests lie in developing a deeper understanding of the unique place-based inequalities experienced by different communities across the life course.

Stefan White is Professor of Architecture at Manchester School of Architecture, with a research interest in the architecture and urbanism of social and environmental sustainability. Over the last two decades, he has developed innovative cross-sector projects working to make cities and neighbourhoods more inclusive. His recent work focuses on multiply excluded populations, with an emphasis on experiences across the life course, including design-research approaches to delivering age-friendly city policy in local contexts.

Sophie Yarker is Lecturer in Health Geography at the University of Salford. She has a background in both sociology and human geography and research interests in urban neighbourhoods, social infrastructure, ageing in place and local belonging and attachment. Prior to her appointment at Salford, she was Research Fellow in Sociology at the University of Manchester where she was involved in research exploring age-friendly policy and the experiences of ageing in place in cities among marginalised groups. She has been involved in the Manchester Urban Ageing Research Group as co-deputy director and through research into the experiences of the COVID-19 pandemic for older people living in Greater Manchester.

Jarmin Yeh is Assistant Professor at the Institute for Health & Aging, Social and Behavioral Sciences Department, in the School of Nursing at the University of California, San Francisco. Their research broadly focuses on investigating social justice issues impacting the quality of life of community-dwelling older adults, people living with dementia and caregivers.

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As editors, we are deeply grateful to all those who have contributed to the creation of this book. Our sincere thanks to all members and supporters of the Manchester Urban Ageing Research Group (MUARG), whose dedication and insights have been invaluable in shaping this work.

We also extend our appreciation to our esteemed partners in various domains, including local and regional government, national and international nongovernmental organisations, voluntary organisations, community groups and our academic collaborators. Your support and collaboration have played a pivotal role in the development of this book and in our broader mission to improve the quality of life of older individuals and communities in urban environments.

Above all, we would like to express our heartfelt gratitude to the older people who have generously contributed their knowledge, shared their stories and experiences with us, and actively participated in the various projects discussed in this book, whether as co-researchers, participants or collaborators.

Special thanks go to Chris Phillipson, to whom this book is dedicated. Your vision, leadership and unwavering commitment to the field of urban ageing have been an inspiration to us and countless others. Your pioneering contributions have shaped the landscape of research and practice in urban ageing, and we are honoured to dedicate this work to you.

We are grateful to the team at Policy Press, and the series editors of *Ageing in a Global Context*, for their support and encouragement. The book has benefited from a research grant to Tine Buffel from the Leverhulme Trust (grant number: RL-2019-011). We are also grateful to the University of Manchester Library for financial support for open access.

Lastly, we acknowledge the entire urban ageing community – the diverse network of individuals and organisations tirelessly working together to improve the wellbeing of older citizens in urban settings. Your collective efforts inspire us to persist in our mission in this vital field. Together, this ecosystem of individuals and organisations has guided our journey and fuelled our commitment to envision and strive for a more age-friendly, spatially just and inclusive urban future, one that benefits both current and future generations.

PART I

Background to urban ageing and spatial justice

A spatial justice approach to urban ageing research

Tine Buffel, Sophie Yarker and Patty Doran

Introduction

How can we design, develop and adapt urban environments to better meet the needs and aspirations of an increasingly diverse ageing population? The purpose of this volume is to offer and inspire new approaches to researching and creating age-friendly communities in the context of urban development – a theme which will appeal to everyone who is concerned with the future of cities and how they might respond to demographic change. Despite significant growth in the age-friendly movement over the past decade, systematic knowledge on initiatives to promote age-friendly environments has been relatively slower to develop. There has been an expanding literature on questions related to the *what* – for example, the different domains and indicators of an age-friendly community – and the *why* – for example, the importance for older people's health and wellbeing (Fitzgerald and Caro, 2016; Moulaert and Garon, 2016; Stafford et al, 2019; van Hoof et al, 2021). Nevertheless, there remain significant gaps in knowledge with respect to questions of *how* to develop inclusive environments that better meet people's needs and aspirations as they grow older. This is especially the case in the context of cities characterised by widening inequalities, pressures from gentrification, economic austerity and climate change (Buffel and Phillipson, 2024).

Building on a theoretical framework which embeds age-friendly work in debates on equity and spatial justice, this book is unique in identifying novel strategies and initiatives designed to improve the lives of diverse groups of older people, and especially those with marginalised and minoritised identities. The chapters throughout this volume highlight in different ways the need for a radical, creative and aspirational approach to creating age-friendly communities, one which is informed by a community participation model to urban planning and which facilitates the active involvement of people of all ages, including older adults with diverse identities, capabilities, needs and ambitions. The book combines a focus on equity and spatial justice issues with considerations of diversity and co-production to foster a better

quality of urban life. Exploring a range of age-friendly community projects and interventions, it shows that despite structural obstacles, meaningful social change can be achieved at a local level. Moreover, it provides important new insights about how to adopt a ‘co-production’ methodology in order to improve the relationship between the design of cities and the everyday experience of those who dwell in them. By combining interdisciplinary and cross-sectoral perspectives, it aims to encourage and inspire a radical reimagining of how we understand and support the ‘age-friendliness’ of urban neighbourhoods.

Background to the book: urban ageing and age-friendly cities

Two major forces are shaping social and economic life in the 21st century – population ageing on the one side and urbanisation on the other. Population ageing is taking place across all countries of the world, albeit at varying levels of intensity. In Organisation for Economic Co-operation and Development (OECD) countries, the population share of those 65 years and over increased from less than 9 per cent in 1960 to more than 17 per cent in 2010 and is expected to reach 27 per cent in 2050. The increase has been particularly rapid among the oldest group, with the share of the population aged 80 and over projected to more than double from 4.6 per cent in 2019 to 9.8 per cent in 2050 (OECD, 2021). Of equal significance is the global acceleration of urbanisation, with more than half of the world’s population (55 per cent) now living in cities, which is set to increase to around two thirds by 2050 (UN, 2019).

Understanding the relationship between population ageing and urban change has become a major issue for public policy. The case for such work is especially strong, given that cities are where the majority of people (of all ages) now live and where they will spend their old age. Older people already represent an important part of urban life, but will become even more so over the next decade and beyond (van Hoof et al, 2021). As stated in a report by the World Bank:

Cities and countries are at the cusp of epochal global trends whose impacts are likely to be more intense and more far-reaching than those of similar trends in the past. The simultaneity of the demographic transition, deepening urbanisation, a technological revolution, frequent shocks brought on by health and climate emergencies mean that *we need to plan for an older and more urban future*. (Das et al, 2022, p 2, emphasis added)

The relationship between these two major trends – population ageing and urbanisation – is now the subject of increased academic and policy analysis.

Urban environments create many advantages for older people, for example, through providing access to cultural activities, public transport, leisure facilities and specialist medical care (Phillipson and Buffel, 2020). At the same time, they may also produce feelings of insecurity, arising from the impact of gentrification and urban regeneration, widening economic and social inequalities, instabilities within cities affected by either rapid industrialisation or deindustrialisation, the impact of economic austerity, rising financial pressures on household incomes, the housing crisis and, finally, the effects of climate change (Wallace-Wells, 2019; Lewis and Buffel, 2020).

The pressures associated with urban living indicate challenges for policies seeking to reconcile population ageing with urban development (Buffel and Phillipson, 2024). In response, policies in different parts of the world have emphasised the role of the local environment in promoting ‘ageing in place’, a term used to describe the goal of supporting people to remain in their own homes and communities (rather than residential care) in later life (Wiles et al, 2012). The World Health Organization (WHO, 2007) has been especially influential in raising awareness about how to adapt urban environments to the needs and preferences of people ageing in place, through the development of its ‘Age-Friendly Cities’ programme. Alley et al (2007, p 4) define an age-friendly city as a ‘place where older people are actively involved, valued, and supported with infrastructure and services that effectively accommodate their needs’. In 2010, the WHO launched the Global Network for Age-Friendly Cities and Communities (AFCC), which has since seen a rapid increase in the number of cities and communities dedicated to improving the environments in which we age. Developing age-friendly communities was subsequently identified as one of four action areas in the *United Nations Decade of Healthy Ageing 2021–2030*, which focuses on the importance of fostering physical, social and economic environments that are good places to ‘grow, live, work, play and age’ (WHO, 2020, p 9; see further Chapter 2).

Since the launch of the Global Network, the age-friendly movement has burgeoned and strengthened, with a variety of projects and achievements linking ageing populations to the need for changes to the built and social environment, transportation, housing and neighbourhood design (Moulaert and Garon, 2016; WHO, 2018; Stafford et al, 2019; van Hoof et al, 2021; see further Chapter 2). However, a combination of widening inequalities within and between urban environments, and the impact of austerity on local government and city budgets, has raised questions about future progress in age-friendly and related activities. Many of the cities with age-friendly policies in place have in fact experienced a reduction in the services of direct benefit to older people in the past decade, for example, though the closure of local libraries, leisure facilities and senior centres, and cuts to home-based care. Pressures on these services have affected work at a neighbourhood level as well as city-wide interventions, limiting the

scope and impact of age-friendly activity (Yarker, 2022). In recent years, these issues have also been further accentuated and exacerbated by the long-term effects of the COVID-19 pandemic and the rising cost of food and fuel (Lewis et al, 2023), disproportionately affecting groups who were already experiencing multiple forms of exclusion. Such developments have received only limited acknowledgement within the age-friendly movement. Moreover, much of the debate has remained disconnected from the pressures on vulnerable groups arising from the economic and social pressures affecting cities.

Thus, despite the identification of ‘social inclusion’ as a key objective of age-friendly policies and programmes, there is limited evidence about the extent to which this goal has been achieved or how it might be realised. Studies across European cities have found that there are still groups of older people who tend to be underrepresented in age-friendly initiatives, pointing to the neglect of racial and ethnic minorities, refugees, those with particular physical and mental health needs, and those living in extreme poverty (Buffel et al, 2020). Gaps remain in our understanding of how age-friendly programmes engage with marginalised and minoritised groups of older people and the potential barriers that might be encountered (Yarker and Buffel, 2022). There is also limited knowledge of how different groups of older people can be centrally involved in the design, planning and regeneration of urban environments. Although ‘co-production’ has been acknowledged as a key dimension of developing age-friendly initiatives, the potential of this approach has yet to be assessed in the context of the complexities and contradictions that beset modern cities, especially those that arise from accelerated global social and economic change.

Given this context, this book argues that there is a need to strengthen the potential of age-friendly work to contribute to ‘spatial justice’ within urban environments (Yeh, 2022). Soja (2010, p 2) defines spatial justice as ‘an intentional and focused emphasis on the spatial or geographical aspects of justice or injustice’ and ‘the fair and equitable distribution in space of socially valued resources and the opportunities to use them’. A spatial justice orientation calls on age-friendly initiatives to attend to how the social inequalities among older adults are determined or shaped by the environment in which we age and to consider how such initiatives might mitigate place-based inequalities (Greenfield, 2018). It also encourages age-friendly leaders, policy makers and practitioners to prioritise the development of explicit strategies which not only acknowledge the social inequalities, injustices and forms of discrimination experienced by particular groups of older people, but also actively work in partnership with those groups towards tackling them. The following sections expand on what we mean by spatial justice and explore the potential of using a spatial justice framework to progress the age-friendly agenda.

What do we mean by 'spatial justice'?

Given that the majority of the world's population now lives in cities, contextualizing spatial (in)justice becomes to a significant degree a matter of locating it in the specific conditions of urban life and the collective struggles to achieve more equitable access of all residents to the social resources and advantages that the city provides.

(Soja, 2010, p 32)

The concept of spatial justice emerged in the early 1970s, primarily through Marxian theorists supporting anti-capitalist movements and advocating for a societal shift towards greater justice. The search for spatial justice is intrinsically linked to debates on struggles over what has been called the 'right to the city', a politically charged idea introduced by [Henri Lefebvre \(1970\)](#) which emphasises the fundamental entitlement of individuals and communities to not only access and utilise urban spaces, but also to actively participate in decision-making processes that bring about transformations within these spaces. The 'right to the city' can be understood as a collective right to the democratic management of urban resources, and a right to use, inhabit and appropriate urban space by citizens. For Lefebvre, the appropriation of urban space was not just about occupying space, but about 'taking it for oneself and making it one's own' (1996, p 174). This is about more than being physically present in a space, although this is important – it is about having the opportunity to make that space your own by having control of some of the resources and policies that shape that space: 'The transformation of society presupposes a collective ownership and management of space founded on the permanent participation of the "interested parties" with their multiple, varied and even contradictory interests' (Lefebvre, 1991, p 442).

Lefebvre viewed instances where economic disparities and forms of discrimination or exclusion *obstructed these rights to the city*, giving rise to *spatial injustice*. The city, he argued, is a capitalist expression of accumulation shaped by exchange value and focused on the interests of private developers and investors rather than the needs and aspirations of local communities. The project of the right to the city, for Lefebvre, is therefore about regaining control over what the city is and could be, with the aim of meeting the needs and aspirations of its citizens. Advocating for the right to the city – understood as a demand for greater citizen control and participation over how urban spaces are used, socially produced and managed – then becomes virtually synonymous with the pursuit of spatial justice.

Over the past decade, debates on spatial justice have been given new impetus by critical geographers and urban theorists such as David Harvey, Edward Soja and Susan Fainstein. [Harvey \(1996, 2003, 2006\)](#) has been especially influential in showing how capitalist economic systems influence

the uneven distribution of resources and opportunities across urban spaces, and in advancing ideas on the right to the city to challenge the logic of capital accumulation that often leads to the marginalisation of groups in certain areas, and the concentration of wealth in others. In *Seeking Spatial Justice*, Soja (2010) makes the case for including a ‘critical spatial perspective’ and an explicit use of the adjective ‘spatial’ in the search for justice and democracy in contemporary societies. On the one hand, thinking *spatially* about justice, Soja argues, has the potential to enrich our theoretical understanding about the role of space not as a neutral backdrop, but as an active force that both reflects and shapes inequalities and injustices. On the other hand, it can also uncover new practical insights on how to achieve a fairer and more equitable distribution ‘in space’ of socially valued resources and opportunities. The latter question of how a more *Just City* can be realised is also central to the work of Fainstein (2010), who stresses the importance of addressing spatial inequalities through public policies that produce equitable outcomes rather than support those who are already well off. While diverging in their respective theoretical approaches, Harvey, Soja and Fainstein share a common commitment to social justice, underscored by their use of a critical spatial perspective, together with a desire to changing the unjust geographies in which we live.

Building on these arguments, and inspired by the need for age-friendly policy and practice to address the links between urban change and social inequality in later life, this book defines spatial justice as follows:

Spatial justice refers to a fair and equitable distribution of resources, opportunities, and access to urban amenities within and between geographical areas. It emphasises the recognition that inequalities and power dynamics are deeply embedded in and shaped by the physical and social fabric, and the structural capacity of urban spaces to accommodate the needs and aspirations of their residents. Spatial justice calls for a transformation of urban environments through intentional planning, policy-making, and social interventions to ensure that individuals of all ages, and especially those most negatively affected by environmental pressures and urban change, can fully participate in, shape, and benefit from the social, economic, and cultural resources in cities. A spatial justice approach challenges the unequal production of urban space and strives for a more inclusive, sustainable, and just urban environment, while also driving progress in initiatives aimed at advancing social, economic, environmental, intergenerational and racial justice.

We acknowledge the limitations associated with the preceding definition, such as its potential ambiguity and complexity, the lack of attention to

conflicting interests and the practical challenges surrounding implementation. We also recognise that justice may take on different meanings, depending on the social, historical and geographical context. However, the spatial justice framework presented here, we argue, provides a useful starting point to develop more critical epistemologies and ontologies within the field of urban ageing. It allows urban ageing researchers to engage more critically with theories of urban change, specifically how social inequalities among older adults are determined or shaped by place and how processes of urban change shape experiences of inequality across the life course. For example, it raises questions about how urban regeneration produces experiences of *exclusion* for some groups while being highly advantageous to others; how *architectural design* and the *privatisation of public spaces* may affect older people; how *cuts to public services* in particular neighbourhoods may disproportionately affect certain groups; and the impacts of *climate change* such as flooding and heatwaves. It also means taking into consideration the different resources (understood expansively as social, cultural, economic, political and civic resources) to which people have access and how this can mediate the experience of the urban environment. Crucially, a spatial justice framework encourages a critical examination of how urban and ageing policies enable or restrict equitable access to these resources, and the extent to which older people have opportunities to take advantage of, and have a say over, how these resources are used.

A spatial justice orientation to urban ageing research also calls for a more critical engagement with the issues involved in developing age-friendly cities, recognising the power structures that shape the spatial and social inequalities affecting ageing populations, and how these are further compounded by pressures associated with urban change affecting cities. The argument of this book is that this will help advance more innovative and collaborative ways of working in both age-friendly policy and research, and, in turn, open up a space for discussion around more radical alternatives within the age-friendly city movement, including rights-based approaches for older adults.

A spatial justice framework for age-friendly cities

To allow for a more critical engagement with the issue of developing age-friendly cities, we need to further operationalise the concept of spatial justice so that it can be used to critically assess the design, delivery and outcomes of policy and interventions. Here, we turn to the work of Susan Fainstein, who advocates for a theory of urban justice ‘in which public investment and regulation would produce equitable outcomes rather than support those already well off’ (2010, p 3). She develops such a theory in response to the increasingly narrow economic growth focus of Western cities which has resulted, she argues, in ‘policies that exacerbated the disadvantages suffered

by low-income, female, gay and minority residents' (Fainstein, 2010, p 3). To this list we can add the intersecting factor of age. Fainstein argues that 'justice' in an urban context should encompass equity, democracy and diversity, and that these three principles should influence all policy decisions as well as providing a way to evaluate urban policy, institutions and programmes. This provides an important framework for assessing the impact of age-friendly work.

Drawing on the framework offered by Fainstein, a first principle to consider in developing and evaluating age-friendly policy is that of *equity*. For Fainstein, equity refers to 'a distribution of both material and non-material benefits derived from public policy that does not favour those who are already better off at the beginning' (2010, p 36). This means that policies should aim to achieve fairness through redistribution and should not necessarily strive for equality. Equality, Fainstein argues, is too complex and unrealistic to achieve given the growth-orientated agendas in most Western cities. In the context of capitalist cities, equity is a more pragmatic and politically strategic objective. Using an equity lens to examine age-friendly work allows us to ask questions such as: *who benefits? Who remains excluded? What contributes to this exclusion? And what can be done differently to ensure age-friendly work benefits those who often remain excluded?*

This can include older adults experiencing poverty, women, racially and ethnically minoritised groups, LGBTQ+ people, refugees, those experiencing homelessness or precarious housing, those experiencing mental and physical illness, those living with disabilities and/or mobility needs, and those living with dementia. The inequities faced by these groups intersect with and amplify the challenges of ageing, leading to increased intricacy in these already heterogeneous groups. Age-friendly policies – as social *and* spatial interventions – should then be evaluated by the extent to which older people from such groups benefit. This might mean thinking about the extent to which age-friendly policies allow older people from marginalised groups to gain control of urban resources. Equity does not require that everyone is treated the same, but that everyone is treated appropriately to their needs. It implies fairness. Therefore, this calls for age-friendly policies and programmes to be redistributive, 'not simply economically but also, as appropriate, politically, socially, and spatially' (Fainstein, 2010, p 36).

A second principle in the framework of spatial justice developed by Fainstein is that of *democracy*. Much critique of urban policy focuses on the ways in which citizens are excluded from decision-making processes. Therefore, any consideration of spatial justice needs to attend to how residents are involved in the democratic life of their cities, whether this is through representation in local government, involvement in civil institutions or social participation in their communities. Applied to research on urban ageing, this would mean older people having some control over the urban spaces

that shape life in their city, such as the institutions that shape and deliver policy, as well as having some control over the distribution of resources in a city. Questions of democracy also extend to who is involved in the design and delivery of age-friendly cities and who is not. In urban ageing research, such questions are most commonly discussed in the sphere of participatory approaches and co-production, with particular emphasis on the use of co-research and co-creation approaches in both policy and research around age-friendly cities. For this reason, the spatial justice framework of this book uses the language of *co-production* over democracy.

Age-friendly policy has an established history of engaging with co-production approaches in an effort to ensure that older people are involved in the design of policy on ageing issues (Buffel, 2018; Buffel and Phillipson, 2024). However, a spatial justice orientation would encourage researchers to remain critical of such approaches that may still overlook the realities of structural inequalities and hierarchies of power. For example, we need to also remain alert to the fact that any democratic processes adopted in age-friendly work may not necessarily result in progressive outcomes. Fainstein cites Marx's theory of false consciousness and Gramsci's description of hegemonic ideology to demonstrate how deliberative democracy can still result in policies which are harmful to marginalised groups. Therefore, critical approaches to age-friendly policy will need to consider the different ways in which older people and other stakeholders are involved in such policy decisions, the barriers that exist to involvement and how the needs of different groups are negotiated (Cotterell and Buffel, 2023). For example, we may consider how far a social movement model of democracy is applicable to age-friendly work. This might mean marginalised groups coming together to pursue democratic outcomes that meet their own interests in parallel with each other without having to align their interests with each other (Purcell, 2003). This might also provide a fruitful way to conceptualise how the age-friendly movement might sit in relation to other urban agendas such as environmental justice.

We need to also remain alert to the fact that engagement with co-production exists on a continuum. Arnstein's (1969) ladder of participation model uses the metaphor of rungs on a ladder to represent citizens' increasing levels of agency, power and control within a system. Similarly, there are different degrees to which cities involve older residents in their age-friendly work which can produce (or perhaps reproduce) its own social and spatial inequalities (Rémillard-Boilard et al, 2017). Without redistribution of decision-making powers, there will be no redistribution of policy benefits and therefore we call on researchers and policy makers to challenge straightforward equations of co-production with social and spatial justice outcomes. However, the diversity of cities engaged in the age-friendly agenda requires recognition that most age-friendly cities are on a journey

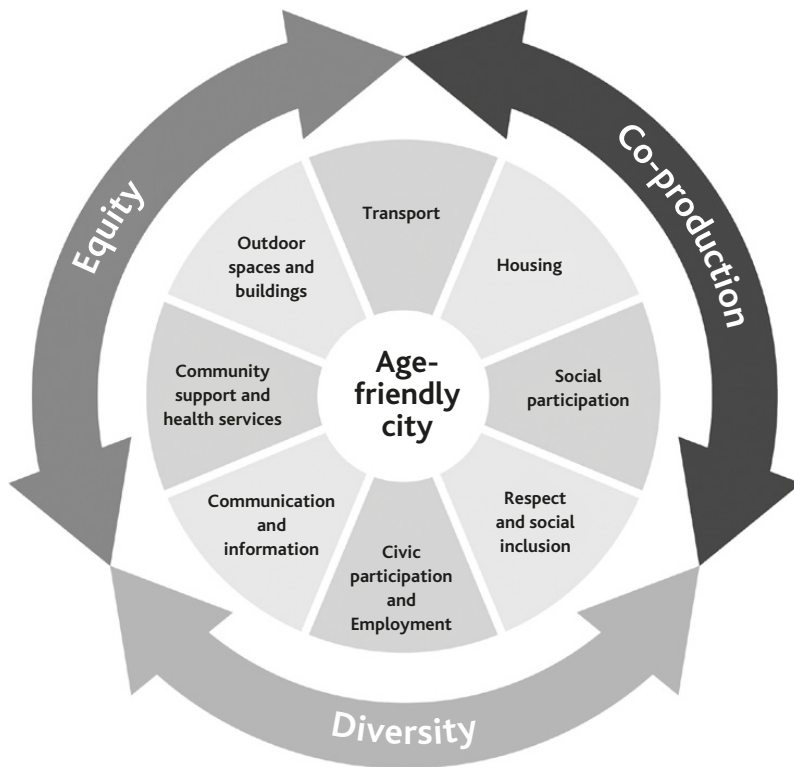
when it comes to co-production, a journey that is very seldom linear. At the very least, citizen participation in democratic systems can increase the information available to policy makers by providing knowledge on the groups for whom the policies are intended to affect. Therefore, as Fainstein concludes, decision-making may become more democratic and open, but not necessarily more equitable.

The third important element of Fainstein's theory of urban justice is *diversity*. Diversity can have a range of meanings in the context of urban ageing. It can refer to the diversity of the older population in terms of financial resources, cultural background and health status, but it can also refer to diversity in the urban form in terms of land and building use. Unlike the previously discussed principles of urban justice, equity and democracy, diversity itself should not be read as an indicator of spatial justice. Just because a city is diverse does not mean it is a just city. In fact, Fainstein positions diversity as a lesser value than equity, although 'in an era of massive spatial mobility and consequent heterogeneity ... diversity at the metropolitan scale becomes a necessary virtue' (2010, p 68).

In the context of age-friendly cities, then, it is perhaps more useful to focus on the *recognition* of diversity as it pertains to equity and the extent to which policies and programmes recognise and meet the needs of different groups within the older population. Diversity, then, is connected to identity and an understanding that social justice requires the recognition and respect of group difference without oppression (Young, 1990). This might mean thinking about how far age-friendly policies acknowledge and respect the identities and needs of different groups, and how far they go towards supporting those groups to find common ground. Diversity, in this sense, is about recognition of difference, the end of discrimination and acknowledgement of the assets and resources of marginalised groups, and requires policies and institutions to promote 'reproduction of and respect for group differences without oppression' (Young, 1990, p 47). In the context of age-friendly policy, we are primarily interested in social and cultural diversity within the older population; however, we would also invite scholars to consider the diversity of urban environments, including cities of different sizes and densities as well as informal urban settlements.

Following Fainstein's own analysis of urban justice, our intention is not to widen the concept of justice itself; rather, it is to argue that debates on age-friendly cities could be elevated to more nuanced and critical discussions by engaging with theories of spatial justice, and we offer the framework of equity, diversity and co-production as a route to achieving this (see Figure 1.1; this model is also discussed in Chapter 2). Indeed, Fainstein herself recognises the limitations of her own discussion of the just city which she says is 'limited to what appears feasible within the present context of capitalist urbanisation in wealthy, formally democratic, Western countries' (2010, p 5). However, she is hopeful that despite these parameters, 'the system itself will change

Figure 1.1: A spatial justice framework for age-friendly cities and communities



Source: Adapted with permission from *Global Age-Friendly Cities: A Guide*, 2007

incrementally as a consequence of continued pressure for justice’ (Fainstein, 2010, p 6). This book has similar aspirations. Age-friendly policies alone will not change the growth trajectory of cities, but they may at least help ensure that older people are living in urban environments that make justice a principal consideration. As with Soja, we approach the search for spatial justice with a sense of strategic optimism:

Such optimism comes partially from necessity, for there is an urgent need to find some sources of hope in a world of eroding civil liberties and degraded participatory democracy. Strategic pathways for reclaiming and maintaining an active and successful democratic politics, the foundation for achieving justice and reducing oppression and exploitation of all kinds, must be found and kept radically open to new and innovative ideas. (Soja, 2010, p 7)

This book hopes to open up a space to discuss and collaboratively develop such innovative ideas. It aims to inspire urban ageing researchers, policy

makers and practitioners to consider more radical approaches to reimagine the future of age-friendly cities, using equity, co-production and diversity as guiding principles.

Aims and key research questions

Based on the context sketched out earlier, the aim of this book is: first, to *explore urban ageing issues from an interdisciplinary perspective*, drawing on perspectives from urban sociology, geography, anthropology, urban design, architecture and social policy; second, to provide a critical perspective on age-friendly communities in the context of urban change by *applying a spatial justice lens to the analysis of age-friendly policy, practice and design*; third, to *identify new strategies and initiatives designed to improve the lives of diverse groups of older people*, and especially those with marginalised and minoritised identities; and, fourth, to identify new methods and approaches for *involving older people in co-producing age-friendly research, policy and practice* and driving community change.

The chapters will address the following questions:

- To what extent does the development of age-friendly policies and practice support spatial justice in urban environments? How can we broaden the capacity and raise the aspirations of the age-friendly movement to influence the broader and social economic processes that shape the unfair distribution of resources, opportunities and access to urban amenities?
- How can we bring together expertise from different disciplines, policy, and practice to improve the experience of ageing in urban contexts? What are the different models of age-friendly leadership and what conditions support the building of coalitions around the age-friendly agenda?
- How can we ensure that age-friendly policy and initiatives favour those who would gain the most from such interventions, but often remain excluded? What can we learn from age-friendly programmes that have worked with marginalised and minoritised groups of older people to improve the experience of ageing in the context of urban change?
- How can the resources of cities best be used to benefit the lives of older people? How can older people shape and develop those resources to support ageing in place? What can we learn from age-friendly initiatives that have used a variety of co-production and co-creation approaches to promote the central and genuine involvement of diverse groups of older people in decision-making processes relating to their environment?
- How can we make ageing in place a normal part of what happens in cities, to be planned for alongside the full range of cultural, economic and social activities?

Origins of the book

The origins of this book stem from contributions and discussions in the Manchester Urban Ageing Research Group (MUARG). MUARG is an interdisciplinary research group which brings together researchers from a wide variety of backgrounds who work closely together with national, regional and local government, voluntary and community organisations, national and international nongovernmental organisations, and older people to promote age-friendly urban environments. The aim of the group is threefold: first, to undertake pioneering, interdisciplinary and globally reaching research on urban ageing; second, to champion novel methodologies and approaches that actively involve older people as co-investigators, thereby fostering an inclusive, participatory and collaborative research ethos; and, third, to actively contribute to the development of evidence-based policy and practice aimed at improving the experience of ageing in cities and reduce social exclusion in later life. [Figure 1.2](#) presents the core values and practices of the group, illustrating how they align with principles of spatial justice, emphasising equity, co-production, diversity and inclusivity.

The book is dedicated to Chris Phillipson, Emeritus Professor in Sociology and Social Gerontology at the University of Manchester, who has played a seminal role in developing the urban ageing research and policy agenda. Phillipson has been instrumental in establishing MUARG through a range of research projects aimed at understanding and improving the quality of life for older people living in low-income neighbourhoods. His unwavering dedication has been pivotal in nurturing the group's growth and fostering its pursuit to create age-inclusive environments. He has also been the driving force behind partnerships between the University, local and regional government, and crucially local community groups of older people. As an active member of several key committees, including the Age-Friendly Manchester advisory group and the Greater Manchester Ageing Hub Executive, he has made a significant contribution to the practical plans and age-friendly strategies that local agencies have designed and continue to deliver.

Phillipson's legacy is a testament to the transformative potential of scholarly engagement when coupled with a commitment to collaborate with community organisations, grassroots initiatives and policy makers to advance social and spatial justice in cities. His advocacy and pioneering contributions in the field of critical gerontology have revolutionised the way we approach the study of ageing. By challenging the dominant social and cultural assumptions about ageing and ageing societies, Phillipson has expanded the boundaries of gerontological inquiry and praxis. His work has not only profoundly enhanced our understanding of the factors that contribute to social exclusion in later life; his influential insights have also

Figure 1.2: Core values and practices of the Manchester Urban Ageing Research Group



Source: Artwork created by Siân McArthur from 'More than Minutes'

sparked meaningful policy changes aimed at fostering equity and inclusivity for people of all ages. Through his visionary leadership, mentorship and steadfast investment in early- and mid-career scholars, he has created a research culture that facilitates groundbreaking, interdisciplinary and collaborative research into ageing, ensuring that the torch of innovative ageing research is passed down through the generations.

All the chapters in this book build on and reflect the work of MUARG, featuring authors who are either members or have a robust affiliation as dedicated supporters of the group. In this context, most empirical chapters will be based on age-friendly work developed in Manchester in the UK, but the book is embedded in international debates about urban ageing to maximise its relevance to other contexts and to inspire a range of initiatives aimed at improving the quality of life for all age groups in urban contexts. The book also has a strong interdisciplinary perspective, drawing upon disciplines as diverse as architecture, human geography, sociology, social gerontology, anthropology, social policy and urban design. The focus of the book is on developing new approaches to researching and developing age-friendly communities in the context of urban change – a theme which will appeal to everyone who is concerned with urban areas and how they might respond to demographic change. It offers a fresh politicised approach to the age-friendly discussion and inspiration to those looking to understand and implement change in inherently complex and unequal cities.

Manchester was the first city in the UK, and one of the first cities worldwide, to be admitted to the WHO Global Network for Age-Friendly Cities and Communities in 2010 and has since been viewed as playing a pioneering role in developing the age-friendly agenda, from a policy, practice and research perspective. Manchester is not a city without challenges. Although it has a proud history of industrial innovation, recent decades have seen large parts of the population experiencing deprivation, health inequalities and the effects of gentrification, studentification and pressures on public services. However, the collaborative partnerships between local and regional government, researchers, urban designers, architects and community development workers in the city region have played a vital role in creating new opportunities for developing age-friendly initiatives and programmes. Three key features characterise the age-friendly work in Manchester: first, a commitment to improve the experience of ageing in place in low-income neighbourhoods; second, a focus on tackling issues of social exclusion and involving marginalised groups of older people in age-friendly work; and, third, a recognition of the centrality of older people as active citizens in developing age-friendly initiatives, and the development of a range of co-production methods for doing so. The book shares key insights and lessons learned regarding some of the most important challenges encountered when developing this type of work, such as issues relating to partnership working, leadership and co-production.

Outline of the book

The book is divided into three parts and 12 chapters, each examining different aspects of the theoretical, empirical and practical challenges linked

to creating urban environments responsive to the aspirations and needs of people as they grow older. [Part I](#) provides the background to urban ageing and age-friendly research, using a spatial justice framework.

Following this introductory chapter, Samuèle Rémillard-Boilard and Patty Doran introduce the AFCC framework, developed by the WHO, in [Chapter 2](#). This chapter details the history and development of the age-friendly movement, including the role of the Global Network for AFCC in supporting urban ageing. Drawing on over a decade of experience from cities delivering age-friendly programmes, it goes on to detail the key achievements and challenges experienced by the Global Network. Four key achievements of AFCC programmes are identified: placing ageing on the political agenda; gathering the support of multiple stakeholders, including older people; implementing a wide range of projects for and with older people; and developing this work in diverse contexts. The chapter concludes by highlighting the challenge of moving ageing onto the agenda of all policy makers and linking ageing to other global priorities in this era of polycrisis.

[Chapter 3](#), by Paul McGarry, charts the evolution of the age-friendly programme in the city of Manchester and the ambitious city-regional approach in Greater Manchester, the first age-friendly region in the UK. The chapter discusses the lessons to be drawn from three decades of work, highlighting how the age-friendly approach has enabled a range of actors, notably local government agencies, to develop ageing work and influence the development of regional and national age-friendly programmes. It demonstrates the potential for stimulating age-friendly initiatives at a local and regional level while at the same time highlighting the pressures facing urban authorities at a time of economic austerity, the COVID-19 pandemic and the cost-of-living crisis. Critically reflecting on age-friendly work in the city and region, the chapter identifies challenges and opportunities which may assist other cities and localities in developing their own age-friendly work. In particular, the chapter discusses the importance of partnerships, the significance of building a narrative, the challenge of maintaining political support, the essential role of evidence and research, and the central role of older people within age-friendly programmes.

In [Chapter 4](#), James Nazroo sets out the importance of a focus on social and economic inequalities, and their consequences, for critical urban gerontology research. The chapter begins by illustrating the extent of inequality in a range of health and wellbeing outcomes in the interrelated domains of class, gender and ethnicity/race. It goes on to discuss the implications of such inequalities for age-friendly programmes, arguing that unless attention is paid to questions of inequality and social justice, such programmes run the very real risk of amplifying these inequalities. The chapter argues that we need to understand the ways in which the distribution of risk factors,

as well as institutional responses to them, are shaped by fundamental causal processes – the operation of power and resulting oppression enabled by patriarchy, racism and class structures operating at macrolevels, mesolevels and microlevels. The chapter concludes by suggesting that progress in addressing such inequalities can be made by transforming institutional settings where services that shape people's life course are delivered, because they are the sites where inequalities are reinforced and amplified, but also where they could be mitigated and reversed.

Part II of this book examines the potential and challenges of various age-friendly interventions and projects in contributing to spatial justice. In **Chapter 5**, Luciana Lang and Sophie Yarker discuss how age-friendly programmes can advance social and spatial justice in cities through their involvement of older people from marginalised groups. The experience of ageing in place for people facing multiple forms of social exclusion has been a key concern in creating age-friendly environments. The chapter draws on the experience of the Ambition for Ageing programme, a programme of work aimed at creating age-friendly communities in Greater Manchester, to show how an explicit focus on issues of (in)equalities can help age-friendly programmes in terms of reaching out to and involving older people living in low-income neighbourhoods, as well as those from minority communities of identity and experience. It explores how the Ambition for Ageing programme did this through a focus on co-production, adopting a 'test and learn' approach and by reconsidering the different geographies at which older people experience marginalisation. This chapter offers important lessons for future age-friendly programmes working with diverse communities.

Chapter 6, by Niamh Kavanagh and Camilla Lewis, focuses on the question of how age-friendly principles can be incorporated into programmes of urban regeneration to pursue an agenda of equitable development in cities. The chapter draws on data derived from interviews and focus groups with older residents living in the neighbourhood of Collyhurst, north Manchester, an area facing a significant programme of urban regeneration. It explores the challenges of translating age-friendly principles 'on the ground' in sites of urban development, highlighting the importance of understanding the specificities and challenges for older people within those affected communities. It concludes by making recommendations for how urban regeneration projects more widely could be developed so that they are inclusive of different age groups and support older residents' sense of local identity, belonging and inclusion amid dramatic material transformation. This includes ensuring that urban redevelopment plans and programmes acknowledge the specific histories of communities, employ an intergenerational lens to create inclusive spaces, and develop new ways of involving older residents in discussions about urban regeneration from the outset.

In [Chapter 7](#), Mhorag Goff and Patty Doran examine the possibilities for developing new approaches to supporting ageing in place by assessing the potential of the Village model, a community-based initiative developed in the US which is seen as an innovative approach to addressing complex healthcare and social care needs, but which has rarely been tested in low-income neighbourhoods characterised by high levels of social exclusion among older residents. In response, this chapter reports on a participatory action research project called 'Urban Villages', which aimed to develop the Village model in two neighbourhoods with significant levels of economic deprivation in Manchester in the UK. The chapter offers insights into the use of co-production methods with older people; the role of capacities of individuals, communities and places; and the importance of flexibility, continuity and leadership. It concludes by arguing that co-production, while not without its challenges, provides opportunities for partnerships between older people, service providers and community stakeholders to work together to identify areas for change, particularly in relation to services and practices that could improve the experience of ageing in place.

In [Chapter 8](#), Mark Hammond, Emily Crompton and Stefan White critically assess the role of architects within the WHO age-friendly model, arguing that the current focus on designing physically accessible environments should be expanded to include broader issues of *spatial ageism*. The chapter defines spatial ageism as the ways in which the physical environment perpetuates limited, medicalised understandings of later life, generated through the conscious and unconscious prejudices of those involved in designing buildings and public spaces (such as architects, planners and developers), resulting in the exclusion of older people. To demonstrate an alternative approach that better addresses the humanistic ideas of the age-friendly framework, the chapter explores theories and practices of citizen engagement in architecture, drawing parallels between these approaches and the ideas put forward by proponents of critical gerontology. This is explored through the analysis of two age-friendly neighbourhood projects involving architects in Manchester, both of which were established through participatory action research methodology. The case studies exemplify the role of engaged architectural processes in identifying different forms of exclusion experienced by older people, and how participatory design processes can provide a means of addressing them in specific, local contexts.

[Chapter 9](#), by Sophie Yarker, Camilla Lewis and Luciana Lang, sets out the role of community organisations in creating spatially just age-friendly cities. Based on longitudinal qualitative research on how the community and voluntary sector in Greater Manchester in the UK responded to the COVID-19 pandemic, the chapter argues that the pandemic highlighted the critical role that community and voluntary organisations played in responding to the needs of older people, particularly those belonging to marginalised groups

of identity or experience, and those living in low-income neighbourhoods. However, the research also demonstrates the increasing pressures these organisations face, pressures which have been growing due to decreasing resources for public and community sector services for decades and which are set to continue in many European countries. In this context, the chapter makes several recommendations for a community-centred approach to developing age-friendly cities, one which is based on principles of spatial justice and is vital both in terms of supporting older people during future crises as well as in the everyday life of cities.

Part III of the book discusses future directions for urban ageing research, highlighting ways in which we can reimagine and rebuild praxis for age-friendly communities from an emancipatory perspective. In **Chapter 10**, Miriam Tenquist, Tess Hartland and Joana Salles examine experiences of precarity among diverse groups of older people who are facing various forms of discrimination and injustices. The chapter starts by outlining experiences of risk and insecurity in later life as defined by the concept of ‘precarity’. The analysis then explores the extent of precarity facing three contrasting groups of older people in urban areas: the Chinese community in the UK; older refugees and asylum seekers; and older people living in areas undergoing gentrification. Through an examination of the relevant research literature for each group, the specific insecurities created by contrasting life course trajectories are illustrated, focusing on three markers of precarity facing older people within these groups: uncertainty; barriers to accessing appropriate services; and financial exclusion. The chapter concludes by highlighting how emancipatory methods, such as co-production and creative methodologies embedded in a precarity perspective, can better amplify the voices and serve the needs of those experiencing forms of economic and social exclusion.

In **Chapter 11**, Jarmin Yeh, Emily A. Greenfield and Melanie Z. Plasencia develop a critical perspective on AFCC programmes by analysing key aspects of the WHO discourse that frames AFCC programmatic activities worldwide. Following a brief background and overview of key policy reports, three aspects of guidance for AFCC programmes are analysed: the predominance of a social planning approach; the centring of quantitative metrics to characterise communities; and the framing of older adults’ contributions to AFCC work. From this analysis, ideas are offered for alternative or complementary approaches to inspire progress for the age-friendly movement, especially in terms of benefiting a greater diversity of people and communities. The chapter concludes by proposing an *emancipatory* AFCC approach, one which is richly embedded in critical gerontology and Black feminist scholarship, orients to issues of precarity, racism, patriarchy, and the quest for epic theory, and is ultimately focused on advancing theory and practice that seek to transform systems and institutions characterised by oppression to create greater spatial and social justice.

In [Chapter 12](#), the editors conclude the volume by reflecting on the main themes of the book and calling on future urban ageing research to reimagine age-friendly communities through a spatial justice lens. The chapter draws together insights from the contributions to this volume, demonstrating how each chapter has engaged in some way with the core principles of spatial justice. It argues that a spatial justice perspective in urban ageing research, policy and practice is achieved by embracing *diversity*, maintaining a focus on *equity* and centring older people through the use of *co-production*, and this perspective allows us to start reimagining age-friendly cities and communities. The chapter concludes by challenging urban ageing researchers to centre inequalities, meaningfully engage with urban theory and adopt epistemological positions that open up new ways of collectively creating inclusive urban environments for all ages.

The book concludes with an illuminating [Afterword](#) authored by none other than Chris Phillipson, to whom this scholarly exploration into the realms of urban ageing and spatial justice is dedicated. This contribution not only is testament to Phillipson's impactful scholarly legacy, but also encourages a broader discussion about designing cities that embrace equity, justice and sustainability for current and future generations.

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Developing age-friendly cities and communities: an international perspective

Samuèle Rémillard-Boilard and Patty Doran

Introduction

The World Health Organization's (WHO) Age-Friendly Cities and Communities framework has become one of the most frequently used tools by cities to adapt policies, services and environments to the needs of their older population. Developed in the early 2000s, the age-friendly approach encourages cities to improve their built and social environments in order to enable older people to live more fulfilling lives. The WHO defines an age-friendly city as one that 'optimises opportunities for health, participation and security in order to enhance quality of life as people age' and emphasises the importance for this city to be 'accessible to and inclusive of older people with varying needs and capacities' (WHO, 2007, p 1).

What can now be described as an age-friendly *movement* has grown considerably over the past 15 years and has attracted the support of a wide range of stakeholders worldwide. In 2024, the WHO Global Network for Age-Friendly Cities and Communities (referred to as the Global Network) connected 1,542 cities and communities from 51 countries (WHO, 2023a). Age-friendly initiatives have been developed in large urban centres – such as New York and Hong Kong – and small rural communities, and have been developed at different levels, ranging from the neighbourhood level to the international level.

As will be discussed later on in this chapter, Age-Friendly Cities and Communities (AFCC) have also received increased attention in the gerontology literature. In recent years, empirical studies in this field have, for example, examined the development of age-friendly initiatives in different contexts, including in rural (Menec et al, 2015) and urban (Buffel et al, 2020) settings, as well as explored different steps of the age-friendly process, including the planning (Greenfield, 2018) and implementation (McDonald et al, 2018) of age-friendly programmes. Despite a growing interest in comparing the experience of cities from different countries (Moulaert and

Garon, 2016; Rémillard-Boilard, 2019; Buffel et al, 2020; Rémillard-Boilard et al, 2021), only a limited number of studies have explored the age-friendly movement from an international perspective.

This chapter aims to contribute to this knowledge gap by reflecting on the progress and achievements of the global age-friendly movement. It is divided into three sections. The first section retraces the history and development of the movement, focusing on the role and influence of the WHO in promoting the age-friendly agenda worldwide. The second section reflects on the successes of the age-friendly movement, with four key achievements being identified: placing ageing on the political agenda; gathering the support of multiple stakeholders, including older people; implementing a wide range of projects for older people; and developing this work in diverse contexts. Finally, the discussion highlights a number of challenges faced by the movement and reflects on ways it can progress in each area.

Development of the age-friendly movement

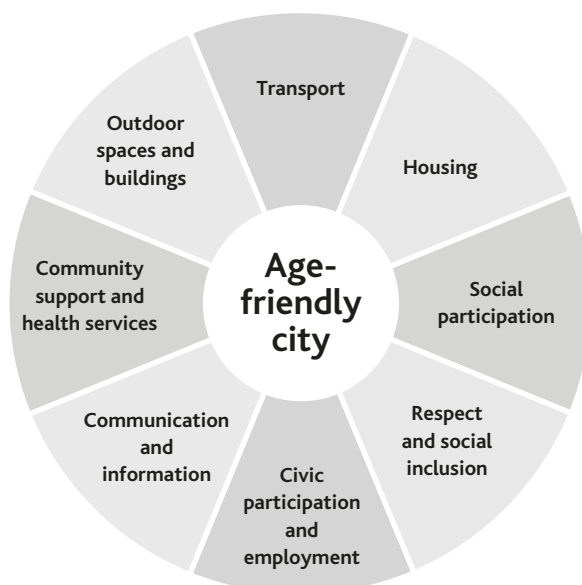
Despite its relative recent emergence, the origins of the age-friendly movement can be traced back to the early 1980s. Key milestones including the United Nations (UN) First and Second World General Assembly on Ageing (held in 1982 and 2002 respectively), the adoption of the Ottawa Charter for Health Promotion (1986), the adoption of the UN Madrid International Plan of Action on Ageing (2002) and the publication of the WHO Active Ageing Policy Framework (2002) all paved the way for the rise of the age-friendly agenda, highlighting the growing preoccupation for population ageing around the world and the importance of creating enabling and supportive environments for older people (Rémillard-Boilard, 2018). Research in the field of environmental gerontology has also been instrumental in informing the development of this movement, raising awareness about the influence of place on the experience of ageing, and the importance of optimising the relationship between older people and their environments (Wahl and Oswald, 2010).

Building on these foundations, the ‘age-friendly city’ concept was introduced for the first time in 2005 during the International Association of Gerontology and Geriatrics (IAGG) World Congress held in Rio de Janeiro (Brazil). The idea of developing age-friendly environments was rapidly adopted by the international community and was further developed with the launch of the WHO Global Age-Friendly Cities project in 2006, a research project carried out in 33 cities around the world that aimed to identify the core features of an age-friendly city from the perspective of older people, caregivers and service providers (Plouffe et al, 2016).

Using a common research protocol, researchers were invited to conduct focus groups to identify features that impeded or contributed to the age-friendliness of their city. Comparing the findings of these 33 case studies led to the identification of eight domains to address in order to make cities more age-friendly: transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; community support and health services; and outdoor spaces and buildings (see [Figure 2.1](#); this model is also discussed in [Chapter 1](#)). These domains were presented in the form of a diagram (also known as the WHO ‘age-friendly flower’) and a checklist of features – providing concrete examples of elements to improve in each area – and published in a guide entitled *Global Age Friendly Cities: A Guide* ([WHO, 2007](#)). This guide also established some of the key principles of the age-friendly approach, including the idea that older people should be considered as full partners and involved at all stages of this journey ([WHO, 2007](#)).

The growth of the age-friendly movement was further enhanced in 2010 with the launch of the WHO Global Network for Age-Friendly Cities and Communities. The Global Network aims to encourage the creation of age-friendly cities and communities worldwide by inspiring change, facilitating the exchange of information and experiences, connecting cities

Figure 2.1: Domains of the age-friendly framework



Source: Reproduced with permission from *Global Age Friendly Cities: A Guide*, 2007

and providing them with tools to support the development of this work (WHO, 2019). Each city committed to becoming more age-friendly – regardless of its current level of age-friendliness – is invited to submit an application and join the Global Network. Membership is not considered as accreditation for age-friendliness, but rather as a commitment to working towards this goal (WHO, 2023a). The Global Network has experienced a constant growth in membership since its creation in 2010. Beginning with only 11 communities, it had reached a membership of 1,542 cities and communities in April 2024. This growth was even observed throughout the COVID-19 pandemic, with more than 200 new cities and communities joining its ranks between 2020 and 2022 (WHO, 2023b).

Through its Global Network for AFCC, the WHO provides cities with a platform ‘for continuous learning and innovation’ (WHO, 2023b, p 11). This work is also supported across the world by 19 Network Affiliates (for example, the *Municipalités amies des aînés* programme in Quebec, Age-Friendly Ireland, the Centre for Ageing Better in the UK and the *Réseau Francophone des Villes Amies des Aînés*), which promote the creation of age-friendly environments at the subnational, regional, national and international levels. Building on the experience of Network Affiliates, in 2023 the WHO published a guide to encourage the development of national age-friendly programmes (WHO, 2023b). Growth of the age-friendly movement has also been encouraged by the involvement of several key national and international organisations over the years, including the International Federation on Ageing, AARP, the Public Health Agency of Canada and AGE Platform Europe. The commitment of all these actors has been influential in raising awareness about the importance of adapting environments to the needs and preferences of ageing populations. In 2020, the creation of age-friendly environments was selected by member states of the UN as one of the four priorities of the UN Decade of Healthy Ageing (2021–2030), reflecting the strong support for this agenda around the world (for more on this, see later on in the chapter).

Situated at the crossroads of policy and research, the age-friendly movement has finally attracted the interest of researchers worldwide, including research groups in Belgium (Moulaert and Houioux, 2016), Canada (Menec et al, 2015; Garon et al, 2016), Hong Kong (Phillips et al, 2018), the UK (Buffel et al, 2018) and the US (Greenfield et al, 2015), to name but a few. The number of scientific publications on age-friendly cities and communities has grown exponentially over the past 15 years (Torku et al, 2021). The creation of age-friendly environments also tends to be more systematically discussed in national and international conferences on ageing, and increasingly linked to disciplines outside of gerontology, including urban design, sociology, public health and social work (Greenfield and Buffel, 2022).

Key achievements of the age-friendly movement

Despite the growth of interest in the age-friendly approach and the increasing number of cities working to improve their level of age-friendliness worldwide, literature on the age-friendly movement *itself* remains limited. While several publications have examined the experience of specific case studies, few have discussed the progress of the age-friendly approach as a global movement. The following section aims to contribute to this knowledge gap by reflecting on successes of the movement, with four areas being identified: placing ageing on the political agenda; gathering the support of multiple stakeholders, including older people; implementing a variety of initiatives for older people; and developing age-friendly work in diverse contexts.

Placing ageing on the political agenda

The first achievement of the age-friendly movement can be linked to the rapid adoption of the WHO age-friendly framework by cities and communities around the world. Since the publication of the WHO's *Global Age Friendly Cities: A Guide* in 2007, and even more since the creation of the Global Network for AFCC in 2010, there has been constant growth in the number of cities and communities involved in the WHO programme. While age-friendly work can be initiated by different actors, securing political support represents a key success factor for the development of age-friendly programmes and policies. With multiple competing priorities and limited resources, securing the commitment of elected officials ensures that time and resources are dedicated to this project. In many cases, securing their support is essential to improve domains of the age-friendly framework, such as transport, housing or outdoor spaces and buildings, which fall under the responsibility of local or regional governments.

Several elements have contributed to the rapid adoption of the age-friendly agenda. First, creating 'age-friendly' cities and communities or 'good places to grow old' (WHO, 2015a, p 161) is an idea that seems to generate consensus. While there have been discussions about what an age-friendly city should prioritise (Menec, 2011; Golant, 2014) and the most effective tools to support the development of this work (Lopes et al, 2016; Plouffe et al, 2016), the goal of creating 'age-friendly' cities itself has rarely been questioned since the launch of the AFCC movement. Framing this goal in a positive and aspirational way is one of the key strengths of the age-friendly approach. While some actors might not see it as priority, it would be difficult – if not impossible – to be *against* the objective of creating better cities for older people (Rémillard-Boilard, 2019).

Second, several mechanisms have been introduced by the WHO to secure the commitment of local governments. For example, the WHO requires

that cities submit a letter of commitment from their mayor in order to be admitted to the Global Network (WHO, 2019). It also requests that they formally commit for a period of five years and adopt a structured and predetermined approach to the development of this work. Also known as the ‘Cycle of Continuous Improvement’, the age-friendly approach consists of four steps: (1) engage and understand; (2) plan strategically; (3) act and implement; and (4) evaluate (WHO, 2023b). Participating cities must commit to implementing a full cycle (form a steering group, elaborate a policy, implement an action plan, monitor and evaluate its progress) in exchange for their membership, ensuring a certain level of commitment to this project. Third, the participation of local key actors has been instrumental in placing this work on the political agenda of cities. Often referred to as ‘champions’ or ‘policy entrepreneurs’ (Rémillard-Boilard, 2019; Russel et al, 2022), these actors are known for going beyond what is expected from their role and investing time and energy to promote and secure traction for this project. These actors have not only helped *place* ageing on the political agenda of their city, but have also helped *maintain* it over the years, pushing for the age-friendly agenda to be seen as a priority and for resources to be allocated to this project. As a result, many cities have renewed their commitment to this approach and have completed more than one cycle. Age-friendly programmes have also been maintained in challenging contexts since 2006, including changes in political leadership, austerity and budget cuts, and the COVID-19 pandemic, which should be seen as an achievement in itself.

The rise of age-friendly work on political agendas worldwide has not only occurred at the local level, but can also be observed at the subnational, national and international levels, as illustrated by the development of programmes and networks supporting this work at each level. In 2020, the ‘creation of age-friendly environments’ was adopted by UN member states as one of four key priorities for the UN Decade of Healthy Ageing for 2021–2030, reflecting the strong and growing support for this agenda around the world. The growth of the age-friendly movement has not only allowed for the creation of ‘age-friendly environments’ to be placed on political agendas, but has also offered a vehicle to promote ageing and raise awareness about the needs of older people. While this progress may seem self-evident, with the rapid ageing of the population and urbanisation of cities worldwide, it should not be taken for granted. An empirical study comparing age-friendly developments in 11 cities from different countries has revealed that ageism was one of the key barriers faced by programme managers in charge of developing this work (Rémillard-Boilard et al, 2021). It showed that breaking the silos remained difficult and that programme managers had to work hard to convince their peers to mainstream this work within their council. While several characteristics have helped place the age-friendly approach high on

political agendas over the years, these results remind us that it is always at risk of ‘falling down the agenda’ and being replaced by a different priority.

Gathering the support of multiple stakeholders, including older people

A second key achievement of the age-friendly movement has been its ability to gather the support of a variety of actors, ranging from policy makers to practitioners, researchers and older people themselves. At the centre of the age-friendly approach is the idea that age-friendly cities should be co-designed and co-delivered by multiple stakeholders (Garon et al, 2016; Buffel and Phillipson, 2018; Firestone et al, 2018). As they develop this work, the WHO recommends that cities should form a working group comprising key stakeholders and should aim to unite them behind a common vision and purpose (WHO, 2019). Throughout the development of a strategy and action plan, it is expected that these stakeholders will have to agree on the most important priorities for their cities and determine together how they will be addressed. To increase the reach of their programme, it is recommended that cities involve actors from various disciplines and working at different levels – both from the public and private sector – in the development of this work.

Collaborative and cross-sectoral working have been identified as key success factors for the development of age-friendly initiatives. Research has shown that relying on a heterogeneous steering group could allow cities to increase the scope of their projects and achieve more ambitious goals with their programme (Garon et al, 2014). It also found that these collaborations could contribute to the sustainability of age-friendly work by alleviating some of the pressure on local programme managers – often alone to ensure the development of this work – and encouraging a more sustainable distribution of responsibilities (Russel et al, 2022). The COVID-19 pandemic revealed that having these relationships and communication channels in place could also help cities to respond more effectively to crises by allowing them to quickly mobilise a network of actors accustomed to working together (Dabelko-Schoeny et al, 2022; Lewis et al, 2023; see also Chapter 9).

It is well established that older people should also play a central role in age-friendly developments. At the heart of the age-friendly approach is the idea that age-friendly cities should be developed both *for* and *with* older people (Buffel and Phillipson, 2018). However, the extent to which this principle is applied in practice differs from one city to another. Older people can be offered various opportunities to participate in age-friendly developments and be involved at different stages of this process. They can participate directly – as citizens or representatives of a broader group – or have their voices represented by an organisation. Depending on their preferences, they can play a more active role and have a voice in the decision-making process (for example, by sitting on a committee) or play a less active role

and contribute by giving their opinion (for example, by taking part in consultations) (Rémillard-Boilard et al, 2017). One of the most common ways of involving older people in age-friendly developments has been to consult them during the assessment and planning stages. While surveys and focus group have been among the most frequently used tools by cities to capture their needs, participatory methods, such as walking interviews (McDonald et al, 2021), photovoice activities (Ronzi et al, 2016), and co-research (Buffel, 2018; Cotterell and Buffel, 2023; Doran et al, 2023), have increasingly been used by researchers to document their experience. Certain cities have also implemented more participative mechanisms, including older people's boards, working groups or roundtables, and have invited older people to influence both the planning and delivery of age-friendly programmes.

While the all-encompassing nature of the WHO framework encourages multiple actors to play a role in age-friendly developments, research shows that some of them are less inclined towards working on ageing issues and remain difficult to mobilise (Rémillard-Boilard, 2019; Rémillard-Boilard et al, 2021). Reflecting on ways to convince more actors to take part in age-friendly efforts will be key to addressing the diverse needs of older people (Marston et al, 2023). Ensuring that the voices of different groups – including those most at risk of exclusion – are represented and that older people are offered meaningful opportunities to participate and influence decisions will also be essential to ensure that age-friendly cities are truly co-produced.

Implementing a variety of initiatives for older people

A third key achievement of the movement lies in the variety of initiatives implemented for older people worldwide. Participating cities have addressed different domains of the age-friendly framework and have responded to various needs through their age-friendly programmes over the years. The WHO Global Database of age-friendly practices illustrates the variety of initiatives that can be developed as part of this work. As part of the requirements for joining the Global Network, cities must commit to documenting and sharing examples of age-friendly practices (WHO, 2019). This exercise contributes to the Global Network's objectives to 'inspire change by showing what can be done and how it can be done' and 'facilitate the exchange of information, knowledge and experience' between cities (WHO, 2019, p 1). In 2024, the Global Database comprised more than 600 examples of projects, developed in 46 countries. These covered different sectors (for example, education, health, transportation and housing), and issues (for example, ageism, inclusion, ageing in place and participation), were implemented at different levels (for example, local, subnational and national) and targeted different outcomes for older people

(for example, meet their basic needs, contribute, be mobile, learn, grow and make decisions, and build relationships) (WHO, 2023c).

In addition to illustrating their diversity, this sample of projects indicates that age-friendly initiatives can vary in their scope. Becoming an age-friendly city or community is often presented as a journey rather than a final state that can be achieved, which means that every initiative, whether big or small, can contribute to this goal. This characteristic is one of the key strengths of the age-friendly framework and means that every city or community – regardless of their context and prior level of age-friendliness – can embark on this journey and advance towards this goal. It also means that certain projects can be implemented with very limited resources. The sole fact of adopting an ‘ageing lens’ when developing a project, for example, can significantly improve the quality of life of older people. For example, considering older people’s needs when designing a park or a street can lead project managers to make small adjustments to features such as seating, walkability, safety or signage, all of which contribute to the inclusiveness of the environment (Handler, 2014). Choosing to use more diverse and less stereotypical images of older people can also be considered a step in that direction. Raising awareness about ageing issues, making existing services more visible, mobilising actors around this agenda and developing an action plan are all examples of initiatives that contribute to making cities more age-friendly at a relatively low cost.

The age-friendly movement has witnessed the development of a number of innovative and ambitious projects over the years. In 2018, the WHO published a series of case studies that showcased the work of 11 cities from around the world (see also Rémillard-Boilard et al, 2021). When asked to identify examples of successes in their cities, programme managers listed a variety of projects, ranging from the launch of a one-coin bus service and the development of a multigenerational city hall (Akita, Japan) to the opening of seven meeting places for older people across the city (Brussels, Belgium), the pedestrianisation of a city centre (Dijon, France) and the development of a cultural programme (bringing together 19 organisations) for older people (Manchester, UK) (WHO, 2018). While this list could continue, these examples reaffirm the potential of the age-friendly approach to generate ambitious projects for older people. However, as cities progress on their age-friendly journey, ensuring that sufficient resources are dedicated to this agenda will be essential to achieve this goal.

While these case studies, and the Global Database of age-friendly practices, provide a glimpse into the development of this work, the results of age-friendly programmes tend not to be systematically documented and communicated by participating cities, making it difficult to paint an exact portrait of their achievements. The current lack of empirical data and evaluation also makes it difficult to assess the extent to which age-friendly

initiatives have progressed and improved the lives of older people. The need for more evaluation has been identified as a key area for development for the age-friendly movement (Golant, 2014; Black and Oh, 2022). While various tools have been developed in recent years to support this goal, including models (Buckner et al, 2019), questionnaires (Dikken et al, 2020), guides (WHO, 2015b) and indicators (Chapon et al, 2015), evaluating the results of age-friendly initiatives – especially across countries – remains a challenge. Faced with unlimited demands and limited resources, it will be essential for local decision makers to be able to demonstrate the impact of age-friendly work to justify investments in this project and keep stakeholders motivated in the long term. The same reasoning applies to the broader age-friendly movement: better communicating the results and successes of the movement will be essential to ensure its sustainability.

Developing this work in diverse contexts

A fourth key achievement of the age-friendly movement can be linked to its implementation in various contexts. While the WHO provides guidelines and tools to structure the development of this work, these resources are flexible enough to be adapted to different settings. As a result, the age-friendly framework has been adopted in 51 countries and various social, economic and political contexts over the years, although with limited coverage in the Global South. Age-friendly initiatives have been developed on territories of different sizes (neighbourhoods, cities, regions and countries) in both urban and rural areas. As they develop this work, programme managers are invited to interpret the age-friendly model and adapt it to their local context (Warth, 2016). The province of Quebec (Canada), for example, chose to add a ninth domain (security) to its age-friendly framework and reword certain domains to encourage their appropriation by local actors (Garon et al, 2020). A study comparing the progress reports of 30 participating cities in the US reached similar conclusions, observing that several cities had combined or added new domains (for example, disaster preparedness and mistreatment of older people) to their framework (Black and Oh, 2022).

Age-friendly initiatives have also been developed (and maintained) in challenging contexts over the years, notably following a global economic recession, and subsequent cuts to welfare and related budgets. Studies conducted in Ireland and Manchester have shown how budget cuts could influence both the experience of ageing in place and the development of age-friendly programmes (McDonald et al, 2021; Buffel and Phillipson, 2023). In both cases, austerity-driven measures led to serious cuts in preventive programmes supporting older people and reduced access to key services such as libraries, information centres and daycare facilities – a movement inconsistent with the goal of creating age-friendly cities (Buffel et al, 2016;

McDonald et al, 2021). Programme managers had to be creative and flexible to ensure the sustainability of their activities. The Age-Friendly Manchester team, for instance, chose to reorient their work and focus on the development of partnerships with external actors during this period. Still in place today, these collaborations are considered a key success factor of their programme and have significantly increased the scope of their work (Rémillard-Boilard, 2019; see also Chapter 9).

Given the wide range of contexts in which age-friendly initiatives can be developed, it is not surprising to see that the age-friendly movement has been increasingly informed by studies exploring the links between place and ageing. Research in this area has explored various themes in recent years, including the experience of ageing in gentrifying neighbourhoods (Buffel and Philipson, 2019), urban environments (Buffel and Phillipson, 2023) rural areas (Skinner et al, 2021) and during a pandemic (Lewis et al, 2023). A better understanding of how ageing is experienced in different contexts can provide important pointers to improve the delivery of age-friendly programmes. Just as the experience of ageing is shaped by place, the experience of actors delivering this work should also be considered in their context. Developing an age-friendly programme in a small rural community is likely to present different challenges compared to those in a large urban city, just as the experience of developing this work at the city and regional levels will differ. While an increasing number of studies have shown an interest in documenting the experience of age-friendly actors, more research will also be needed to better support this group.

Finally, the strong geographical component of the age-friendly approach underlines the importance to not only adopt an ‘ageing’ but also a ‘spatial’ lens when considering the development of this movement. As Woolrych et al (2022, p 126) argue, ‘failing to consider the ways in which the cultural, social, and physical aspects of place come together to inform the development of AFCC ... are likely to be reductive and fail to address aging in place as it is expressed and lived’. Viewing age-friendly programmes with a spatial lens brings into focus both the varying experiences of older people and the unequal capacity of places to support them (Yarker et al, 2024).

Challenges and future directions for the age-friendly movement

Reflecting on the successes of the age-friendly movement has highlighted a number of challenges to take into consideration as it continues to progress. This section discusses four of them in more detail and examines ways in which the age-friendly movement can advance in each area.

A first challenge faced by the age-friendly movement is the importance of *maintaining its momentum*. Despite the growing interest for the age-friendly

approach worldwide, the previous sections reminded us that it was always at risk of falling down the political agenda and being replaced by a different priority (Rémillard-Boilard, 2021). While this is the case for many issues, this risk is increased in the case of the age-friendly movement due to several challenges, including the difficulty to mainstream ageing within local councils and governments; the lack of interest of certain actors for ageing issues; the high expectations associated with the ideal of becoming an ‘age-friendly’ city; and the current lack of evaluation and communication within the age-friendly movement. Reflecting on ways to maintain the present level of activity will be essential to ensure the sustainability of the age-friendly movement. With increasing demands and limited capacities, cities and their partners must see the added value of developing this work, staying motivated and choosing to invest time and resources into this project. Continuing to raise awareness about the needs of older people could contribute to this aim, providing a reminder of the importance of developing this work. However – and perhaps more importantly – it will be imperative for age-friendly programmes to be able to *demonstrate* their progress as they advance on this journey. In this context, more attention will need to be paid, both at the local and international levels, to documenting and evaluating the results of age-friendly initiatives. Results should be made more visible through dissemination across different groups and forums, and successes should be celebrated. Attention should also be given to creating incentives and mechanisms to secure the participation of a variety of actors in age-friendly work.

Second, the age-friendly movement must find the right *balance between being ambitious and realistic* with this work. The age-friendly movement promotes the aspirational goal of becoming ‘age-friendly’ and encourages cities to work on eight domains of age-friendliness. While this characteristic contributes to the success of the movement, by encouraging them to embark on a journey and advance at their own pace, it also raises expectations by promoting an ideal. On the one hand, working towards an ideal suggests that any project can contribute to making cities more age-friendly. On the other hand, it also suggests that all problems should be solved in order for them to be *truly* age-friendly. In addition to being challenging on a conceptual level, this characteristic places age-friendly programmes (and the age-friendly movement as a whole) at risk of always being criticised for not doing enough and losing their momentum. Encouraging cities to narrow their priorities and communicate them clearly could help manage these expectations. This is not to say that they should not be ambitious with this work – quite the contrary. It will be essential for cities to gradually increase the scope of their activities to address some of the most pressing issues faced by older people. However, the rapidity and extent to which this objective can be achieved will differ from one city to another, depending on their political, social

and economic contexts. The age-friendly movement would benefit from better understanding and acknowledging this diversity, just as age-friendly programmes would benefit from adopting ambitious, yet realistic goals and raising the scope of their projects in the long term.

A third challenge faced by the age-friendly movement is the need to respond to the *diverse needs of older people*. Older people form an increasingly heterogeneous group. Their needs and preferences vary depending on a wide range of factors, including their age, gender, health, ethnicity, life course experience and the area in which they live. The all-encompassing nature of the age-friendly framework adds to this complexity by encouraging cities to work on eight domains of age-friendliness, multiplying the number of challenges to address. Prioritising in this context can be a difficult task. Offering older people more opportunities to influence the decision-making process and contribute both to the planning and implementation of age-friendly programmes could be beneficial in this regard and could help ensure that their priorities truly are at the centre of age-friendly developments. Better documenting the diverse experiences of ageing – both the experience of different groups of older people (including minority groups) and their experience in different contexts – would also help draw a more nuanced portrait of older people and help select solutions tailored to their needs. Broadening the support for this agenda and involving actors who are less naturally inclined to working on ageing issues (working in the areas of transport or housing, for example) in the delivery of age-friendly programmes will be key to ensuring that this work impacts multiple areas of their lives.

Finally, as it progresses, the movement should aim for age-friendly initiatives to be more *equally distributed* across different territories. While they have been developed in various contexts, age-friendly initiatives have mainly been concentrated in the Global North thus far. Understanding how this work can be further advanced and better supported in the Global South will be key in order for the age-friendly movement to achieve greater inclusion and equity. As discussed earlier, encouraging cities to adopt a spatial lens when developing this work would also contribute to this aim. In addition to considering the eight domains of age-friendliness, local actors would benefit from considering how ageing is experienced in different parts of their cities. Is the experience of ageing the same? Are all neighbourhoods provided with the same opportunities? Are age-friendly initiatives reaching all neighbourhoods? While they should work towards this ideal, increasing the distribution of age-friendly initiatives will be difficult unless sufficient support and resources are allocated to this project. Securing more political support and encouraging the vertical development (collaborations between actors working at different levels) of age-friendly initiatives could help in this regard and provide cities with more support. While the horizontal development (cross-sectoral collaborations between

actors working at the same level) of the age-friendly movement has been more widely discussed and achieved, the vertical development of this movement has received less attention to date. Reflecting on ways to encourage and support the development of subnational and national programmes and their coordination would help increase the scope and reach of the movement (WHO, 2023b).

Conclusion

Since it was launched in 2007, the age-friendly movement has attracted a wide range of interest and has been adopted across diverse settings as a key vehicle to improve local environments for older people. While several studies have documented the experience of cities over the years, few have explored the age-friendly movement from an international perspective to date. This chapter responds to this knowledge gap by reflecting on the successes of the age-friendly movement and identifying challenges and areas for future development. Four key achievements were discussed in more detail. We argued that the age-friendly movement has allowed for ageing to be placed high on political agendas, due in part to its aspirational mission. We underlined the capacity of this approach to bring together a variety of stakeholders, including older people, and unite them behind a common purpose. We showed how the age-friendly movement led to the implementation of a wide range of initiatives for older people, highlighting that the WHO framework could be adopted by cities and communities at different stages of their age-friendly journey. We finally discussed the possibility for this framework to be adapted to different contexts, including different countries and size of territories. As it progresses, it is recommended that the age-friendly movement pays close attention to four challenges: maintaining its momentum; adopting ambitious yet realistic goals; responding to the diverse needs of older people; and increasing the geographical distribution of age-friendly initiatives. Making progress in these areas would help ensure that age-friendly initiatives continue to be seen as a priority, are allocated sufficient resources and are sustained over time. It would also encourage cities to consider the development of this work in the long term and gradually raise the scope of their programmes, and help them better respond to the diverse needs of their older population. Throughout this chapter, we underlined the importance to document the experience of actors involved in the development of this work. Better understanding *how* age-friendly programmes are developed and implemented in practice will be key to understand this journey in all its complexity and improve the delivery of age-friendly programmes. Adopting a spatial lens will also be crucial to understand the experience of both age-friendly actors and older people in their context and better tailor this approach to their needs.

Finally, more cross-national and comparative research will be needed to bring these experiences together and inform the development of the age-friendly movement as a whole.

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Developing age-friendly policies for cities and city-regions during austerity, COVID-19 and beyond: strategies, challenges and reflections

Paul McGarry

Introduction

In 2018, the Greater Manchester Combined Authority was formally admitted into the World Health Organization's (WHO) Global Network for Age-Friendly Cities and Communities as the UK's first Age-Friendly City-Region. This marked an important milestone in the development of age-friendly work in Greater Manchester, coming eight years after the city of Manchester became the first UK member of the Global Network. Since the early 1990s, agencies across the city-region, faced with major challenges with regard to health and social inequalities, have been committed to improving the quality of life of its older population. Indeed, Manchester and Greater Manchester have established themselves as leaders in developing strategic policy approaches to creating age-friendly cities, both at the national and international levels ([McGarry, 2018](#)).

However, age-friendly work, regionally as well as nationally, has had to contend with the political, social and economic shocks associated with the impact of Brexit, COVID-19 and the cost-of-living crisis, as well as extensive cuts to key public sector services following the economic crisis of 2008. This context has underlined the importance of developing an age-friendly agenda responsive to economic and political pressures ([Buffel and Phillipson, 2024](#)), one focused on securing effective partnerships on common issues and creating platforms to amplify the voices of older people, especially those who find themselves most at risk of poverty, social exclusion and discrimination.

To discuss these issues, this chapter is divided into the following sections: first, it provides an overview of the demographic and social characteristics of Manchester and Greater Manchester. Second, it reviews the evolution of, and influences behind, age-friendly work in Manchester. Third, developments at a regional level are discussed, in particular the development of the Greater Manchester Ageing Hub. Fourth, national age-friendly work

is summarised, notably the expansion of the UK Network of Age-Friendly Communities. Finally, it provides a critical reflection on age-friendly work in the city and region, and provides some thoughts on likely developments in the period up to 2030.

Demographic and social characteristics of Greater Manchester

The City of Manchester is one of ten metropolitan districts that comprise the Greater Manchester city-region, a conurbation of over 2.8 million people (see [Table 3.1](#)). The Greater Manchester Combined Authority (GMCA), which is the regional government, has some devolved authority from central government, and is a major cultural, economic and social hub for the north of England. The GMCA is made up of the ten Greater Manchester councils and an elected mayor. It works together with local services, businesses, communities and other partners to improve the economy and quality of life in the city-region.

Historically, Manchester, and the region of which it is a part, was a major industrial centre in the UK; however, the city experienced disinvestment in manufacturing and a loss of population, driven by the collapse of the UK cotton industry, and later the decline in engineering and the production of electrical goods. The population decline was seen most drastically in the inner suburbs of Manchester, many of which were left with streets of empty, boarded-up terraces ([Peck and Ward, 2002](#); [Lewis and Buffel, 2020](#)). In recent decades, regeneration, and a growing focus on culture, sport and technology, has resulted in significant economic and population growth in the region. In the case of Manchester, the council's economic strategy from the 1990s onwards has included a commitment to developing the city centre as a driver of new jobs, housing and investment. Examples of this include 50,000 workspaces created in the city between 1997 and 2017, and 40,000 one- and two-bedroom flats built in the centre of Manchester and Salford

Table 3.1: Summary of population age for Manchester and Greater Manchester from the 2021 Census

	Manchester	Greater Manchester
	n (%)	n (%)
Total	551,936 (100%)	2,867,769 (100%)
Under 55	451,436 (81.8%)	2,082,376 (72.6%)
55+	100,500 (18.2%)	785,393 (27.4%)
65+	52,165 (9.5%)	454,429 (15.8%)
75+	21,866 (4.0%)	203,875 (7.1%)

Data source: ONS, [2021](#)

built over the period from 1991 to 2011 (Folkman et al, 2016). A parallel strategy of investment in the city's cultural sector included the Manchester International Festival (launched in 2007) and new cultural assets such as the UK's national football museum, Manchester's international concert venue the Bridgewater music hall, the Lowry theatre and events space, and the Imperial War Museum North (see further GMCA, 2019).

Between 2001 and 2021, the population of Manchester increased by 40.5 per cent (from over 392,000 to nearly 552,000) and by 15.5 per cent in Greater Manchester (from 2.48 million to nearly 2.87 million). Much of this growth has been driven by an expanding population of students, migrants and working-age adults. As a result, Greater Manchester has a relatively young population, with 15.8 per cent of the population aged 65 or older, compared to 18.6 per cent across England and Wales (ONS, 2021). In the 2021 Census, 27.4 per cent of the Greater Manchester population was 55 or over; this is projected to rise to 30.1 per cent by 2041 (ONS, 2022). Consequently, the establishment of the Greater Manchester priorities on ageing responds to the significant demographic changes forecast in the medium to long term. An important priority for age-friendly work will be the population 75 and over. Estimates suggest that by 2041 within the Greater Manchester region, 9.9 per cent of the total population will be 75 and over, an increase of 46.2 per cent from 2021 – from 209,205 to 305,888 (ONS, 2022).

Migration into and out of the city continues to be a major driver of population change. Results from the 2021 Census (see Table 3.2) reveal that less than half the population of Manchester identify as White British. In contrast, across Greater Manchester, 71.3 per cent identify as White British. The largest group after White British is Asian British Pakistani, at 11.9 per cent in Manchester and 7.3 per cent in Greater Manchester. Manchester has significant numbers of older people identifying as Black British Caribbean and Black British African. People identifying as LGBTQ+ is another important area of note, with nearly twice as many people in Manchester compared to Greater Manchester both across the total population and over 55 years old identifying as LGBTQ+ (see Table 3.2).

Linked to the history of industrial and manufacturing decline, population change and social diversity, Greater Manchester has areas with extensive economic and social deprivation (Codling and Allen, 2020). The region faces multiple challenges relating to poverty, social exclusion and lower-than-average life expectancy, with inequalities both within and across different age groups in the population (Lewis et al, 2023). The GMCA established an *Independent Inequalities Commission* in the autumn of 2020, with a report published in March of 2021 that examined the structural inequalities which exist in Greater Manchester (Independent Inequalities Commission, 2021). The Commission's findings confirmed the high levels of inequality in educational attainment and employment, as well as the impact of poverty

Table 3.2: Percentages of population by age, ethnicity and sexual orientation for Manchester and Greater Manchester from the 2021 Census

	Manchester	Manchester 55+	Greater Manchester	Greater Manchester 55+
<i>Ethnicity*</i>				
White British	48.7%	68.2%	71.3%	87.0%
Pakistani	11.9%	7.4%	7.3%	2.9%
Bangladeshi	1.8%	0.9%	1.6%	0.5%
Chinese	2.3%	1.7%	1.0%	0.6%
Indian	2.7%	1.4%	2.4%	1.5%
Other Asian	2.2%	1.0%	1.2%	0.4%
African	8.7%	3.7%	3.4%	0.9%
Caribbean	1.9%	3.3%	0.7%	0.8%
Other Black	1.4%	0.8%	0.6%	0.2%
Mixed	5.3%	1.7%	3.0%	0.7%
Other	5.1%	2.3%	2.3%	0.9%
White other	8.2%	7.5%	5.1%	3.7%
<i>Sexual orientation (16+)</i>				
LGBTQ+	6.7%	2.3%	3.7%	1.1%
Not answered	8.7%	8.6%	6.9%	7.0%
Heterosexual	84.6%	89.0%	89.3%	91.9%

* Full ethnicity category names: Asian, Asian British: Pakistani; Asian, Asian British: Bangladeshi; Asian, Asian British: Chinese; Asian, Asian British: Indian; Asian, Asian British: Other Asian; Black, Black British: African; Black, Black British: Caribbean; Other Black; Mixed; Other; White other.

Data source: [ONS, 2021](#)

and racism on the health and wellbeing of people across the region. The Commission found a range of progressive actions already being taken across the region, but raised the issue of how they could be embedded within public service delivery, responding to the immediate challenges of the COVID-19 pandemic and the long-term effects of economic austerity.

To implement its findings, the Commission called for wellbeing and equality goals to be put at the heart of what has been termed the Greater Manchester Strategy, with public budgets and projects geared towards redressing imbalances by building a strong economy and working with residents to deliver the best possible services. Recommendations included: first, strengthening the mandate of Greater Manchester's equalities panels (including the LGBTQ+ Equality Panel, the Disabled People's Equality Panel, the Older People's Equality Panel, the Race Equality Panel, the Faith and Belief Equality Panel, and the Women and Girls' Equality

Panel); second, establishing an independent Anti-discrimination Body; third, working with education and training providers to bridge the skills divide; and, fourth, community wealth- building and investment initiatives ([Independent Inequalities Commission, 2021](#)).

The evolution of age-friendly work in Manchester

Towards a citizenship-based policy approach to ageing

Manchester's work on age-friendly issues began in the early 1990s in response to the launch of the European Union's *Year of Older People and Solidarity between Generations* in 1993: a year of activity encouraging Member States to reflect on the implications of demographic change and to explore the potential contribution of older people within Member States. In an attempt to link with these activities, the City Council created a multidepartmental *Older Age and Opportunity Working Party* charged with promoting a broad range of opportunities and services for older people. This consisted of elected councillors, supported by an officer group drawn from all of the council's main departments.

Working closely with the then deputy leader of the council, the Working Party went on to develop what was termed an *asset-based account of ageing*. This approach offered an alternative view of older people's capacities to the dominant 'care model' of ageing, embedded within local government and community health services. It was underpinned by a narrative supporting the *active involvement and contribution of older people within the city*, and represented an important shift in thinking about ageing in cities, challenging the way in which, at a local authority level, older people and the ageing agenda had traditionally been viewed mainly in terms of support focused on the most vulnerable and frail.

Better government for older people

In 1998, this Manchester-based work programme was consolidated with the establishment of the *Better Government for Older People* group: a government-initiated programme of 28 'pilot' local government projects in the UK committed to developing new approaches to encourage the active engagement of older people within the community. Although Manchester was not a pilot site, the city took part in the learning network, using the emerging narrative to frame the next phase of its ageing programme. The *Better Government for Older People* group provided local authorities, such as Manchester, with vital leadership and motivation for developing its ageing strategies. It enabled local authorities to develop policies for – and sometimes with – their ageing populations that aimed at going beyond seeing older people as recipients of health and care services. The group can, in this

context, be seen as part of a broader programme of public sector reform, associated with the Labour administration elected in 1997, which sought to promote citizen involvement and action in service delivery, and which was at odds with more welfarist and paternalistic forms of state provision.

When the research projects ended in 2000, the group established itself as a network of 350 local member organisations, working to receive and share good practice. The members and subscribers – local authorities, health agencies and voluntary organisations – received a range of services to help them to work together with the aim of encouraging the active involvement of older people in various settings, and to bridge the gap between the policy intentions of local and central government, and local implementation.

This period also saw the development of other UK government-funded programmes contributing to the development of new approaches to working with older people. Examples included: *Linkage Plus*, a two-year initiative in eight local authority areas to test out how services could join up to be effective for older people sponsored by the Department of Work and Pensions; and the *Partnership for Older People's Project*, a Department of Health-led programme aimed at promoting health, wellbeing and independence, and preventing or delaying the need for institutional care.

The groundwork laid during the 1990s enabled the development of a number of age-friendly initiatives in Manchester. The various investments and programmes created a sizeable community of interest in ageing issues, beyond those of health and social care, together with a range of networks spanning sectors and disciplines. In that sense, these programmes in the 1990s and 2000s were crucial to subsequent age-friendly work, creating an alternative local government-rooted narrative of ageing, and connections into government departments and academia.

The Valuing Older People programme: 2000s

A partnership-strategy with older people and citywide stakeholders

In 2003, Manchester City Council formed the *Valuing Older People* partnership, designed to accelerate work around the ageing agenda, building on the momentum that Manchester had developed through the 1990s, but with additional associations with a variety of organisations across the city. Most notably, *Valuing Older People* began to develop a comprehensive engagement programme involving older residents directly in the leadership of its work, forming a representative older people's board to which the *Valuing Older People* team was accountable. More broadly, the programme began to commit to partnership and policy development across the council, engaging with a range of external partners (including universities and agencies representing the voluntary sector), reflecting a more strategic and ambitious framework for the delivery of its initiatives around ageing issues.

By 2010, the workgroup, now located in the newly established Public Health Manchester service within the City Council, comprised staff from the National Health Service (NHS), local government, a housing trust, an arts agency, a national charity and a local university.

As a result of its partnership strategy, the *Valuing Older People* programme was able to deliver a wide-ranging number of age-inclusive initiatives between 2003 and 2010. These included: a broad programme of healthy ageing initiatives; a sexual health programme aimed at those in mid- and later life; a training programme for frontline staff on alcohol and ageing; and initiatives aimed at increasing community-based opportunities for healthy ageing, including the introduction of free swimming for the over-60s. The programme also initiated campaigns to promote entitlement and benefit take-up and employment opportunities for older workers, and worked with the Manchester School of Architecture to explore links between design, the built environment and ageing (see also [Chapter 10](#)). Other activities involved a community development programme (supporting older people's initiatives across the city); a small grants scheme aimed at developing these groups; an innovative communications strategy promoting positive images of ageing as a way of combating negative stereotyping of older people within Manchester; and the development of partnerships with a range of cultural organisations across the city (for example, Manchester Museum, the Royal Exchange Theatre and Manchester Camerata).

The innovative nature and broad scope of the *Valuing Older People* projects enabled the programme to advance and further promote the asset-driven and citizenship-based narrative around ageing that the city had been developing since the 1990s. It also provided opportunities for Manchester to deliver in practice principles that the [WHO \(2002\)](#) had put forward with the development of its 'active ageing' policy framework. The latter forged a paradigm shift in the societal view of ageing which helped to reframe older people as contributors to their communities and to society at large, rather than being presented as a social and economic 'burden' (see further [Chapter 2](#)). Moreover, the initiatives developed in Manchester also supported a strategic commitment to reducing social inequalities, illustrated by work advancing the knowledge base around urban ageing, especially around the experience of ageing in low-income communities ([Scharf et al, 2003](#)). The work developed through the *Valuing Older People* programme led to initiatives that were able to address features of the city's older population that were atypical of older populations compared with many other local authority areas: notably, its lower proportions and numbers of older people; a significant proportion ethnic minority elders; and high levels of social exclusion and ill health ([Independent Inequalities Commission, 2021](#)).

Between 2003 and 2010, a number of initiatives directed at a national level stimulated further advances in the *Valuing Older People* programme.

Following on from the first national strategy on ageing – *Opportunity Age* (2005) – the Department of Work and Pensions commissioned its *Ageing Well* programme and began the coordination of a number of follow-up activities (see further *Building a Society for All Ages* [Department for [Work and Pensions](#), 2009]). The Manchester *Valuing Older People* team participated in these by presenting the Manchester approach at a range of conferences, as well as to government departments. During this period, the city was successful in its bid for funding under the government-led *Generations Together* programme, which was designed to improve intergenerational relationships through the investment in a number of neighbourhood-based programmes ([Local Government Association](#), 2009).

Challenges facing work with older people

The decade up to 2010 was a fertile time for what could be described as a new type of ageing sector, rooted in issues around social justice and social exclusion, as well as significant investments in a number of age-related programmes. However, further development of age-friendly work in the UK faced several challenges. First, a feature of the period up to 2010 was a succession of *short-term funding arrangements* for projects, from different government departments, often with overlapping aims. Second, despite a limited number of examples, these programmes were unable to position themselves as *mainstream* local government activities, grounded in the development of medium and long-term public policies. Third, *NHS agencies* were unconvinced about the value of age-friendly work, with the failure to develop effective partnerships at either the local or the regional level. Fourth, the attempt to build a *national representative voice* for older people was unsuccessful. Reflecting these points, towards the end of this period, in 2008, *Lifetime Homes, Life Neighbourhoods* was published by the Department for Communities and Local Government, bringing together existing writings and research with practice examples of lifetime neighbourhoods. An evaluation report was published in 2011, containing best practice examples, but did not lead to further action at a national level.

Age-Friendly Manchester's participation in the WHO Global Network: 2010 onwards

In 2009, the Manchester Ageing Strategy 2010–2020 was developed, following extensive consultation with older residents, elected council members and a panel of nationally recognised experts ([Manchester City Council](#), 2009). The strategy mirrored many of the features outlined in the [WHO \(2007\)](#) guide to *Age-Friendly Cities and Communities*, in particular: enabling older people to be more active and engaged as urban citizens; reducing inequality;

maximising access to better-quality care and support; and the provision of lifetime neighbourhoods with flexible, affordable housing options. One year after the publication of this strategy, in 2010, Manchester joined the *WHO Global Network for Age-Friendly Cities and Communities*, linking its ageing programme explicitly to the age-friendly cities movement (see [Chapter 2](#)).

Manchester's membership of the Global Network meant that ageing-related projects were increasingly defined in relation to age-friendly principles, with the term becoming more prominent in both research and policy. For example, initiatives supported by the Manchester programme included: the '*Age-friendly*' *Old Moat neighbourhood project*, a project aimed at improving the social and physical environments which older people experience in later life ([White et al, 2013](#)); the production of *A Research and Evaluation Framework for 'Age-Friendly' Cities* for local authorities ([Handler, 2014a](#)); *An Alternative 'Age-Friendly' Handbook* ([Handler, 2014b](#)); and the development of a guide to working with older people as co-investigators in researching 'age-friendly' neighbourhoods ([Buffel, 2015](#)).

In October 2014, the *Valuing Older People* programme formally relaunched itself as 'Age-Friendly Manchester', leveraging the WHO brand to strengthen and further consolidate its programme. The term 'Age-Friendly Manchester' has now become an umbrella term for all initiatives in the city that aim to improve older people's quality of life. The programme team published new strategy documents in 2017 and 2023, has maintained an active older people's board and has made important contributions to the city's housing development, postpandemic recovery plans, and health and social care strategies. The Age-Friendly Manchester team has also played a leading role in the national and international WHO programmes and in the Greater Manchester age-friendly programme.

The development of age-friendly Greater Manchester

As part of a broader national policy to devolve powers across the UK, the Greater Manchester agreement granted greater powers to the Greater Manchester area in November 2015, enabling the city-region to better shape the form and direction of its regional development. In the following year, the GMCA agreed to establish a 'Greater Manchester Ageing Hub', bringing together key partners to support a strategic and holistic approach to ageing. Three drivers for the Hub's development can be identified. The first was a national-level partnership with the *Centre for Ageing Better*, an organisation with an endowment of £50 million from the Big Lottery Fund to invest in bridging the gap between research, evidence and practice on what works for a better later life. The Centre for Ageing Better set out an ambition to develop strategic partnerships with a small number of local authority-led partnerships, including Greater Manchester, to support the

implementation of key priorities, particularly in the areas of economy and work and planning, transport and housing.

The second driver was academic collaborations and the embedding of research-driven programmes of change. The Manchester Institute for Collaborative Research on Ageing (MICRA) at the University of Manchester was a key ally and advisory body to the newly emerging Ageing Hub group. Latterly, guidance and support has been received through the Manchester Urban Ageing Research group (MUARG), which brings together researchers from a wide variety of disciplinary backgrounds, committed to working with national, regional and local government, third-sector organisations, nongovernmental organisations (NGOs) and older people to promote ‘age-friendly’ urban environments.

Third, the development of the Ageing Hub also reflected the region’s focus on ageing in place and its investment in age-friendly development at the neighbourhood level. The experience of building locality networks in the Age-Friendly Manchester programme from 2004 onwards and the development of the *Ambition for Ageing* programme from 2015 have been significant steps in adopting the ageing in place approach. Funded by the UK Lottery, from 2015 to 2022, *Ambition for Ageing* supported 25 neighbourhood-scale initiatives in eight of Greater Manchester’s local authority areas, targeting local-income areas (see further [Chapter 5](#)). Supported by an alliance of local partners, including local government and local universities, the *Ambition for Ageing* programme tested how neighbourhoods of typically fewer than 15,000 people could become more age-friendly. *Ambition for Ageing* also funded the first Greater Manchester-wide older people’s network, an equality panel drawn from LBGTQ+, minority ethnic and marginalised communities. In addition, the programme worked with the Ageing Hub to launch a mayoral age-friendly award scheme to local communities who were able to demonstrate practical progress to make their communities more age-friendly.

This new Greater Manchester-wide commitment to the ageing agenda came in the context of key international reports by the [OECD \(2015\)](#) and the [WHO \(2015\)](#), both of which called for coordinated action at the city and subregional levels to plan for ageing populations and to take advantage of the social and economic opportunities that population ageing represents. The Ageing Hub has followed three priorities since its formation in 2016: first, to develop Greater Manchester into the UK’s first age-friendly city-region; second, to develop Greater Manchester into a global centre of excellence for ageing; and, third, to increase economic participation among the over-50s. A report by [Phillipson \(2017\)](#), *Developing an Age-Friendly Strategy for Greater Manchester*, was described by the author as ‘a contribution to the work of the Greater Manchester Ageing Hub, established in 2016 to bring together knowledge, resources and expertise with the ambition to develop

the city-region as an international centre of excellence for ageing'. The report set out nine recommendations for action, emphasising the inequalities experienced by some minority ethnic communities, the need to take action to address social exclusion and to focus on issues such as housing, employment and neighbourhoods. Following on from the report, the Ageing Hub published its first Greater Manchester-wide age-friendly strategy in 2017, which coincided with affiliation to the WHO Global Age-Friendly Cities and Communities Network (GMCA, 2018).

In 2022, the Greater Manchester Ageing Hub was able to secure £4.2 million from a range of funders to launch a new Ageing in Place 'Pathfinder' initiative, working across eight neighbourhoods in Greater Manchester. The Pathfinder programme is focused on working in low-income neighbourhoods to improve the quality of life for residents as they grow older. To achieve this aim, the programme will establish joint boards of residents and local agencies to develop shared three-year action plans, and to implement measures to improve neighbourhoods for older people. A core objective is to build an alliance of 'system-leaders', senior officials and policy makers from the NHS, together with digital, housing, and other agencies committed to implementing a range of neighbourhood-based schemes across the region. Alongside this objective is a plan to create a platform or 'academy' to share lessons with community groups and others, in order to ensure a sustainable grassroots alliance of groups and organisations that can lead a step change in the control of older people over essential resources and services.

In 2022, the GMCA established a mayoral older people equality panel (alongside six other panels to advise the mayor in key issues and concerns of older people). Its initial priorities included the 'cost-of-living crisis', access to health services and digital exclusion. Other notable initiatives have been: the Greater Manchester Guide for Age-Friendly Employers and the development of new employment services for older workers in low-income neighbourhoods (GMCA and CfAB, 2022); the Greater Manchester Age-Friendly Housing Framework supported by a multi-agency task group, including private sector partners (GMCA, 2021); support for the LGBT Pride in Ageing project; and the Digital Inclusion for Older People programme.

In 2021, the Hub, working with the Greater Manchester Housing Providers group (25 local social housing agencies), launched a campaign called *Pension Top Up*, which aimed to encourage people of state pensionable age to claim a range of entitlements and benefits that had high levels of underclaiming (Mawhinney et al, 2023). For example, it was estimated that £70 million of Pension Credit (a means-tested top-up benefit) was going unclaimed in Greater Manchester each year. The first wave of the campaign managed to 'raise' approximately £3 million for older people on low incomes. The second wave, launched in 2022,

was given a wider focus on the cost-of-living crisis being experienced by many older people. As part of the campaign, 320,000 copies of a new booklet, a new film and other materials were produced, while more than 500 frontline workers in Greater Manchester (including housing providers, councils, the voluntary sector, health services, fire and rescue service, and the police) signed up for a free one-hour online introductory training session on Pension Credit and Attendance Allowance. In 2023, the Hub and the national charity *Independent Age* entered into a strategic agreement to improve the lives of older residents experiencing financial hardship and to develop new programmes, which were disseminated at a national level.

The expansion of the age-friendly movement across the UK

Manchester's growing engagement with the age-friendly cities agenda was mirrored elsewhere as a number of initiatives embracing the age-friendly agenda were developed across the UK. These included: the UK's first conference on age-friendly environments (in 2011), the publication of the UK Urban Ageing Consortium's guide to *Creating Age-Friendly Places* (Morris, 2013) and the establishment of a UK Network of Age-Friendly Cities aimed at sharing knowledge and best practice on age-friendly cities (Rémillard-Boilard, 2018).

For cities like Manchester, the age-friendly movement, as well as the WHO Global Network and membership within it, has offered a unifying and integrated narrative in which to advance ageing work across the council. In effect, the 'age-friendly' brand has helped to mainstream the ageing agenda, giving valuable support to the more empowering narrative developed through the *Valuing Older People* work, shifting away from seeing older people as a problem towards seeing them as active citizens able to take part in the broader project to mobilise communities and reshape services and neighbourhoods – even in the context of economic austerity.

In 2016, the UK Network of Age-Friendly Communities was relaunched following a Strategic Partnership agreement between Greater Manchester and the Centre for Ageing Better, with the latter taking on a secretariat role for the Network. By 2023, the Network was supporting 70 local authorities in the UK's four nations and had published a range of resources, organised training courses and held annual events for network members (CfAB, 2023). The Network has also led campaigns for a UK Commissioner for Older People, promoted the UN International Day of Older Persons and supported a wide programme of activities in line with the WHO's eight age-friendly domains, but also focusing on issues such as post-COVID-19 responses to issues facing older people, ageism and social inequalities linked to race, gender, sexuality and disability.

Challenges and limitations

The launch of Age-Friendly Manchester and other age-friendly city programmes across the UK, emerging as they did in the wake of a global financial crisis, have faced continuing challenges in terms of maintaining levels of activity and commitment from partner organisations. Local councils have faced significant cuts in their budgets and services, with the most deprived areas suffering the largest cuts and wealthy areas the least (Gray and Barford, 2018; Marmot, 2020). In Greater Manchester, local authorities have faced an average real-term cut of 24.5 per cent from 2010/2011 to 2021/2022, with Manchester city suffering a 29.9 per cent reduction, or ‘savings’ of £420 million, and a reduction in spending power of 15 per cent, compared to a national reduction of 2.4 per cent (MCC, 2022; SIGOMA, 2023).

The impact of this period of austerity has been substantial for age-friendly activities, with community services – such as libraries, community development programmes, social care and housing-based support services, and public health services – all being subject to significant reductions in funding. Resources allocated to social housing providers to support community wardens, and local care and repair housing improvements, have all been significantly reduced. Access to targeted physical activities for older people, adult education and a variety of leisure activities have been significantly restricted in scope, with the biggest cuts affecting low-income neighbourhoods.

Reductions in public sector funding have also led to the closure and/or ‘pausing’ of some age-friendly projects, such as the Manchester age-friendly neighbourhood network of community groups and the quarterly age-friendly newspaper, which had a print run of 15,000 copies, being suspended for the foreseeable future. The central team also lost over half of its staff as colleagues chose to take advantage of voluntary redundancy packages or moved to other roles. The longstanding *Positive Images programme* and annual *Festival of Ageing* were also postponed, while the small grants scheme aimed at supporting small community groups is operating with a reduced allocation of funds.

At a strategic and practical level, it is increasingly difficult to get support for what can be seen as a ‘non-essential’ area of work, that is, what is not ‘core’ local government activities. When service leaders are forced to cut services, it is often the preventative or ‘low-level’ services that are placed at risk, and this was the case in the first period of government austerity budgets.

In summary, a significant proportion of the age-friendly projects and delivery of mainstream services were either reduced or completely cut in the period from 2010, and it was only the support of some senior politicians and officers, and the activities of the Manchester Older People’s Board, that ensured the continuation of the programme. In this scenario, where the policy pendulum swung away from support for key aspects of age-friendly activities, the Manchester team worked to identify a set of alternative

activities to focus on or existing priorities that needed further support. These included: first, in the context of a lack of national policy or strategy around ageing, collaborating with other large cities through the founding of a National Network of Age-Friendly Cities (see the earlier discussion on this); second, by searching out partnerships with research institutions to help fund action-research projects; third, working internationally through the WHO network of age-friendly cities; fourth, supporting the Manchester Older People's Board to ensure a representative voice of older people was heard; and, finally, developing new partnerships, such as with housing providers to support their involvement in place-making responsibilities.

Conclusion

What are the lessons to be drawn from three decades of work in Manchester and Greater Manchester aimed at supporting the active participation of older people within their communities? What type of issues can be identified which may assist other cities and localities developing their own age-friendly work? In conclusion, five themes might be identified that run through the various developments identified in this chapter. First, there is the importance of building age-friendly activities around *partnerships* operating at a range of levels: local, regional, national and international. Gaining credibility and recognition within the local (and regional) community is vital, especially in the context of securing medium- and long-term funding. But participating in national and international networks is also valuable in terms of offering examples of new areas of work and in contributing to a sense of collective purpose about the value of age-friendly work.

A second lesson concerns the significance of building a *narrative* for age-friendly activity, one which sets out an agenda that can distinguish it from competing approaches and policies targeted at older people. In Manchester, this has been focused on issues relating to participation and citizenship, but other cities and communities will develop their own storylines, reflecting the particular contexts in which they are operating.

Third, there is the question of ensuring *political support*, in particular gaining the backing of local councillors, mayors and senior public service officials. This is probably one of the most challenging issues for the movement, namely, convincing leaders within local authorities that embedding age-friendly values in their services should be a core objective rather than a luxury to be abandoned in periods of financial difficulty.

Fourth, and linked to this last point, *research* must also be seen as an essential complement to age-friendly activity, developing an evidence base about which interventions are the most or, conversely, the least effective, and which groups benefit the most or the least. In the absence of such information, it will be difficult to convince funders that age-friendly work

should be supported, given competing local priorities and limited available funds. Building an ecosystem of agencies in different geographical regions around a centre of research excellence, bringing together research, policy, community and private sectors needs to be an explicit aim in assisting the goal of ensuring innovation in age-friendly work.

Finally, a consistent thread in work in Manchester has been attempts to *empower* older people themselves through the development of representative forums of various kinds. However, lessons about the effectiveness of these forums are still being learnt, with evidence for their value and impact an important topic for research. Sharing lessons across different age-friendly networks may be a valuable approach in this context, learning from the influence of the different contexts and circumstances in which diverse groups of older people live.

This chapter has set out the historical evolution of age-friendly work in Manchester and the wider region. It describes a period of growth and development as well as major challenges, with limits to activity arising from economic austerity and cuts to public services. This last observation highlights the importance of developing a strong narrative about the value of age-friendly work, along with research which can provide insights into its effectiveness for improving the lives of older people and the communities in which they live. The Manchester experience provides an important set of lessons for developing age-friendly work in the future, bringing together local and national leadership, with the empowerment of older people themselves.

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Paying attention to inequalities in later life: a priority for urban ageing research and policy

James Nazroo

Introduction

The question of inequality within the discipline of social gerontology has largely focused on the disadvantages faced by older (post-retirement age) people compared with younger people. This has largely been driven by a concern with structured dependency and ageism, theorised within a political economy framework (Townsend, 1981, 1986; Walker, 1981). This notion of an age-related inequality divide remains in the more recent flipping of this concern: that older people within the Baby Boomer generation have done too well, taking the advantages given by the postwar welfare state into a post-retirement predependency third age, and doing so at a cost to more recent generations (Hoolachan and McKee, 2019; Willetts, 2019). Instead, this chapter will argue that a critical urban gerontology must step away from such descriptions of age-related difference and instead examine the power structures, or modes of oppression, that shape inequalities *within* age groups and generations, and how this operates in an urban context. This means examining the patterns and mechanisms of inequality in later life. Such an approach has clear connections with those early discussions of structured dependency that focused on how institutions differentially shaped the experience of ageing across social classes (Phillipson, 1982), as well as more recent discussions of class as culture (Gilleard and Higgs, 2005). However, rather than centring a distinction between younger and older people – in effect those pre- and post-retirement – this chapter proposes centring a discussion of class alongside racism and patriarchy, and how related processes operate to shape people's experiences of later life.

To develop this argument, the chapter will begin by summarising the patterning of health inequality in later life in relation to socioeconomic position, ethnicity, gender and place, and how this relates to the accumulation of disadvantage (Dannefer, 2003, 2020). It will then explore the mechanisms that shape these inequalities, suggesting that we need to move beyond

partially theorised proximal processes and instead focus on fundamental causes, thus focusing on the ways in which patriarchy, class and racism shape later life and the experience of transitions in later life, connecting with recent work on precarity (Grenier et al, 2021). It will then discuss how these processes operate at the macro (structural), meso (institutional) and micro (interpersonal) levels, and the implications of this for a critical urban gerontology focused on spatial justice. Finally, it will discuss why the reach of institutions into the structural and the interpersonal domains might make institutional transformation a valuable route to address inequalities in later life.

The chapter focuses primarily on inequalities in health, using evidence from the UK, because it is in relation to health that we have reasonably strong evidence on mechanisms, but in doing so it will cover other dimensions of inequality insofar as they relate to health.

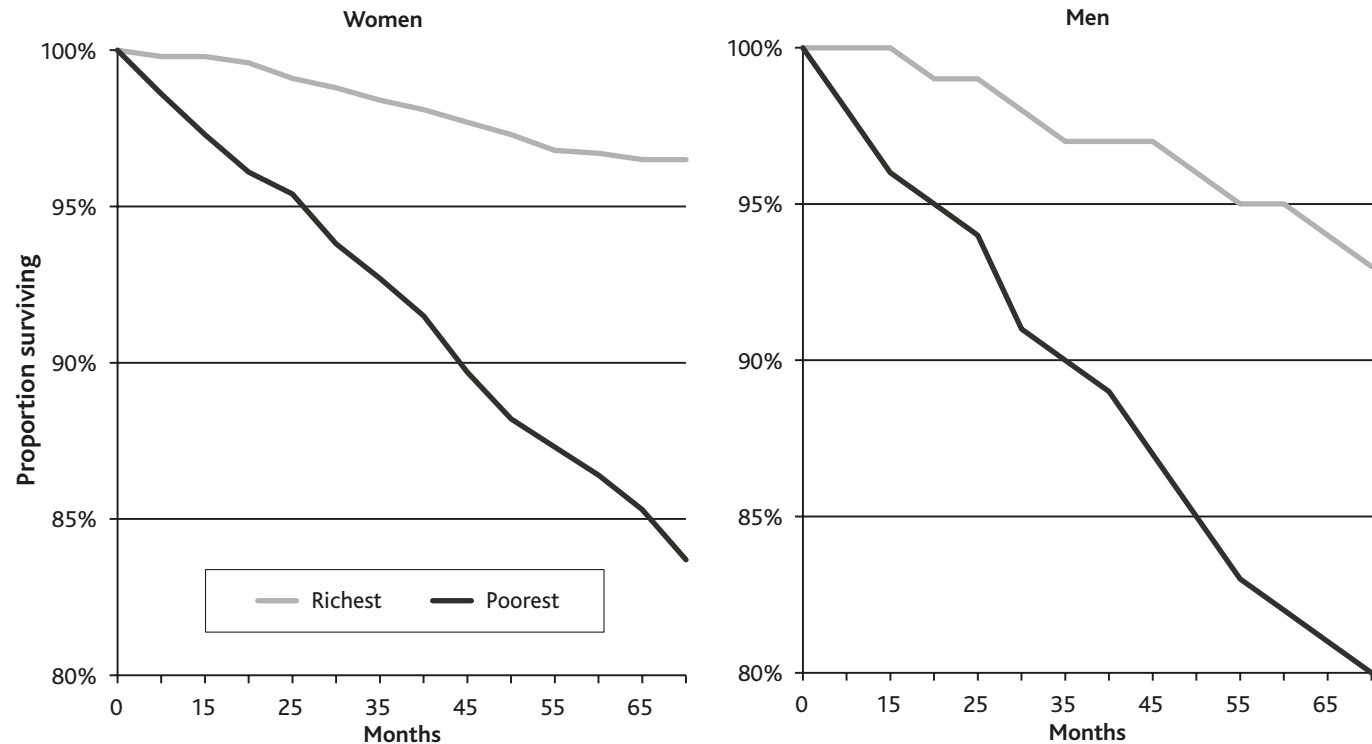
The patterning of inequality in later life

It is well documented that inequalities in later life are present in relation to any outcome we care to examine – health and wellbeing, employment, retirement and pensions, social engagement, citizenship, involvement in caring roles and receipt of care, and so on (Nazroo, 2017; Scharf et al, 2017). Wherever we look, we see inequality. The descriptions that follow in this section relate to the patterning of inequality in later life by socioeconomic factors, gender and ethnicity, together with location, in order to allow for consideration of how inequalities may be concentrated in particular (urban) sites.

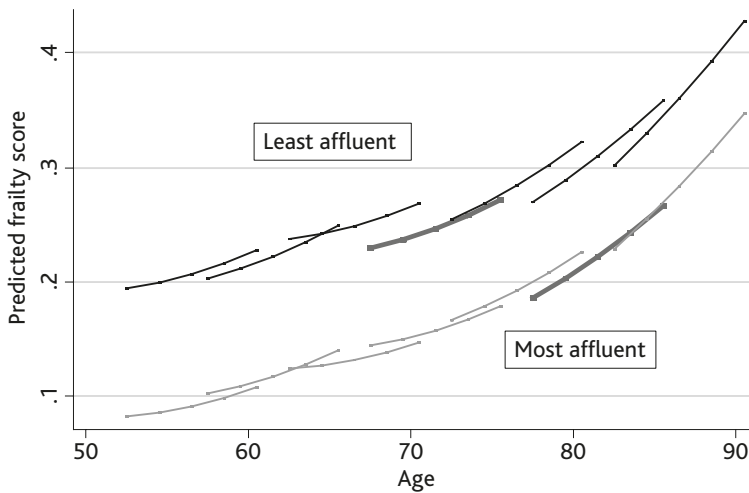
The extent of socioeconomic inequalities in health in later life

Despite the relative neglect of inequalities in later life in both academic and policy work, over the past twenty years there has been a growth of evidence that has robustly mapped the relationship between socioeconomic position and health in later life. The variation in risk of mortality across population groups is perhaps the most important marker of these inequalities. Figure 4.1 shows survival curves for the richest fifth and poorest fifth of men and women aged 50 or older over a six-year period (Nazroo et al, 2008). The level of inequality is clear: around 4 per cent of women in the richest fifth of the population do not survive over this six-year period compared with 16 per cent of women in the poorest fifth, a fourfold difference. Similarly, only 7 per cent of men in the richest fifth of the population do not survive, compared with 20 per cent of men in the poorest fifth. In an additional analysis that adjusts for factors such as education, occupation and health behaviours, the remaining risk of mortality is more than 50 per cent greater for the poorest compared with the richest fifth of the population (a hazard ratio of approximately 1.6).

Figure 4.1: Survival rates for the richest and poorest fifths of the population: women and men aged 50 or older



Source: Adapted from [Nazroo et al, 2008](#)

Figure 4.2: Frailty trajectories stratified by wealth and cohort

Source: Adapted from [Marshall et al, 2015](#)

A concern related to these marked socioeconomic inequalities in terms of risk of mortality is how they relate to health prior to death. Cross-sectional descriptions of the population aged 65 and older show the inverse relationship between markers of socioeconomic position, such as wealth and occupational class, and a range of markers of health, such as heart disease, blood pressure, diabetes and lung function ([Banks et al, 2006](#)). Although the strength of the relationship reduces with age, this reduction appears to be largely a consequence of higher mortality rates among the most vulnerable in less affluent socioeconomic groups, with consequent reduced socioeconomic differences among survivors ([McMunn et al, 2009](#)).

Longitudinal evidence, summarised in [Figure 4.2](#), suggests marked socioeconomic inequalities in risk of frailty, a broad marker of health and disability, and that these inequalities have been widening over time ([Marshall et al, 2015](#)). In more detail, each line in the figures represents the change in the mean level of frailty for a five-year cohort over an eight-year period – a frailty trajectory. This is stratified by wealth (those in the richest third of the population compared with those in the poorest third). The wealth differences in levels of frailty are stark: the trajectory of frailty for an individual in the richest third of the population is comparable to that for those ten or more years younger in the poorest third – compare, for example, the age ranges covered by the two bold lines which are at similar heights, or levels of frailty. The figure also indicates that among the poorest third of the population, more recent cohorts appear to have higher levels of frailty compared with earlier cohorts. Take, for example, levels of frailty between the ages of 75 and 80 for the two cohorts that cross this age range, where the line for the more

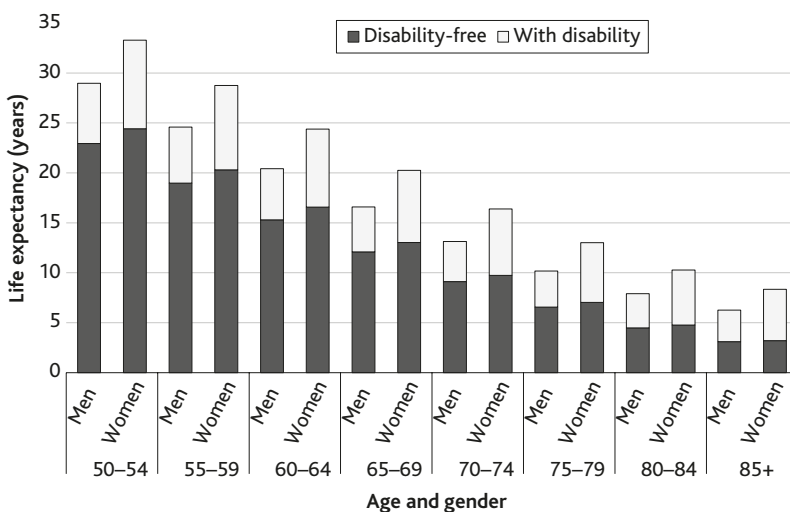
recent cohort sits above that for the cohort that preceded it. In contrast, for the richest third of the population, there are few differences in the level of frailty across cohorts – the lines overlap. It is possible, then, that healthy life expectancy might be worsening for poorer segments of the population and that inequalities in health in later life are increasing across cohorts.

Gender inequalities in health in later life

The focus of descriptive work on gender inequalities in health has been on the higher levels of illness experienced by women, which contrast strikingly with women's lower risk of death. This contradiction is illustrated in [Figure 4.3](#), which, for men and women and five-year age bands (from the age of 50), breaks down expected life expectancy into that which is disability-free (the dark part of each bar) and that with disability (the pale part of each bar) ([Nazroo et al, 2008](#)). The total height of each bar is total life expectancy, and [Figure 4.3](#) clearly shows that for each age group, women have a higher life expectancy than men. However, a comparison of the darker part of each bar shows that differences in disability-free life expectancy are much smaller, so most of this higher life expectancy is a consequence of higher life expectancy spent with some disability (the pale part of the bars).

This paradox remains unexplained. It is reasonable to postulate that gender is differentially related to key determinants of life expectancy and morbidity. So, the ways in which gender relates to economic and cultural resources, interpersonal power dynamics and health behaviours might generate the

Figure 4.3: Life expectancy with and without disability by gender and age



Source: Adapted from [Nazroo et al, 2008](#)

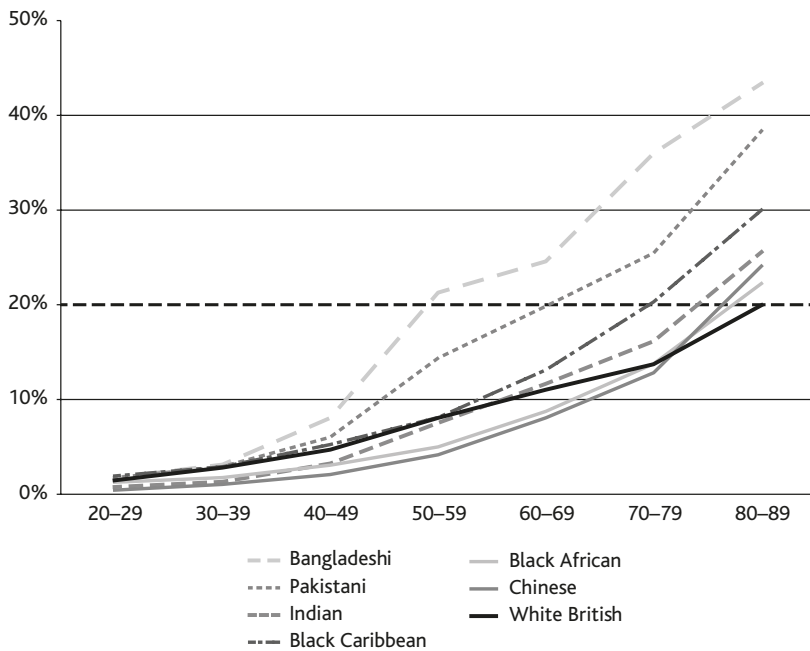
paradox of lower morbidity and higher mortality for men. For example, men seem to engage in more risky behaviours and to be exposed to more risky environments, resulting in higher mortality rates from, for example, outcomes related to smoking, or accidents and suicide (Sundberg et al, 2018), while, as a result of gender differences in economic opportunities and roles, women seem to be more likely to be exposed to hazards that increase risk of morbidity. For example, there is longstanding evidence documenting markedly higher rates of common mental disorders among women compared to men (Nazroo et al, 1998; van de Velde et al, 2019). While some have argued that these might be primarily related to reproductive ages, several studies have now demonstrated that they persist into later life (Steptoe et al, 2012). Indeed, there is some evidence suggesting that differences in wellbeing between women and men are large in later life and become larger with age (Vanhoutte and Nazroo, 2014).

However, the reasons for these differences remain underexplored. They may relate to both culturally informed expectations of gender roles, and structural and institutional processes shaping economic and role differences between men and women. There are, for example, important (although changing) gender differences in educational levels, occupational levels and types, pension wealth and domestic roles (Arber, 2006). These inequalities accumulate across the life course, resulting in inequalities in partnership roles (decision making, caring and domestic roles), and socioeconomic status which in turn impact on health. And women, including older women, are exposed to greater risks of physical and sexual abuse, and higher morbidity rates as a result (WHO, 2019; Annandale, 2021).

However, the role of these and other potentially important factors in explaining gender inequalities in life expectancy and healthy life expectancy, especially as they unfold in later life and change across age cohorts, is woefully underresearched (Arber et al, 2007). There is a clear need for more thorough investigations of these issues.

Ethnic inequalities in health in later life

In the UK, there has been extensive work describing ethnic inequalities in health for the population as a whole, but little work describing ethnic inequalities in later life (Phillipson, 2015; Bécares et al, 2020). One of the few examples of quantitative work that has focused on older people is summarised in Figure 4.4 (Stopforth et al, 2022), which illustrates the importance of this dimension of inequality. The figure shows the proportion for each ethnic category within each age group who report their health as bad or very bad rather than very good, good or fair. It clearly indicates that the level of ethnic inequality increases dramatically across these age groups, resulting in substantial inequalities among those in later life. For example, as indicated by the dashed line crossing the graph, 20 per cent of White British people

Figure 4.4: Patterning of ethnic inequalities in reported bad or very bad health by age

Source: Adapted from [Stopforth et al, 2022](#)

aged 80–89 report their health as bad or very bad, a level reached by Indian people aged ten years younger, Caribbean people in their late 60s/early 70s, Pakistani people in their late 50s/early 60s and Bangladeshi people in their late 40s/early 50s. Looking at the figure in another way, compared with the 20 per cent of White British people aged 80 to 89 who report bad or very bad health, this is the case for 26 per cent of Indian, 30 per cent of Caribbean, 38 per cent of Pakistani and 43 per cent of Bangladeshi people aged 80 to 89.

As for inequalities in relation to socioeconomic position and gender, such findings raise questions as to how the growth of ethnic inequalities in health into later life relate to other dimensions of inequality that ethnic minority people have experienced across their life courses. There is a large and robust body of evidence that points to the importance of social and economic inequalities in shaping the ethnic patterning of health ([Nazroo, 2001, 2003](#)). This evidence shows that health differences are substantially reduced in statistical models when adjustments are made for differences in economic position. There is also a growing body of research that shows the significance of racism and discrimination to the life chances of ethnic minority people and that these experiences have a direct impact on health ([Nazroo, 2003](#); [Paradies et al, 2015](#); [Wallace et al, 2016](#)). Given this, it is not surprising that the pattern of inequalities in health shown in [Figure 4.4](#)

is also present for income inequalities (Nazroo, 2006), estimates of pension income (Pensions Policy Institute, 2003) and broader estimates of economic wellbeing in later life (Bajekal et al, 2004).

This evidence on ethnic inequalities in the experience of the ageing process is consistent with possible differences in the accumulation of exposures to social and economic disadvantage (such as poor housing or unemployment) over time across ethnic groups (Dannefer et al, 2020). Other possibilities, with more limited empirical evidence, have been proposed – largely on the basis that our common-sense understandings suggest that ethnicity relates to cultural practice and migration histories. For example, the poorer health of older ethnic minority people might relate to the generation-specific impact of migration on health (for example, the impact of pre-migration circumstances, or the process of migration and postmigration circumstances). Or it might relate to context/period effects that vary across both age cohorts and first and subsequent generations of migrants (such as economic opportunities, transformations in identities, and acceptance into and participation in social and civic life). Of these potential explanations, the very limited evidence that we have suggests that the accumulation of disadvantage across the life course is most important (Nazroo, 2006; Evandrou et al, 2016; Stopforth et al, 2022), with differences in the circumstances between age cohorts playing a smaller and uncertain role (Smith et al, 2009).

Place-based inequality

An extensive body of literature has mapped geographical inequalities in health (Dorling and Thomas, 2016). The focus of this work is on the average difference in health and life expectancy across areas, with ‘area’ defined at a number of geographical levels. A crucial question for this literature is how far the observed differences between areas might be a consequence of the characteristics of the individuals who live in the area, or of the areas themselves, with a typical focus on individual socioeconomic characteristics and levels of area deprivation. Several studies have identified an association between the physical and social aspects of a neighbourhood in which an individual lives and the physical and mental health of that individual (for example, Pickett and Pearl, 2001; Diez Roux and Mair, 2010). Older people are thought to be particularly susceptible to area influences as a result of their proposed greater attachments to their neighbourhood. This might be because they may spend more time day to day within their neighbourhood (especially if they are retired or less mobile) and make more use of local services compared to younger people (Bowling and Stafford, 2007; Phillipson and Buffel, 2020; Buffel and Phillipson, 2024). It also might be a result of older people living in, and investing in, an area over a longer period of time, meaning that they have both been exposed to a potential accumulation of

area-based disadvantage and may have greater returns from the community and social infrastructure provided by the area.

Nevertheless, older people have rarely been the focus of the investigation of such effects. One study provides an examination of area effects for older people with a focus on socioeconomic inequalities in health (Marshall et al, 2014). It shows that after taking account of the characteristics of older individuals themselves (including education and wealth), the average level of deprivation in the area relates to an increased risk of depression. However, the risk of depression is lower in more unequal areas, suggesting that the benefits resulting from the presence of richer people in the area are protective of poorer people in the area. Studies exploring how older, long-term residents are affected by gentrification – the process by which a neighbourhood is transformed by the inward migration of middle-class, wealthier and White residents – may offer further insights into the dynamics between place-based inequality and health in later life (Buffel and Phillipson, 2019; Smith et al, 2020; Buffel and Phillipson, 2024). On the one hand, gentrification is associated with new investment, improvements in infrastructure and services that improve health. On the other hand, there is also evidence to suggest a negative effect of gentrification on health in later life, because it results in higher house prices and rental costs, a resulting lack of affordable housing, and loss of social networks and community infrastructure (see also Chapter 6). Clearly, the relationship between place-based inequality and health is not straightforward and requires further investigation.

The specific ways in which place might shape gender inequalities in later life is also an area that has been neglected in the literature. However, what is important here might be how older women's exclusion from public spaces reflects not just age-related insecurities, but also gender-related exclusion (Tonkiss, 2005) experienced across a life course, where fear of sexual harassment and violence, alongside broader vulnerability to violent crime, may have progressively shaped women's use of public spaces.

Complex findings are also present in the literature examining the relationship between place and ethnic inequalities in health. A striking feature of the circumstances of ethnic minority people in the UK is their concentration in quite specific locations. These locations are, as might be expected, primarily in urban areas that are rated very poorly in terms of infrastructure, facilities, and economic standing and opportunities (Jivraj and Kahn, 2015). This has a negative impact on the health of ethnic minority people and it is likely that this negative impact increases over time. However, in direct contrast to official estimates of deprivation, older ethnic minority people rate the amenities in the urban areas in which they live more positively than White people do, and no worse in terms of crime and the physical environment (Bajekal et al, 2004). Interestingly, in-depth interviews with older people suggest that this 'mismatch' between respondents' reported

experiences and official assessments may be a consequence of ethnic minority people settling in areas together and investing in developing the local infrastructure (appropriate places of worship, shops, clubs and so on) to meet their needs, thereby both building community and generating community cohesion (Bécares and Nazroo, 2013). Such communities have then offered opportunities for older ethnic minority people to engage in social and civic activities and to take up roles that they find rewarding, despite being deprived. There is also evidence suggesting that such ethnic concentration reduces the risk of exposure to racism with consequent beneficial effects on health (Bécares et al, 2009). Overall, the suggestion is that place is crucial in shaping inequalities in later life for ethnic minority people, both positively and negatively. Such processes are, of course, also likely to be relevant to both socioeconomic and gender inequalities.

Moving beyond description

The preceding description of the patterning of inequalities in health in later life is powerful and it is tempting to move directly from this to explanation. Differences in economic resources, cultural practices, role opportunities and even genetics are easily read into the social categories under investigation – class, gender and ethnicity (as well as other ‘protected’ characteristics) – and these can then be mobilised as explanations. So, if those with lower levels of wealth have a lower chance of survival (see Figure 4.1), then we might assume that it is something about wealth – about access to material assets – that leads to a longer life expectancy. This is almost certainly true, of course, but we need to go beyond such common-sense interpretations to consider the mechanisms through which wealth operates, factors associated with wealth that might also be important for life expectancy and, most importantly, why wealth is unequally distributed across the population.

More contentiously, we might attribute poorer health to cultural practices, such as the poorer diets and smoking behaviours of those in poorer socioeconomic locations or of ethnic minority people. Or we might make claims about the genetic vulnerabilities of ethnic minority people or of women. Culture, and resulting normative behaviour, and genetics become central explanations for inequalities in health, and the socioeconomic proximal drivers of these inequalities. However, such an approach fails to interrogate the ways in which the categories under consideration and the meanings they carry are socially constructed. Rather, these constructed meanings are reified and become the source of essentialised explanation. In this way, ‘untheorised’ understandings of categories become stabilised within both research and political/policy projects and are then mobilised to provide explanation and action.

One consequence of this is that we reduce our focus to individual exposure to risk factors, such as poorer employment conditions, risky health-related

behaviours, environmental hazards and experience of trauma. Instead, we need a thorough understanding of why such risks are unequally distributed across socioeconomic, ethnic and gender groups. Therefore, ethnicity, gender and socioeconomic position are not explanatory concepts; rather, associated inequalities are something to be explained, and to develop an explanation, we need to look at underlying, fundamental, causal processes and how these shape categories and their meanings, life chances and inequalities in the outcomes we are concerned about. This requires a focus on the operation of power and resulting oppression and exploitation enabled by patriarchy, racism and class structures.

A careful consideration of work using an intersectionality approach is helpful here (Crenshaw, 2023). Central to this approach is the recognition of the importance of the intersection of multiple dimensions of identity in shaping our experiences – class, gender, ethnicity, disability, age, sexual identity, religion and so on. Consequently, there is a concern that a simple use of categorical concepts, such as ‘ethnic group’, offer connotations of unified blocks with shared experiences. Instead, it is argued that we should focus on the nature of social relations within a category as well as those between categories. This allows for an examination of the construction and operation of complex identities in context and brings into view the actions of dominant groups within broad categories of identity. But it also pushes us to move beyond a carefully contextualised description towards explanation – thus, moving beyond an account of how a combination of sexual orientation, ethnicity, gender and class might shape one’s identity and experiences to an understanding of fundamental causal processes and how they might interact. This requires stepping beyond nuanced empirical description to an examination of the operation of power across different modes of oppression and the consequences of this (Crenshaw, 1989), and hence a return to the focus on the operation of class, racism and patriarchy.

Investigating fundamental causes

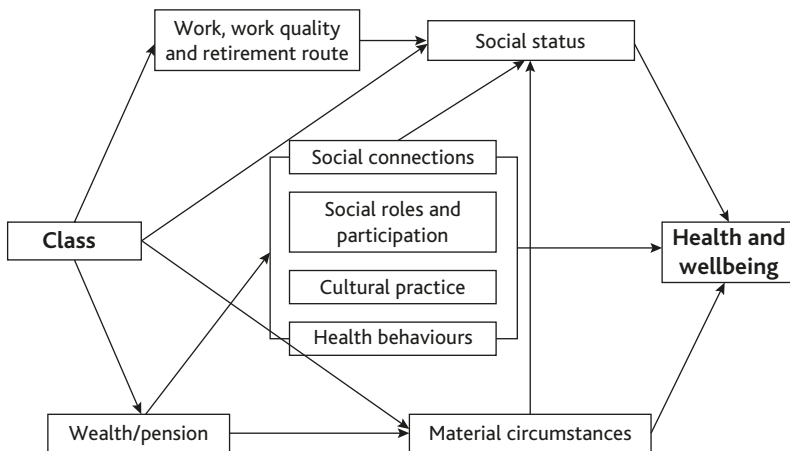
Given the arguments proposed earlier, how might we go about an investigation of the fundamental causes of inequalities in later life, that is, to conduct an investigation of the operation of power enabled by racism, patriarchy and class? To illustrate this, the following provides an account of how the mechanisms related to class might be considered.

Most research examining the role of class in generating health inequalities has followed a tradition based on a conception of class as labour relations, operationalised through measures of occupational class (Higgs and Scambler, 1998). However, occupational class is likely to be less theoretically robust in defining life chances, or reflecting class position, once people retire from paid employment or consider themselves to be retired. And similar problems

also exist when inequalities are examined in relation to education (with an implicit focus on the significance of early life) and income or wealth (with an implicit focus on material conditions). Consequently, it is worth considering how we theorise class and its operation in later life.

Bourdieu provides a grounding for this by arguing that status in the class structure is not only dependent on position within labour markets, but that it also has a symbolic dimension that is related to lifestyles or consumption patterns (Bourdieu, 1979). He goes on to argue that these characteristics exist as economic, cultural and social capitals, which in turn relate to symbolic capital (Bourdieu, 1987). Economic capital comprises material assets that can be directly converted into money (such as houses and stocks and shares) allowing individuals to strategically access resources. Cultural capital is embodied in highbrow cultural and material tastes that signify social status and consequently shape interpersonal interactions. To access cultural capital, one must possess the knowledge and competence to demonstrate the possession of such valued tastes. Social capital reflects membership of social groups or networks, both personal and formal. Bourdieu argues that ‘durable’ social networks give access to recognition, support and information (Bourdieu, 1986). Also important is symbolic capital, which is defined by Bourdieu as present when the possession and expression of other forms of capital is ‘perceived and recognized as legitimate’ (Bourdieu, 1987, p 4). So, it is not just the possession (or distribution) of capitals that is important, but whether the authority, prestige and status that goes with the possession of cultural, social and economic capital is accepted by dominant social groups (Bourdieu and Wacquant, 2013). This means that having ideologically devalued identities – gender, ethnicity, sexual identity, disability and so on, as well as age – may undermine the value of capitals that are possessed.

What does this type of approach mean for a critical urban gerontology – one that is focused on inequality, examining the operation of fundamental causal processes and aiming to mobilise this understanding to redress inequality? As a starting point, it requires investigation of the operation of the various dimensions of capital that are relevant to the inequalities on which we are focused. It then requires considering how these processes might be disrupted. In the case of investigating processes relating to class, inequalities in health in later life might be conceptualised in terms of the economic, social, cultural and symbolic resources to which the older person has access and how these relate to class position. The possible mechanisms involved in this can be investigated using appropriate markers, such as in the schematic presented in Figure 4.5. This is a conceptual model that proposes the relationship between inequalities in health and economic resources (wealth/pension, material circumstances, work and work quality), social resources (social connections, social roles and participation) and cultural resources (cultural practice and health behaviours). The operation of symbolic

Figure 4.5: Causal mechanisms associating class with health and wellbeing in later life

Source: Adapted from [McGovern and Nazroo, 2015](#)

capital might be harder to identify, but one possibility is to use markers of experiencing discrimination, while another, as indicated in [Figure 4.5](#), is to use individuals' perceptions of their social status ([Netuveli and Bartley, 2012](#)). This connects to [Bourdieu's \(1979\)](#) discussion of the 'natural distinction' of the bourgeois, where he suggests a link between economic capital, cultural capital and perceived social status. The empirical testing of this models shows its value in predicting a range of health outcomes in a longitudinal analysis ([McGovern and Nazroo, 2015](#)), indicating the broader utility of such an approach to an investigation of the operation of fundamental causal processes.

Of course, there is a wide literature both theorising and measuring the effects of the concepts covered in [Figure 4.5](#) in relation to health. Wealth has already been discussed earlier, while social, civic and cultural participation have also been theoretically explored in terms of social integration theory, social role theory and coping theory. What is crucial is to understand how these processes are driven by fundamental causes (here class, but also patriarchy and racism) and thus how they relate to the generation of inequalities in health. So, class is not only related to social detachment in later life, with those in the richest wealth quintile almost ten times less likely to be socially detached than those in the poorest wealth quintile, but is also related to the risk of older people becoming socially detached at a future point, with those in the poorest wealth quintile being almost five times more likely than those in the richest wealth quintile to move into social detachment ([Jivraj et al, 2012](#)). How economic, social, cultural and symbolic capital shape this is well illustrated by the account of a retired participant in a study examining older people's quality of life ([Nazroo et al, 1999](#)). When describing the importance of volunteering to his quality of life, he stated:

‘We travel a lot. That’s the other thing I do in my spare time, I do travel talks for the local hospice for charity. I did two last week actually. People like ... the retired businessman’s association, and I talked to them about Japan where my daughter had lived for four years and we visited them quite a lot. So I do slide shows. And I did Peru on Friday ... I do those I suppose ... well once or twice a month I suppose. Have lunch ... or evening sessions with different groups of people, talk to them about different places round the world that we’ve visited.’ (66-year-old retired White man, interviewed in August 2001)

It is also important to consider how class (and the capitals associated with it) relates to transitions in later life, not least because it provides a corrective focus for the large body of inequalities in health research that has adopted a life course focus which almost exclusively emphasises the importance of early life. The body of research on wellbeing provides one route into this. Almost all research in this field has noted an inverted U-shaped relationship between wellbeing and age, with wellbeing improving from the early 50s to the late 60s, and then beginning to decline (Baird et al, 2010). Importantly, while this relationship is present across socioeconomic groups, there remain socioeconomic inequalities across the later life age range. Indeed, these are sufficiently large that at none of these ages do the levels of wellbeing for the poorest fifth of the population reach the lowest level found for the richest fifth of the population (Jivraj et al, 2014).

The inverted U-shape nature of the relationship of wellbeing with age is important because it suggests that transitions in later life are crucial in determining wellbeing. Indeed, once the age-varying characteristics of poor physical health and marital status (primarily becoming a widow or widower) are taken into account, the decline in wellbeing in later life disappears. Those whose marital status does not change and who remain healthy experience ongoing improvements in their wellbeing. Of course, deteriorating health and widow(er)hood are not random events; rather, they are events that are shaped by class (and racism and patriarchy).

Interestingly, this work (Jivraj et al, 2014) also suggests that wellbeing is at its highest levels across the ages of 60–70. This raises the question of what the impact of work and retirement is on health and wellbeing, and how this might be shaped by class. Overall, the evidence is mixed, with some studies showing that continued working is beneficial, while others find it to be detrimental to health and wellbeing, or showing no significant relationship. One reason for the variation in findings across these studies is that they do not pay sufficient attention to the quality of work that is engaged in and the complex and diverse process of retirement. Investigations that focus on these questions show that remaining in work in later life has a positive impact on

health for those who are in good working conditions, while retirement has a positive impact on health for those who are in control of their retirement decision (Matthews and Nazroo, 2015). In contrast, working in low-quality jobs and being forced to retire has a detrimental impact on health for those in later life. And both quality of work and route into retirement are strongly shaped by class (Matthews and Nazroo, 2015). This suggests that a focus on later life circumstances and later life transitions, and how these are shaped by processes relating to class (and patriarchy and racism) is essential when understanding and addressing inequalities.

Although there is not sufficient space to provide similar accounts of how racism and patriarchy operate in later life, impacting on inequalities in relation to gender, ethnicity and other minoritised identities, it is perhaps not a great stretch to consider how racism and patriarchy shape access to economic, cultural and social capital. However, what is perhaps crucial is to centre a discussion of symbolic capital when considering patriarchy and racism, given that both operate on an ideological dimension that devalues and minoritises certain types of social identity. So, despite holding certain forms of capital, those with devalued identities will not have sufficient symbolic capital to fully exploit the associated resources – see, for example, the disjuncture between diminishing ethnic inequalities in education (Lymperopoulou and Parameshwaran, 2015) and maintained inequalities in employment outcomes (Kapadia et al, 2015).

In addition, it is worth considering how these processes of power and oppression operate at different societal levels, so at the macro (structural), micro (interpersonal) and meso (institutional) levels (Nazroo et al, 2020). The operation of inequality at the structural level results in disadvantaged access to economic, physical, political and social resources. This not only has material implications, but also cultural and ideological dimensions, the justification of obvious material inequality through the denigration of those without resources – their actions and cultures mean that their position is justified (Essed, 1991). The resulting level of disadvantage, and how it accumulates across a life course, makes a substantial contribution to inequalities in later life (Dannefer, 2003). At the interpersonal level, we can see how ideologies result in the devaluation of certain social identities, which, consequently, shapes social encounters involving them. This is in part a reflection of social and cultural capital, but also a reflection of the operation of symbolic capital. It results in routinised demeaning interactions, discrimination, and psychological, physical and sexual aggression. Thus, it results in forms of violence that emphasise the devalued and fundamentally insecure status of those targeted and those who have similar identities, resulting in both meaningful psychosocial stress and adverse material outcomes (see, for example, Wallace et al, 2016).

Alongside the operation of class, racism and patriarchy at the structural and interpersonal levels, it is crucial to consider how institutions (the

mesolevel) both embody and mediate these processes. Institutions, such as local government, education, social care and health services, are *prima facie* of interest because they are providers of key services, giving access to crucial resources that shape outcomes throughout our lives. They are also major employers, so, within a competitive market for employees, they can shape working conditions, wages, opportunities for later life employment, processes of retirement (including retirement for health reasons) and pensions. As such, they are the sites where inequalities emerging from structural and interpersonal domains in relation to racism, patriarchy and class are reinforced and amplified, where the operation of disadvantage becomes concentrated. They are also the sites where, if the functions of institutions are rethought, processes of oppression could be mitigated and reversed.

Conclusion

The growth in inequality in later life points to the need for a thorough investigation of causal processes and appropriate policy development and intervention. In this chapter it has been argued that class, racism and patriarchy are fundamental drivers of these inequalities, operating across the life course, leading to the accumulation of disadvantage and continuing to operate in later life. In investigating this, it is important to examine the ways in which these drivers have an impact on the possession of capitals (economic, cultural, social and symbolic) and operate across structural, interpersonal and institutional arenas. Structural conditions of socioeconomic disadvantage and interpersonal experiences of discrimination and violence create an increased risk of inequality across all domains. They also shape encounters with institutions that have policies and practices that lead to unequal outcomes – education, employment, housing, legal, politics, health and social care, and so on. Institutional settings, then, are the sites where we see the concentration and mediation of structural forms of disadvantage and interpersonal encounters. Institutional settings may also be the places where the greatest change can be achieved. However, institutional change needs to reach out to the structural and into the interpersonal. Achieving institutional change requires a thorough understanding of the functions of institutions and how these reflect and reinforce causal processes driven by class structures, racism and patriarchy.

What does this mean for a critical urban gerontology and its attempts to understand and shape spatial justice? This chapter argues that it means three things: first, taking the kind of approach outlined here to focus on fundamental causes and investigate how processes related to them shape inequality in later life in urban settings; second, to investigate how the processes that generate inequalities operate at the structural, interpersonal and, particularly, institutional levels; and, third, to work in partnership with

institutions, with decision makers within institutions, to understand whose interests are being promoted by their actions, who is influencing their actions, and to consider how an institution's functions and actions might be reorientated to redress inequalities in later life rather than maintain or amplify them. Here the Age-Friendly Communities programme opens up many opportunities, especially if key players within it are willing to pay attention to and resist those who benefit from processes of oppression (see [Chapter 11](#)).

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PART II

Age-friendly interventions to promote spatial justice

Involving marginalised groups of older people in age-friendly programmes: lessons from the Ambition for Ageing programme

Luciana Lang and Sophie Yarker

Introduction

This chapter discusses how age-friendly programmes can advance social and spatial justice through their involvement of older people from marginalised groups. Despite growing calls for age-friendly work to recognise both the diversity and inequalities that exist within older populations, there remain significant gaps in our understanding of how to develop inclusive environments that better meet people's needs as they grow older. The spatial justice orientation at the centre of this book calls on age-friendly initiatives to attend to how social inequalities among older adults are shaped by the environments in which they live. In particular, it focuses on the question of how such initiatives might mitigate, or potentially exacerbate, place-based inequalities (Greenfield, 2018).

Addressing issues relating to economic and social inequality is now considered an important dimension of age-friendly programmes (Buffel and Phillipson, 2018; Finlay and Finn, 2021; Yarker et al, 2023). One way to achieve this is through developing programmes that involve older people who have experience of social exclusion. Social exclusion in later life can take multiple forms, including discrimination (such as racism, homophobia and ageism), as well as experiencing poor health, living with a disability or living in an economically deprived neighbourhood. This also means that age-friendly programmes need to consider the differing needs of older people from minority groups of identity or experience, such as those from the LGBTQ+ community, asylum seekers and refugees, or older people from different ethnic minority groups. Thus, this chapter discusses how age-friendly programmes can proactively consider the impact of spatial and social inequalities on the older population while developing new ways of working to ensure older people from marginalised groups are involved at all stages, including the planning, development, delivery and evaluation of

interventions (Buffel, 2019). The inclusion of older people from marginalised groups supports a spatial justice agenda by recognising the impact of spatial inequalities and ensuring that age-friendly work does not further disadvantage marginalised groups. This chapter considers three approaches that have the potential to facilitate the involvement of older people from marginalised groups in age-friendly programmes: using co-production; centring learning and adapting; and addressing the needs of dispersed communities of identity and experience. To illustrate these approaches, the chapter draws on the work of a major age-friendly programme, called *Ambition for Ageing*, delivered in Greater Manchester in the UK.

The chapter is divided into four main sections. First, it outlines how inequalities have been conceptualised and engaged with in age-friendly work. Second, it provides context to the diversity and inequalities within the ageing population in Greater Manchester, as well as summarising the *Ambition for Ageing* programme. Third, it discusses the mechanisms by which this programme was able to involve marginalised groups in age-friendly work, including different ways of using co-production, and addressing the needs of dispersed communities of identity and experience. Finally, the conclusion considers how such approaches can develop more spatially just age-friendly communities.

Inequalities, diversity and age-friendly work

This section sets out some of the inequalities experienced by older people, including how these have been conceptualised in age-friendly work. A fuller appreciation of diversity within older populations and the impacts of different forms of inequality is essential if age-friendly work is to actively address social and spatial justice. Inequality in later life has been approached from several different theoretical positions within social gerontological literature. Life-course perspectives, for example, emphasise the accumulated (dis)advantages experienced over time (Dannefer, 2003). Discrimination, unequal opportunities and adverse life events have effects which may intensify over time (see Chapter 4). This means that people enter older age at different starting points in terms of finance, housing, health, education and social capital. Other factors, such as disability and sexual orientation, are relevant intersecting factors that can have an impact on individuals during their life course (Cronin and King, 2010; Carbado et al, 2013; Wilkinson et al, 2022). For example, the extent of inequalities with regard to housing in England was demonstrated by research from the Centre for Ageing Better (2020), which found that two million people aged over 55 in England are living in housing that is either in a state of disrepair and or has insufficient modern facilities. Health inequalities persist within the UK, especially between different ethnic minority groups ‘driven by entrenched structural

and institutional racism and racial discrimination’ (Nazroo and Bécaries, 2021, p 2). Kneale et al (2021) conducted a systematic scoping review on the inequalities in sexually minoritised older people’s health and care needs in the UK, and found that experiences of discrimination and lack of access to appropriate healthcare services lead to poorer physical and mental health for older members of the LGBTQ+ community.

Intersectional approaches have allowed us to situate these accumulated disadvantages within broader unequal power structures, such as those relating to race, class, gender, sexual orientation, disability, ethnicity, migration status and income (Christoffersen, 2021). An intersectional approach allows us to assess how layers of inequality may simultaneously compound one another and can shed light on the disadvantages associated with life course experiences. They may also help us to recognise how older individuals experience different degrees and forms of discrimination as they age.

Environmental gerontology has drawn attention to how neighbourhood contexts can be a source of inequality for older people. Watkinson et al argue that: ‘Area-level social deprivation and individual socioeconomic status are important determinants of health, and intersect with gender, ethnic group, and other personal characteristics, such as immigrant status or religion, resulting in complex moderation or exacerbation of disadvantage among different groups’ (2021, p 153). Older people living in deprived urban neighbourhoods, for example, have some of the highest levels of social exclusion compared to more affluent neighbourhoods, with evidence pointing to barriers experienced across a range of domains, including access to services and amenities, social relationships, and civic, cultural and leisure participation (Prattley et al, 2020).

Such inequalities have in many countries been deepened by public sector spending cuts. These have led to a disinvestment in social and community infrastructure, such as libraries, daycare centres and social clubs – resources which are essential contributors to age-friendly environments through their provision of informal spaces for people to meet and connect with others (Yarker, 2022). For example, research has highlighted the effects of severe budget cuts to public libraries across Europe, resulting in reduced opening hours and leading in some cases to the closure of local libraries (Lison et al, 2016). In the UK, public spending cuts led to the closure of nearly 800 libraries between 2010 and 2019, and the funding for libraries further decreased by nearly £20 million (25 per cent) in the period between 2019/2020 and 2021/2022 (CIPFA, 2022). In England, funding for parks and open spaces has declined by almost £330 million (25 per cent) in real terms between 2010/2011 and 2020/2021, with the most deprived areas experiencing the deepest cuts (Martinsson et al, 2022).

Cuts to local authorities in the decade preceding the COVID-19 pandemic have resulted in significant financial pressures on public services, leaving

older people living in low-income neighbourhoods with limited access to services and amenities and at risk of social exclusion. As Peck writes, austerity measures operate downwards ‘concentrating both costs and burdens on those at the bottom of the social hierarchy compounding economic marginalisation with state abandon’ (Peck, 2012, p 651). The accumulative effects of austerity on low-income neighbourhoods and of structural inequalities on older people belonging to some marginalised groups have been highlighted by the COVID-19 pandemic. Research from the Evidence for Equality National Survey (Finney et al, 2023) concluded that patterns of ethnic inequalities in COVID-19-related risk of mortality can be linked to ongoing economic and health inequalities, and cited the role of persistent racism in creating these inequalities. Yet despite a growing awareness of inequalities within older populations, age-friendly programmes have been relatively slow in responding (Finlay and Finn, 2021; Yarker and Buffel, 2022). A spatial justice orientation would allow for a greater consideration of how different forms of inequality experienced by older people can be better addressed within the age-friendly agenda.

Context of inequalities and diversity in Greater Manchester

The city-region of Greater Manchester provides a particularly interesting case study from which to examine how age-friendly programmes might better support spatial justice. Greater Manchester is one of the most culturally diverse regions in the UK, but also suffers from high levels of inequality based on neighbourhood and ethnic group measures (Codling and Allen, 2020). The region owes its cultural diversity to migration during the Industrial Revolution, when migrants from across the world came to the region to work in its thriving textile industry (Bullen, 2015). Data from the 2021 Census show that the ethnic diversity of the city-region is second only to Greater London in terms of proportions of ethnic minority people (ONS, 2021) and projections suggest that the older population will continue to become more diverse. In the 2021 Census, 27.4 per cent of the Greater Manchester population was 55 or over; this is projected to rise to 30.1 per cent by 2041 (ONS, 2022). This raises important questions for how age-friendly policies in regions such as Greater Manchester can ensure they meet the diverse needs of older populations, both now and in the future.

There are additional challenges for Greater Manchester around inequalities, many of which intersect with ethnic diversity. The Greater Manchester Independent Inequalities Commission confirms that even before the COVID-19 pandemic, the region was ‘fractured by inequalities’ across a range of indicators (Independent Inequalities Commission, 2021). Significant concentrations of income deprivation can be found across the city-region. Almost half of Greater Manchester areas are within the 30 per cent most

income-deprived areas in England (GMCA, 2018). Among older people, 50,000 people experience pensioner poverty in Greater Manchester, reflecting cumulative inequality arising from low incomes, long-term unemployment and poor health (GMCA, 2018). Healthy life expectancy at birth ends as early as the age of 60 for both men and women in Greater Manchester. Research has shown that ethnic minority groups are more likely to have poor health compared to White people (Codling and Allen, 2020), and that overlapping social and economic inequalities, such as racism and poverty, can impact ethnic inequalities in health (Byrne et al, 2020; Finney et al, 2023).

It is within this context of increasing inequalities, together with a diverse older population, that the Ambition for Ageing programme was launched in 2015. The programme ran for seven years and was funded by the National Lottery Community Fund. The aim of the programme was to create age-friendly communities and empower people across Greater Manchester to live fulfilling lives as they age. Its focus was on involving older people from economically marginalised neighbourhoods and from minority communities of identity and experience. The programme was delivered in 25 neighbourhoods across the city-region, providing small sums of money of up to £2,000 for projects and activities aimed at making the neighbourhood more age-friendly. Funded activities were wide-ranging, including group activities, community events, training and workshops, as well as physical upgrading of community spaces and individual buildings. Over 1,400 projects and 458 events took place with an estimated total attendance of 15,000 people (Barker, 2021). Both authors of this chapter were employed as researchers on the programme at different points during the last four years of its delivery. From this perspective, it was possible to gain a unique insight into how it evolved through different ways of working to include the needs of diverse groups. The remainder of this chapter discusses three lessons from the Ambition for Ageing programme: different ways to facilitate co-production; centring learning and adapting; and addressing the needs of dispersed communities of identity and experience.

Different ways to facilitate co-production

The value of co-production approaches has been increasingly recognised as a way of involving those from marginalised groups within the age-friendly agenda (see Chapter 1). Co-production refers to working with citizens in the design, management, implementation and evaluation of a certain policy or service (Zuniga et al, 2021), with the aim of making policies and practices more responsive to the needs of service users or intended target populations. In age-friendly work, this often means making interventions more inclusive and empowering for marginalised groups (Buffel, 2018). The

Ambition for Ageing programme used co-production at various stages of its design and delivery, notably through the development of a network of people aged 50 and over, called the *Greater Manchester Older People's Network*. This was a group of around 430 older people from across the region as well as representatives from organisations and services who provided critical guidance on the needs of older people to the Greater Manchester Combined Authority (see [Chapter 3](#)). The aim of the Network was to provide guidance, scrutiny and advice to the programme, and to ensure the voices of older people were included at every stage. However, it was recognised early on that a diversity of experiences in later life needed to be included ([Bonetree et al, 2020](#); [Bonetree 2022](#)). In response, an *Equalities Board* was established, which brought together a group of older people who self-identified as having lived experience of discrimination and/or inequality in either their personal or professional lives (or both). This included people with physical and learning disabilities, those living with various health conditions, carers, people from different minority ethnic groups, as well as other marginalised and intersecting identities. The remit of the board was wide-ranging, but principally it complemented the Older People's Network by ensuring that the voices of older people who were particularly at risk from marginalisation were included, and that older people from all communities and of all abilities were provided with the opportunity to be involved with and benefit from the programme.

The Equalities Board was involved at multiple stages during the delivery of the programme. It delivered equality and diversity training sessions, provided demographic monitoring of who was involved, as well as feedback on reports, processes and project design. One example of how the Board made the programme more inclusive was by introducing a glossary defining terms such as 'intersectionality' and 'isolation' in all reports for readers unfamiliar with the terminology. The Equalities Board also used a system of 'J' cards at its meetings that anyone could use to stop the discussion and ask for a term that they felt was 'jargon' to be explained. Such approaches ensured there was the lowest possible barrier to engagement and were instrumental in widening participation among groups which are traditionally less likely to be involved in age-friendly programmes ([Bonetree et al, 2020](#)).

The co-production process also provided multiple ways for older people to be involved that accommodated their needs and circumstances. At the start of the programme, volunteers were more likely to be from more highly educated backgrounds, with some prior experience in being involved in similar initiatives. However, as the programme progressed, the co-production approach allowed for more inclusive forms of volunteering. One of the barriers identified was a lack of confidence on the part of those who had little or no previous experience of volunteering. Some felt they would not be 'up to the job' or were put off by the formal language of 'committees' and

‘boards’. One neighbourhood overcame this by including a *People’s Platform* that met every quarter. The Platform consisted of a panel of local older residents and offered a flexible and ad hoc way for people to get involved and voice their concerns to local services. This model of volunteering appealed to those sections of the community with lower levels of confidence as it allowed them to gradually build up their experience in volunteering with little commitment or expectation. Being aware that for many volunteers, this was the first time they were involved in co-production, several steps were taken to ensure older people felt comfortable and confident in being involved. For example, the Equalities Board delivered a series of training sessions called ‘Being an Expert by Experience’. This noncompulsory training was designed to give people a sense of what they could expect from being involved in a co-produced programme.

An illustrative example of how co-production was used in an inclusive manner was the *Greater Manchester Growing Older with Learning Disabilities project*. The aim of this co-produced piece of research was to reduce social isolation and to find out what makes a place ‘age-friendly’ for people with learning disabilities. Supported by university researchers, it involved training a team of 16 older people with learning disabilities as co-researchers so that they could be fully involved in the project design, data analysis and dissemination of project findings. The co-researchers were also involved in conducting interviews and focus groups with 59 older people (aged 50–79) with learning disabilities. The research found that later life transitions for people with learning disabilities can be particularly disruptive, and that those with greater care needs and limited financial resources are especially at risk of social isolation and loneliness. The co-researchers, together with the participants, were able to provide a unique perspective on the challenges of growing older with learning disabilities. At the same time, they were also involved in developing recommendations from the project, for example, the need to change public perceptions and behaviours towards people with learning disabilities, the need for support in planning for the future and dealing with ageing-related transitions, and opportunities to share knowledge, skills and experiences (Wilkinson et al, 2022).

Centring learning and adapting

Involving groups of older people who may have been historically overlooked in age-friendly work requires an understanding of the diversity of needs within the ageing population and an ability to respond to those needs. The Ambition for Ageing programme adopted an ethos referred to as ‘test and learn’ that collected information on which aspects of the programme worked and which did not, shared these findings across all the partners and then used this learning to modify the programme. This meant that the process

was being regularly reassessed to find ways to better listen to the needs of marginalised groups and adapt accordingly. This ensured greater flexibility and encouraged experimentation with different approaches, with learning prioritised over meeting benchmarks or goals. This was very different to the more targeted or performance-orientated designs seen in some age-friendly programmes (for example, see [Black and Oh, 2022](#)) which focus on the delivery of predetermined objectives.

Most importantly, the ‘test and learn’ approach led to greater engagement from marginalised groups of older people. An example of this comes from the use of a Community Navigator initiative with older members of the Bangladeshi community living in north Manchester. The initiative aimed to address social isolation by employing a link worker, who was already embedded in local networks, to identify individuals who may be ‘at risk’ of social isolation, and to link them to existing activities, community groups and services ([Lang, 2022](#)). However, this proved to be an inappropriate model for engaging with older people from this community. This was because many older people were reluctant to identify with the label of ‘socially isolated’, as this would reflect negatively on their families. Also, the concept of formal volunteering was not seen as relevant or appropriate, as many people already engaged in informal acts of providing help and care within the existing community structure. Finally, the model of one-to-one working, where a link worker works with one older individual at a time, was perceived by some as a violation of the privacy of families.

Given these responses, the community navigator approach was modified in a number of ways. First, the project team decided to refrain from using terms such as ‘social isolation’, ‘loneliness’ or ‘volunteering’ in all their project-related communications. The decision to avoid these terms was made to minimise any potential stigmatisation or negative connotations associated with these terms, and to create a more inclusive and inviting environment for community members to participate. Second, funding was used for group activities that were culturally relevant and that respected traditional cultural patterns, such as gender roles, within the community. For example, single-sex social groups were held timed around religious festivals. These included walking groups and lunch clubs specifically designed for Bangladeshi women. This helped increase confidence to try different activities and visit new places for attendees. The ‘test and learn’ ethos enabled adaptations to be made to find more appropriate ways of working for that particular community. This also underlines the need to co-produce age-friendly programmes with marginalised groups from the outset.

Another example of how the ‘test and learn’ approach allowed for marginalised groups to be involved was a community walking project which was struggling to engage older adults after the COVID-19 lockdowns. The usual methods of communication, such as leaflets distributed in libraries

and community hubs, were no longer reaching certain groups of older people. In addition, some older people had lost their confidence to leave their homes alone. Social prescribing was therefore suggested as a way of engaging with older people who were hesitant about re-engaging with the activities they had been doing before the pandemic. Social prescribing is a nonmedical process where link workers in the community help people to engage with activities and services in their community that will support their wellbeing. In this instance, Ambition for Ageing connected the walking group organisers with link workers who were already active in the area. Link workers were then able to refer older people they had already identified as being at risk of social isolation to the walking group. This adaption from a more passive approach of distributing leaflets to one of partnering with other networks allowed the project to more directly engage with older people in the community.

Addressing the needs of geographically dispersed communities of identity or experience

The needs of older people from marginalised groups are especially diverse when it comes to the types of support required and how these might be accessed. The Ambition for Ageing programme initially used an approach that aimed to identify the factors in a neighbourhood that might enable but also restrict the development of age-friendly places. Through the equalities focus of the programme, it became apparent that the immediate geography of one's household was not necessarily the place where some marginalised groups felt a sense of belonging or where they accessed services and support (Bonetree, 2022). This was because marginalised groups of identity or experience tend not to live in geographically clustered communities, but are likely to be dispersed across different neighbourhoods. For example, for members of a minority dispersed community, such as a person who identifies as LGBTQ+, support organisations and social infrastructures relevant to them are more likely to be located somewhere other than the neighbourhood in which they live. Likewise, older people from ethnic minority groups may also have to travel outside of their neighbourhood to access culturally appropriate foods, other amenities and relevant social infrastructures. Therefore, a third factor that is important in terms of involving marginalised groups in age-friendly work is recognising that the neighbourhood might not always be the most appropriate geography on which to focus.

In response to this, the Equalities Board of the Ambition for Ageing programme developed an alternative spatial model to raise awareness of these relatively small, dispersed communities. This new perspective brought attention to how neighbourhood-based approaches can

unwittingly exclude people as they tend to prioritise local organisations that generally cater for majority communities (Wilkinson et al, 2022). Thus, traditional place-based approaches in age-friendly work can often overlook the needs of geographically dispersed communities, as older people from smaller marginalised groups may not be accessing spaces such as community centres, libraries or parks in the neighbourhoods in which they live. For example, older people from the LGBTQ+ community may feel hesitant about attending events held in faith-based spaces, or community centres may not be fully accessible for someone from the deaf community. Therefore, if implemented without an understanding of the different forms of social exclusion experienced by people from minority groups, neighbourhood-based approaches risk contributing to existing inequalities.

One way in which age-friendly programmes can address the needs of dispersed communities is to expand funding criteria to ensure they encompass nongeographically based communities. The Ambition for Ageing programme did this by funding a project that considered the different use of city-centre spaces for members of the LGBTQ+ community. Through a partnership with the LGBT Foundation, Ambition for Ageing provided support and funding for *Pride in Ageing*, an initiative that was set up in response to concerns that too many older LGBTQ+ people are living in isolation and face discrimination as a direct result of their sexual orientation or gender identity. One of the aims was to promote safe spaces in the city centre together with a group of older LGBTQ+ people. Funding was used to co-create a pocket park at Manchester Art Gallery which opened in 2022 and has been used since as a safe space for LGBTQ+ gardeners. Members of *Pride in Ageing* have a sense of ownership of the space and feel they have paved the way for others in the LGBTQ+ community to have a sense of belonging as they garden safely in this shared space (Lang et al, 2021).

The initiative also led to a number of new connections between *Pride in Ageing* and other organisations, such as the Royal Horticultural Society, the Manchester Flower Show and Age-Friendly Manchester, which have helped disseminate the relevant role a group of older LGBTQ+ people played in creating a greener city centre. Participants expressed a sense of feeling acknowledged, making themselves more visible and finally being accepted for who they were.

Insights about the needs of older people from different minority groups, gained through working with different definitions of community, demonstrate the need for age-friendly programmes to be more aware of the different geographies of exclusion facing older people. It means that traditional place-based approaches will need to be rethought or complemented with different understandings of how older people experience ageing in place.

Figure 5.1: The Derek Jarman Pocket Park at Manchester Art Gallery



Source: Photo by Andrew Brooks, reproduced with permission

Conclusion

This chapter has drawn on the experience of one age-friendly programme in Greater Manchester to show how future programmes might better involve and engage with older people from different marginalised groups. In doing so, it has shown the importance of working with an equalities mindset, being aware of the different and intersecting inequalities experienced by older people and rethinking ways of connecting across unequal geographies. Therefore, using different methods of co-production, centring learning and adapting, and addressing the needs of dispersed communities of identity and experience can provide instructive ways of promoting spatial justice within age-friendly work.

Both co-production and neighbourhood approaches have been readily accepted by many organisations working on the age-friendly agenda. However, as demonstrated by the experiences described in this chapter, an unreflexive application of these approaches risks exacerbating the inequalities they seek to address. Co-production can often attract those with experience of designing or delivering services, those who have a history of voluntary work and those who already operate from a position of privilege where they feel able to contribute. The involvement of such groups is important, but without the equal involvement of groups with less privilege, co-produced programmes, research and services risk not only overlooking those they are intended to help, but can actually further disenfranchise them. Likewise,

focusing age-friendly efforts on a particular neighbourhood can bring significant benefits to some, but risks missing those groups whose support networks and services are located elsewhere. The effect of this can be to unwittingly exacerbate inequalities within older populations and between the neighbourhoods in which they live.

To overcome this and to reimagine age-friendly communities that focus on social and spatial justice requires age-friendly programmes which are reflexive and responsive to the contexts in which they are working. For *Ambition for Ageing*, this was designed into the programme through the ‘test and learn’ ethos employed by both the funder and all the delivery partners, promoting diversity, equity and co-production at all stages. The spatial justice theme at the heart of this book calls upon age-friendly research and policy to ‘attend to how social inequalities amongst older adults are determined or shaped by place and to consider how age-friendly work might be able to mitigate or exacerbate place-based inequalities’ (Greenfield, 2018, p 44). This chapter has contributed to an understanding of this in the following ways.

First, providing alternatives to neighbourhood-based approaches in age-friendly work allows a focus on different types of inequalities, such as the inequalities in access to services experienced by some communities of identity or experience. An awareness of the different geographies at which older people live their lives requires developing different ways of working that challenge traditional place-based models and that promote equity within older populations. As social inequalities among older adults are shaped by place, attention must be given to the different geographies of social exclusion experienced by older people living in urban environments. This requires becoming attuned to the different needs of older people from smaller and more geographically dispersed communities and a more critical understanding of how place-based approaches can risk exacerbating inequalities both within and between neighbourhoods. Extending this learning to the broader age-friendly movement, the authors call upon researchers to pay greater attention to the different spatial arrangements of older people’s social and support networks, and how these might map onto or circumvent existing place-based inequalities. This can promote spatial justice by offering a more critical approach to how older people access resources in their cities and communities.

Second, co-production has great potential for democratising age-friendly agendas and challenging spatial and social inequalities. However, as has been demonstrated in this chapter, if co-production is done without a recognition of the different capacities of older people to be involved, this can risk further social exclusion. *Ambition for Ageing* found that intersecting disadvantages can render some groups of older people invisible and that greater awareness was needed to understand why some older individuals were absent from community initiatives and to facilitate their involvement.

Finally, Greenfield (2018) draws our attention to the fact that most of the growth within the World Health Organization (WHO) Global Network has been in Europe and North America, with much less traction in Latin America, Africa and the Eastern Mediterranean regions. An emphasis on learning and sharing best practice throughout the Global Network for Age-Friendly Cities and Communities might also go some way towards addressing these spatial inequalities in age-friendly environments at a global level. A ‘test and learn’ ethos not only provides greater impetus to share knowledge but also supports those working on age-friendly agendas throughout the world to try and explore different ways of working that are socially, culturally and economically relevant to those specific places. Therefore, we encourage age-friendly programmes, funders and commissioners to create environments where not only learning but also flexibility and experimentation are prioritised.

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Developing age-friendly communities in areas of urban regeneration

Niamh Kavanagh and Camilla Lewis

Introduction

This chapter discusses how a major challenge for research on urban ageing lies in connecting age-friendly approaches to strategies underpinning urban development (Smith, 2009; Buffel et al, 2012). The age-friendly cities movement has gained global support for its efforts to improve the quality of life of older people living in urban communities (Kelley et al, 2018), yet such initiatives have coincided with new pressures affecting community life in urban neighbourhoods (Buffel and Phillipson, 2024). These include widening inequalities within and between cities (Minton, 2006); polarisation between social groups (Thomése et al, 2018); cuts to social infrastructure resulting from ongoing austerity measures (Klinenberg, 2018); and the impact of urban change associated with neoliberal urban regeneration and gentrification strategies (Simard, 2020). Considering these pressures, this chapter explores the challenges of translating age-friendly principles ‘on the ground’ into sites of urban development, highlighting the importance of understanding the specific challenges faced by older people within those communities.

Urban regeneration includes a range of policies encouraging environmental change and economic growth, as well as physical and social improvements in post-industrial neighbourhoods (see Jones and Evans, 2013). Proponents argue that urban regeneration policies offer an important approach for revitalising inner-city and equivalent areas, thereby helping to resolve housing shortages and improve standards of living in urban environments. However, existing research shows that such policies are often only advantageous to certain groups, in particular, younger and more affluent residents (Phillipson, 2007; Wanka, 2018). Furthermore, existing evaluations of urban regeneration schemes predominantly focus on younger people and families, with limited attention to their likely impact on older people (Lewis, 2016; Buffel and Phillipson, 2019).

Since there is no consensus about how urban redevelopment might affect older populations, there is little agreement about, or understanding of, what makes an age-friendly or supportive environment in neighbourhoods undergoing

rapid urban regeneration (van Dijk et al, 2015; Buffel and Phillipson, 2018; Lewis and Buffel, 2020). There is a significant gap in the academic literature and a limited evidence base for policy makers to make suggestions for how homes and neighbourhoods should be designed to support and realise age-friendly principles. This chapter sheds light on this underresearched topic, providing recommendations for how age-friendly approaches might be realised in neighbourhoods undergoing significant redevelopment.

To support the arguments that have been developed, this chapter draws on empirical research carried out in Collyhurst, an inner-city neighbourhood in Manchester, UK, which has experienced extensive change since the 1970s, including deindustrialisation, housing demolition and population decline. Collyhurst became the subject of plans for large-scale redevelopment in 2018, when Manchester City Council announced a major programme of redevelopment in the northern neighbourhoods of the city, of which Collyhurst is a part. The plans included building up to 15,000 homes over a 15–20-year period, with a projected population of 35,000 (Williams, 2019). Working in partnership with a Hong Kong-based housing developer, the City Council made a commitment to include what has been termed ‘age-friendly’ principles in the new area. The following analysis reflects on the specific opportunities and challenges of incorporating an age-friendly ethos into the regeneration plans for Collyhurst and neighbourhoods undergoing redevelopment more broadly.

The chapter is structured as follows. First, a discussion of the literature is presented which highlights how older people have been ‘erased’ from discourses on urban planning and urban renewal (Kelley et al, 2018). Second, the case study of Collyhurst is introduced, describing both the history of the neighbourhood and how it became earmarked for significant regeneration, as well as the methodological approach adopted in the research. Third, the chapter analyses some of the main challenges in relation to redevelopment in Collyhurst and the pressures faced by local residents. It then outlines a number of recommendations for involving older people within urban regeneration programmes more broadly, all of which contribute to the central argument that equitable development should be prioritised as an integral component of age-friendly urban regeneration. Finally, the chapter argues that these recommendations contribute towards addressing the spatial injustices prevalent in inner-city areas and that incorporating a detailed understanding of the aspirations of older people is vitally important for developing inclusive urban policies.

The erasure of older people from urban regeneration discourse

Age-friendly approaches acknowledge that older people’s quality of life is determined by multiple place-based factors and shaped by potential physical

and social barriers within neighbourhoods (van Hoof and Marston, 2021). Such initiatives aim to support the development of places ‘where older people are actively involved, valued and supported with infrastructure and services that effectively accommodate their needs’ (Alley et al, 2007, p 4). Consequently, age-friendly strategies call for coordinated action from policy makers, service providers, businesses and communities to improve the lives of older people (Buffel et al, 2012; see also Chapter 2).

Strategies of urban regeneration promise to support economic and social change for communities, through improving housing and infrastructure (Jones and Evans, 2013). Yet despite this relatively simple formula, there are a number of barriers and challenges in connecting age-friendly principles with urban development approaches. A major barrier is that urban regeneration is underpinned by an entrepreneurial ethos (see Harvey, 1989), where redevelopment is premised on neoliberal principles favouring the private market, property investment, and the global financialisation and commodification of housing (Rohnik, 2019; Thoburn, 2022). Consequently, private developers are primarily driven by private profit rather than public interest, influencing the design of regenerated neighbourhoods (Buffel and Phillipson, 2018, 2024).

Furthermore, research documenting the experience of older people living in sites of redevelopment is scarce (Lewis, 2016). Among the limited available literature, contrasting views on the impact of urban regeneration on older people are evident. On the one hand, some studies suggest that urban development may result in the provision of *more* services and facilities, such as upgrading public transport networks, investment in green spaces and the opening of new shops, which are improvements that may facilitate ageing in place. For example, Smith et al (2018) argue that ‘economically vulnerable’ older adults may *benefit* from living in a gentrified neighbourhood, due to improved access to services that such redevelopment brings about. Moreover, Gilroy (2012) suggests that when older people experience physical change in their locality, they may develop new and different ways of making sense of their place in a new, revamped neighbourhood as it becomes ‘familiar once more’ (2012, p 474).

However, in contrast, ethnographically informed studies reveal that urban regeneration may result in older populations becoming ‘stuck in place’, faced with pressure from increased rents and rising living costs more generally (Simard, 2020). In some localities, a sense of ‘cultural displacement’ may also be evident, where existing residents feel that new amenities and services are not ‘for them’ (Davidson, 2009; Yarker, 2018). For older residents living in neighbourhoods undergoing redevelopment, feelings of strangeness, insecurity and social exclusion may also occur (Burns et al, 2012). Ageing in neighbourhoods which are perceived to be unsafe may also bring about exclusion, detachment and a sense of ‘being out of place’ (Phillipson, 2007;

Phillips et al, 2011). There is also emerging evidence that some urban environments can place older people at a heightened risk of isolation and loneliness as the changes affecting neighbourhoods may feel beyond residents' control (Thomése et al, 2018; Lewis and Buffel, 2020).

Findings from the existing literature therefore suggest a tension between age-friendly principles and ideologies of urban regeneration, as well as uncertainty about how best to integrate age-friendly principles with the redevelopment of urban areas. However, there remains a lack of critical discussion which focuses on the specific needs of different age cohorts and social groups. Existing work exploring regeneration and older people tends to treat older populations as a homogeneous group, ignoring not only social, economic and ethnic/cultural differences, but also differences between age groups, particularly in relation to health disparities. There is therefore a need for greater clarity not only about how to deliver regeneration in a way that responds to age-friendly principles, but also about how regenerated neighbourhoods should cater to the varied needs of existing older residents. By way of illustrating the experiences and issues which may be faced by older residents, the discussion now turns to explore the experiences of people living in Collyhurst, which has been earmarked for a major programme of urban regeneration.

The research in Collyhurst, Manchester

Collyhurst lies 1.5 miles northeast of Manchester's city centre. The neighbourhood has been reshaped over several decades by a decline in local industries, demolition of housing, closure of local amenities and depopulation. These changes have resulted in entrenched social and economic inequality for the remaining residents, exacerbated by reductions in public service funding. At the time of the study, the neighbourhood consisted of predominantly social housing, with 77 per cent of older people living in this type of accommodation and 47 per cent of those over-50 living alone (Lewis et al, 2019). Furthermore, 81 per cent of older people in the neighbourhood were claiming pension credits in 2015, a 'top-up' social welfare benefit designed to help pensioners living on low incomes (ONS, 2017). Collyhurst has over 11 per cent of older people from Black, Asian or a minority ethnic background (compared to a national average of 6 per cent) (ONS, 2011) and is becoming more ethnically diverse in line with the dramatic demographic shift occurring in the UK in the number of older people from minority ethnic backgrounds, with the number of over 65s from Black, Asian and minority ethnic backgrounds increasing by 70 per cent between 2011 and 2021 (ONS, 2023). Local facilities in Collyhurst are extremely limited, with only one doctor's surgery and many shopping facilities that have closed over the last ten years. As a result, residents have

to travel out of the neighbourhood to visit services and amenities, often relying on taxis because of poor transport links.

In 2018, Collyhurst was identified as a future site of urban regeneration as part of the Victoria North Redevelopment Project (previously known as the Northern Gateway Project), involving a joint venture between Manchester City Council and the Far East Consortium International Limited, a Hong Kong-based private property developer. The Strategic Regeneration Framework outlines plans which include significant investment in social and community infrastructure, ‘with a balance of employment, retail, social, community, health and education [services] to meet the needs of diverse, integrational and sustainable communities’ (NGSRF, 2019, p 9). It also proposes a medium to higher density and mixed housing offer, including family housing and community hubs. Overall, the plans promise to ‘revitalise existing communities’ and provide a catalyst for the expansion of neighbourhoods to the north of the city.

Age-friendly principles were incorporated into the regeneration vision after a process of public consultation, which included discussions with Manchester’s Older People’s Board, the city’s main consultative group, composed of around 15 older people drawn from a wide range of backgrounds, who meet regularly to provide a critical voice for Manchester’s Age-Friendly Programme (see MCC, 2023; see also Chapter 3). The regeneration framework proposes flexible, high-quality housing and infrastructure that ‘offers choice about how and where older people live, widening the choice and opportunity to access housing that supports continued independence’ (NGSRF, 2019, p 37). Since Manchester was the UK’s first Age-Friendly City (see further Chapter 3), it is argued that the Victoria North project has the capacity to be an international leader in developing integrated and intergenerational living (MCC, 2019; Lewis et al, 2019). Yet, while there is a desire by the developers and other stakeholders to incorporate an age-friendly ethos, there is still a lack of clarity about what this will mean in practice. Exploring the potential of how these principles could be incorporated into the regeneration strategy was the starting point for the project team’s research. The research set out to explore the perspectives of those living and working in the area and to understand their aspirations for future regeneration, exploring how older people should be included in future regeneration plans.

The research team developed a network of stakeholders and practitioners working on urban regeneration issues in Greater Manchester. These collaborations were developed through longstanding connections between the project team and the Age-Friendly Manchester programme, who had existing links with the Far East Consortium International Limited (McGarry, 2018). Regular meetings were held with Manchester City Council, the Far East Consortium International Limited and a local social housing provider

to discuss the research. These organisations also acted as gatekeepers for the research, introducing the project team to various groups and residents in the neighbourhood.

Ethnographic observations were gathered over a period of three months in Collyhurst in community centres, foodbanks, churches and sheltered housing, as well as people's homes and outside spaces. During these encounters, the researchers held informal discussions about the area and invited residents to take part in further interviews. In total, 22 interviews and two focus groups were carried out, involving regeneration stakeholders, community organisations and residents, including those living in sheltered housing (for people aged 60 and over) and a high-rise block housing mainly people aged 50 and over. The interviews included questions about the history of the area, residents' everyday lives and future aspirations for the community (see [Lewis et al \[2019\]](#) for a more detailed methodology). The discussions revealed detailed findings about the history of Collyhurst and diverse experiences and views of residents. Reflecting on the findings, the following section introduces the challenges faced by older people living in Collyhurst and then makes recommendations for how age-friendly principles should be integrated into the design and delivery of future urban regeneration projects more widely. All participants are referred to by pseudonyms.

Challenges for older residents in Collyhurst

A recurring theme that emerged in many of the discussions with residents and stakeholders was that the neighbourhood felt like a “forgotten area”, following extensive social and economic changes over the years. Interviewees spoke at length about Collyhurst suffering from “decades of neglect”. For example, Jeanie, a longstanding resident in her 80s, described how the neighbourhood had been “forgotten for a long, long, long time” and as a result felt like “the land that time forgot”. Similarly, a local business owner Luke told us that “nothing ever gets done”, describing how litter in public spaces was a particular problem; “we haven't seen a road sweeper for a decade really”. Alison, another longstanding older resident, echoed these sentiments. Comparing Collyhurst to neighbouring areas in which significant regeneration and inward investment had already taken place, she described Collyhurst as “the forgotten area, because nothing ever gets done, you can walk around anywhere outside of this area and it's all nice and clean ... you feel like you're not important [and] where you live is not important”.

As well as talking about the deterioration of the physical environment, interviewees highlighted the *social* consequences of years of neglect, describing the impact of entrenched deprivation on local residents. For example, Jason, a local minister who had engaged in outreach work in the neighbourhood, described how Collyhurst was “ravaged by poverty”. As a

result, many local residents relied on foodbanks and debt charities set up by local churches, providing emergency and financial support to the community.

Over the preceding two decades, a number of regeneration plans had been proposed for the area, but none came to fruition, eroding trust among residents and creating a sense of uncertainty about the future. While the area had witnessed significant demolition of housing and amenities, notably pubs and shops, interviewees emphasised that they had seen no *redevelopment*. As David, a resident in his 50s, expressed, “regeneration plans have failed so many times and stalled so many times that they [residents] just no longer believe the council. They’d been consulted to death. They didn’t feel listened to”. This sentiment was also highlighted by Jason, who stated that residents “were totally fed up with the process”. In his view, “consultation fatigue” had set in and many residents felt disillusioned with the local council and developers, or indeed “anyone in suits”. Discussions with Jeanie similarly revealed how mistrust about regeneration had accumulated and deepened over time:

‘I’ve been listening to what’s going to happen for 20 years, believe you me, nothing’s ever happened ... there was going to be a PFI [Private Finance Initiative], there was going to be a this, there was going to be a that, there was going to be the other. None of it ever materialised.’

Aware of the history of ‘failed’ redevelopment, one regeneration stakeholder described how the existing community in Collyhurst felt “jaded” because they had seen “relatively little happen apart from 300 homes being demolished”. As a result, many residents felt sceptical about the proposed plans because they had been “let down so many times” before and had little confidence in the proposed redevelopment.

However, at the same time, older residents such as Jeanie welcomed the idea of funding being brought to the area and hoped that the proposed regeneration would bring about much sought-after improvements. As Jeanie described, “hopefully this time it’s going to happen”. Others were also positive about the idea of new residents moving to the area and facilities being built to cater for the new community. The majority of residents and community workers interviewed stressed that “regeneration needs to happen”. They were keen for funding, investment and redevelopment to take place, especially given the need for new shops and community centres and, as expressed by one resident, places where “everyone could come together from different generations”.

Yet, mistrust and uncertainty about the future regeneration prevailed, with the issue of affordability being a key concern for older residents, particularly with only 20 per cent of the residential development being allocated for social housing. Ben, a neighbourhood community worker, described how there was considerable anger among existing residents that only 110 homes

had been allocated for social rent (NGSRF, 2019). More broadly, questions were raised about whether incoming residents moving to the area would integrate with the existing community due to perceived social and cultural differences. Overall, while there was unanimous support for developing age-friendly neighbourhoods (among residents, community stakeholders, the local council and developers), there was considerable uncertainty about *who* the regeneration of Collyhurst would benefit. Reflecting on these findings, the following section makes recommendations for developing an age-friendly dimension to urban regeneration.

Recommendations for age-friendly urban regeneration: prioritising equitable development

The first recommendation proposes that *equitable development* should be an integral component of age-friendly urban regeneration. Equitable development refers to an approach which is specifically tailored to meet the needs of marginalised communities through policies and programmes which aim to reduce inequalities through supporting neighbourhoods to become strong, healthy and vibrant (EPA, 2023). While urban regeneration programmes currently prioritise improvements to housing, services and amenities, equitable development emphasises the importance of *sustained engagement with residents*. In this sense, the social goals of redevelopment processes are made explicit from the outset. To ensure that regeneration plans are inclusive for all age groups, equitable development should involve residents of all ages working in collaboration with urban regeneration officials. Further, equitable development approaches must be open and accountable in order to engage residents in lower-income neighbourhoods and to overcome the legacy of mistrust and feelings of abandonment that are often found in areas which have suffered from disinvestment and have been earmarked for urban regeneration.

Developing further the question of what equitable development should look like in practice, this chapter argues that: first, redevelopment should acknowledge the history of urban neighbourhoods and build on existing community networks; second, redevelopment should adopt an intergenerational lens to create inclusive spaces; and, third, redevelopment should engage with existing residents in ways that go beyond the common ‘consultation format’. These three interconnected points form the basis of the recommendations expanded upon in the following discussion.

Acknowledging the history of urban neighbourhoods

To achieve age-friendly principles through equitable development, it is imperative to *acknowledge and embrace the unique history and character of areas*

undergoing regeneration. As the findings in Collyhurst reveal, even though there was a legacy of mistrust among some older residents, there was also a strong sense of local identity, community and a desire to age in place. Regeneration stakeholders stated how residents “are really proud of being Collyhurst people” with a “strong passion” about the area. Some residents argued that paradoxically, decades of neglect had strengthened the sense of the community and attachment residents felt to their neighbourhood. Rita, a longstanding resident in her 70s, explained how local residents had become resilient due to the numerous upheavals they had faced together, which had brought the remaining community closer than it had been in the past. Since little redevelopment had taken place amid the demolition of housing, many residents who remained living in the community had known each other for many years and felt they had to “stick together”. Similarly, Kathy described that “it’s an estate where people haven’t moved, we’ve lived here that long, everybody knows everybody else” and, consequently, “there is a strong sense of community in Collyhurst”.

Since the majority of residents had lived in the area for many years, the findings reveal that Collyhurst as a place is closely intertwined with residents’ biographies, something Rowles (1983) has termed as a sense of ‘insideness’, where an accumulation of experiences in a place over time supports a sense of identity. Betty, a resident in her 70s, shared many stories about different parts of her life, all of which were tied to the neighbourhood. For example, she shared her childhood memories of playing in the now demolished “Collyhurst Flats” and “traipsing up Rochdale Road to Queen’s Park” with her friends, along with recollections of bringing up her own family in the neighbourhood. Another example comes from Joe and Faye, a married couple in their 70s, who discussed what it was like growing up in Collyhurst in the Victorian terraced houses, as well as the social life connected to the local pubs. In these interviews, the past identity of Collyhurst provided an important way in which residents drew a sense of connection to the area and also to one another (see also Lewis, 2016). As Kathy described, for many residents, their life experiences were tied to the neighbourhood, with “such good memories of being in the community”. Gary, another resident who was part of the focus groups for over-50s, explained how the enduring sense of community and shared experience of residents made Collyhurst a supportive place to live: “Well, we’re all the same type of person really, we’re all just down to earth, working people ... we’ve all come from more or less the same stock.”

Gary spoke fondly of the extensive links he had in the neighbourhood, developed over 50 years of living there. He described how he felt frustrated about the way in which Collyhurst has been represented in the local media and had become associated with a “negative and bleak” reputation. He explained: “I get very angry when I hear people saying about these areas being deprived, they want to come and live here!”

Thus, Collyhurst was experienced as a place where people “have wanted to stay” and age in place. As Jeanie described, she wanted to remain in her home for the rest of her life: “I’ll go out in a coffin”. These findings show the strong sense of attachments which residents hold to their neighbourhood and the importance of understanding the identity and character of different neighbourhoods. Prioritising the needs of the existing population, in turn, will help to ‘translate’ age-friendly principles on the ground. Many older residents spend the majority of their lives in the same community and consequently are acutely aware of the history and needs of their neighbourhoods. Therefore, in order for age-friendly principles to be achieved via equitable development, strategies of urban regeneration must seek to understand the history of neighbourhoods which are undergoing redevelopment. This is essential so that existing older residents feel a sense of continuity and belonging to newly regenerated neighbourhoods.

Supporting intergenerational justice

Second, to achieve equitable development, urban regeneration should be designed in a way that *promotes intergenerational justice*. The regeneration of cities is often focused on making cities more ‘family friendly’ (Kelley et al, 2018). In other words, many redevelopment programmes are shaped by the notion of ‘familification’, which prioritises the housing and service needs of working-age residents and their children. Consequently, older residents are often sidelined and feel removed from new neighbourhood dynamics, resulting in their locality becoming unwelcoming and unaffordable. In these circumstances, older adults are effectively *erased* from urban renewal processes, as neighbourhoods become more age-segregated.

Most of the residents interviewed in Collyhurst expressed a strong desire to age in place, but were concerned about whether this would be possible due to the type of redevelopment proposed. They were sceptical as to whether the plans were really in their interests (see also Watt, 2013) and felt that they were tailored to younger, more affluent incoming residents. For older residents, this resulted in anxieties about whether younger generations from their own families would be able to remain living in Collyhurst in the future. There was much talk in the interviews about the redevelopment of Manchester city centre, which has seen an exponential rise in luxury apartment blocks and student accommodation. For example, Eddy, a resident in his 50s, described how regeneration of the city centre was aimed at “people with money, it ain’t for the likes of us who live in a council property is it?”. His concerns were echoed by Kathy, who was anxious that gentrification from the city centre would “sweep” into Collyhurst, “which won’t be right ... [because] people who come from here are poor ... and don’t feel like the things in the city centre are for them”. Indeed, many of the older residents who had

lived in Collyhurst for decades and who had a long history of family links in the area were “worried they won’t be able to stay” (Ben, a community worker) and that their families will also be “pushed out”, fracturing long-established social networks.

Thus, this analysis suggests that the design of urban regeneration must address social and economic inclusion through promoting policies of intergenerational justice. This means understanding and catering to the needs of different generations, supporting residents who wish to age in place and creating environments where their families can remain. As was argued earlier, urban regeneration is often only advantageous to younger, more affluent groups. To support the inclusion of all groups, developers, policy makers and service providers must take into consideration the changing needs of older people both now and in the future, as well as the communities in which they live. This approach requires adopting an *intergenerational lens*, bringing together different social groups, such as families with young children, different ethnic minorities and long-term residents, including older people (Scharf et al, 2005). To ensure that newly regenerated spaces are inclusive and encourage intergenerational interaction, regeneration processes should cater to the needs of different groups within the existing community. In other words, architects, urban planners and developers need to work with a range of different age groups to understand residents varied lived experiences and aspirations for the future to ensure that equitable development can be realised (see Chapter 8).

Devising new ways of working with residents

If residents can be involved in all elements of urban regeneration, urban environments are more likely to meet the needs of older people. However, as our analysis suggests, there are often challenges with engaging existing residents, arising from the complex histories of areas undergoing regeneration, as well as challenges of accessing particular groups, including marginalised communities and ethnic minorities (Buffel and Phillipson, 2019). Therefore, equitable development will also require new forms of engagement and collaboration between different groups of older people.

The concepts of ‘community’ and ‘participation’ have become important concepts in urban planning to ensure that decision making is inclusive and representative of local populations (see Chapter 8). The devolution of power to local communities continues to be an important approach for shaping urban development processes so that they are more equitable and improve the quality of life of residents (Stevenson, 2013). However, there is often little, or no, consideration given to varied interests of the ‘community’ or the practices of inclusion or exclusion within these groups. ‘Community’ is a complex and contested term with a plethora of different meanings (Tallon,

2020). As Stevenson argues, not all community organisations and social groups are treated equally within society or consultation processes, ‘nor are their objectives those which necessarily take account of, or are compatible with other perspectives’ (Stevenson, 2013, p 165). Therefore, incorporating a multiplicity of interests into any urban visioning or development process is challenging, as communities often contain diverse interests.

The paradox of community participation for older people, who tend to spend more time in their homes and neighbourhood, is that their needs tend not to be fully considered in plans for urban development (Buffel and Phillipson, 2016). Yet, our research revealed that older people are keen to be involved in decision making about the neighbourhoods where they live. Sustained engagement with existing residents is therefore vital in order to understand their lived experiences and their expectations for the new area, ensuring they feel involved and listened to. In Collyhurst, consultation processes were felt to be rather limited and residents seemed ‘fatigued’ and often unwilling to participate because they had been given so many empty promises in the past. Therefore, to overcome the legacy of mistrust, more open styles of discussion should be supported in order to encourage meaningful and transparent dialogue. As one community worker proposed: “It’s about being honest and genuine with people and not promising things you cannot deliver ... treat people with respect because they’ll think of things that you can’t think of every time. One possibility could be to establish a client group to bounce ideas off.”

Therefore, providing varied opportunities for participation and engagement for older residents should be a key feature of age-friendly urban development. As Beard and Sarmiento (2014) warn, organised community participation does not automatically stipulate equitable development. An equitable approach requires building increased access to political decision making, particularly in lower-income communities and developing policies that hold the city and developers legally responsible for delivering community benefits (Sarmiento and Sims, 2015). These potential issues highlight that equitable development plans should be developed through community-led engagement.

Therefore, new innovative ways of working with residents living in areas undergoing regeneration should be devised which go beyond existing forms of consultation and include more open-ended, sustained forms of collaboration and participation. Developing suitable co-research approaches would offer a productive way of overcoming challenges discussed earlier and engaging residents more meaningfully (see Chapters 5, 7 and 8). This process should involve bringing together a team of older residents with architects and regeneration planners to make suggestions for how redevelopments, such as the Victoria North project, could integrate age-friendly homes and public spaces (such as parks, shopping and leisure facilities). Involving older residents as co-researchers in exploring the age-friendliness of their neighbourhood

could be an important method for engaging older residents and mobilising their ‘expertise, skills and knowledge’ in developing age-friendly initiatives (Buffel and Phillipson, 2016, p 98).

In order to ensure the success of community engagement, a co-research approach should be established from the offset, which is transparent and realistic about which elements of the plans can be informed by residents. Yet, it is also important to not predetermine what engagement looks like in advance, given that each community comes with its own complex history and expectations, as the research outlined in this chapter reveals. Instead, a more productive approach would include sustained conversations ‘on the ground’ with the affected communities to learn about what types of engagement may work for them and how they wish to be involved in making decisions about proposed redevelopment. Furthermore, adopting an approach that supports intergenerational justice along with new forms of engagement will ensure that the needs of different age groups are considered and catered for.

Conclusion

This chapter has explored some of the emerging tensions between delivering age-friendly principles in sites of urban redevelopment and ideologies which underpin processes of urban regeneration. In response, the recommendations call for an *equitable development* approach to regeneration, which takes seriously the *specific histories and relationships* older people have with their communities. Further, the discussion proposes that as well as providing adequate housing and public facilities to promote social and economic inclusion, there should be a focus on *intergenerational justice*, which could be achieved through a *participatory ethos* involving residents of all ages in urban regeneration developments.

The recommendations suggest that it is vital to develop a deep understanding of the lived experience and changing needs of older people living in sites of urban change. This detailed understanding is important to ensure that urban policies are inclusive of different generations. In neighbourhoods undergoing regeneration, efforts should be made to support people to age in place and to ensure that affordable, intergenerational housing and inclusive social spaces are provided in redeveloped neighbourhoods. This approach would ensure that existing older residents are supported to remain in the locality in which they may have lived for much of their adult life. The research has also shown the importance of older people ageing in a neighbourhood where they have biographical roots and social ties as well as family support.

As Buffel and Phillipson (2018) argue, the age-friendly movement has left unchallenged the impact of widening social and economic inequalities affecting the urban communities in which people age. The next phase for

the movement, the authors suggest, must be to address inequalities through developing new forms of empowerment by working with residents and communities through more effective partnerships, involving older people as well as stakeholders at the local, regional and national levels (see further [Chapters 11 and 12](#)). This chapter has expanded on this by arguing that new ways of working between stakeholders (policy, industry, community and academia) and those living in affected communities are required to produce creative solutions for equitable development which are sensitive to the distinctiveness of communities undergoing regeneration. Sustained engagement with existing older residents will be vital in order to understand their expectations for the regenerated area and to ensure they feel involved. More open and innovative styles of collaboration and consultation should be used to help address existing challenges, such as high levels of mistrust that have often accumulated in sites earmarked for regeneration. A more equitable approach would help to overcome existing barriers, such as involving marginalised and minoritised groups in age-friendly programmes ([Yarker and Buffel, 2022](#)).

To conclude, this chapter argues that with the intensity of urban redevelopment processes drastically reshaping cities globally ([Wilson, 2017](#); [Rolnik, 2019](#)), equitable developments which place older people's experiences at the heart of the agenda are essential. In doing so, the distinctive issues and challenges associated with living in a site of rapid urban change should be addressed. As was argued earlier, redevelopment often creates unequal spaces which exclude older and marginalised groups. Equitable development can help mitigate place-based inequalities that are embedded in areas experiencing marginalisation and support older groups amid dramatic material transformation in the process ([Greenfield, 2018](#)). The recommendations detailed in this chapter encourage a fairer and more equal spatial distribution of resources to ensure that redeveloped places will be more sustainable and socially and economically inclusive ([Soja, 2010](#)). In other words, equitable development is a key approach for tackling the spatial injustices that characterise many inner-city areas that are affected by wider urban changes associated with decline, austerity, marginalisation and processes of urban redevelopment.

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Co-producing age-friendly community interventions: the Village model

Mhorag Goff and Patty Doran

Introduction

A central concern of the age-friendly movement centres on the engagement of older people in the design and delivery of initiatives supporting ageing in place (see [Chapter 2](#)). In line with this agenda, this chapter examines the possibilities for developing a new approach to supporting ageing in place, drawing on the collective resources of older people themselves. In particular, it assesses the potential of the Village model, a community-based initiative developed in the US where older residents work together to form a membership-based group to address a range of age-related needs. Villages can be defined as self-governing grassroots, community-based organisations developed with the sole purpose of enabling people to remain in their own homes as they age ([Graham et al, 2014](#)). Several studies have shown benefits associated with this approach, both in terms of access to services as well as social engagement ([Greenfield et al, 2013](#); [Graham et al, 2014](#); [Scharlach et al, 2014](#)). However, to date Villages have mainly been developed in more affluent areas and there is limited knowledge about how and whether the Village model could be developed in low-income neighbourhoods characterised by high levels of social exclusion among older residents ([Lehning et al, 2017](#)).

To address this gap, this chapter reports on a project called ‘Urban Villages’, which aimed to explore developing a Village model in low-income neighbourhoods in Manchester, UK. The project took a co-production approach to developing the initiative, one that was aimed at ‘putting principles of empowerment into practice, working “with” communities and offering communities greater control over the process and providing opportunities to learn and reflect from their experience’ ([Durose et al, 2012](#), p 2). A co-production approach was chosen because of its potential to facilitate the inclusion of traditionally marginalised groups ([Buffel, 2018](#)), and the creation of spaces where citizen participation contributes to transforming patterns of exclusion and social injustice ([Gaventa, 2006](#)).

This chapter reflects on the opportunities and challenges of using a co-production approach in developing community-based interventions to

support ageing in place in low-income neighbourhoods. The chapter is structured as follows. First, further background is provided on the Village model as a neighbourhood approach to supporting ageing in place. Second, an overview is provided about the Urban Villages project carried out in Manchester between 2017 and 2019. Third, the chapter presents a discussion of the challenges of using co-production and how they were overcome during the Urban Villages project. Finally, it presents key insights into the use of co-production with older people, focusing on the capacities of individuals, communities and places, and the importance of flexibility, continuity and leadership. The chapter concludes by summarising the opportunities and challenges of using participatory approaches in developing age-friendly initiatives in low-income neighbourhoods.

The Village model

The Village model aims to support people to age in place by connecting older residents living across a neighbourhood, drawing on the benefits of collective organisation to arrange support, services and activities for themselves as a group. These services and types of support include transportation, companionship, home maintenance, technology assistance and healthcare advocacy (Greenfield et al, 2013). Further, Villages promote social engagement by organising social events, parties, group activities and educational classes, as well as offering opportunities for civic engagement through member-to-member volunteering (Graham et al, 2014). The majority of Villages are resident-led, initiated by and having ongoing input from older people.

By 2021, there were over 250 Villages across 43 states in the US (Galucia et al, 2022). However, the Village approach has not been adopted in Europe, despite its potential benefits for supporting ageing in place. A significant dimension of the Village model, which has the potential to support ageing in place, concerns the value of bringing people together at the neighbourhood level and drawing on their experiences and resources to improve the lives of both individuals and the community as a whole. Scharlach et al (2014) highlight the extent to which Villages can assist in promoting age-friendliness in the wider community. Using the eight age-friendly domains as a framework (see further Chapter 2) and survey results from 69 Villages, they found that more than one third were engaged in direct or indirect efforts to improve community physical or social infrastructures or improve community attitudes or policies towards older people (Scharlach et al, 2014). For example, 79 per cent of Villages reported aiming to strengthen social relationships and reduce social isolation, and 99 per cent offered transport assistance.

But there are some limitations to the Village model that need to be considered. Graham et al, reflecting on findings from their research, suggest that:

Though self-reported impacts are promising overall, especially in the areas of social engagement and service access, there is uncertainty about the Village model's ability to address the needs of the most vulnerable seniors. Villages tend to attract senior members who are white, economically secure, and with relatively low levels of disability ... Results from this research suggest that Villages tend to have the most positive impacts for members who are the healthiest and therefore have the lowest risk of institutionalization. (Graham et al, 2014, p 96S)

This suggests that at the very least, a different type of Village model may need to be developed in communities under pressure from high levels of economic deprivation. The need for different model types is acknowledged by Lehning et al (2017), who found that different models are beginning to emerge, reflecting contrasting membership, community and organisational characteristics. They note that to date, the dominant model has been the consumer-driven kind, with extensive involvement of members in Village operations and funding. However, they suggest that '[this type of Village] may place greater physical, social and economic demands on those who develop and join the organisation, and therefore discourage (whether intentionally or unintentionally) the participation of older adults with more health needs or fewer financial resources' (Lehning et al, 2017, p 243).

The Urban Villages project

The Manchester Urban Villages project explored the potential of adapting the Village model to areas affected by significant levels of economic, health and social deprivation (Doran et al, 2023). The project built on the growing interest in Age-Friendly Cities and Communities (WHO, 2007). A key tenet of Age-Friendly Cities and Communities is supporting ageing in place, which translates into a 'place-based' approach in policy and community development. Manchester City Council has taken a lead role in promoting such policies, being the first UK city to join the Global Network for Age-Friendly Cities and Communities in 2010 (Rémillard-Boilard, 2020: see further Chapters 2 and 3). The Council has recognised that age-friendly places are a crucial resource for improving the lives of older people. In Manchester there has been a focus on 'integrating services around people, places and their needs, focusing on prevention [and] new forms of support' (GMCA, 2019, p 3). The objective is to bring 'services together at the neighbourhood level, designed around the person and their needs rather than themes, policy areas or organisations' (GMCA, 2019, p 31). Building on this commitment, the majority of the funding for the Urban Villages project came from Manchester City Council (see the full project report for more details: Goff et al, 2020).

The Village model has typically been developed in areas with medium to high levels of resources, drawing heavily on formal volunteering. In contrast, the Manchester project was carried out in low-income communities where the extent of formal (as opposed to informal) volunteering could be expected to be limited (Blokland and Noordhoff, 2008). Hence, the objective of the Urban Villages project was to find out what types of activities or interpretations of the Village model might emerge, working with groups with contrasting levels of resources.

The main objective of the Urban Villages project was to support intergenerational collaborations as part of resident-led projects to combat the potential isolation of people over 50 from their wider communities. The overall aims of the project were: first, to stimulate new collaborations and social networks; second, to unlock additional resources through joint activities; and, third, to develop new community amenities that might benefit groups who may feel marginalised by existing types of support.

Selecting the areas

Two inner-city Manchester neighbourhoods, Brunswick and Levenshulme, were selected as the focus for the project. Both neighbourhoods have significant levels of economic deprivation, but represented contrasting challenges within which to work: the first undergoing a substantial (private finance investment-led) programme of regeneration; and the latter an inner-city community with high levels of poverty, but mixed with early signs of gentrification. The two areas contained a mixture of similarities and differences for the Urban Villages project to explore (see Table 7.1). Both had experienced declining populations of people aged 60 and over, with various challenges for those living in the community, with health and income inequalities, limited access to independent transport and the potential for social isolation, given the high proportion of single households. However, there were also important differences between the neighbourhoods.

Brunswick was undergoing housing regeneration with significant alterations to the physical and social infrastructure of the neighbourhood. Brunswick Church provided an important communal space in the area and was home to a range of groups and activities. However, the regeneration programme, and the associated pressures on residents during an extensive programme of rebuilding and refurbishment, provided an important backdrop throughout the research programme.

Levenshulme was experiencing pressures of its own, with a changing population in terms of new, incoming groups, challenges for older homeowners with maintaining their homes or renting from private landlords, and high levels of pollution and related problems. On the other hand, the area could be said to have significant amenities of benefit to older people,

Table 7.1: Demographic overview of Brunswick and Levenshulme in relation to England and Wales

	England and Wales	Brunswick	Levenshulme
Population	59,597,000 ¹	7,151 ²	19,647 ¹
Minority ethnic groups	18.3% ¹	56.2% ²	59.5% ¹
Classed as income deprived	16.0% ³	22.5% ³	18.1% ³
Population aged 50 or over	34.6% ²	13.5% ²	18.9% ²
<i>For people aged 50 or over:</i>			
Single-headed households	38.7% ²	67.3% ²	47.1% ²
Lives alone	24.2% ²	42.0% ²	31.0% ²
Limited daily activities	36.8% ²	57.6% ²	43.4% ²
No car access	20.7% ²	59.0% ²	30.8% ²

¹ 2021 Census of England and Wales, ONS

² 2011 Census of England and Wales, ONS

³ 2015 Indices of Deprivation published by Communities and Local Government

Note: A single-headed household is headed by someone single, widowed, divorced or separated. Limited daily activities measured respondents answering 'a lot' or 'a little' in relation to the limitation of their daily activities.

including a varied shopping centre with a mix of supermarkets and low-cost retail outlets (300 shops and businesses were identified in the main shopping area in 2015), a thriving community centre and the redevelopment of the old library as an arts centre. These contrasts across the two areas represent important variations in the everyday lives of older people and in terms of the types of social networks available, and the likely response to an initiative such as Urban Villages.

The participatory approach

The project developed a participatory research design, with the aim of working with the communities at all stages of the project (Doran et al, 2023). When discussing how an Urban Village might work, residents and stakeholders were keen to widen participation beyond those with extensive volunteer experience, to build intergenerational relationships, share workloads, develop community confidence that change could happen, and that initiatives developed within the project could be supported and become sustainable. The research sought to involve individuals and groups in the co-design, leadership and implementation of projects to assist the goal of ageing in place.

In the initial phase of the project, the research team worked with residents to scope and define age-friendly projects and to assess what types of

organisations, based on the Village model, would work best in the Manchester context. Several meetings with residents and community organisations were held, as well as large focus group sessions. To support a joint understanding of the Village concept, the research team and community stakeholders developed the following definition of what a Village might represent:

A collaborative movement led by residents to provide a better standard of life for people over 50 living in their home and neighbourhood. As part of this, residents come together to identify the services that they need and to explore how these could be better managed and delivered in their community. Older residents might consider new types of support that would benefit them most or new ways of accessing and organising existing services. (Goff et al, 2020)

The scoping phase of the project was carried out between June and September 2017. The main phase of the work, developing the collaborative projects, was carried out between January 2018 and June 2019. The next section provides an overview of the co-produced Urban Villages projects.

Co-producing collaborative projects

At the start, the intention was to bring together a group of six to eight people, in each of the two areas, to develop and implement a range of smaller projects. Small amounts of funding were available for projects, and this funding was awarded on a case-by-case basis after proposals were put forward (costs for individual projects varied from a lower limit of around £1,500 to an upper limit of £6,000). Although the funding provided some incentive to participate, a key issue was exploring who might be willing to be involved in designing and taking forward a Village project. This was a challenge because of the very different views and opinions within neighbourhoods of key issues, as well as conflicting interests between groups in some instances. As a result, the researchers needed to understand not only the issues faced by older people living in these neighbourhoods, but also the social history of the communities. A significant challenge was in designing projects and allocating funding in ways that would keep multiple stakeholders on board, especially where there were differences in opinions within groups in the same neighbourhoods.

The original research brief was to develop a wholly participatory approach, whereby all power was given to the communities to develop the projects (Arnstein, 1969). However, it became clear that although older people were willing to participate in consultations, conversations and discussions about projects, there was insufficient appetite among residents to assume leadership roles. In response, Urban Villages moved towards a co-produced model,

with researchers occupying advisory roles through which they worked with stakeholders to suggest how projects might be developed. Key stakeholders from the communities (in most cases relatively young – typically aged 40–50 – actively engaged residents) came forward to work with the research team to co-produce collaborative projects that would work towards achieving the Urban Village’s objective. The projects which were developed used their allocated funding to pay either the project leaders or the organisations they worked for, as well as the associated activities.

In total, seven Urban Villages projects were developed (see [Table 7.2](#)). The projects centred on older residents’ health and wellbeing across a range of physical and mental health needs and related issues. For example, the *Men’s Arts Group* focused on the mental health of older men living alone, and *Meal Buddies* emphasised improving nutrition among older adults living alone, targeting those who missed out on regular meals or lacked nutritious food. Although some projects were run out of existing community hubs, all projects were new and represented innovative approaches to supporting ageing in place in the neighbourhoods.

Overcoming challenges when using a co-production approach

The Urban Villages project set out to explore whether the Village model could be deployed in a context distinct from that in which it was developed in the US. The results show that older residents within low-income neighbourhoods have the ability to co-produce age-friendly interventions. However, a number of challenges can also be identified relating to: first, residents’ capacity to participate in projects and their expectations of services and volunteering; second, issues of community capacity, leadership and sustainability; and, third, the lack of access to various forms of infrastructure in underresourced neighbourhoods.

Individual capacity, trust and expectations

Recruiting older people to engage in co-production activities is a well-documented challenge ([James and Buffel, 2022](#)). In the Urban Villages project, the question of whether residents were able to volunteer was dependent on a range of factors, including the time and resources involved. Residents’ capacity to participate also tended to fluctuate over the course of the project, for example, due to health issues and caring responsibilities, with these affecting the extent to which participants could remain involved. Lack of time was often cited as a reason why people had to limit their engagement, especially among people in their 50s who had not yet retired from paid work, and those already engaged in volunteering activities that consumed and structured much of their time. Because of these varying

Table 7.2: Summary of the Urban Villages projects

Project name/ location	Description, aims and leadership
Meal Buddies, Levenshulme	<i>Meal Buddies</i> provided social eating through regular meals for isolated or housebound older people, eaten with a volunteer befriender. The project aimed to combat isolation and address problems of poor nutrition impacting the physical health of isolated older people. It involved collaboration between the local community centre/café, the Good Neighbours network, local residents and volunteers.
Inspire the Choir, Levenshulme	<i>Inspire the Choir</i> was a weekly choir group for older people that aimed to be inclusive, open to all and encouraged members to choose songs to learn and sing together. The choir encouraged participation of all skill levels, generating a non-judgemental environment. The purpose was for people to enjoy singing and be able to express themselves creatively. The choir aspired for participants to feel a sense of belonging. The project was led by a Levenshulme resident.
Neighbourly Gardening Project, Brunswick	This project focused on environmental improvements in the neighbourhood, with a particular focus on gardening activity. The initial aim of this project was to instigate a volunteering programme to 'reintroduce' wildlife into older people's gardens following large-scale and disruptive neighbourhood-wide building work that had taken place (which continued during this research project). This was considered particularly important for older and housebound residents who had experienced loss of garden space and an overall reduction in the neighbourhood's urban green space. The project was led by a Brunswick resident.
The Brunswick Collective, Brunswick	<i>The Brunswick Collective</i> was a friendship and support club for older residents. The group evolved to have a health and wellbeing focus and, although facilitated by a project lead, was self-directed in terms of its content by the older participants. The initial aim of the project was to establish a supper club in response to needs expressed around communal eating and improved food provision for older residents, which were lacking on the estate. The project was led by a Brunswick resident.
Women's Footprints, Brunswick	An intergenerational and multi-ethnic community group for women based in the Brunswick neighbourhood. It was established with the aim of promoting support for women in both the neighbourhood and the adjacent areas. The group met weekly at the local church meeting space. The project was facilitated by two residents (one of whom was also the Community Resource Manager at Brunswick Church).
Men's Arts Project, Brunswick	This project worked with older men living alone on the Brunswick Estate, using cultural engagement (for example, visits to galleries, cinemas, theatres and poetry readings) as a means of developing new ways to extend social networks for a group who tended to be socially isolated. The project was led by a Brunswick resident.

(continued)

Table 7.2: Summary of the Urban Villages projects (continued)

Project name/ location	Description, aims and leadership
Travelling Storybook, Brunswick	<p>The project, based at Brunswick Church, produced a short film capturing residents on the estate talking about their childhood memories, overlaid with illustration and animation designed for a local primary school audience with whom it was shared.</p> <p>It aimed to give older residents a voice in the community, a purpose and a sense of worth, to help address social isolation, the need for recognition and poor mental health. It was designed as a platform for new relationships and intergenerational conversations.</p> <p>The project was led by a local resident who was the Community Resource Manager at Brunswick Church.</p>

levels of health and time resources, residents differed in their availability to participate in Villages projects.

Individual willingness to participate was also affected by past experiences of community engagement, as well as the degree of trust in the participating organisation. In areas of deprivation and regeneration, institutions (such as local government or universities) may have been the source of disappointment in the past (Den Broeder, 2022) and this can impact on residents' inclination to be involved in co-production activities (see also Chapter 6). In the Urban Villages project, there were differing attitudes among residents with regard to the principle of participating in resident-led projects providing services that many believed ought to be provided as public services. Many older adults had experienced more comprehensive public services provision in the past than presently exists, and this shaped expectations about the benefits which might arise from particular projects.

Some of these challenges were overcome by shifting the power to the residents and letting them determine the scale of what could (or could not) be delivered. Building flexibility into the project design was key. As the projects were resident-led, the level of commitment was controlled by the residents. It was important that the researchers maintained an empathetic and supportive role while mentoring the project leaders as needed. To overcome the reluctance of some residents to volunteer for activities that they perceived as work, after having retired from paid employment, it was important to focus on the wider benefits of co-production, such as opportunities to socialise.

The collective nature of projects was important in supporting and enhancing individual capacities. The Urban Villages project achieved collective support by bringing leaders together from different projects and by drawing on the resources of local groups outside of the projects. The challenges of maintaining collective capacity are explored further in the following discussion.

Community capacity, leadership and sustainability

Challenges in co-producing projects also arise from issues relating to community capacity, leadership and sustainability. In terms of testing out the Village model, long-term co-production of services implies the ability for residents not only to initiate but also to sustain projects over time. The sustainability of the Urban Villages projects depended on the existence of stable collaborations and social connections between residents and volunteers on the one hand, and the level of access to community resources and social infrastructure on the other hand. Social infrastructure refers to the places and spaces that support sociality and community life, allowing people to gather for sport, eating and other collective activities (Latham and Layton, 2019; Yarker, 2022). The Urban Villages project demonstrated the importance for co-produced projects to have access to such public spaces (including parks, libraries, community hubs and leisure centres) in order to facilitate the sustainability of such initiatives.

For example, some Urban Villages projects were embedded within existing social infrastructures, such as *Women's Footprints* based at Brunswick Church and the *Inspire the Choir*, which gathered in a local community centre. However, other projects had more limited access to social infrastructure – for example, both the *Neighbourly Gardening Project* and the *Men's Arts project* relied on inconsistent support from the local housing association for access to spaces to store equipment and to meet up. Access to social infrastructures of various kinds (and the associated social capital and resources) clearly enabled projects to get off the ground more easily (for example, through access to ideas, volunteer participants, service users and collaborative relationships) and become more sustainable because of greater embeddedness within existing networks of social capital.

The success of projects further depended on the commitment, leadership capacity and social connections of those driving the projects. Project leaders with prior experience of developing community activities, who had strong connections within their communities, as well as prior knowledge of the needs of older residents, were better able to initiate viable projects. They were able to take advantage of existing social and professional networks and knowledge to identify local needs among older people, as well as to organise residents and generate ideas, engage volunteers, and secure help and support when required.

Projects led by experienced facilitators (including paid staff), such as *Meal Buddies*, *Inspire the Choir*, *Women's Footprints* and the *Travelling Storybook*, had established relationships with other community organisations and services providers. These offered ready opportunities for collaboration on projects and could draw in more residents, volunteers and knowledge, and make projects more resilient. For example, the *Meal Buddies* project involved established

community groups such as the local community centre/café and a Good Neighbours network, while the *Travelling Storybook* worked together with local primary schools and the library service.

Projects that arose from within existing community organisations benefitted from access to organisational infrastructure, including equipment such as printers and computers that could enable, for example, the printing of flyers and writing of reports. Additionally, projects linked to an existing organisation had the advantage of being able to access knowledge, for instance, about how to collect and manage the personal data of service users, and benefited from organisational resources, such as pre-existing volunteering schemes and networks. These forms of infrastructure presented a significant advantage in terms of developing projects, in particular facilitating the recruitment, vetting, induction and management of volunteers. Other projects were able to build on previous neighbourhood activism, volunteering and experiences of setting up age-friendly projects, reflecting the generative nature of social and economic cooperation (Simone, 2004, 2021).

Projects led by local activists with good ideas but with limited social or organisational infrastructure (access to resources and facilities of an organisation) or social networks took longer to establish. For example, the *Neighbourly Gardening Project* struggled to recruit volunteers because it was ‘starting from scratch’, and this became a key focus of activity. Consequently, the project leader ultimately found herself doing most of the gardening work that constituted the core ‘service’, which became unsustainable over the medium and longer term.

Capacities of places

As mentioned previously, the capacity of places to initiate and sustain co-produced Urban Villages projects was linked directly to the social infrastructure – the meeting spaces and venues for informal intergenerational social activity – available in those neighbourhoods. While such resources might be framed as part of the physical infrastructure, their provision and maintenance depend on informal and often hidden (voluntary) work by individuals and groups of people (McFarlane and Silver, 2017), that means they offer more than a physical building. Such spaces are not necessarily prerequisites for successful co-production, but they significantly increase the likelihood of being able to establish longer-term sustainable projects and services.

The Urban Villages projects needed spaces to work from, so those that benefitted from a permanent location, or ‘base’, such as in a community centre or church, had an advantage over others. Having such a physical presence and stable location made those projects more visible and ‘findable’ over time by older residents, facilitated knowledge sharing about older people’s needs and supported relationship building with other organisations

using the space. Projects based in buildings with kitchens were able to incorporate food and drinks into their project's aims and allowed meetings to be organised with access to refreshments or meals for participants. In the context of older residents' needs, they also supported social eating, which can promote physical and mental wellbeing (Saeed et al, 2020) and is especially pertinent for socially isolated older people. Spaces such as cafés and flexible spaces for meetings and activities can be seen as supporting social connections of different kinds, both formal and informal (Klinenberg, 2018). The dearth of cafés and food outlets in Brunswick was therefore seen as undermining the social connections and social capital of older residents.

The capacities of places to support co-production were actively tested in the Urban Villages project by situating the study in two deprived urban neighbourhoods that shared several similarities as well as significant differences. The social infrastructure, and consequently the resources that neighbourhoods can offer to residents, is related to their level of deprivation (Hickman, 2013; Yarker, 2022). As discussed earlier (see Table 7.1), although both areas have high markers of deprivation, the lack of shops and places to meet in Brunswick was one indicator that the neighbourhood had limited access to social infrastructure. It was recognised that access to space to meet and organise activities was key to facilitating projects, as well as assisting their viability over the medium and longer term. To overcome the challenge of access to space faced by some of the Brunswick projects, researchers brokered the use of office space on the University of Manchester campus, which was within easy walking distance of the Brunswick Estate.

Where projects were led or facilitated by community organisers, they drew on knowledge and expertise about how to mobilise support within networks of practice within neighbourhoods. All the projects drew on expertise from individual older people and local knowledge about the needs of certain groups of older residents, because they were led by residents or paid workers with significant experience of working and/or living in the neighbourhood. As such, projects tapped into differing subsets of needs, for example, related to isolated older men in Brunswick (the *Men's Arts project*), the loss of green space on the Brunswick estate (the *Neighbourly Gardening Project*), the lack of access to cafés and food outlets in Brunswick (the *Brunswick Collective*) or nutritionally impoverished older people in Levenshulme (*Meal Buddies*).

Insights into co-production with older adults

A number of insights into developing co-production in low-income communities were gained from the Urban Villages project. These may be summarised as follows: first, the project found that older residents were not homogeneous in terms of their skills and capacities for participating in co-production. For example, the inclusion criterion that participants had to

be aged 55 and over meant that some were still working, while others were retired. Participants exhibited varying levels of health, which also influenced their capacity to participate over the study period. Accommodating variable participation across groups and over time rather than expecting residents to be 'in' or 'out' is therefore important to enable co-production.

It follows that there is a need to actively generate continuity within co-production initiatives with older residents that can bridge fluctuations in participation over time. Continuity was facilitated in different ways, and to a greater or lesser extent via a project leader or researcher-facilitator. However, reliance by some projects on a single project leader risked making the work precarious in terms of longer-term sustainability. While a motivated and committed leader was an asset in terms of driving projects, there was a need for wider capacity-building among participants to better share workload and ensure that projects could continue without any specific individual. One project, the *Brunswick Collective*, sought to do this by fostering greater independence among its participants.

Second, given the differences between collective capacities and the capacities of places across the Village projects, some evidently had a 'head start' in co-production. This suggests a need to generate a shared understanding with residents about how 'mature' projects are at the baseline in terms of capacities so that expectations and aims are well matched. In short, the differing capacities of the projects meant that the outputs from the Urban Villages projects varied. However, while projects with lower capacities, trust and less access to social infrastructure might not have delivered sustainable outputs, participants involved in the projects were able to develop their individual and collective capacities: this was a valuable use of time. This kind of small-scale work may be an important starting point for projects where social infrastructure and confidence are low.

Third, the diverse range of projects, residents and capacity across the Urban Villages projects provided insights into the way that co-production can work with all levels of skills and experience. However, co-production methods invariably take time to embed, and when some participants need greater levels of support (for example, because of varying capacities in respect of health and experience), it might be expected that outputs will be uneven, as well as varying over time between groups.

Conclusion

In seeking to advance spatial justice in cities, co-production can be a powerful tool in redressing power imbalances between different groups. The experience of the Urban Villages project has shown that it is possible to use co-production methods to develop age-friendly work in low-income neighbourhoods, even when there are varying levels of capacity between

individuals, groups and communities. However, several challenges have also been identified, underlining the importance for future work to consider the following three points:

First, when working in deprived neighbourhoods, challenges arising from inequalities affecting older people's individual capacities and the capacities of places (for example, lack of access to social infrastructure) are likely to be compounded by the longer timeframes of co-produced projects. Capacity building is an important dimension in making projects sustainable, through fostering greater independence among older residents and encouraging forms of volunteering within projects among resident service users. When projects are led or facilitated by committed individuals willing and able to motivate and drive others, and with a history of doing so, there may be a tendency to overrely on a limited number of people. Sustainability involves building capacity by supporting the emergence of new leaders through developing skills, confidence and a sense of independence and self-reliance among participant residents. In the context of low-income communities in which time-limited funding can exacerbate precarity for community organisations and curb scope for volunteering, building broad collaborative relationships with other groups, particularly with regard to social and organisational infrastructure and volunteers, is important. Projects led in association with established community organisations and institutions have a degree of inbuilt continuity that can support both fluctuating capacities among older volunteers and respond to time pressures of short-term projects.

Second, it is important to manage expectations, both in relation to what the researchers expect of residents and vice versa. In communities experiencing high levels of deprivation residents might have a history that has resulted in mistrust in institutions, or they may have been on the receiving end of various support packages over time, and have an expectation that they should be helped rather than actively contribute to shaping services. Therefore, extra time needs to be taken to build credibility and rapport through 'meeting residents where they are', as well as prioritising face-to-face contact that is flexible and rich in opportunities to engage.

Third, there should be recognition that those involved in co-produced projects do not necessarily fit neatly into the categories of older resident, participant, service user or project lead. Enabling older adults to define themselves and their terms of reference is key to empowering and working with them to achieve their defined goals. In the Urban Villages project, some individuals, such as those receiving 'Meal Buddies' meals, could be framed unequivocally as service users, while others occupied a more fluid and hybrid position as participants and/or service users and/or project leaders. This can be seen as a strength of projects as they seek to adapt to fluctuating capacities among older resident participants, and to facilitate greater involvement from

service users, groups of residents and organisations in informal ways that allow for experimentation and learning.

Within urban ageing studies, co-production is important for older people, communities and cities, as well as researchers and policy makers. For older people, co-production provides a method for redressing power imbalances and supporting the voice and visibility of marginalised groups, empowering older people to speak out against discrimination and oppression, and to press for change (Buffel et al, 2015). As demonstrated by the Urban Villages project, co-production, while not without its challenges, provides communities and cities with opportunities for partnerships between older people, service providers and community stakeholders working together to identify areas for change, particularly in relation to services and practices that could improve ageing in place (Doran and Buffel, 2018; Goff et al, 2020).

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Redesigning the age-friendly city: the role of architecture in addressing spatial ageism

Mark Hammond, Emily Crompton and Stefan White

Introduction

The understanding of architects as purely the designers of buildings is increasingly contested within the profession, with broader spatial practices such as research, community engagement, activism or policy making becoming increasingly common activities for architects to engage in. This chapter, written by three architectural researchers, seeks to re-evaluate the role of architects in developing Age-Friendly Cities and Communities (AFCC) (WHO, 2007), arguing that the current focus on designing physically accessible environments should be expanded to include broader issues of *spatial ageism*.

The World Health Organization's (WHO) Decade of Healthy Ageing initiative argues that in order to improve the quality of older people's lives, nations must first be proactive in developing policies and initiatives that seek to eliminate ageism in society (WHO, 2020; see also Chapter 2). Ageism can be understood as a process of 'othering', in which older people are abstracted and dehumanised by a simplification of the complex and diverse lives they lead. Older people are often 'othered' through a lens of medical dependency, a position that generates and reinforces an understanding of older people as uncreative, socially isolated, unproductive and unintelligent (Hugman, 2001; Dyk, 2016).

Spatial ageism is defined in this chapter as the ways in which the built environment is shaped by limited, medicalised or simplistic understandings of later life. This is manifest not only in the design of physical spaces, but also the way that resources, services and benefits are distributed spatially. Spatial ageism is generated and perpetuated through the conscious and unconscious prejudices of those involved in shaping the built environment, including architects, planners and developers. These prejudices lead to older people's exclusion from the urban environment, recognising that older people can be excluded due to physical, social, economic and cultural factors which

are reinforced by the spaces they inhabit. Experiences of spatial ageism are compounded by issues of class, religion, ethnicity, ability, gender identity and sexual orientation, with the built environment reinforcing wider prejudices in society and limiting opportunities for the most marginalised members of society (Phillipson and Grenier, 2021).

This chapter seeks to demonstrate the means through which architects can better address the humanistic ideals of the AFCC framework, in which the creativity of older people is recognised through processes that value equity, diversity and co-production. It begins by examining the relationship between architecture and the AFCC programme, which we suggest perpetuates a medicalised understanding of ageing in architectural practice. In response to this, the chapter develops the concept of spatial ageism, suggesting that architects must develop new ways of practising if they are to address the entrenched, multifaceted marginalisation of older people within the urban environment. Next, it explores the history of citizen engagement in architecture to suggest an expanded role for architects seeking to address issues of spatial justice. To demonstrate these approaches, the chapter discusses the development of an age-friendly project in Manchester in the UK, in which architects contributed to the establishment of an age-friendly neighbourhood initiative using a participatory action research methodology. By demonstrating that the link between societal prejudice and its manifestations in the built environment is reciprocal rather than unilateral, the chapter concludes by proposing that spatial justice in cities cannot be addressed unless urban designers are proactive in challenging ageism within their own practices.

Architects and the age-friendly city

The WHO AFCC programme recognises the need for holistic, multifaceted and place-specific responses to the diverse needs and aspirations of older people. To achieve these goals, the programme calls for coordinated action and partnership between a variety of stakeholders, working collaboratively around a shared ambition of improving older people's quality of life (Doran and Buffel, 2018; Greenfield, 2018). As such, the AFCC programme aims to engage with partners beyond those from public or clinical health backgrounds, and instead brings together all actors who shape the social and physical environments in which older people live.

The AFCC framework is underpinned by a participative ethic that understands ageing through a citizenship lens. This calls for meaningful opportunities for older people to participate in shaping these environments, recognising the asymmetric power relations between older people and many of the professionals who impact their life experiences (WHO, 2018). This approach identifies the need for AFCC programmes to address the exclusion

that older people face, recognising the diverse and intersectional nature of the older population and the ways in which individual characteristics can lead to their marginalisation from decision-making processes (Yarker and Buffel, 2022). While conditions such as poverty, health inequalities, intergenerational conflict or racial tensions are experienced personally, they are also manifest and reinforced spatially. In deprived urban communities, these complex intersectional exclusions are amplified by the prevalence of poor-quality or insecure housing, poor or unsafe transport options, retrenchment of public facilities, and increasingly gentrification and urban change (see Lewis et al, 2020, 2022).

The urban, spatial and people-focused nature of the AFCC programme (see Chapter 2) suggests that architects would have much to contribute. The profession has traditionally positioned itself as having deep yet generalist knowledge, acting simultaneously as an artist, mechanic, lawyer, politician, economist and anthropologist. The architect's unique selling point has been their ability to bring together knowledge and ideas from different disciplines into a set of coherent and multifaceted solutions, with an overarching professional ethic that they serve not just a developer client, but the supra-client of society (Lipman, 1969). The AFCC call for coordinated action, bringing together the disparate facets of what makes a good city or community, seems well aligned to the architect's skills and knowledge. Despite this, the architect's role and responsibilities within the WHO's *Checklist of Essential Features of Age-Friendly Cities* (2007) appears quite limited. If we consider the two domains where architects are normally employed, 'outdoor space and buildings' and 'housing', the focus is on material aspects of the urban fabric, such as calls for adequate outdoor seating, good lighting in public places and level access within homes. Despite the call for coordination between the eight domains and desire to promote the rights of older people's participation in decision making, when it comes to architectural design, the guidance assumes a medicalisation of older people, in which inclusion is defined primarily by how physical accessible an environment is.

The adoption of these medicalised understandings of what architects do is not surprising, given the prevalence of this thinking within the profession and the wider regulatory systems in which architects operate. Architects have long sought to understand humans in terms of their bodily dimensions, crafting ergonomic environments that address how a person might live or move within a space¹. This process offers a pseudorational tactic for architects, allowing them to respond to a single, abstract version of the human body rather than the overwhelming diversity of potential building inhabitants. This act of objectifying the human form is devoid of sex, gender, race, age or physical difference, not only excluding how non-normative bodies might use a space, but also overlooking more humanistic qualities of individuals,

including their needs, desires and emotions which define how bodies use space and interact with others (Imrie, 2003).

The focus on the inclusion of older people through bodily compatibility is built on national accessibility legislation that most countries employ, such as Approved Document Part M in the UK (HM Government, 2015), the Barrier-Free Law in Japan (Ministry of Land, Infrastructure, Transport and Tourism, 2006) or the ADA Standard for Accessible Design in the US (US, 2010). These laws prescribe features and requirements that architects need to meet to ensure people can access and use buildings or public spaces, such as minimum door sizes, how access ramps should be designed or the provision of disabled toilets. These pieces of legislation adopted a wider range of bodily measures, with the laudable aim of being more inclusive to people whose physical capabilities differ from a generic 'standard' body type. This is taken further by architectural movements such as Universal Design and Design for All, which argue that architects should design for the maximum use by as many different people as possible. While the physically accessible design of buildings and public spaces is a vital component of an inclusive urban environment, it is important to recognise that factors that exclude older people are varied and are often driven by social, economic and cultural determinants (Carr et al, 2013).

In relation to ageing, inclusion must be understood in relation to the diverse, intersectional identities of older people, and the profound impact that ethnicity (Phillipson, 2015), gender (Bishop and Westwood, 2019), sexuality (Taylor and Gosney, 2011; LGBT Foundation, 2020), ability (Leahy, 2023) and location (Hyde, 2019) can have on older people's experiences and agency in society. The insecurities generated as a result of these intersectional identities and the cumulative disadvantage they can generate lead to large divergences between older people, and while many of these characteristics are compounded by health status, defining inclusivity of older people only by physical factors undermines efforts to address wider disadvantage and marginalisation in society. This critique is not intended to be dismissive of the physical needs of older people, which rightly must form the foundation of any effort to achieve social and spatial justice, but instead suggests that a more sophisticated response to inclusivity, within and outside of architecture, is necessary to address the complex needs and aspirations of older people.

We argue that the medicalisation of older people in architecture, in which older people are viewed primarily in terms of their physical limitations, is an example of *spatial ageism*. Spatial ageism refers to the ways in which the urban environment stereotypes, prejudices and discriminates against older people, in a way that fails to recognise the inequality, intersectionality and complexity of later life. For architecture to contribute to efforts in achieving spatial justice for older people, we must recognise our complicity in generating its current

conditions of injustice, and in doing so challenge the ageist assumptions that, knowingly or not, remain widespread in architectural practice.

Defining spatial ageism

Angus and Reeves (2006) suggest that ageism has become a ‘common-sense reality’ – an unquestioning set of beliefs that allow people to shortcut the infinite complexity and fluidity of modern society. These are socially constructed and reinforced, developed not just through interactions between people but also through the media, advertising and culture that people experience (Ylänné, 2015). For example, media narratives around societal issues such as the housing crisis, precarious working and the climate emergency are commonly framed in terms of a moral imperative to improve opportunities for future generations, with media commentary often suggesting selfish motives among older people who, they claim, will not be around to see the impact of their (in)action (for example, see Huhne, 2013). The framing of intergenerational justice on these terms is problematic not just because it ignores the widespread solidarity between young and older people on these issues, but also because it diminishes the impact of these societal issues on many older people today (Resolution Foundation, 2018).

Common-sense realities, such as ageism, are tacitly accepted in society because attempts to disprove them with evidence rarely address the underlying reasons for their adoption. Ageism endures because in many situations it is expedient for some professionals to present older people as a homogeneous group, and in others it allows other social groups to gain economic, social or cultural dominance of older people by projecting older people as unproductive, uncreative or morally flawed.

Although we might infer that ageism (and any ‘-ism’) is derived from the way that *some* people think about *other* people, we must recognise the inherent *spatial* component of ageism. Massey (2005) argues that space is relational, continually being (re)produced by the interactions of diverse actors operating at local, national and global levels. Space is a product of these social relationships, but also acts as a mechanism for reinforcing them. As such, space is inherently political and open to transformation when the power differentials that determine social relationships are challenged. Using Massey’s definition, we can understand ageism in three ways. First, ageism is always spatial because it is enacted through a person’s relationships with others, and these interactions continually transform the environments we inhabit. Second, some actors have a more determining effect on spaces through their relationships and actions, including but not limited to architects, planners, developers and policy makers. Third, ageism and space are mutually reinforcing, so can only be tackled simultaneously.

Spatial ageism is enacted in several ways across different scales of the urban environment. At a national and city scale, the adoption of *productivity-focused urban planning* has led to increased age segregation, a transition that generates economic, social and political costs to society given the potential for intergenerational divisions. By taking a view that older people are not productive economic actors, strategic urban plans tend to give prominence to the needs and aspirations of younger adults, jobs and graduate retention as a means of generating economic growth, with older people merely receiving little to no benefits of wider regeneration (Gilroy, 2003; Martinson and Minkler, 2006; Buffel and Phillipson, 2019).

This not only drives macroscale segregation between younger cities and older towns and villages, but critically also creates increased segregation between certain neighbourhoods within cities. For example, homogeneous developments of ‘family homes’ or apartments for ‘young professionals’ driven by local planning priorities, government incentives and profit margins, have an exclusionary influence on older people. While the level of segregation has doubled in the last 20 years (Kingman, 2016), there has been relatively little outcry about the effects this has. This reflects Laws’ (1993, p 688) suggestion that: ‘Certain built environments are not hospitable to old people and may reflect a societal view that segregation of the generations is acceptable.’

For architects working on projects specifically for older people, latent societal prejudices can be observed. In their study of architects involved in the design of care environments for older people, Buse et al (2017) highlight the use of ageist language such as “little old ladies” and “poor old lady” when talking about the people they are designing for. While the architects see their role as empathetic and putting themselves into an older person’s shoes in order to design for them, their imagination of what later life is like (and thus the object of their empathy) is inhibited by the common-sense reality of ageism within wider society (see van Hoof et al, 2019).

The unquestioning nature of ageism as a common-sense reality means that it cannot be overcome by demonstrating with facts or statistics that their prejudices are unfounded, but instead requires the emergence of new, observable realities to take their place. That older people have had limited success in unilaterally producing the urban environments that challenges ageism is unsurprising, recognising that the lack of agency among older people is the product of systemic, multidimensional processes (design, policy and planning) rather than an individual deficit (Phillipson, 2007).

The relational nature of spatial ageism (between people in space, and between people and space) demonstrates the need for new forms of collaborative architectural practices, in which older people and architects can both contribute to the creation of inclusive cities and communities. Formerly niche ideas around participatory or collaborative architecture are increasingly mainstream within architectural education and practice

(Luck, 2018). These suggest a potential role for architectural practitioners and academics to address issues of spatial justice, expanding the role of the ‘age-friendly’ architect beyond the design of physically accessible spaces to consider the wider determinants of inclusivity in cities (Handler, 2014; Hammond and Saunders, 2021).

Participatory design and research in the age-friendly city

Participatory or collaborative methods have a long history in the practice of architecture. Their adoption began in earnest in 1970s, when, coinciding with wider social and political changes, a new generation of architects began to question their agency to affect positive societal change within an increasingly profit-driven and purely form-making discipline. This led to the emergence of the Community Architecture movement, in which architects positioned themselves as both activists and facilitators who used their skills and labours to ensure that otherwise marginalised citizens were able to contribute positively to processes of urban change. In practice, community architecture took many forms, ranging from small self-build projects to the creation of ‘Community and Technical Aid Centres’ that offered advisory services to local communities. The involvement of residents in Ralph Erskine’s 1,800-dwelling Byker Estate, built from 1968 to 1982 in Newcastle, UK, provided the profession with models for participation in larger-scale regeneration programmes, and by the 1980s, there was a general acceptance of public consultation in planning by the government (Crawford, 1991; Department of the Environment, 1994; Bishop, 2012).

Early community architecture initiatives have been criticised for the architect’s adoption of benign ‘facilitatory’ in which architectural knowledge was often set aside for fear of it generating unequal power dynamics between ‘expert’ and ‘community’. In the 1990s, there emerged a greater interest in creative methods of community engagement, and how these could be used to create connections between different audiences and stakeholders. Architecture practices groups like muf, a London-based feminist collective whose work combined architecture with art-based practice, were using approaches such as film making, exhibitions of residents’ artwork and performance, all of which were used to find ways to understand the claims residents made (or wanted to make) about public space. A greater focus was placed on the process rather than the outcome as well as rejecting a homogeneous view of ‘users, accepting that individuals come with their own competing and conflicting needs, and celebrating differences as creative motivation (muf, 2001). Examples such as this highlight a new role for participatory architecture, in which shared methodologies that embrace the different (but equally valuable) expertise of the architect and the community create opportunities for creative, spatially focused solutions to emerge,

opening up possibilities for thinking and doing that were otherwise unseen to both (Awan et al, 2011).

It is now policy in most European countries to include some form of community participation in urban regeneration strategies; however, the application of participatory approaches in some settings has been criticised as tokenistic. In many situations, participation is designed to avoid or discourage conflict or negotiation for political or financial expediency, while still providing plausible deniability that the process has been democratic, inclusive and in line with the needs, aspirations and specific contexts of a neighbourhood (Petrescu, 2012). However, when undertaken successfully, participatory architecture can be a *transformative* process that acknowledges and makes use of different concerns, perspectives and ideas to create a space for negotiation through honest dialogue between citizens and experts (or ‘expert-citizens’ and ‘citizen-experts’). This requires all parties to be cognisant of the different language, conventions and codes that different stakeholders use, and the unequal distribution of power between partners. Transformative participation does not simply mean that the citizen’s voice is included or negotiated into wider decision making, but instead requires collaboration between partners through which all stakeholders achieve more than they could in isolation. While methods for achieving this often focus on promoting citizen knowledge and empowerment, for architects, transformative participation means valuing and making explicit their own expertise and how it can be best applied for the good of the communities in which they work (Petrescu, 2005; Till, 2005).

Using ‘transformative participation’ to challenge the current medical and deficit perceptions of older people requires a reconceptualisation of how to involve older people in architectural research. As Ray (2007, p 85) argues: ‘The participation of older people geared towards a more emancipatory approach requires us to question whether research is done at all, what issues are explored, which research designs are adopted, and [critically for architects] what actions are taken following the research.’ Handler builds on this to argue that by thinking about older people as citizens enables architects to explore a ‘more experimental, participatory and empowering engagement’ (2014, p 18), which addresses themes of spatial justice that recognise older people’s participation in urban life. In rejecting a medical narrative in favour of a rights-based model of architectural production, she argues that designers must engage in a critical rereading of the city, which places older people’s social, political and ethical dispositions at the centre of new forms of spatial practice beyond the design of physical form making.

For architectural practitioners and researchers, participatory methods generate a new model of thinking and doing that is more interested in

‘*architecture-related* activities rather than *architecture-specific* ones’ (Petrescu, 2007b). This understands architecture beyond the traditional products of physical constructs, and instead values the ability of architects to be an agent of change through collaborative processes whose outcomes affect space in different ways. In the next section, we will explore how these approaches can be used to address spatial ageism through a discussion of a project developed in two neighbourhoods in Manchester in the UK, which aimed to develop an age-friendly neighbourhood programme through a participatory action research methodology.

Case study: developing age-friendly communities in Hulme and Moss Side, Manchester

Context

Hulme and Moss Side are two adjacent neighbourhoods situated on the fringe of the city centre of Manchester, UK. The neighbourhoods have undergone significant social and architectural change over the last 70 years, starting with the Windrush migration in the 1950s and 1960s, slum clearances in the 1960s, redevelopment in the 1970s, urban decline in the 1980s and eventually a second round of clearances in the 1990s. The second attempt at redevelopment in Hulme began in earnest in the mid-2000s, driven by investments in housing and social infrastructure, which consequently kickstarted a process of gentrification (Fraser, 1996; Rudlin and Falk, 2009; URBED, 2010). Gentrification and the proximity of Hulme to two university campuses also led to increased levels of ‘studentification’, a process that is known to generate challenges for older people’s experiences of ageing in place (Lager and van Hoven, 2019). These experiences have had a lasting effect on the community, where upheaval and unwanted change has led to a strong activist and community participation ethic within the community, driven in part by a distrust of professionals.

Hulme and Moss Side have a relatively low proportion of older residents, with 11.8 per cent of the residents aged 50+ compared to a national average of 34.6 per cent, with a high prevalence of characteristics that can lead to social exclusion. A total of 69 per cent of older residents live alone, 63 per cent claim pension support from the welfare state to avoid severe financial hardship, and over half of older residents have long-term disabilities that affect their day-to-day activities (Office of National Statistics, 2016).

In 2016, the Age-Friendly Hulme and Moss Side project was established as part of the Manchester Age-Friendly Neighbourhoods programme, developed by the Manchester School of Architecture and Southway Housing Trust to support the development of five age-friendly neighbourhoods initiatives across the city of Manchester. The programme was funded by Ambition for Ageing, which was in turn funded by the National Lottery

Community Fund, building off a previous pilot study (Age-Friendly Old Moat) developed with the University of Manchester in 2013 ([White and Hammond, 2018](#); see [Chapter 5](#) for further details).

Inspired by the WHO approach, the Age-Friendly Hulme and Moss Side project sought to develop a resident-led neighbourhood partnership – a systemic and coordinated response to the challenges facing the local community, with older people at the centre of decision making. This approach aims to ensure citizen participation is driven according to the area's particular dynamics ([Petrescu, 2007a](#)), cognisant of the complex and entangled history that pre-dates the research project. An age-friendly partnership board, consisting of 15–20 older people and representatives of local institutions (housing associations, voluntary groups and health providers), was established to deliver three core functions: to support the research team in creating a neighbourhood masterplan; to support, review and distribute funding for a series of small resident-led projects through which the goals of the masterplan would be achieved; and to support the development of new, collaborative relationships between older residents and local stakeholders.

Creating a neighbourhood masterplan

The neighbourhood masterplan was developed through a participatory design-research approach, led by the academic team in collaboration with older residents and institutional partners. Unlike a traditional architectural masterplan, which usually establishes an integrated strategy for road layouts, zoning, density and public realm strategies for neighbourhood scale (re)development, the age-friendly masterplan set out to create a coordinated, evidence-led spatial strategy aligned to the eight WHO Age-Friendly domains. This allowed the researchers to apply architectural knowledge and methods beyond the domains of 'outdoor space and building' or 'housing, and instead consider the urban and spatial conditions that underpin older people's full experiences of their home and neighbourhood environment.

The aim of the masterplan was to generate a spatial representation of older people's lived experiences, developed through co-design workshops, interviews and a resident survey, and supported by urban design and spatial data analysis. Critically, this approach sought to move beyond generic definitions of the issues facing older people, instead focusing on the specific places and spaces in which they are experienced. The Age-Friendly Hulme and Moss Side partnership funded 40 projects between 2016 and 2020 that addressed issues raised in the masterplan, ranging from establishing social clubs, minor renovations to public buildings in underserved areas, green space improvements and community transport initiatives (see [Hammond et al, 2020](#)).

Developing resident-led projects

The contributions that architectural interventions can have in tackling spatial ageism can be seen in the example of Hopton Court, whose tenants became involved in the Age-Friendly Hulme and Moss Side project soon after it was launched. Owned and managed by One Manchester housing association, Hopton Court is nine-storey tower block located in Hulme that was built in 1967 and significantly renovated in 2012 (see [Figure 8.1](#)). Although not explicitly designed with older people in mind, the lack of smaller, single-level properties in the area makes it one of the only options for older people wishing to move to more appropriate accommodation in Hulme. A total of 75 per cent of tenants in Hopton Court are aged 50+, with 96 per cent of older tenants in Hopton Court living alone.

The area around Hopton Court has undergone significant change as a result of the growth of the student population in Hulme. It is located less than 200 metres from the University of Manchester and Manchester Metropolitan University (MMU), and the block is bordered on two sides by large, purpose-built student halls of residence aimed at first-year undergraduate students. As a result, population churn around Hopton Court is both significant and seasonal, and many of the local amenities have transitioned towards the needs of younger, term-time-only residents. This has generated feelings of

Figure 8.1: Photograph of Hopton Court



Source: Photo by Mark Hammond, December 2022

Figure 8.2: Front cover of the Hop-Fest welcome pack sent to students

alienation among older people, with one tenant in the block noting, “now it feels like every single place is now purpose built for younger people. The emotional and physical markers of your life are gone as well, and it makes you feel like, was I ever here?” (Griffiths, 2021).

Recognising that older tenants’ relationships with students were a stressor to older tenants, a group of Hopton Court residents worked with the research team to develop an outreach programme to engage positively with new university students. The result was ‘Hop-Fest’, a community BBQ where students were invited into the grounds of Hopton Court for lunch and an opportunity to get to know their neighbours. The event was advertised through a booklet delivered by operators of the neighbouring halls of residence and the MMU Community Engagement team, with a total of 400 booklets delivered to new students (see Figure 8.2). Along with details of the event, the booklet included a short cultural history of the area, a map of local facilities and details of local organisations where volunteering opportunities were available. These are prefaced by a letter from the older tenants, which sought to extend an olive branch to students, rather than hector them about antisocial behaviour:

We know that students are here for a short amount of time but whilst you’re here it’s yours and mine home and wherever we go, we all leave footprints ... We aim to ensure that all students are welcomed and that you will feel part of the community. We want to listen to your ideas about how we can communicate better to ensure you have an enriched experience in Hulme ... we are really looking forward to meeting you!

Developing collaborative relationships between older people and local stakeholders

The BBQ was held in October to align with the start of term, and while only modestly attended, it did raise awareness of the issues facing older Hopton Court residents. The process of engaging with Hopton Court tenants led MMU to re-establish a forum where residents could raise issues they were experiencing as a result of studentification, committing additional staffing resources to support better relationships between the university and the community.

The transformative nature of these projects is highlighted by the continued engagement among residents around age-friendly issues. Residents from Hopton Court later went on to develop *Thirsty Scholars*, a book documenting the decline of working-class pubs in Hulme and the meaning of these places to older people. This aimed to provide an avenue for older residents to articulate and share their alienation, both to push back against their erasure in the community and to come together to recognise the value of the community they still have.

Later, residents produced a more traditional research report, *Ageing Well in Place in Hulme* (Cribbin et al, 2021), which articulates older tenants' desire to age in place. The solution proposed in the report is that Hopton Court is recognised as a Naturally Occurring Retirement Community (NORC), a place in which older people are supported to have greater control over their social and physical environment through coordinated and resident-designed support services (see Greenfield and Mauldin, 2017; Jiaxuan et al, 2022). The report was shared with the tenant's housing association, which later partnered with MMU and University of Manchester to successfully bid for external research funding to help resource a NORC coordinator to work with tenants to explore new models of collaborative service delivery.

The initiatives developed by the older residents of the Hopton Court tower block demonstrate the importance of spatial and place-based approaches to achieving just cities. While nonspatial approaches (for example, a questionnaire) may have highlighted the tension between students and older people if the right questions were asked, it would be unable to provide insight into the precise dimensions and locations of these tensions, or offer a specific route to addressing them with identified stakeholders. By taking a spatial approach, the residents and researchers understood that the main challenge to building social bonds and empathy between older and younger residents was the physical isolation each party experienced, with both living in gated, medium-rise communities. Critically, it recognises the role of organisations (in this case a student housing provider and a higher education institution) in shaping the places where older people live, with a spatial approach generating

a focus on targeted engagements with a small number of professionals as a means of affecting change.

A new role for architects

Hopton Court exemplifies a way for architects to contribute to practices of spatial justice, recognising the need for these contributions to be grounded in a rejection of the narrow definition of architects as the technical and aesthetic designers of buildings. There is no physical construct that could readily solve the issues faced by Hopton Court tenants, so instead the research team sought to affect positive change by applying architectural skills and knowledge (openly, transparently and collaboratively) to a process of community masterplanning and participatory co-design of spatially informed initiatives. The project also highlighted several challenges, which perhaps goes some way towards explaining the reticence of many in the profession to engage in meaningful participatory practices. By shedding some of the armour provided by the architect's professional mystique and seeking to build trust with residents, members of the research team reflected on the emotional stress that can be experienced when working with individuals experiencing hardship or exclusion.

Conclusion: tackling spatial ageism

For all its successes, the AFCC movement has only made limited progress in addressing ageism among many of the professionals who often play a determining role in the urban environment (Handler, 2014; Buffel and Phillipson, 2018). The age-friendly concept has received scant attention from the majority of architects, which leaves latent ageism within the profession unchallenged. One reason for this could be that the age-friendly movement asks relatively little of architects, with the medicalised focus on physically accessible buildings or safe housing already a legal requirement in the majority of countries. Adopting a spatial justice approach as a means of reimagining the age-friendly city requires us to reconsider the tools through which architects can address the place-based inequalities experienced by older people. While we recognise the need for newly built developments to respond to the needs and aspirations of older people, we equally argue that architecture and architects has the potential to contribute to age-friendly issues through a more diverse range of built and unbuilt urban practices. Examples such as Emi Kyota's Ibasho Café initiative in Japan, the Philippines and Nepal show how the multiple dimensions of architectural skills, including community engagement, project management, lobbying, fundraising, system design and building realisation, can be used by architects to enable spatial justice (Aldrich and Kyota, 2017).

By recognising that space and ageism are relational and socially constructed, we can begin to identify practices through which architects can contribute to the deconstruction of spatial ageism and the reconstruction of age-friendly cities. As [Laws \(1993\)](#) notes, it is not simply that better age relations will make less ageist environments, but also that the two must emerge simultaneously. As a result, it is not enough for architects to simply be taught about their prejudices with an aim of being non-ageist, as inaction simply reproduces the environments in which ageism is perpetuated. Architects instead need to become actively anti-ageist in their work and practice in which a change in ethics is accompanied by a change in action.

The age-friendly cities paradigm, when taken as a genuinely systemic and citizen-led approach, offers architects just this opportunity, grounded in the transformative potential of participatory design practices developed in collaboration with communities. At present, however, the AFCC framework fails to promote this as an opportunity for architects, instead focusing on a reductive interpretation of the AFCC's theoretical underpinning as the need for age-friendly 'features' such as ramps and wide corridors. For architects faced with a myriad of competing financial, legal and technical requirements and legislations, there is a danger that this reduces the age-friendly model to an uncritical 'tick-box' exercise rather than a framework that supports them to engage with and respond to the diversity of later life through their practices. To address this, proponents of the AFCC model could do more to engage with the intrinsic motivation architects have in relation to addressing a higher social purpose, which offers opportunities for creative stimulation rather than merely fulfilling a prescribed technical role. Critically, it is imperative that the framework supports architects to recognise that creating age-friendly built environments is an interdisciplinary problem, and therefore an opportunity for greater collaboration with urban planners, sociologists, economists and geographers to create inclusive cities and spaces ([Samuel, 2018](#)).

Architecture has, for some time, been in a state of disarray about its role in society and has struggled to reconcile its reduced position in the development process with the social ethics that led many to become architects in the first place ([Berglund, 2008](#); [RIBA, 2010](#)). While some of the architect's technical responsibilities have receded, the potential for architects to use their expertise with the aim of realising spatial justice has never been greater. Architecture is inextricably solution-focused, and the opportunity to tackle the wicked problems of poverty, discrimination, social exclusion and prejudice offers just as much potential for self-fulfilment as the design of beautiful and/or optimal built forms.

It is promising to see participative curriculums become more embedded within architectural education over the past 15 years,² encouraging students to engage directly with different cross-sections of society and supporting

the development of collaborative design methods necessary to engage in participatory forms of practice. These educational initiatives establish an awareness of the social responsibility of the architect and promote critical reflection on architectural practice that exist on the fringes of the profit and developer-led construction industry (Brown, 2014). As educators ourselves, we have been proactive in designing teaching modules and studio briefs in collaboration with councils, developers and housing providers who share our interest in ageing and spatial justice (see Lang et al, 2022).

Although ageing specifically is often ignored in architectural training, there have been calls for schools of architecture to engage more with issues of urban ageing and intergenerational inclusion (All Party Parliamentary Group on Social Integration, 2019). Despite this, the appetite for architects to engage with issues of spatial justice between and within generations remains relatively untapped compared to other (inter)related justice issues such as the climate emergency. While the WHO AFCC model has the potential to support architects to engage more fully in the field of urban ageing, it remains to be seen whether the profession is willing or able to break through the latent ageism that, unfortunately, remains the norm in architecture.

Notes

- ¹ For example, Le Corbusier's (1947) Modulor develops an anthropometric scale for how (male) humans undertake regular tasks such as sitting, reaching or leaning on a counter.
- ² Several architecture schools in the UK have established practice-based community engagement units as a mandatory element for all students, exemplified by units such as Sheffield University's Live Projects and Manchester School of Architecture's MSA LIVE programmes. Outside the UK, live projects are less embedded in the formal course structure, although they are still widespread, driven more by individual students or tutors and their interests. For examples, see Live Projects Network (2022).

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The role of community and voluntary organisations in creating spatially just age-friendly cities

Sophie Yarker, Camilla Lewis and Luciana Lang

Introduction

This chapter explores the role of community and voluntary organisations in supporting age-friendly communities and argues that they are particularly important when working in low-income neighbourhoods and with minority groups. The role of such organisations was brought into sharp focus during the COVID-19 pandemic, which saw community groups respond swiftly to meet the needs of older people in their communities. A team of researchers from the Manchester Urban Ageing Research Group (MUARG) carried out a collaborative research project in 2020 and early 2021 to examine the response to COVID-19 from the perspectives of older people, and the services which supported them in Greater Manchester (Phillipson et al, 2021; Lewis et al, 2023a). This chapter uses some of the findings from that research to make the argument for a community-centred approach to age-friendly communities, one that puts such organisations at the centre of not only crisis response but also supporting the everyday lives of older people.

After introducing some background to the shifting position of the community and voluntary sector, and the methodology of the study in question, this chapter is divided into the following sections. First, using findings from the MUARG study, it identifies and discusses how community organisations contribute to age-friendly communities for marginalised groups. It argues that the expert knowledge organisations bring to understanding the needs of older people, along with their ability to create spaces of connection, support and social participation, make them critical parts of the social infrastructure of age-friendly cities. Turning to some of the challenges facing the sector, the chapter then uses material from the same study to discuss growing inequalities faced by older people, including digital exclusion, and the pressure on resources experienced by community groups. Finally, it argues that new approaches are needed to support community and

voluntary groups working with age-friendly communities to advance spatial justice. The final section of the chapter provides an outline for a community-centred approach to developing age-friendly communities. This involves ensuring that communities have adequate and sustained resources to respond to the needs of their members. Such an approach would include: investing in community-based services and organisations (including both physical and social infrastructure), prioritising the development and maintenance of social connections as a key part of recovery strategies, and developing different ways of engaging with and communicating to diverse and marginalised groups.

The shifting position of the third sector

The community and voluntary organisations discussed in this chapter belong to what can generally be referred to as the third sector, operating outside of the market, and separate to the statutory services such as healthcare, delivered by the public sector. They deliver services to parts of society that the state or the market cannot (or will not) reach (Fyfe, 2005).

In England and Wales, the sector consists of around 200,000 registered organisations (Chapman, 2023), operating within the mixed economy of welfare in the UK. While the experience of these organisations has particular relevance to the UK, the growing importance of the sector is an international phenomenon (Milligan and Conradson, 2006). Equally, the role of community and voluntary organisations in age-friendly cities reflects broader changes in contemporary landscapes of care (Conradson, 2003) in Western economies, as well as a multistakeholder approach evident with the age-friendly cities and communities movement globally.

Although the third sector has always provided support for people in their communities, there has been a shifting of the position of the sector in the UK since the 1980s, with changes in government policy transferring some aspects of public service delivery to the third sector (Hogg and Baines, 2011). This has meant that hitherto informal arrangements for the provision of care by community and voluntary organisations have become increasingly formalised through state partnerships and contracts. Initially part of welfare reforms presented by concerns over efficiency, innovation and responsiveness (Caló et al, 2023), this trend has seen several iterations in UK politics from the ‘Third Way’ of New Labour in the late 1990s to the ‘Big Society’ initiative of the Liberal Democrat and Conservative Coalition government from 2010. Political justification for such policy has fluctuated from a desire to empower communities to a need to reduce public spending. As a result, the two approaches have been accompanied by a markedly different redistribution of resources. In general, the UK experience reflects a broader trend across Western Europe of a rolling back of the welfare state, albeit at different speeds and with different ideological motivations (Bode, 2006).

The shifting landscape of the third sector has had implications for care for the most vulnerable groups in society, including children, people living with disabilities and those living on low incomes. However, some argue that this trend may have been overstated for some sections of the sector, especially with regard to those delivering services in the most economically deprived neighbourhoods, or with very specific minority communities where smaller organisations continue to operate with little or no government scrutiny or support (Kendall, 2000). Nevertheless, the expansion of the third sector into public service delivery means that older people in particular, through spending more time in their local neighbourhoods, are often key stakeholders within the sector, as users of its services, as participants in organised groups and activities, and as volunteers and paid staff. In addition, the increased enfranchisement of the third sector has dovetailed with an emphasis on a multistakeholder approach within age-friendly cities which encourages partnerships and collaborations between local government and third-sector organisations. The active ageing agenda has further encouraged older people's participation in local community and voluntary organisations in order to enhance their social and civic participation, increase wellbeing and reduce the risk of social isolation. Encouraging volunteering in later life, for example, has become a staple of many active ageing agendas, the benefits of which have been widely documented to include improvements in physical health, life satisfaction, employability, skills, and feeling useful and valuable (Jopling and Jones, 2018).

However, research has also shown the social and health benefits of more passive participation, such as attending community-based social groups such as choirs, exercise classes and craft groups. Involvement in such activities has been identified as an important way of developing and maintaining social connections and improving wellbeing for older people (van Dijk et al, 2013). For example, Joseph and Southcott's (2019) study of older people's participation in a line dancing class in Australia found that the friendships formed through this participation extended beyond the class to become important networks of care where people checked up on each other, as well as offering support and encouragement through different periods in their lives. Similar findings have been found of older people's participation in community craft groups. Maidment and Mcfarlane (2009) found that participants in their study (also in Australia) reported feeling less lonely as result of doing crafts as part of a group, and that these connections formed the basis of networks of support in their community.

The specific geography at which these organisations operate is also important. Sixty per cent of registered community and voluntary organisations in England and Wales operate exclusively within the boundaries of a local authority area, and the work of half of these organisations is based at the level of the neighbourhood (Chapman, 2023). As a result, the

social connections developed, through engagement with voluntary groups, can provide the basis of important networks of support where people live. [Gardner \(2011\)](#) highlights the potential of what she terms ‘natural neighbourhood networks’, comprising a diversity of actors and spaces that support local populations both during times of crisis and in everyday life ([Yarker, 2022](#)). The next section examines the role played by community organisations during the COVID-19 pandemic, and the support provided to people’s homes and neighbourhoods.

Researching the community and voluntary sector during the pandemic

In response to the COVID-19 pandemic, the UK entered into its first nationwide lockdown in March 2020. The social distancing measures brought into place heavily restricted face-to-face social contact, requiring non-essential services, shops and businesses to either temporarily close or to operate remotely. It also required all people aged 70 years and over, as well as those deemed clinically vulnerable to the virus, to cease face-to-face contact and to shield at home for 12 weeks. It was during this time that a group of researchers from the Manchester Urban Ageing Research Group started to carry out a piece of research into the impacts of social distancing on older people living in Greater Manchester, and the community and voluntary organisations that work with them and support them.

The research was longitudinal in design, with telephone interviews with a purposive sample of 102 older people, 88 of whom were interviewed on three separate occasions stretching over 12 months, enabling the researchers to explore how experiences of social distancing changed over the course of the initial waves of the pandemic (see [Lewis et al \[2023a\]](#) for further details of the methodology of the study). Interviews were also carried out with 21 voluntary and community organisations in Greater Manchester, all of whom were working in low-income neighbourhoods, or with marginalised groups of either identity or experience. Interviews with organisations were carried out on two separate occasions to assess any changes in the support provided to communities. All interviews were conducted by telephone. Organisations were asked how the restrictions put in place to stem the spread of COVID-19, effected their ways of working, as well as what types of support were available to older people. As [Table 9.1](#) shows, the project team worked with a range of organisations that represent ethnic minority groups, national charities, neighbourhood-based groups and equalities organisations such as the LGBT Foundation.

The majority of organisations included in the research belonged to the third sector. They varied in terms of size, geography and the communities being served, reflecting the sociocultural heterogeneity in the city-region.

Table 9.1: List of organisations involved in the Greater Manchester COVID-19 research

Name	Type of organisation
Age-Friendly Manchester, Manchester City Council	A partnership involving organisations, groups and individuals across the city playing their part in making Manchester a great place to grow older.
Age Friendly Manchester Older People's Board, Manchester City Council	The Board includes and represents older people, addressing issues affecting the quality of life for older residents and their communities across Manchester.
Age UK Salford	An independent charity working in Salford to offer support and direct services to older people.
Age UK Wigan	An independent charity working in the Borough of Wigan to offer support and services to older people.
Ambition for Ageing	A £10.2 million programme that aimed to create more age-friendly places in Greater Manchester and empower people to live fulfilling lives as they age.
Brunswick Estate Men's Group	A community group for men at risk of social isolation.
Brunswick Parish Church	An inner-city Anglican church offering a range of weekly activities, including women's and lads' groups, yoga and Zumba.
Caribbean and African Health Network	A network established to eradicate health inequalities within a generation for Caribbean and African people.
Collyhurst Lalley Centre	A Community Centre, food pantry and community allotment based in north Manchester.
Ethnic Health Forum	A nonprofit, charitable organisation working with established and recent migrant communities in Manchester.
Greater Manchester Older People's Network	A network of people aged 50 and over and organisational representatives working for positive change for older people in Greater Manchester.
Greater Manchester Ageing Hub	The Greater Manchester Combined Authority's strategic response to opportunities and challenges of an ageing population in Greater Manchester.
Hopton Hopefuls Tenants Group	A group of tenants who organise together to improve life for older tenants at Hopton Court in Hulme and also run a weekly savings club.
Inspiring Communities Together	A Charitable Incorporated Organisation (CIO) which helps older people feel more connected with their community in Salford.
Kashmiri Youth Project	An independent charity dedicated to the development and economic regeneration of the communities of Rochdale.
Levenshulme Good Neighbours	A registered charity that works to offer practical, social and emotional support to older people living in Levenshulme.
Levenshulme Inspire	A social enterprise offering community-led services that promote the wellbeing of residents of Levenshulme and beyond.
LGBT Foundation	A national charity delivering advice, support and information services to lesbian, gay, bisexual and trans (LGBT) communities.
Manchester BME Network	A network that strives to support BME groups and organisations of all sizes to become more effective and successful and to play their full part in contributing to communities in Manchester.
NHS Public Health and Community Engagement	Place-based groups that coordinated COVID-19 responses, among other duties.
Tameside Grafton Community Centre	A community hub catering for local residents offering a range of weekly activities to suit everyone.

For example, some organisations' work was focused solely on the needs of older people, such as local branches of the nationwide charity Age UK, whereas some of the organisations, such as the Collyhurst Lalley Centre and Inspiring Communities Together, worked in specific neighbourhoods with all age groups. Others worked with specific minority ethnic groups, sometimes living in a particular geographical community, such as the Kashmiri Youth Project, but often working with members of that community across Greater Manchester, such as the Caribbean and African Health Network.

Other organisations were those advocating for communities of identity and experience across the city-region, such as the LGBT Foundation, and groups and networks established as part of Greater Manchester's ongoing commitment to developing age-friendly communities (see [Chapter 2](#)), such as Age-Friendly Manchester Older People's Board. Also included in the study were interviews with representatives from local and regional government responsible for leading the age-friendly work in both the city of Manchester as well as the wider Greater Manchester city-region. The variety of organisations included in the sample reflects both the diversity of Greater Manchester and the breadth of organisations involved in supporting age-friendly communities. Through a discussion of the experiences of these organisations during the COVID-19 pandemic, the remaining sections of this chapter highlight how such organisations supported older people and some of the challenges they faced in doing so.

The role of community organisations in supporting age-friendly communities

Expert knowledge of community needs

The research found that community and voluntary organisations, working in low-income neighbourhoods and with communities of identity, are often experts in knowing the needs of the groups with whom they work. This is especially the case with smaller organisations ([Bennett et al, 2022](#)), defined by the National Council for Voluntary Organisations as having an income of less than £1 million (with most having an income of closer to £30,000; see <https://www.ncvo.org.uk>). The research in Greater Manchester during COVID-19 found that smaller and more localised organisations were more likely to understand how to ensure that their services are culturally appropriate and tailored to the specific needs of community members. They also had privileged access to informal networks, with the potential to reach those who are socially isolated. This knowledge is particularly important during times of crisis, such as during the COVID-19 pandemic when conventional methods of communication and reaching people may be restricted.

This closeness (both geographically and culturally) to their communities can be explained by the concept of stakeholder ambiguity ([Billis and](#)

[Glennerster, 1998](#)). This refers to the way in which the stakeholders of small voluntary organisations – their staff, volunteers and service users – are likely to share the same identity and similar experiences as those with whom they work. This can ‘reduce the gap between user and those responsible for the governance, management, and service delivery resulting in greater institutional sensitivity to and knowledge about service users needs’ ([Bennett, 2022](#), p 2). This means that community and voluntary organisations may be able to respond quickly to assessing and meeting the needs of different social groups, a point which can be illustrated by a number of examples from this research.

One organisation, working with older people from the Kashmiri and Pakistani communities, identified that emergency food parcels provided by local authorities were not always suitable for the needs of South Asian families. In some cases, the food was not Halal and nor was it culturally appropriate. In response, the organisation started collecting and distributing its own food donations. After the initial emergency response, the organisation decided to continue this service by setting up a system to collect and store donations in order to address widening inequalities it had witnessed in relation to food provision.

As well as being able to respond to the immediate needs of different cultural groups during the crisis, community organisations also adapted their services in order to support older people throughout the longer-term implications of the pandemic. For example, an organisation working with members of the African and Caribbean communities in Greater Manchester found that the counselling being offered to many of its members lacked awareness of some of the culturally specific ways in which people respond to a bereavement. There was a substantial demand for counselling services, due to the disproportionate effect COVID-19 had on Black Caribbean and Black African communities ([ONS, 2022](#)). Men and women from both backgrounds continued to be at elevated risk of both catching and dying from the virus throughout the pandemic, after adjusting for location, measures of disadvantage, occupation, living arrangements, pre-existing health conditions and vaccination status ([ONS, 2022](#)). The organisation responded by setting up its own bereavement counselling service, employing counsellors from within the African and Caribbean communities.

Organisations representing different groups of identity or experience are also able to use their expert knowledge to ensure information is communicated appropriately to older people. This became essential during the pandemic and is also relevant to other public health campaigns and future emergencies. Recognising that some older members of the LGBTQ+ community may have had negative experiences with the healthcare system in the past, the LGBT Foundation provided specialist services to help disseminate information about the vaccine. Likewise, some faith organisations

offered their premises to become vaccination centres, and provided culturally sensitive information in a range of languages.

Such examples demonstrate that community and voluntary organisations are in an expert position in terms of being aware of the needs of different groups of older people, particularly those from minority communities. This was especially important when it came to addressing the needs of the most marginalised groups who may not always have been catered for by statutory services, or where previous poor or discriminatory encounters with public agencies had created issues of mistrust. This level of knowledge and trust that develops through long-term relationships is particularly important during times of crisis, when the needs of older people may change quickly.

Creating spaces of social connection

Opportunities for social connection are a vital part of developing age-friendly communities. Community and voluntary organisations play an important role in providing these opportunities by running services and activities that bring older people together (Yarker, 2022). This is important not only for addressing issues around social isolation, but also in facilitating networks of support and creating a sense of belonging for older people in their communities. Interviews with older people during the pandemic revealed the extent of the sense of loss arising from restrictions on maintaining social connections (Lewis et al, 2023a).

With social distancing guidelines severely restricting face-to-face activities, community organisations adapted their services to allow some continuation of social support. Where possible, organisations transferred their services to remote delivery, for example, using online and digital technologies such as Zoom, WhatsApp and social media. A social group for older South Asian women formed a WhatsApp group to allow members to stay in touch with each other while their local community centre was closed. As well as providing a forum for mutual support, the virtual group also became an important way for the women to share information about food delivery services, vaccinations and changes to government guidelines. Telephone befriending also became an important means for older people from minority communities to connect with others with a shared identity or experience. For example, the LGBT Foundation set up the *Rainbow Brew Buddies* telephone befriending service in response to people from the LGBTQ+ community experiencing increased isolation. The service paired up users and volunteers to have a regular telephone discussions for the length of time it takes to drink a cup of tea or coffee.

These adaptations were made with the aim of keeping older people connected during periods of social distancing. New online activities were also devised, including Zoom quizzes and dance classes, online book clubs,

exercises classes and craft groups showing how social distancing restrictions brought about a radical shift in terms of how organisations provided opportunities for social connection, replacing face-to-face and group work. The examples underline the vital role of these organisations and groups as social infrastructure to support age-friendly communities, as well as the agility and creativity of the sector in being able to adapt its services in response to changes in the social and economic environment in which it is operating, but also to meet the changing needs of older people themselves.

Opportunities for social support and participation

Community and voluntary organisations not only play an important role in delivering services to older people, but also provide opportunities for older people themselves to be actively involved in their communities. Volunteering and being involved in the design and delivery of services are important sources of social participation, as well as a key component of supporting age-friendly communities. However, guidelines operating over 2020–2021, aimed at people aged 70 and over, which placed restrictions on their physical movements and social contacts, resulted in the loss of many experienced volunteers. The sharp reduction in the number of volunteers presented additional pressures on organisations at a time when demands on their services were increasing. Many of the older people spoken to for this research had been actively involved in volunteering prior to the pandemic, and relinquishing such involvement had a negative impact on their physical and mental wellbeing (Lewis et al, 2023a).

The research also highlighted the role of older people in more informal networks of support. One such example is provided by Joyce, a woman in her 80s living in North Manchester, who was a key figure within the age-friendly network in Greater Manchester, as well as the African and Caribbean communities. She described how in the early stages of the pandemic, she contacted some of the people she knew through these networks to see if they needed any assistance. Throughout the following 12 months, she continued to make regular contact to check how they were managing. Joyce, like many others interviewed for the project, was part of informal networks of support, either in the neighbourhood where she lived or within her communities of identity or experience. As well as providing a friendly ear, individuals like Joyce also functioned as informal community connectors, linking older people to other services or support networks. During times of crisis, community organisations and volunteers play an important role in actively involving older people in both formal and informal networks of care. Such networks can play an essential role in reaching marginalised individuals at risk of social exclusion and isolation.

To summarise, the response of the community and voluntary sector during the pandemic brought to the fore how organisations contribute to

age-friendly communities through knowing the needs of different groups of older people, creating spaces of connection and providing opportunities for social participation and support. The examples given earlier also show the creativity and resourcefulness of the sector in times of crisis. However, they also shed light on the systemic inequalities and challenging circumstances that these organisations have faced for decades. The next section of the chapter considers some of the challenges facing organisations in Greater Manchester placed within the context of increasing pressures and dwindling resources in the community and voluntary sector more broadly.

Pressures on community organisations

Digital exclusion

While digital technology provided a lifeline for many during the pandemic, allowing organisations to deliver vital support, the digital exclusion of many sections of the older population was an issue for many community and voluntary organisations. Data from Greater Manchester show that 56 per cent of people aged 75 and over had not used the internet in the past three months in 2019 or had never used it (ONS, 2021). Over the 12-month period of the research, organisations became increasingly concerned about being unable to maintain regular contact with some of the more marginalised groups of older people in their communities. Moving activities and groups online was beneficial for some, but organisations felt that too many older people were being further excluded because they were either unable or unwilling to engage virtually. Organisations did their best to support those who wanted to use online technology, but social distancing restrictions meant they were not able to provide one-to-one support, workshops or peer support as they had done before the pandemic.

One community organiser was particularly concerned about the financial barriers some older people faced, pointing out that even if people had tablets and mobile phones, they could not always afford charges for online data. Research by Hall et al (2022) in Greater Manchester found that the COVID-19 pandemic did not seem to have led to substantially higher numbers of older people engaging online, with increased use coming from those who were already using digital technology in various forms. The issue of digital exclusion therefore presents an ongoing challenge for organisations supporting older people, as those who have not been able to maintain social connections during the pandemic may have become increasingly isolated (Portacolone et al, 2021). In this context, Marston et al (2023) have made a call for a ‘new paradigm for equity and inclusive age-friendly cities and communities’, one which addresses the barriers and problems experienced by those ‘left behind’ because of digital exclusion.

New inequalities and complexity of needs

For some older people, the pandemic may have had lifelong impacts on their health, wellbeing and social connections. By the end of 2020, staff and volunteers of organisations were expressing concern over the longer-term implications for older people. Many remarked on the physical and mental decline of some older people, caused by a lack of social and physical stimulation. Even when social distancing measures were relaxed, many older people were unable to return to their pre-pandemic lives.

Community and voluntary organisations have played a longstanding role in supporting older people from marginalised groups and those with more complex needs. During the pandemic, existing forms of marginalisation deepened and new forms of inequality emerged. As seen in the previous section, social isolation became more pronounced due to exclusion from digital services, but organisations involved in this research also highlighted issues relating to complex health and social care needs that were either not recognised or not being met by statutory services.

One such group identified by our research concerned White British men in their 50s and 60s, who were retired and living alone. They lived on low incomes, often with poor health or mobility problems, and with relatively little or no social support from family or friends. In the interviews, these men often described themselves as ‘just about coping’ before the pandemic. Many attended social groups and used public spaces such as community centres and libraries which provided structure to their everyday lives. The closure of these spaces during the periods of lockdown resulted in a deepening sense of isolation and loneliness. Without the resources or capacity to reorientate their social activities, some men described how their physical and mental wellbeing had deteriorated (Lewis et al, 2023b). This is an example of a group whose needs are multiple and complex, yet who may fall through the net of existing services. These new forms of inequality and social exclusion are likely to have long-term consequences, which will inevitably fall on community and voluntary organisations to address (Simmonds, 2021).

The pandemic also witnessed an increase in mental health concerns within the older population, to which the community and voluntary sector will need to respond (Settersten et al, 2020; Bailey et al, 2021). For example, organisations were concerned about the anxieties of some older people regarding confidence to go out and rejoin group activities. In response, one organisation introduced a ‘Walk and Talk’ service where one member of staff would accompany one or two older people to the park or another public space. Online videos of how to use the local park safely while observing social distancing were also produced. Some organisations also highlighted concerns about the longer-term implications of social distancing on older people with more complex mental and physical health diagnosis who had

not had access to health services during the pandemic. An increase in older people seeking support for their mental health presented an additional demand on services that community and voluntary organisations did not always have the skills or capacity to support. Many were already exploring the possibility of collaboration with other groups and organisations in order to try and meet the changing needs of their communities.

Stretched resources

New and exacerbated inequalities, increasing health and social care needs, and a changing landscape of provision in terms of digital services accelerated the pressures already facing community and voluntary organisations. This presents a very particular context which will have long-lasting implications for how organisations support older people. Despite the resourcefulness and creativity of the community and voluntary sector, organisations have been operating in a context of increasingly stretched resources, a situation that was both highlighted and exacerbated during the COVID-19 pandemic.

Organisations lost staff and volunteers due to illness and caring responsibilities, as well as through furlough (a national government-backed job retention scheme that provided grants to employers so that staff could continue to be paid while not able to work due to social distancing restrictions). The move to homeworking at the start of the pandemic presented challenges for staff and volunteers. Some smaller organisations had limited access to personal laptops and mobile telephones, and even with appropriate equipment, staff from many organisations faced challenges trying to combine homeworking in busy households, sometimes having to juggle caring and homeschooling responsibilities.

These pressures have not necessarily eased with the reopening of face-to-face services. Indoor activities have proved difficult to reintroduce due to issues concerning loss of funding, insurance, risk assessment, staff and volunteer shortages, and the increased health needs of individuals. Such pressures on organisations represented the latest in a series of challenges to the community and voluntary sector. Funding cuts due to austerity meant that community and voluntary organisations in the most economically marginalised communities were often working with limited resources and having to focus on core services.

While much has been written about the resilience of the sector to respond to new demands from supporting the different groups with whom they work ([British Academy, 2021](#)), it seems difficult to conclude that the sector will be able to return to supporting older people in ways that were possible before the pandemic. Concerns over how older people will want to engage with them, how they would be able to operate under any ongoing social distancing restrictions, as well as fears over funding and staff and volunteer

shortages have left organisations uncertain about the future. The findings from this research show how many organisations were left in a much more precarious position than before the pandemic. As a result, new ways of working with and supporting community and voluntary organisations are urgently required.

Moving forward: developing community-centred approaches for greater spatial justice

The research in Greater Manchester during the pandemic found that local community organisations played a vital role in supporting older people. Both larger, more established organisations and smaller, grassroots groups endeavoured to cater to the needs of particular groups of older people, drawing on their experience of reaching out to marginalised groups. They were able to provide culturally appropriate services and specialist advice. These organisations quickly modified their services, providing, for example, telephone befriending services, culturally appropriate food for those shielding, translated materials, online activities and door-to-door support for those who needed help with digital devices. Some of these tailored services were grassroots initiatives not offered by mainstream service providers. In many cases, older people were involved in supporting community and voluntary services either in formal roles as volunteers or informally, representing an integral part of care networks which is often unseen and unacknowledged. Community organisations also carried out digital inclusion projects during the pandemic, opening up new spaces of connection for older people relying on the invaluable work of volunteers who were often older themselves.

However, as has been argued earlier, at the same time, the capacities and resources of these groups were severely stretched, placing a significant emotional toll on the staff concerned. Representatives of the organisations interviewed underlined the challenges they faced, including staff shortages, inadequate technology, challenges of homeworking and a loss of income. These intensified over the 12-month period of research as the needs of older people who were already vulnerable prior to the pandemic increased. The findings show how staff and volunteer morale was tested, particularly as funding was reduced during successive periods of lockdown.

Such findings raise concerns about the longer-term impact of the pandemic for increasing existing inequalities, especially between organisations with different levels of resources and those working in neighbourhoods and with communities with differing levels of need. Organisations working in neighbourhoods with already depleted resources prior to the pandemic now face further challenges in relation to the recruitment and retention of volunteers, and access to social infrastructure and sources of revenue and funding. Age-friendly work often depends on the presence of strong and

diverse networks of social capital in communities, and the ruptures to these networks caused by the pandemic may have ongoing consequences for spatial justice, which, if unaddressed, are likely to undermine efforts to rebuild age-friendly communities after the pandemic (Phillipson et al, 2021). This final section reflects on what can be learnt from the experiences discussed and outlines a community-centred approach that will be vital in developing more equitable age-friendly cities and communities.

Investment in community-based services

A key recommendation is that investing in community-based services and organisations is vital in order to ensure adequate social, psychological and practical support for marginalised and vulnerable groups. Despite the known pressures of COVID-19 on low-income communities, little was done to inject extra resources into these communities at the start of the pandemic or to engage directly with organisations working with some of the most vulnerable and excluded groups in such areas (Marmot et al, 2020; Munford et al, 2022). Moving forward, government allocations of funding to the voluntary and community sector will need to increase, and the resilience of neighbourhoods, already weakened before the pandemic, will require strengthening (Marmot et al, 2020).

Physical and institutional infrastructure

Alongside community-based capacity building and supporting local initiatives, investing in the physical and institutional infrastructure of communities will be crucial. The development and maintenance of social connections should also form a key part of recovery strategies to build back fairer communities (Marmot et al, 2020; Manchester City Council, 2022) and to help promote a spatial justice agenda within age-friendly work. The social support generated in spaces such as libraries and community centres has been found to be protective of health and wellbeing across the life course (Cotterell et al, 2018; Hertz, 2020). This is not just an important part of recovery from the COVID-19 pandemic, but also an essential part of ensuring the sector is equipped to support older people during times of crisis in the future.

Engaging vulnerable groups

Community and voluntary organisations are best placed to cater for increasingly diverse older populations, including people with differentiated needs and abilities. As the discussion in this chapter has shown, services and activities must be culturally appropriate and measures to promote digital

inclusion need to be introduced to protect already vulnerable groups from further social isolation. Neighbourhoods characterised by socioeconomic disadvantages, such as poor housing and long-term unemployment, are also those with the greatest need for organisations offering support. This puts pressure on a sector with already depleted resources. The evidence suggests that neighbourhoods, and the different groups within them, have been on the receiving end of actions to combat COVID-19 rather than being involved in decision making and treated as equal partners. As Marston et al note: '[These actions] have largely involved government telling communities what to do, seemingly with minimal community input' (2020, p 1676).

One of the weaknesses in current approaches of working with older people is an overreliance on access to the internet as a means of communication. This ignores the extent of digital exclusion among particular groups – notably, but not exclusively, the older population (Marston et al, 2023). In 2020, according to ONS (2021) figures, 11.4 per cent of people aged 65–74 had never used the internet, with this being 38.8 per cent of those aged 75 and over. These age groups are likely to be further disadvantaged by the decline of local newspapers – 265 closed in the UK in the period between 2005 and 2020 (Tobitt, 2020). Given this context, more traditional means of communication about COVID-19 and future pandemics will most probably be necessary (for example, leaflets in different languages to be delivered through people's doors, advertising in shops and home visits by community workers) to complement digital communication and related approaches. At the same time, community and voluntary organisations are well placed to provide training and support in digital skills to older people, as they did during the pandemic.

Conclusion

The role that the community and voluntary sector played during the pandemic cannot be overstated. These organisations had to reinvent themselves suddenly in order to find new ways of working with and supporting older people. The pandemic also highlighted many of the pressures that these organisations were under, pressures that had existed before the pandemic and were exacerbated by the particular circumstances of 2020–2021. It emerged that organisations located in more deprived areas were often struggling with resources, partly because they had to cater to greater numbers but also because they often depended on a workforce who had to juggle other responsibilities. This pointed to a scenario where organisations reflected the precariousness of the communities they served, in some ways reproducing the spatial inequalities of specific neighbourhoods. Despite the easing of social distancing restrictions, the challenges of diminishing resources, changing

needs and deepening inequalities within the older population persist. This context will continue to shape the ongoing role of community and voluntary organisations in age-friendly communities.

The research informing this chapter is based on a study of the third sector in Greater Manchester in the UK; however, due to the increasing role that community and voluntary organisations play in both formal and informal networks of care in many Western economies, the findings have relevant lessons for other international contexts. This chapter has argued that to address the differing needs of older people living across unequal neighbourhoods, a community-centred approach that takes cultural and identity specificities into account is necessary. However, this approach can only work with systematic investment to support and expand the valuable work by community organisations, which often reflect the precariousness already existing in the neighbourhoods where they are located and cannot be divorced from wider structural inequalities. As indispensable assets, community organisations need more resources in order to continue supporting age-friendly communities across unequal geographies.

Moving forward, it will be essential that different forms of collaboration are supported, including relationships between academics, voluntary and community organisations, as well as older people themselves. All of these groups should play a central role in shaping the debate about the types of infrastructure and resources needed to provide an effective shield against future pandemics. Older people have themselves been victims of COVID-19 (in huge numbers), but they have also found ways to maintain their everyday lives and support others. These are important lessons to build on, and learn from, in preparing for future pandemics and working to support those from minority backgrounds. It is also clear that the impact of COVID-19 on the diminishing resources of many community organisations makes this a matter of urgency: targeted work is needed to encourage strategic partnerships and expand access to funding through capacity building, especially focused on low-income neighbourhoods.

To conclude, a spatial justice orientation within age-friendly cities and communities is vital in building a postpandemic agenda. Specifically, this chapter has highlighted the need to integrate age-friendly approaches into post-COVID-19 recovery strategies by investing in community assets in deprived areas (Phillipson et al, 2021; Bear et al, 2021; Kelsey and Kenny, 2021); promoting age and digital inclusion (Campbell 2020; Marston et al, 2020); and involving older people in designing community initiatives (Buffel et al, 2021; Scott 2021). *Community responses* will be key to ensuring that the needs of vulnerable groups are met and to prepare for potential future crises. This chapter has argued the case for a renewed commitment to spatial justice along with tackling deep-seated inequalities within our communities and within the older population.

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PART III

Reimagining age-friendly communities

Ageing in the margins: exploring experiences of precarity in urban environments

Miriam Tenquist, Tess Hartland and Joana Salles

Introduction

Global urban and social changes are raising new issues for diverse populations growing older in urban areas. In general, the age-friendly framework, as reviewed in [Chapter 2](#) of this book, has been targeted at people ‘ageing in place’, that is, those who have lived for an extended period of time within the same home or neighbourhood. Yet, increasingly, in the context of global economic and political instability, there is a need to support groups ageing in unstable homes or in a new home in their second or more country, often with limited social support, and with significant financial and health problems. In short, these are populations experiencing the various dimensions of living in a more ‘precarious’ environment, one introducing new forms of vulnerability in the management of everyday life ([Crăciun, 2019](#); [Grenier et al, 2020](#)).

This chapter examines experiences of precarity among contrasting groups of older people living in urban areas, all of whom experience discrimination and injustice of different kinds. The chapter will develop this theme in three main ways: first, by outlining areas of risk and insecurity facing such groups, drawing on the concept of ‘precarity’; second, through examining three examples of pressures facing contrasting marginalised groups; and, third, by highlighting how emancipatory methods, such as co-productive and creative methodologies embedded in a precarity perspective, can amplify the voices of people ageing in urban areas and serve the needs of those experiencing various forms of economic and social exclusion ([Walsh et al, 2021](#)).

Applying a precarity lens to urban ageing research

A significant challenge for the age-friendly movement concerns developing forms of engagement and initiatives relevant to groups facing deep-rooted inequalities and insecurities. The concept of precarity has been used to

draw attention to the different forms these take, and their relationship to changes associated with neoliberal economic and social policies (Standing, 2012; Teeple Hopkins, 2017). Waite (2009, p 426) refers to precarity as 'life worlds characterized by uncertainty and insecurity' and as a concept that implies 'both a condition and a possible rallying point for resistance'. In a similar vein Millar (2017) outlines three ways of thinking about precarity, including as a condition, as a category and as an experience that includes political action to counter precarity. Although precarity has been widely used in other fields, in particular with regard to changes in the labour market (for example, Standing, 2012), its application to ageing and later life is relatively new.

Standing (2012) draws attention to the way in which structural inequalities are reinforced through differential options and choices about work, but the thrust of his critique can be extended to later life more generally. In a long view of the life course, it is precisely the cumulative effects of precarity that shape later life, in particular where social and economic conditions are concerned. Further, the contemporary economic conditions and austerity measures that are central to Standing's critique do not end at retirement or later life. This is especially the case for groups who are poorly served by traditional programmes such as pension schemes or related financial and social benefits (Phillipson, 2020).

Butler's (2009) work on precariousness is chiefly concerned with the construction of subjects and questions of 'what it means to have a life'. According to Butler, precarity is a 'politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence and death' (Butler, 2009, p 23). Her analysis draws attention to how mutually held frameworks create and sustain particular responses, especially as regards independence and dependence. Her view of precarity can thus be employed to shed light on the politics of ageing, whereby older people can suffer from unequal access to material goods and vulnerability in periods of rapid community change.

Settersten (2020) makes the point that precarity may occur at any period of the life course, but that later life may be especially primed for periods of insecurity. This may be the case because of challenges associated with failing health, poverty and diminished social networks. It may also reflect inequalities and barriers to services and opportunities facing particular groups, as well as the insecurities which arise from the pressures of rapid urban change. The groups affected may be additionally vulnerable through life transitions which heighten precarity in particular ways, for example, through loss of regular employment, discrimination in access to benefits of different kinds, and disruptions to personal relationships and networks (Finney et al, 2023).

A crucial factor in the development of precarity has been the decline of the welfare state, in particular following the economic crisis of 2008.

This resulted in a range of measures designed to force reductions in public expenditures in many countries of the Global North, in areas such as pensions, health and social care, education and social protection. Portacolone (2020), in her research in San Francisco, US, examined insecurities created by the retreat of the welfare state, focusing on pressures faced by older adults living alone. Portacolone's analysis of data from two qualitative studies led her to identify four markers of precarity: *uncertainty* – reflected in lacking resources to solve a problem or deal with a particular situation; *limited access to appropriate services* – supports and services too expensive, unavailable or hard to find; *importance of maintaining independence* – desire to retain independence while experiencing challenges of living alone, isolation, and health issues; and *cumulative pressures* – multiple issues and stresses in people's lives which produce precarity. Portacolone (2020, p 161) argues that her approach to studying precarity among older people 'encompasses the ripple effects of the retreat of the welfare state, the related emphasis on individual responsibilities and the pressures of ageing given limited community-based supports. The accumulated pressures take into account the increased strain that occurs at the intersection of these dynamics'.

Grenier et al (2020) highlight the need to identify the *transitional moments, trajectories or circumstances* that cause or worsen precarity for older people. Where one may move in and out of situations of risk and precariousness throughout life, ageing and late life may bring about, or intensify, the impacts of disadvantage and inequality. In this sense, there is considerable potential to link with life course approaches, notably studies of cumulative advantage and disadvantage (Dannefer and Settersten, 2010). The intersections of disadvantage and change over time seem particularly relevant to studies of the marginalised populations considered in this chapter, highlighting the social determinants of health and/or social exclusion, while at the same time incorporating insights from older people themselves.

Experiences of precarity in urban areas

The next section of this chapter, drawing on the approach developed by Portacolone, explores the extent of precarity facing marginalised groups of older people living in urban areas. The analysis focuses on: the Chinese community in the UK; older refugees and asylum seekers; and older people ageing in place in areas undergoing gentrification. The selection of these cases stems from their alignment with the fieldwork undertaken for the respective PhD studies of the authors. The precarity framework is used to illustrate contrasting experiences of insecurity and vulnerability within urban areas. The discussion explores the links between different groups, emphasising at the same time the need to understand the specific and varied needs each individual experiences in later life. Specific insecurities created

by contrasting life course trajectories are examined through a review of the research literature relevant to each group. The analysis focuses on three markers of precarity: *uncertainty* (for example, arising from urban change); *barriers to accessing* appropriate services (including but not limited to health services); and *financial exclusion* (linked to employment conditions and access to pensions).

The Chinese community in the UK

The first example is taken from the Chinese community in the UK, which is the most long-established in Europe (initial waves coming from the 1840s), with a population of 445,619 in the 2021 Census (ONS, 2022). This group is frequently regarded as a migrant ‘success story’ (Mok and Platt, 2018) due to their relative economic success. They are a geographically dispersed, and economically and socially diverse, population (Knowles, 2015). The main ethnic Chinese groups in the UK comprise those from mainland China, Hong Kongese, Taiwanese, Malaysians and Singaporeans, Sino-Vietnamese and UK-born Chinese. Substantial differences in socioeconomic position, education and acculturation can be found within and between each group. The diversity also refers to the contrasting experiences of different generations of migrants (Mok and Platt, 2018). These various aspects mean that historically the needs of the Chinese community have often remained hidden from service providers, policy makers and academics alike (Yu, 2000; Chau, 2008). However, beneath this veneer of invisibility, there is an ageing community that is experiencing a unique blend of challenges, including racism, discrimination and precarity. In particular, the older generation faces a range of complex issues, exacerbated by its historical ties with the catering industry in the UK.

The older Chinese population’s involvement in the catering industry is rooted in the Chinese diasporic business culture (Wong, 2006; Wood, 2016). Many of the early Chinese migrants, as a result of barriers to mainstream employment linked to language difficulties and discrimination, entered the catering and restaurant trade. In the 1950s, there were just 36 Chinese restaurants in the UK (Benton and Gomez, 2008), increasing to around 5,000 by the 1990s (Benton and Gomez, 2008) and reaching 17,500 by 2009 (Lam, 2009). However, the years since 2010 have seen a decrease in the number of restaurants, driven by competition within the sector, the impact of the retirement of first- and second-generation migrants, the COVID-19 pandemic and the cost-of-living crisis (Sharrocks, 2023; Smartsrapers, 2023).

Finding employment in the catering industry, and in some cases owning a restaurant, offered financial stability in the context of exclusion and/or discrimination from mainstream employment. On the other hand, for

those growing old in the industry, conditions of employment were and are precarious in terms of working conditions, characterised by long hours, low pay and for many experiences of racism in interactions with customers (Hui, 2019). A notable feature of the Chinese catering industry, particularly takeaways, was the aim to expand their customer base by attracting non-Chinese customers, while simultaneously minimising competition with other Chinese-owned businesses in the same sector (Mok and Platt, 2018). Historically, this has resulted in a dispersed Chinese community within the UK, where business proprietors spread across the country with the aim of reducing competition with other establishments. Despite the potential benefits, over the longer term, businesses were also vulnerable where areas faced economic and social decline. For those older Chinese outside the large urban areas, this could lead to isolation and detachment from a wider Chinese community (Boffey, 2015).

Further, while employment within the catering industry can provide financial stability among immigrants and create jobs and businesses (Andersson and Hammarstedt, 2010), it has also locked many older Chinese workers into low-wage and physically arduous employment (Song, 2015). Moreover, 97% of Chinese restaurants are independently run, leaving owners at the mercy of external economic and social insecurity (Hui, 2019). At the same time, lack of formal contracts, employment rights and job instability make workers vulnerable to exploitation. A longitudinal study by Flynn and Wong (2022), exploring how older Chinese migrants in the UK overcame employment barriers, found that older Chinese migrants hoping to sell their establishments and retire struggled to do so in the face of falling property prices in the areas in which their shops were located. Selling the business and working for someone else was also found to be a challenge, with 'lack of an employment history, past employers from whom references could be obtained, formal qualifications and career-based training' (Flynn and Wong, 2022, p 5), making it difficult to change employment in later life. Financial exclusion was further exacerbated as precarious employment histories or self-employment mean that individuals would often lack an occupational pension or in some cases the necessary National Insurance contributions to claim a state pension (Ebbinghaus, 2021; Flynn and Wong, 2022).

To compound these different experiences of precarity, the older Chinese population continues to grapple with racism and discrimination. The dispersed nature of Chinese restaurants means they are 'often [located] in rural, mostly white areas where racism and shopfront vandalism are common' (Peterson, 2022). The ongoing discrimination experienced by these independent businesses has contributed to second- and later-generation children not wanting to take over the running of these establishments (Hui, 2022). Moreover, the COVID-19 pandemic highlighted the existence of discrimination, with a rise in hate crimes against Chinese people (Gray

and Hansen, 2021), with stories of Chinese takeaway owners being spat upon in coronavirus-related hate crimes (Ng, 2020). A study in the US by Huang et al, (2023), which examined the effects of anti-Asian sentiment on consumer discrimination against restaurants associated with Asian Americans, found a substantial decrease in visits to Chinese restaurants, with individuals expressing concern over whether or not Chinese food carried COVID-19. This xenophobic narrative is not new. Chinese restaurants previously experienced a downturn in trade of as much as 40 per cent after links were made suggesting meat from Asia destined for catering businesses could be responsible for the foot-and-mouth disease in the UK in 2001 (Kelso, 2001). It may be argued that this historical and current anti-Chinese racism has and continues to remain largely unacknowledged, with the government and media doing very little to reduce prejudice (Coates, 2020).

Chinese older people also experience barriers in terms of accessing health and care services (Gulati et al, 2012). Liu et al (2016, p 667) undertook a study on the support networks of 44 Chinese older immigrants accessing English health and social care services, and found that they faced 'language barriers, lack of information and instrumental support, and emotional and cultural issues regarding use of health and care services'. It may be argued that these barriers further perpetuate the invisibility of the community and contribute to increasingly precarious ageing, as their health and social care needs go unmet due to a lack of access to essential services and support.

The older Chinese population in the UK faces multifaceted precarity, including the unpredictability brought about by urban changes of various kinds, restricted availability of various health and social care services, financial marginalisation stemming from employment conditions and pension restrictions, and the often-unacknowledged instances of racism and discrimination, which exacerbate their vulnerabilities. Understanding and addressing these issues remains an essential goal for urban ageing research in order to ensure a more inclusive and equal ageing society for diverse groups of older Chinese people.

Precarity and older refugees

Older adults from immigrant backgrounds are an important group to consider in discussions about experiences of inequality and precarity. The intersection of migration and older age creates distinct needs and health-related challenges throughout the life course. These are important to understand to provide necessary support to individuals, and the communities and societies of which they are a part (WHO, 2018). There may be a range of risk factors experienced in the individual's country of birth, through the migration journey and in the destination country, all of these interacting in different ways over the life course of an individual (WHO, 2018). These various

elements lead to considerable variation in health behaviours and patterns of morbidity. Certain markers of precarity are indicative of the everyday experiences of older immigrant adults. As identified by Kobayashi and Khan (2020), these include economic, psychosocial, cultural and political markers. For example, economic precarity may occur due to employment restrictions, while psychosocial and cultural precarity could occur through language difficulties or isolation. This population is also greatly affected by political dimensions of precarity, notably immigration and health policies (Parker, 2020).

The markers of precarity described by Kobayashi and Khan (2020) among ethnically minoritised dispersed communities are often exacerbated for those who have faced *forced migration*. While nuanced, the term ‘immigrant’ is often used to refer to people who choose to leave their country of birth; in contrast, ‘refugee’ refers to someone who ‘has been forced to flee his or her country because of persecution, war or violence’ (UNHCR, nd). In this chapter, the term ‘older refugee’ is used to encompass both refugees and asylum seekers, who are still waiting for leave to remain.

Over the period from 2010 to 2020, almost 80 million people were forcibly displaced (Torres et al, 2021). Within this population, estimates for the numbers of older refugees vary due to limited statistical information, as well as their uneven distribution between countries. However, they likely make up a larger proportion of the displaced population than is generally recognised. Data gathering is complicated by irregular or undocumented migration, and the inconsistent labelling of migrant groups such as asylum seekers and refugees (Hatzidimitriadou, 2010). The United Nations High Commissioner for Refugees (UNHCR) estimates that 4 per cent of refugees worldwide are aged 60 and over (UNHCR, nd). Most of those in Europe are in the southeast of the continent and are women living in urban areas, consistent with the wider demographic trend of ageing in these countries (Hatzidimitriadou, 2010).

Older refugees may not only experience precarity through language barriers and cultural shock, but are more likely to have faced exploitation, abuse and other forms of trauma that leave mental and physical scars. These events will affect the trajectory of their life course, such as their ability to integrate into a new community and experience ageing in a positive way. Furthermore, older refugees may also experience the aspects of precarity seen among ethnically minoritised dispersed communities. However, while one could consider an element of choice in relocating for economic opportunity, refugees may be subject to government policies which are highly restrictive in terms of where they can live. For example, the UK operates a policy of dispersal whereby asylum seekers are given housing on a no-choice basis, predominantly to deprived areas in poor-quality housing and in communities where they may face prejudice or isolation. Accommodation

is frequently given only on a temporary basis, with little notice given for relocation. Coercive, racialised housing regulations, during and beyond the dispersal scheme, exploit individuals, even once leave to remain is granted, and inevitably leads to many becoming homeless (Hill et al, 2021). This demonstrates how precarity surfaces through the uncertainty of their daily lives (Kobayashi and Khan, 2020).

Meanwhile, the forced separation of individuals from established ethnic minority communities and social networks, paired with inadequate services in many locations, leave many people at risk of social and spatial exclusion (Bakker et al, 2016), and especially vulnerable to urban spatial inequalities. At the same time, employment restrictions, together with limited welfare support during the asylum process, often pushes people further into poverty. In this way, multiple dimensions of precarity may operate simultaneously to exacerbate inequality and disadvantage among ageing refugees.

However, older refugees also *challenge* their precarious circumstances and demonstrate agency by various means. Methods of resistance to precariousness should be identified so that refugees can grow older with their wellbeing, health and quality of life adequately supported. Grassroots, voluntary and faith organisations continue to respond to the needs of older migrants, particularly as welfare benefits are reduced and demand for support rises (Khan et al, 2017). These spaces may also foster collective action, empowering older refugees to challenge adversity. While these organisations reflect a more traditional humanitarian response, there are growing local and informal networks that are also engaging with the politics of refugee protection. Mitra (2023) discusses how different refugee groups, often connected by activist and diaspora networks, are exercising their own agency to secure their livelihoods. In addition, interpersonal forms of informal care and solidarity can lead to the identification of shared everyday challenges such as struggles for housing and healthcare, as well as motivating action against the injustices experienced (Mitra, 2023).

The literature on age-friendly communities commonly references civic participation, such as volunteering, when discussing how people may facilitate good health and wellbeing in later life (Torres and Serrat, 2019; Greenfield and Buffel, 2022). For refugees, realising participation through volunteering may be especially important where government policy restricts employment for asylum seekers. While rates of participation in formal volunteering are lower as compared with nonimmigrant counterparts (Cao et al, 2021), older refugees demonstrate a desire to be involved in their local community and contribute to host societies. Little is known about the role of migration on trajectories of civic participation among older people, an area which would benefit from more research (Torres and Serrat, 2019). When discussing volunteering engagement, we should acknowledge the cumulative disadvantage that must be overcome for civic participation and

emphasise the disruptive nature of migration, while recognising the benefits it can provide for countering precariousness.

Older people living in areas of gentrification

Another illustration which demonstrates the value of using a precarity framework comes from research focusing on older people living on low incomes who are ageing in place in gentrifying neighbourhoods. A term first introduced by sociologist Ruth Glass in 1964, gentrification is defined as the process through which a working-class neighbourhood is transformed by an influx of middle-class residents, changing the area's character and sociodemographic composition, and increasing prices and rents in the locality. In practical terms, gentrification is characterised by the privatisation of housing and social venues, the polarisation of social relationships and the widening of inequalities, together with the exclusion of marginalised groups (Glass, 1964). In that sense, gentrification increases experiences of precarity in later life, especially for older people who are already facing social and economic challenges associated with living on a low income, or those with minoritised identities.

This last point may be illustrated in a number of ways. First, the research evidence suggests that people who have lived in the same area for a long period of time build attachment to their local environment and community (Buffel and Phillipson, 2024). This is especially relevant to older people, who may have resided in the same neighbourhood for their entire life and may 'rely on their more immediate communities and urban spaces for access to services, resources and support' (Menezes et al, 2021, p 14). This provides a sense of stability and security which supports them to age well in place. Rowles (1983) identifies different types of attachment in later life: *physical attachment* – older adults who have lived in the same place for long periods of time are attached to certain places as they symbolise a sense of continuity and familiarity (Degnen, 2016); *social attachment* – this is a feeling of integration and strong social ties within the local community; and *personal attachment* – directly linked to the life course, this is the building of various attachments over time which ultimately leads to a general sense of belonging to a place and community. Set against these characteristics, the process of gentrification can contribute to feelings of insecurity and vulnerability, driven by high population turnover, together with the loss of familiar places and spaces.

Research conducted in the neighbourhood of Hulme, Manchester (UK), for example, found that older residents had witnessed the disappearance of 49 public houses over 20 years, all of which had been replaced by private housing (Salles, 2020). Over time, longstanding residents had developed strong attachments to these pubs as they were linked to particular transitions through the life course, memories and social life (Gustafson, 2001),

becoming an integral part of the local history. The loss of these meaningful places created an overarching sense of uncertainty as people witnessed their collective and individual identity slowly disappear, along with the buildings which had played an important part in their own histories.

Second, gentrification also prevents a sense of place attachment, as it is disrupted through the process of population displacement. In his research on public policies and urban change in New York City, [Marcuse \(1985\)](#) argued that displacement is a key marker of gentrification. Displacement can be divided into: (a) *direct displacement* – residents being forced out of their home; or (b) *indirect displacement* – the replacement of structures and places in a neighbourhood around existing residents to attract new populations ([Versey et al, 2019](#)). Both direct and indirect displacement create a sense of insecurity and precarity among older people by disrupting their longstanding communities and social relationships. Generally, for older people, being displaced means losing the sense of rootedness they have constructed throughout their lifetime.

Third, another marker of precarity in later life, exacerbated by the process of gentrification, is associated with the barriers older people experience when accessing services, these often being linked to social and financial exclusion. As with changes in the built environment and social relationships, the provision of services and amenities alters when a neighbourhood undergoes gentrification ([Doucet, 2009](#)). As more affluent residents move in, services change to cater to the needs and tastes of the incoming population ([Bourdieu, 1984](#); [Buffel and Phillipson, 2024](#)). While these changes can be seen as beneficial in some respects – for example, through the improvement of amenities and increased access to specialised products and spaces – they may also exclude older residents who live on lower incomes as the new services and amenities are often beyond their financial means. In her study about the lived experiences of older people in the gentrifying Black neighbourhood of Harlem, New York, [Versey \(2018\)](#) describes feelings of resentment and exclusion among the older black community as the new shops, restaurants and social spaces are created to attract wealthy populations rather than serve the existing ones: ‘Several senior and youth centers have closed, so there’s nothing for seniors to do or any place to hold their functions. They feel forgotten, you know’ ([Versey, 2018](#), p 6). Research exploring how older working-class residents resist gentrification in Miles Platting, Manchester, also suggests that the large influx of a new, wealthier population into a neighbourhood puts a strain on existing services such as General Practitioners’ surgeries, which in turn struggle to meet the needs of the longstanding and older population ([Salles, 2024](#)).

At the same time, older people respond to the challenges described in many different ways. In several neighbourhoods around Manchester, older people have come together and created a network of age-friendly and

community savers groups to support each other through the challenges they face in later life (King, 2023). This network plays a role in resisting the process of gentrification through routine actions such as organising weekly community breakfasts and coffee mornings where residents share stories about the changes in their neighbourhood and their daily struggles. In her ethnography on East Manchester, Lewis argues older and ‘long-standing residents make community, paradoxically, by sharing narratives about the loss of social ties’ (2016, p 912) as well as sharing ‘familiar memories of place in the past. In doing so, [they] strengthen social ties’ (2016, p 913). Recurrent gatherings and meetings allow the community to grow stronger and enable them to ‘exercise their right to stay put’ in their gentrifying neighbourhood (Pearsall, 2012, p 1015). Other examples show older people using direct action in their resistance to gentrification. For instance, the Fifth Avenue Committee, a community-led association based in New York, imposed a ‘Displacement-Free Zone’ in their neighbourhood in response to the high number of older residents living on a low income who were being forced to move out (Manzo, 2012, p 17). They targeted landlords who were prone to increase the rent and demonstrated on their doorsteps in campaigns to oppose rent increases.

In conclusion, Buffel and Phillipson (2024) make the point that while gentrification raises critical concerns for vulnerable and marginalised residents, any approach that embraces the principles of spatial justice must ensure that the positive effects of gentrification are shared by all and not just incoming and (invariably) wealthier residents. This means holding political entities accountable and shifting community design and redevelopment in a way that includes all residents, rather than excluding those with limited financial resources. This could involve rent protections for low-income residents and home modifications to support ageing in place, but it also requires innovative strategies which engage older residents as key urban actors in creating more engaged, democratic and liveable communities.

Emancipatory methods to co-produce knowledge with marginalised communities

The second section of this chapter focuses on the opportunities and challenges of using an emancipatory research approach when exploring experiences of precarity among marginalised groups of older people. Emancipatory research is aimed at empowering marginalised groups to become the researchers themselves, fostering inclusivity and control over knowledge production (Deepak et al, 2013; Biggeri and Ciani, 2019). This approach stems from a ‘growing discomfort with dominant research paradigms and procedures’ (Groat and Wang, 2001), and a keen awareness of the impact of colonised knowledge production (Reyes et al, 2022) that historically marginalised and

rendered invisible women, non-Caucasian, disabled, nonheterosexual and other underrepresented groups within the realm of knowledge production (Noel, 2016). An emancipatory approach seeks to create research that benefits systematically oppressed communities, using methods that challenge the ingrained power dynamics linked to extractive research (Reyes et al, 2022). Thus, embracing emancipatory methods within a precarity framework not only acknowledges the multifaceted nature of uncertainty and insecurity (Waite, 2009), but also provides opportunities as well for marginalised communities to reclaim agency and redefine the narrative which underpins their lives.

Co-production methods provide one illustration of an emancipatory research approach, one that aims to involve participants as active collaborators in the research process. Originally established in the public sector to describe the role of citizens in public services (Ostrom, 1972), co-production is a research method that involves ‘service users, professionals, and academics working together in equal partnership and sharing responsibility for generating knowledge and solutions to problems’ (Hallam-Bowles et al, 2022, p 2). The core principles related to co-production include ‘power sharing, inclusivity, equality and reciprocity’ (Hallam-Bowles et al, 2022, p 2). However, a number of challenges have been identified in relation to this approach, including those associated with power differentials among various groups, barriers to achieving project sustainability, as well as challenges linked to the resource-intensive nature of this type of work (Danieli and Woodham, 2007; Willis et al, 2018; James and Buffel, 2022; see also Chapter 7). Despite these limitations, a co-production approach may enhance the authenticity and relevance of research findings. It is considered to be a viable method for accessing the expertise and knowledge of older people and represents an effective means for accessing and incorporating the views of marginalised groups (Cotterell and Buffel, 2023). Finally, it also provides a forum for meaningful social engagement and mutual learning between older people, service providers and a range of professional groups (Buffel, 2018).

Creative methods provide another emancipatory research approach, as they encourage unconventional and innovative techniques for data collection and analysis, often fostering a deeper understanding of complex issues while empowering participants to share their experiences in unique and meaningful ways. These methods, enabling more expressive outlets for participants, have the potential to amplify silenced voices (Phillips et al, 2022). By encouraging the use of creative mediums such as art, storytelling and multimedia, researchers can delve into the intricacies of participants’ emotions and experiences of precarity, thereby nurturing a more reflexive, embodied and empathetic understanding (Petsilas et al, 2019). Importantly, the use of creative methodologies supports a more collaborative research

approach with marginalised groups, offering opportunities for meaningful engagement with research participants and assist further emancipation. Much like co-production, creative methods facilitate a two-way exchange, enabling marginalised individuals to actively contribute to the research process, thus advancing their agency and fostering a sense of empowerment in the pursuit of social change.

The next sections provide two examples of emancipatory methods that combine creative and co-production elements in the way in which they engage with underrepresented groups of older people. These examples are part of the respective PhD studies of the second and third authors of this chapter. The first example involved co-producing a comic book that highlighted experiences of precarity among older refugees, while the second entailed the co-creation of films with older people about their lived experiences of gentrification.

Co-producing a comic book with older refugees

This section discusses themes arising from life story interviews with older refugees and asylum seekers which were used to co-produce a comic book about their experiences of growing older in Greater Manchester. The comic book is part of a PhD study that explores the lived experiences of refugees and asylum seekers through a lens of precarity, while ensuring that participants have sufficient agency within the research process, valuing and respecting those with lived experience as the 'Knowledge Holders' (Lenette, 2019). Twenty people aged 50 and over who identified as refugees or asylum seekers took part in life story interviews between September 2022 and February 2023. Recruited through snowball and purposive sampling, people from eight different countries across Asia, Africa and the Middle East, who have lived in Greater Manchester between three and 21 years participated in the study. They shared their experiences of ageing, health and everyday living in the city. Other themes discussed included housing, healthcare, religion, isolation, discrimination, language and immigration policy.

Upon consultation with participants and local refugee charities, it was decided that a comic book would be an appropriate approach to portray the research findings. The reasons behind this decision included the aim of empowering participants and to do research 'with' rather than 'on' them (Leavy, 2015). Creative methods can also facilitate collaboration, particularly where language barriers may disrupt data collection and when the topics discussed are particularly emotive. Further, presenting the research in this way would enable the narrative and nuanced nature of the individual life story interviews to be preserved (Sou and Hall, 2022). A comic represents an engaging way to share multiple and complex findings, especially beyond the academic sphere. And, lastly, such a tangible output gives participants

ownership over their research and facilitates awareness among research partners and wider stakeholders.

Thirteen people aged 50 and over took part in co-production workshops in March and April 2023 aimed at developing the comic book. The workshops took place in a space provided by a local charity that supported the research. As most participants had engaged with the organisation previously, there was already an established trust which was essential to ensure a safe, open and relaxed environment, which was essential for participants to be able to share their thoughts (Lenette, 2019). As well as the researcher, participants were also joined by a member of the host organisation who could provide clarification and support if required, and the comic artist. It was deemed crucial for accurate representation and understanding that the artist could attend the workshops, given that imagery is the central feature of this method.

A first workshop provided an overview of the central themes arising from the life story interviews. Given the visual aspect of a comic, the artist asked about the imagery surrounding each theme – for example, for ‘housing’, participants were encouraged to share what their home looks like. To add further depth, the group also discussed anecdotes and emotions associated with each theme. In relation to the theme of ‘healthcare’, for instance, one participant reflected on her experience of ‘hospital negligence’ prior to her husband’s death. Using such experiences discussed in the first workshop, the artist developed sketches and a draft storyline for the comic book to be discussed in a second workshop. Here, the focus was on checking the accuracy of these. For example, upon showing participants a sketch of a shared kitchen in a house of multiple asylum seekers, participants were asked whether this portrayal was indicative of their experiences.

Alongside discussing the themes identified from the life story interviews, the co-production workshops enabled a more holistic understanding of participants’ lives and relationships they had formed with each other through shared highs and lows. Together, they brought attention to a pivotal moment in the life of someone seeking sanctuary: the UK Home Office decision on an asylum application. Participants explained how their future lives are dictated by a decision of which they have no agency. They guided the researcher and artist through the emotions, practicalities and encounters faced during this experience. For those in mid- to later life, the inability to rebuild the life they had lost, including family, secure housing, steady employment and any autonomy over their daily lives became increasingly evident.

Figure 10.1 presents an image from the co-produced comic book, entitled *Echoes of Displacement: A Collective Story of Growing Older and Seeking Sanctuary in Manchester* (Hartland and Pollock, 2023) and demonstrates how key findings highlight experiences of precarity among older refugees and asylum seekers. This illustration shows the main character ‘Camelia’ when she has just arrived in Manchester. It communicates themes such as language barriers,

Figure 10.1: Camelia arrives in Manchester



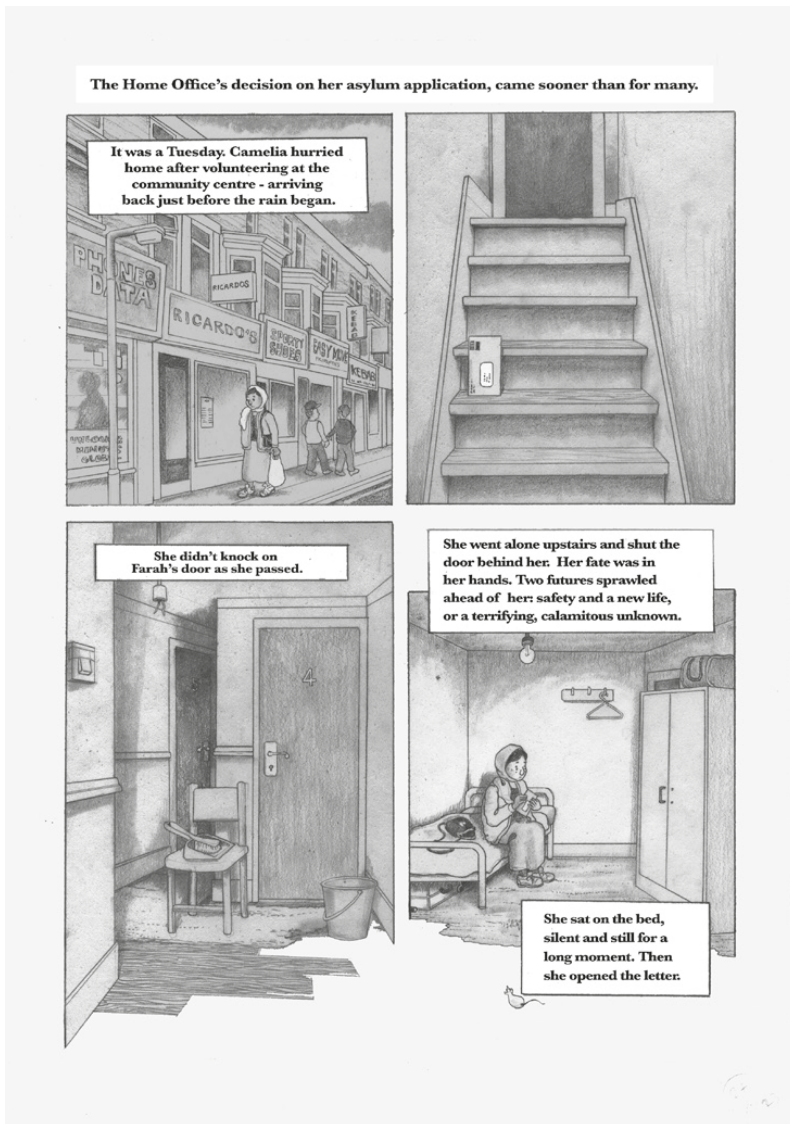
Asylum seekers do not have the right to work in the UK.
People seeking asylum are given £6.42 per day.
This is to cover food, sanitation and clothing [6].

"When you spend money on food, you don't have anything left. Food is so expensive. I always cry as I don't know where to get help." (Aleena, 50+)*

Source: [Hartland and Pollock, 2023](#), reproduced with permission

financial insecurity, and social exclusion. Figure 10.2 expresses the lack of autonomy and security that older refugees and asylum seekers like Camelia have over their lives. By considering these findings through co-produced and creative means, we can begin to understand how refugees and asylum seekers may experience and encounter certain circumstances that influence their ageing trajectories. Building a relationship with the main character,

Figure 10.2: Camelia has begun to build a life in the city and finds a decision has been made on her asylum claim



Source: [Hartland and Pollock, 2023](#), reproduced with permission

Camelia, the reader can develop their own emotional response and interact with the story ([Sou and Hall, 2022](#)), thereby humanising the journey of older refugees and asylum seekers who are rebuilding a life in Manchester.

While the overall experience with this method of co-producing a comic book has been a positive one, there were also challenges. First, while the co-production workshops were lively and participants had much to share,

this meant they often talked over each other and some points from quieter members had to be repeated or were likely missed altogether. Second, cultural differences in communication style and language barriers may have led to some misunderstandings where participants thought they were disagreeing rather than validating each other's experiences. Challenges around dealing with differing cultural interpretations of verbal and physical communication were also reported by [Apers and van Praag \(2021\)](#) in their co-creative approach with migrant newcomers. While the aim of our workshops was to accompany verbal communication with drawing, writing and group brainstorming to overcome some of the expected limitations, most participants preferred to return to verbal communication. Creativity cannot be forced, and it is therefore difficult to predict how creative co-production methods will unfold ([Apers and van Praag, 2021](#)). Some did have an interpreter present which aided their participation.

Third, some participants were initially hesitant to contribute to the workshop – a common challenge in migration studies ([Apers and van Praag, 2021](#)). They frequently asked for more guidance and appeared to be looking for the right answer rather than embracing the freedom of the activity. Perhaps this reflects the approach commonly adopted in the asylum process – concerned about providing information that could harm their asylum claim and conditioned to abide by external decision makers for survival, and hence overwhelmed by a sudden freedom to speak their mind. With encouragement from the rest of the group, some of whom validated others' experiences, participants quickly overcame this barrier. Additionally, it would have been beneficial to run more workshops to increase the opportunities for participants to contribute further to the comic development. However, due to time constraints and the disruptive nature of the asylum process, this was not possible. The uncertainty and volatility of older refugee and asylum seekers' daily lives became ever-more evident, with many re-arranging or not attending the research group due to priorities including appointments with housing associations and solicitors or limited weekly allowance to travel to the location. This is something to be considered when using co-production methods in the future to ensure marginalised groups are not excluded from research.

Lastly, the importance of building a trusting relationship with potential participants prior to embarking on co-production studies cannot be overemphasised ([Godin and Dona, 2022](#)). Without becoming familiar with the community by, for instance, volunteering with organisations, or by becoming a regular presence in their social spaces, these methods are unlikely to be successful and certainly would not gather the depth of data that could be achieved. This is both due to mistrust that many individuals have for research and unfamiliar people – particularly if working with older migrant populations – and also the need for researcher(s) to gain a

more complete understanding of their social reality, including the attitudes, beliefs, perspectives and wider context within which the community of interest exists.

Co-producing films with older people about the impact of gentrification

A second example of an emancipatory research approach involves the co-production of community-based documentaries, as part of a study aimed at exploring how older people living on low incomes collectively organise to resist gentrification. The co-production of films can play a central role in supporting the emancipation of marginalised groups of older people, providing opportunities to reshape and co-construct the story of their lived experiences and efforts to resist gentrification. While unequal power dynamics between researcher and research participants are inherent to any research project, racial and gender issues have received only limited attention in studies of ageing (Reyes, Versey and Yeh, 2022). However, both co-production and audiovisual methods can be used as tools to renegotiate these imbalances and offer research participants a platform to express their agency and expertise at every stage of the research process. Indeed, co-production and audiovisual research methods can assist research participants in resisting hegemonic discourses about their lives by sharing their lived experiences and constructing their identities away from top-down and often stereotypical representations (Clark, 2017).

The study reported here involved the co-production of a film with the Miles Platting Community and Age-Friendly Network, a community group in Manchester, UK, which is aimed at overcoming tensions sparked by urban regeneration processes by encouraging local groups to work together on local issues and projects to improve the neighbourhood. The film aimed at documenting the ongoing changes as a result of regeneration in the area, as well as the community's responses to these changes. In order to build trust and relationships within the local community, the researcher participated in several of the group's activities and meetings over the course of 12 months. As a result of this, three projects, managed by local community leaders, were identified for inclusion in the film: a local disco, a social supermarket and a group of residents working to redevelop the local church into a social hub. After mutual trust was established, the researcher organised a meeting at the weekly coffee morning to discuss the research project and the role that filmmaking might play. Through semi-structured interviews with various members of the community, the main topics of interest and the general message of the film were mutually agreed upon. Based on these discussions, the researcher shadowed the different groups and started filming their interactions with their local environment, their interpersonal relationships and the ordinary forms of resistance to gentrification in which

they took part. The active involvement of research participants in the making of this film was central to the co-production approach. At every stage, it was ensured that the footage and recordings were accurate representations of their lived experiences of gentrification, either by showing participants the footage directly or by discussing the issues they faced individually and at group meetings.

Co-producing a film with older people about their lived experiences of gentrification proved both beneficial and challenging in a number of ways. First, while many participants embraced the transformative potential of making a film to have their voices heard and initiate social change, others also realised the unequal power relationships already at play between them on the one hand, and the researcher holding the camera on the other. The presence of a camera and sound recording equipment in the field also meant that individuals who were not comfortable being filmed or filming were excluded from parts of the research. This could contribute to the further isolation of individuals who already tended to be harder to reach or excluded in mainstream research projects. One way to tackle this issue was to involve participants in the research process outside of the audiovisual component, in activities such as scriptwriting and editing feedback. On the other hand, regaining control of the research process through the co-production approach also encouraged participants to take part more enthusiastically and authentically in the research. The co-production of this film allowed the researcher to better connect with participants by presenting them an opportunity to reject dominant narratives. As a result, the study gained a more in-depth understanding of their subjective experiences of gentrification, and an overview of the range of possibilities in resisting this process.

Conclusion

This chapter has reviewed the experiences of groups often neglected in research on age-friendly and related issues (Lehning et al, 2015). The examples illustrate the complexity and diversity of experiences in urban areas, and the challenge for building inclusive age-friendly policies. Future work will need to monitor and research the diversity and varying degrees of precarity of marginalised groups, but also understand the processes by which they can challenge the adversities they face in their everyday lives. Certainly, given instabilities associated with civil wars, climate change and economic recession, facing countries across the Global North and South, the range of groups experiencing marginalisation within urban areas is likely to grow – hence the need for the kind of analysis and strategies for change discussed in this chapter.

Precarity, it has been argued, provides a helpful framework for understanding different forms of insecurity, tracing these across cultural,

economic and social dimensions. It provides a lens for understanding processes of exclusion, but also offers possibilities for promoting new forms of participation and engagement among marginalised groups. However, as the examples provided in this chapter have demonstrated, new research methods are needed to capture the range of experiences accompanying marginalised groups ageing in place. For example, migrants often lack visibility in the development of public policies in the countries to which they have settled. The reasons for this, as has been highlighted in the chapter, include experiences of exploitation in the labour market, lack of rights to services, and language difficulties in accessing the welfare system. But other groups of older people may experience marginalisation through a process of ‘erasure’ where they are ‘unseen’ in policy, research and institutional practices, notably, as has been argued, in contexts such as urban gentrification and regeneration (Kelley et al, 2018),

‘Enabling diverse voices and the meaningful engagement of older people’ (WHO, nd) has been identified as a key component of the UN Decade of Healthy Ageing (2021–2030). Achieving this, however, will pose significant challenges, given growing insecurities affecting the lives of older people and the communities in which they live. The argument of this chapter is the need to develop new opportunities for people to influence and participate in place-based policies, identifying emancipatory approaches that are more participatory, democratic and bottom-up. Of course, reaching out to those who have experienced severe injustice and persecution, in some cases over the course of their lives, will be highly demanding. But the diversity of urban populations and the impact of different forms of precarity are raising major issues which age-friendly work must urgently address, devising at the same time new methods and techniques for working with older people.

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Dismantling and rebuilding praxis for Age-Friendly Cities and Communities: towards an emancipatory approach

Jarmin Yeh, Emily A. Greenfield and Melanie Z. Plasencia

Introduction

Despite continued growth in the number of cities and communities committing to age-friendly values and actions (WHO, [nda](#), [ndb](#)), concerns remain regarding the extent to which Age-Friendly Cities and Communities (AFCC) programmes benefit older adults of diverse social-spatial positions and identities (Greenfield, 2018; Wanka et al, 2018; Yarker and Buffel, 2022; see also [Chapters 1, 2, 5 and 7](#)). Scholars have elucidated complexities and blind spots of AFCC efforts, especially for addressing deeply embedded inequities that contribute to increasingly disparate contexts for ageing (Buffel and Phillipson, 2016; Moulaert and Garon, 2016).

This chapter aims to advance a critical perspective on AFCC programmes by analysing key aspects of discourse from the World Health Organization (WHO) that frames AFCC programmatic activities worldwide. The chapter authors¹ are scholars engaged with age-friendly work with multisectoral actors in the US, and the objective of writing this chapter is to provide a forward-looking direction that deconstructs and begins formulating alternative or complementary approaches for AFCC praxis. The term ‘praxis’ denotes inseparable connections between knowledge and action, as well as ways in which knowledge-based practice and practice-based knowledge are essential conditions for transformational systems change (Freire, 1970, 1973). By building, in part, on the work of AFCC thought leaders over the past decade, the process of both dismantling *and* rebuilding offers promise for addressing issues of diversity, equity, inclusion and anti-racism within AFCC efforts, and for improving their reach, effectiveness and sustainability.

The chapter is presented in three sections. First, we present a brief background on the World Health Organization’s ‘Age-Friendly World’ initiative, including the WHO Global Network for Age-Friendly Cities

and Communities (referred to as the ‘Global Network’) and five guiding documents that are formally positioned as part of its governance (WHO, [ndc](#)). Second, we critically analyse three core aspects of discourse from the documents and offer alternative or complementary approaches to help the movement progress, especially in terms of benefiting a greater diversity of people and communities. Specifically, we focus on the predominance of a social planning approach, the emphasis on quantitative metrics to characterise communities and a relatively narrow view of what older adults’ participation and involvement in AFCC efforts entail. Third, we call for the development of an emancipatory approach and a ‘different suite of tools’ (Bowleg, 2021, p 237) as praxis towards a more age-friendly world for all.

Guiding documents for the WHO’s ‘Age-Friendly World’

In 2010, the WHO launched the Global Network for Age-Friendly Cities and Communities, an international network ‘to connect cities, communities and organisations worldwide with the common vision of making their community a great place to grow old in’ (WHO, [nda](#)) (see also [Chapter 2](#)). *Members* of the Global Network constitute local or subnational levels of government that have formally expressed commitment to age-friendly progress, ‘inspiring change by showing what can be done and how it can be done; connecting cities and communities worldwide to facilitate the exchange of information, knowledge and experience; and supporting cities and communities to find appropriate innovative and evidence-based solutions’ (WHO, [nda](#)). In addition, the Global Network allows for *affiliates* – ‘national or regional/state governments, civil society or research organisations, national or transnational city or community networks in WHO Member States that are working to promote age-friendly environments at the sub-national, regional, national or international level’ (WHO, [nnd](#); see also [Chapter 2](#)).

In 2014, the WHO’s ‘Age-Friendly World’ initiative was co-produced with members and affiliates of the Global Network, including a website to serve as ‘a place for people and organisations all over the world to share what they know and learn from others’ (WHO, [nndb](#)). Global Network membership increased fourfold between 2015 and 2018, despite ‘continued pressures arising from the impact of economic austerity in many countries around the world’ (Rémillard-Boilard et al, 2021, p 2). The initiative is predicated on the idea that communities, cities and regions can improve built, social and service environments for ageing, especially when subnational governments with decision-making authority are committed. At the time of writing this chapter, the Global Network includes 1,542 cities and communities in 51 countries, covering over 300 million people worldwide. While the Global Network has become widespread in Europe, North America and parts of

South America and Asia, Africa remains the only region with little to no engagement (WHO, 2018, nda).

The critical analysis in this chapter focuses specifically on the five guiding documents that the WHO presently positions as part of governance for the Global Network (WHO, ndc). These documents were selected as they most formally embody the central ideas, values and recommended actions of the WHO's 'Age-Friendly World' initiative. These documents include, first, the *Global Age-Friendly Cities: A Guide* (WHO, 2007), a foundational report that articulates the vision for, and characteristics of, age-friendly cities and communities. Second, a report entitled *Measuring the Age-Friendliness of Cities: A Guide to Using Core Indicators* (WHO, 2015a) offers specific indicators to measure components of the eight age-friendly domains and the multi-phase process employed to create these indicators. A third guidance document, *Creating Age-Friendly Environments in Europe: A Tool for Local Policy-Makers and Planners* (WHO, 2016), presents tools to guide work towards multi-phase and cyclical age-friendly improvements. Two additional documents are the *World Report on Ageing and Health* (WHO, 2015b) and the *Global Strategy and Action Plan on Ageing and Health* (WHO, 2017), which frame age-friendly environments as part of a multicomponent global strategy to promote healthy ageing. (This positioning of age-friendly environments as part of multifaceted strategies on global ageing is further reflected in the United Nations Decade of Healthy Ageing 2021–2030, which the WHO [nde] also leads.) Key elements of these documents are described further in the following analysis, focusing on the first three reports mentioned earlier.

Critical analysis

In this section, three aspects of guidance for AFCC programmes are analysed: the predominance of a social planning approach, the centring of quantitative metrics to characterise communities and the framing of older adults' contributions to AFCC work. From this analysis, ideas are offered for alternative or complementary approaches, suggesting a greater plurality of strategies to guide, catalyse and support AFCC praxis across diverse sociospatial and political contexts to help mitigate increasing and entrenched inequalities by race, gender, age and other intersectional social positions.

Beyond social planning towards a plurality of approaches to community change

In this section, the social planning approach is critically analysed, and alternative or complementary ideas are offered for guiding AFCC praxis. The guiding document *Creating Age-Friendly Environments in Europe* (WHO, 2016)

presents an explicit social planning approach for AFCC change. A social planning approach calls for engaging and convening individuals from multiple sectors – including government, voluntary associations, service providers and residents – to develop ‘comprehensive proposals for action’ (Scharlach and Lehning, 2016, p 145). The document mentioned earlier frames AFCC change processes in four cyclical phases. First, ‘Engage and understand’ encompasses setting up an oversight committee and gathering assessment data. Second, ‘Plan’ includes the development of a comprehensive strategy for age-friendly progress. Third, ‘Act’ involves implementing the action plan. Fourth, ‘Measure’ focuses on evaluation, monitoring and reporting. This model was originally presented as a tool for policy makers and planners in Europe. Since then, organisations have promulgated the model for general use and to guide efforts of multisectoral age-friendly core teams more broadly, including those affiliated with the AARP Network of Age-Friendly States and Communities in the US (AARP, 2018).

The social planning model was further presented in a subsequent report entitled *The Global Network for Age-Friendly Cities and Communities* (WHO, 2018). This report lists 20 steps across the four cyclical phases. Based on our interpretation, more than half of these steps focus on generating, describing, reporting or strategising based on assessment or evaluation data, as indicated by items such as performing a community assessment, creating a baseline profile, developing a comprehensive strategy, making an action plan and monitoring progress. The model includes a limited number of relationally oriented components, such as gaining political commitment, uniting stakeholders behind a common vision, and securing support and resources.

Emerging evidence suggests that more than this model is needed to sufficiently guide comprehensive, equitable and sustainable AFCC action across diverse geographical, economic and sociopolitical contexts. For example, analyses of the five-year progress reports among members of the AARP Network of Age-Friendly States and Communities in the US provided limited evidence of policy outcomes and intergovernmental changes (Black and Oh, 2022a). Inconsistent evidence was also found of the communities’ evaluation and monitoring of progress across multiple programmatic goals (Black and Oh, 2022b). Moreover, case studies of AFCC initiatives emphasise the importance of contextual factors – such as community networks, leadership and funding – to ensure the capacity of communities to follow and implement the social planning model (Menec and Brown, 2022). Additionally, scholars have described the phenomenon of an ‘implementation gap between early development stages and long-term viability’ (Russell et al, 2022, p 209), highlighting the precarity of AFCC progress as programmes transition from set-up activities towards longer-term changes in resource allocation and implementation. As Greenfield et al stated, the general community change approach of the social planning model

does not provide ‘guidance on how to foster multisectoral collaboration that is likely to lead to comprehensive and sustainable community progress’ (2022, p 37).

This critical analysis raises questions beyond how to better implement and evaluate specific practices under the social planning model, as well as how to ensure public policies and more supportive contexts to assist the implementation of the model. The analysis draws into question the predominance of this model as the focal theory for AFCC change initiatives, especially across diverse global locations in the context of multilevel systems of structural inequality. We contend that the social planning model – even when implemented with participatory planning mechanisms ‘like focus groups and community forums’ (WHO, 2016, p 11) and in disparities-conscious ways – offers limited guidance for equitable, sustainable and systematic age-friendly change.

A critical perspective questions the hegemony of the social planning model, positing that the model should not be imposed or presumed as the appropriate or ideal model for all age-friendly actors. This idea is especially relevant as research has documented that initiatives can operate from within local government or ‘at an arm’s length’ (Russell et al, 2022, p 211). Indeed, recognition is growing of the plurality of actors who are initiating, leading and sustaining AFCC efforts from outside of the public sector, such as philanthropy, academia and nongovernmental organisations (Lambrinos, 2013; Redondo and Gascón, 2016; Yarker and Buffel, 2022; Chui et al, 2023). As an example, Yuen et al commented on how even in the context of Singapore – a country with strong public sector involvement on ageing and other social issues – ‘increasingly, the effort is to involve a broad range of community stakeholders including voluntary organisations, faith-based organisations and the private sector in vision implementation’ (2020, pp 20–21).

In this sense, a critical perspective frames a social planning approach as one of many that can guide systematic, cross-sectoral and deliberate efforts towards community progress. Specifically, additional approaches apropos age-friendly champions who are neither policy makers nor planners are necessary. This need is especially important in countries where individuals from historically marginalised racial/ethnic groups are underrepresented in both the planning profession and municipal leadership positions. Models of praxis centred on the skills and responsibilities of other age-friendly champions, such as nonprofit leaders and older adult advocates, are essential given the importance of their efforts for changing environments and systems for longevity and ageing equity.

There should be greater prominence of approaches that centre on processes of community collaboration and community-capacity building (see, for example, Chapter 7). Such frameworks emphasise the importance

of progressively cultivating resources across individuals, organisations and networks ‘to solve collective problems and improve or maintain the wellbeing of a given community’ (Chaskin, 2001, p 295). Greenfield et al (2022) describe models that follow from a community-capacity building approach, which frame AFCC praxis as progressively developing the capacity of individuals, organisations and community networks to address challenges and opportunities of their ageing population. Community organising and associated approaches, such as coalition building, are related approaches that similarly centre on cultivating relationships and networks to address community-level concerns (Minkler, 2012). For example, Community Coalition Action Theory focally addresses the development and functioning of formal groups as a structure for community organisations and residents to work together on issues of shared concern (Butterfoss and Kegler, 2002). In sum, these models support AFCC programmes that are not only multisectoral and interorganisational, but are also rooted within community networks and interpersonal relationships (see also Chapter 9).

Emergent social justice-informed approaches to conducting engaged research with older adults from minoritised and marginalised groups also serve as examples of alternative approaches for AFCC praxis (see Chapter 10). We understand social justice-informed approaches to engaged research with older adults as constituting critical methodologies and social analyses rooted in the pursuit of emancipation from ‘oppressive forces working against the rights and dignity of people to foster critical imagination and movement toward healing and a just society’ (Estes et al, 2023, p 3). These approaches seek to dismantle oppressive structures and extractive practices of the research enterprise and ‘sustain bidirectional relationships that serve functions beyond those of researchers’ scientific goals’ (Gilmore-Bykovskiy et al, 2022, p 716). Doing so involves cultivating authentic academic-community partnerships and humanised relationships that build towards institutional change and justice, such as by producing outputs for the academy and practical tools for community use and compensating community partners at levels equitable with research partners. One emergent model, for example, is NGAGE, which stands for ‘Networks, Give first, (then) Advocate for research, Give back, and Evaluate’ (Denny et al, 2020, p 1738). NGAGE engenders trust with diverse communities before any discussion of research participation or data collection. Whether or not research participation occurs, NGAGE can help to facilitate mutually beneficial exchanges of knowledge and resources among researchers and communities to build community capacity regarding health and ageing. These approaches hold promise for guiding AFCC initiatives led or co-led by universities and other research organisations, which is not uncommon within the global movement (for example, DeLaTorre and Neal, 2016; Chui et al, 2023).

Finally, there is great promise in continuing to explicitly position AFCC praxis at the local level within systems-change efforts at higher levels and vice versa. The *Creating Age-Friendly Environments in Europe* report refers to this concept as multilevel governance and as a key principle for AFCC efforts, highlighting ways in which some of the focal age-friendly domains – such as access to care services and transportation infrastructure – ‘may be best addressed’ at higher-systems levels (WHO, 2016, p 17). A multiscale approach is especially important in the context of growing regional divergence in spatial distributions of wealth, particularly in the Global North. This trend heightens the need for local-level work to consider broader interregional trends and for place-based policy at higher levels to be informed by expertise at the local level (Randolph and Currid-Halkett, 2022). Recent developments towards a multisector plan on ageing in the State of California in the US provide an example of change efforts that systematically align higher and lower levels. The process of developing and implementing the plan has drawn on extensive input from community leaders, whose local-level age-friendly community work helped to spur the initial development of the state-level plan. Simultaneously, the plan now explicitly serves to guide state, county and local policies on ageing (Graham and Hoffmaster, 2021), with grants to local communities to support their ageing and disability action planning (California Department of Aging, 2022). Another example is from Age-Friendly Wales, whose strategic plan describes specific ways in which national funding will be provided for regional and local authorities to implement age-friendly improvements, such as parks, housing and transportation (Llywodraeth Cymru Welsh Government, 2021).

Beyond quantitative metrics towards other ways to characterise communities

In this section, a critical analysis is presented of the centring of quantitative indicators to characterise communities, which is a related aspect of the social planning model (as discussed in the previous subsection), especially as conveyed through the WHO guiding documents that govern the Global Network. We offer alternative or complementary ideas for pursuing diverse and more inclusive epistemologies (or ways of knowing) to characterise AFCCs.

In presenting the four-phase social planning model to guide AFCC change efforts, the guiding document *Creating Age-Friendly Environments in Europe* (WHO, 2016) conveys the importance of using measurement as part of AFCC praxis. As an example, the WHO suggests developing a healthy ageing profile for a community by gathering ‘available statistical information across sectors to help build an understanding of the situation of older people’ (WHO, 2016, p 22). The guiding document *Measuring the*

Age-Friendliness of Cities (WHO, 2015a) explicitly addresses quantifiable indicators as a cornerstone of AFCC efforts. This report defines indicators as ‘succinct measures which describe a complex phenomenon’, with emphasis on the idea that ‘a few good indicators should be able to provide a fairly comprehensive picture without unnecessary detail’ (WHO, 2015a, p 15). The report also explicates theory on why measurement is important for AFCC change, including helping stakeholders align around shared goals, monitoring progress over time from the local to global levels, and garnering greater political and social commitment for AFCC progress. The report encourages indicators based on administrative data, as well as surveys of older community members. For example, the report suggests indicators regarding age-friendly transportation systems to include both the proportion of public transport vehicles with designated places for older people or people with disabilities, as well as the proportion of older people reporting that public transport vehicles are physically accessible for all people.

Notably, several guiding documents explicitly attend to issues of equity with quantitative indicators. For example, in *Measuring the Age-Friendliness of Cities*, the authors describe equity as being ‘at the core, as a cross-cutting principle’ (WHO, 2015a, p 19) of AFCC initiatives. Consistent with the overall emphasis on quantitative measurement, the report largely describes equity in terms of examining subgroup differences on indicators of age-friendly community characteristics by social positions, such as gender, wealth and neighbourhood.

While our critical analysis does not call for abandoning quantitative indicators and assessments altogether, we raise questions about positioning quantitative assessments as the focal point for characterising communities, evaluating AFCC progress over time and approaching issues of equity. First, quantitative assessments can reinforce a deficits perspective on historically marginalised groups, serving to sustain current systems of power. Given centuries of oppression based on racism, classism, ableism, sexism, heterosexism and so on, as well as growing geographical consolidation of political, social and economic (dis)advantage, it is not unexpected that assessments find evidence of lower scores on some common indicators of age-friendliness among individuals and communities from historically marginalised groups. While such data are important for consideration of equitable distribution of resources, such an analysis can reify racist and classist assumptions embedded within social welfare and other systems regarding populations of people characterised as deficient, less than or stigmatised by need (for further discussion, see Strunk and Hoover, 2019). Moreover, an international project involving 15 localities across six continents found that although community leaders value disaggregating information on age-friendly indicators by intersectional social positions, many communities are unable to do so in practice – especially subgroup analyses by race/ethnicity – for reasons such as lack of data availability and technical capacity (Kano et al, 2017).

It is worth noting that the guiding document *Creating Age-Friendly Environments in Europe* does encourage an asset-based orientation to assessing communities, defining assets as ‘existing resources that can improve life in the community’ (WHO, 2016, p 22). However, an asset-based lens is not presented within considerations of equity, but rather as an approach to assessing communities in general. Insights from theoretical frameworks, such as the intersectional life course perspective (Ferrer et al, 2017), are essential when AFCC leaders advance discourses on historically marginalised communities. This perspective recognises institutional forces that bear upon the life narratives of racialised older adults, including acts of resistance and agentic strategies to survive, manage and thrive in response to structural conditions (for further discussion, see Reyes, 2023).

Moreover, it is important to note how quantification and measurement can obscure complexity, giving decision makers a false sense of certainty. Gerontology has a history of privileging quantification and measurement, stemming from efforts to legitimise itself as a scientific discipline (Achenbaum, 1995). To achieve consensus that health and ageing research would rest on high standards of scientific excellence, a ‘hard sciences’ (Kontos, 2005, p 25) approach was embraced, rendering ‘soft science’ approaches subordinate to quantification and measurement. These developments have contributed to criticisms of gerontology being ‘data-rich and theory poor’ (Birren, 1999, p 459) and also entrench hegemony regarding quantitative indicators as the most useful information for AFCC praxis.

In light of these critiques and limitations of using quantitative measurements alone, there is value in pursuing critical perspectives (Minkler and Estes, 1999) for diverse and more inclusive epistemologies about AFCCs. To characterise communities in their diversity, we need methodologies that go beyond quantitative measures and even beyond traditional forms of qualitative inquiry, such as interviews and focus groups. Approaches that integrate more reflexivity from researchers themselves of the power, privilege or positionality they bring to interactions and relationships with participants are especially important. There is value in these approaches for several reasons, especially towards the inclusion of older adults from diverse social positions in AFCC praxis through the use of narratives, storytelling and visual methods (Ronzi et al, 2020; Yeh, 2022; WHO, 2023; see also Chapter 10).

First, different types of data can better support the efforts of advocates. For example, storytelling and personal narratives have been described as especially important for conveying to US policy makers the experiences of ageing among individuals from historically marginalised groups (Benjamin Rose Institute on Aging, 2022). Furthermore, AFCC leaders have described how data collection activities that encompass face-to-face, interpersonal interactions with a co-production stance are valuable for engaging diverse groups in information-gathering efforts (Davitt et al, 2017; Doran and Buffel, 2018; Pestine-Stevens

and Greenfield, 2022). More relationally based data generation is also an important strategy for building trust with individuals whose communities have suffered historical harm and/or have received no clear benefit from assessments and studies. For instance, Blakey and Clews (2020, p 2) used ‘interpretive bricolage as an activist scholarship inquiry process’ to understand multiple perspectives and texts that reflect diverse voices and information sources pertinent to Tāmaki Makaurau Auckland’s emergent Age-Friendly Action Plan. Bricolage methodology embraces the complexity of qualitative research, using critical methods to address the plurality of power dynamics in the production of knowledge (Denzin and Lincoln, 2011). Blakey and Clews (2020, p 2), who were ‘authors-as-research-participants’, wove together autoethnographies with contextual information and relational interviews with older Pākehā (European) community leaders to co-construct age-friendly narratives that captured the temporal flux of past and present settler-colonial dynamics and optimism for more inclusive age-friendly activities in the future through collaborative service-learning opportunities. In short, incorporating multiple epistemologies can enhance the inclusivity of people for whom modes of quantitative data collection are not captivating, relevant or comfortable.

Furthermore, employing other epistemologies, such as ethnographic methods, can enhance the quality of understanding and rigour of assessments as we move towards frames for characterising communities on their own terms. For example, in Plasencia’s work, she found that Latinx older adults in a predominantly underserved community had developed their own understanding for what makes a community age-friendly with the concept ‘*Tanquilo Ambiente* [tranquil environment; emphasis in original]’ (2022, p 112). Residents used this language to describe the importance of better street lighting, smooth paved streets, robust cultural activities for older adults and accessible, culturally competent care as key features of environments that support their wellbeing in later life. This new concept provides opportunities for other researchers and practitioners working within similar communities to consider how diverse older adults might imagine and characterise their community using their own language, and, in turn, envision and amplify age-friendly environments. As another example, McDonald et al’s qualitative case study of the lived experience of ageing in place among older adults in Ireland elucidates opportunities for age-friendly interventions, especially those that build from older adults’ dynamic sense of place and belonging within communities, otherwise not captured by a ‘checklist of “static” age-friendly features’ (2021, p 21).

Beyond older adults’ participation and involvement towards co-production and allyship

In this section, the primary framing of older adults’ contributions to AFCC efforts as participants is critically analysed. The WHO guiding

documents consistently emphasise that older adults should be involved in AFCC programmes. For example, the earliest report *Global Age-Friendly Cities: A Guide* (WHO, 2007) describes older residents as ‘the source’ for understanding what characterises an age-friendly city. Subsequent reports further emphasise older adults as informants in AFCC efforts, such as respondents in surveys (WHO, 2015a), as well as participants in focus groups and forums (WHO, 2016).

It is worth noting that *Creating Age-Friendly Environments in Europe* asserts that ‘involvement and participation of older people in all decisions and processes for creating age-friendly environments is the single most important principle’ (WHO, 2016, p 11). The report describes two parallel tracks to create age-friendly environments: government-led (top-down) and people-led (bottom-up) processes. Both tracks, however, generally focus on older adults as informants and/or beneficiaries of government efforts. For example, regarding the design of community assessments, the report characterises government-led efforts as based on epidemiological evidence versus people-led assessments based on experiences and discussions with older residents. While the latter would indeed involve the more active participation of older adults, this description still frames older adults largely in terms of consulting on another’s actions.

Moreover, the report draws on a definition of participation from a prior WHO report (2002) as a process that enables people to be ‘actively and genuinely’ involved in problem definition, policy formulation and implementation, as well as ‘in planning, developing and delivering services and in taking action to achieve change’ (WHO, 2016, p 11). However, following this definition, the report emphasises participatory planning mechanisms in the form of focus groups and community forums and the need ‘to institutionalise participatory mechanisms that can provide advice’ (WHO, 2016, p 11). This discourse further frames older adults as providers of information to those in decision-making authority. The report does introduce the concept of ‘co-production’ to frame initiatives that follow top-down and bottom-up tracks. However, the description of co-production is theoretically limited to the idea of communities integrating ‘strong political support and strategic leadership with participatory processes and community-led projects from the beginning and throughout all phases’ (WHO, 2016, p 11). Again, this discourse largely frames older adult participation in terms of supporting the efforts of local authorities.

A critical perspective emphasises the need to attend to challenges and opportunities for older adults’ participation in AFCC efforts in ways that focus on issues of power, both in relationships among local residents and formal institutions, and with respect to subpopulations of residents across diverse intersectional social positions. Historically, participatory approaches were inspired by the philosophy and work of Brazilian educator Paulo

Freire (1970, 1973), who sought to question and re-align accepted power imbalances by focusing on the empowerment of the oppressed. Various characteristics or degrees of participation have been proposed in the form of ladder models to permit concrete definitions and continual reflection on the level of participation actually sought and obtained in participatory processes (Arnstein, 1969; Rocha, 1997). In terms of research, participatory methods emerged from criticisms of institutional forms of knowledge and dissatisfaction with research accused of extracting from, manipulating or merely informing communities, but not transferring power to them. Participatory methods aim ‘to develop critical consciousness, to improve the lives of those involved in the research process, and to transform fundamental societal structures and relationships’ (Maguire, 1987, p 3). This attention to critical consciousness and transforming systems can also apply to AFCC praxis, especially as the work often involves both research and assessment alongside the goal of environmental and systems change.

The articulation of guidance for AFCC praxis that is grounded in principles of participatory research is of great importance and is particularly appropriate to consider when the programme involves a social research organisation (academic or otherwise) with capacity for this work, especially considering the previous discussion on alternative AFCC epistemic approaches (see ‘Beyond quantitative metrics ...’ above). Participatory research methods have been used as a primary approach to guide AFCC efforts in Manchester (Buffel, 2018; Doran and Buffel, 2018) and in other settings, such as the Basque Autonomous Region in Spain (Zuniga et al, 2023); Aotearoa New Zealand (Simpson et al, 2022); Israel, Taiwan, Australia, and California and Alaska in the US (King et al, 2020). These approaches lead with a commitment to bring about social change through equitable and intentional partnerships among community members and noncommunity members (for example, researchers) towards the *co-production* and *co-dissemination* of knowledge and in the *co-design* of AFCC practices and policies.

As the WHO notes, ‘marginalised or disadvantaged groups of older people are often less well represented in participatory processes, whereas they are typically likely to perceive more barriers and challenges to active and healthy ageing’ (2016, p 12). A critical perspective for AFCC praxis involves not only acknowledging these challenges but also employing deliberate strategies to overcome them beyond stating the importance of outreach in general. For example, community gerontologists have demonstrated the importance of partnering with mutual aid, faith-based and grassroots community groups that are already trusted by marginalised populations and supporting their contributions through fair and equitable compensation (Yarker and Buffel, 2022) (see also Chapter 9). Furthermore, AFCC champions operating from institutional positions of privilege are encouraged to allow partnerships to develop over time such that trust and collaboration can evolve authentically, at

a mutually serving pace and in mutually serving ways. For example, Simpson et al have longstanding partnerships with Māori community organisations and employ ‘a research philosophy grounded in *tikanga* [emphasis in original] as “for-Māori-by-Māori” that seeks to transform research and promote Māori ways of being by normalizing Māori worldviews, language, culture, and autonomy in research and valuing participants’ voices’ (2022, p 2267).

Moreover, critical perspectives encourage attention to how ordinary people ‘do’ age-friendly work, through small and large gestures, as acts of resistance in their daily lives and to survive systems that would exploit and oppress them. Such actions may not get formally recognised as AFCC work, but are in alignment with AFCC aims and domains (Greenfield and Reyes, 2020; Plasencia, 2021, 2022; Yeh, 2022; Reyes, 2023). This is particularly salient when considering the experiences of ageing across different socioeconomic, cultural and ethno-racial communities who may not be involved in formalised sociopolitical efforts or affiliated with formal organisations or institutions involved in AFCC work. Recognising the work of older adults in these communities and building from their strengths is a way to centre and amplify AFCC work already being done in an organic and more equitable way, rather than waiting or expecting community leaders to officiate AFCC work with them by inviting them to join a coalition or attend additional meetings.

More broadly, concepts beyond participation should be incorporated to envision older adults’ contributions and roles within AFCC efforts. Examples include accountability and ally-ship according to a liberatory consciousness perspective (Love, 2010). Liberatory consciousness encourages sustained attention to oppression as a central characteristic of society, while intentionally not succumbing to hopelessness and despair or blaming individuals. A key premise of liberatory consciousness is that all actors – both occupying positions of advantage and disadvantage – are socialised into roles that help maintain oppressive symptoms. Accordingly, liberatory consciousness calls for people occupying different social groups across interconnected systems of oppression – including by age – to intentionally share their perspectives and hold each other accountable in liberation work. Allyship, according to a liberatory consciousness perspective, expressly operates in contrast to a ‘tick box’ approach. ‘Tick box’ approaches involve public expressions of commitment to a social cause as a ‘stand-in for actual significant action toward institutional change’ (Catalano and Christiaens, 2022, p 94). In contrast, allyship is a longer-term and relationally oriented process that involves intentional work within and across groups towards intrapersonal growth that challenges the ways in which our own selves and each other perpetuate systems of domination. Accountability further emphasises the importance of people from diverse social groups holding each other responsible for following through with actions – beyond plans

and intentions – towards institutional change and justice. In these ways, liberatory consciousness provides a framework for how AFCC actors from diverse intersectional positions can work intentionally together as partners for change, which is in contrast to conceptualising the role of older adults as participants in the AFCC efforts of others.

Towards an emancipatory AFCC approach and a 'different suite of tools'

Critically examining prominent WHO discourse on AFCC work helps to address contradictions within the movement. There is an aspiration to be 'for all', and unresolved concerns that the movement is ineffective (at best) or exacerbating (at worst) sociospatial inequalities. There is a call for public sector leadership in the movement, yet uncertainty about the depth of the public sector's commitment to meaningful action. There is exciting potential for empowering local leaders to address ageing, alongside awareness of the devolution of social problems to local actors with disproportionately fewer resources (Buffel and Phillipson, 2016; Buffel et al, 2019; Greenfield and Buffel, 2022).

We look to emancipatory sciences as a lens to inform new directions for AFCC praxis. Emancipatory sciences encompass and bridge across diverse disciplinary fields that have adopted an emancipatory ethos and epistemic philosophy to produce new opportunities for knowledge pursuits and interventions, such as social work (Fook and Pease, 1999), urban planning (Albrechts, 2003), public health (Porto, 2019), psychology (Paredes-Canilao et al, 2015), nursing (Walter, 2017) and gerontology (Estes and DiCarlo, 2019), among others. Scholars and practitioners of emancipatory sciences utilise multimodel and unfolding theories, methods and practices that centre issues of inequality, power and action to engage in work of envisioning possibilities for social transformation that help to redress injustices of the past towards a more just future (Nielsen, 1983; Wright, 2010).

Three interconnected spaces influence and inspire an interest in using an emancipatory sciences lens to advance AFCC work: precarity, systemic racism and patriarchal norms, and the quest for epic theory (Estes et al, 2023) (see also Chapters 4 and 10). First, precarity is defined as a 'politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence, and death' (Butler, 2009, p ii). As we move further into the 21st century, precarity has intensified for older adults to meet their basic needs (Grenier et al, 2020). Precarity is exacerbated by and exacerbates the Anthropocene – the geological period with grave human impact on the natural environment (Hoornweg, 2022), climate change (Krawchenko et al, 2016), inflation (Graham, 2022), gentrification (García and Rúa, 2018),

the COVID-19 pandemic (Kuehn, 2022) and survivability (Butler, 1975). Meanwhile, hate-filled rhetoric, attitudes and behaviours proliferate as daily occurrences in the US, where historic and systemic anti-Black racism, anti-immigrant policies, antisemitism, anti-Arab and anti-Asian violence linked to global and racial capitalism and rooted in the political, economic, cultural and settler colonial foundations of American society reinforce existing inequalities in ageing (Krieger, 2020).

Second, there is concern that systemic racism and patriarchal norms that perpetuate gender-based exploitation (Calasanti and Slevin, 2013; Torres, 2019) are hindering progress across AFCC domains. Countries with greater gender-based exploitation have greater class-based exploitation, which coexists with deep-rooted racial and ethnic inequalities (Navarro, 2020). The US is a prime example – “‘free riding’ on the backs of women and people of color’ (Estes, 2014, p 98) who bear the brunt of the care economy. Additional tools (both alternative and complementary) are essential for advancing the AFCC movement towards a deeper engagement with issues of systemic racism and patriarchal norms that fundamentally characterise the communities and society in which we all age.

An emancipatory sciences lens is in conversation with Black feminist scholarship because it necessarily centres intersections of race, class, gender, age and sexuality, bringing to light ways in which epistemes serve to sustain entrenched systems of domination and oppression by race and other intersectional social positions (Crenshaw, 1989; Hill Collins, 2000). In a powerful speech delivered at a 1979 conference, Black feminist activist Audre Lorde declared: ‘For the master’s tools will never dismantle the master’s house’ (1983, p 99), calling out conference organisers for excluding content on interlocking systems of oppression with sexism, including racism, ageism, classism and heterosexism. Through these remarks, Lorde (1983) conveyed that oppressive structures cannot be transformed by using the theories, methods and approaches that serve to justify and sustain these very structures, and that redressing systems of domination, including patriarchy, would fail at doing so if examining that system only through its own oppressive logic.

Black gerontological scholars and activists in the 1970s were similarly frustrated by and dissatisfied with the failures of mainstream thinking to take diverse epistemological standpoints into consideration (Brown et al, 2014). Hobart Jackson saw the problems of ageing as a ‘microcosm of the problems of the nation’ (1971, p 90), with the indignity of racial unconsciousness hindering social progress towards meeting national goals like eradicating poverty. Jacquelyne Johnson Jackson provided a woman’s perspective to misogynistic inequities by developing the concept of ‘quadruple jeopardy’ (1971, p 157) to spotlight the exponential risk incurred by those who are Black, female, old and living in poverty to be failed by society and the welfare state. Their commentary about the urgency for change is as relevant today as it was 50 years ago.

The third space concerns the urgent quest for ‘epic theory’ (Wolin, 1969, p 1078), which demands attention to be paid to institutional structures and interlocking systems within which our life chances are intersectionally and intergenerationally constructed and constrained. This is our responsibility as AFCC scholars and practitioners to ‘take it big’ (Dandaneau, 2001; Aronowitz, 2012), placing issues of power, social control, oppression and domination at the centre of discourses on human flourishing and languishing over the life course.

While developing AFCCs has been a significant theme in discourse on contemporary approaches to supporting older people’s health and wellbeing (Rémillard-Boilard et al, 2021), the conventional theories and methods of behavioural and social science that undergird much of the predominant AFCC discourse, as well as health and ageing research, are insufficient. Using the language of Bowleg, such theories and methods are ill-equipped for dismantling ‘the intersectional structures of oppression that buttress health inequity in US Black communities’ (2021, p 237) and in other marginalised and minoritised communities. The conventional ‘tools’ tend to focus on the ‘amelioration, not transformation’ (Bowleg, 2021, p 237) of social systems, privileging individualistic perspectives and centring on White, Western, cisgender male, middle-class and heterosexual experiences. Some scholars have concluded that predominant ageing research has been content with shedding light on the disparities that racialised, marginalised and minoritised populations experience, but lack a sense of responsibility for and commitment to combating the injustices that these groups are believed to face (Torres, 2019; Gilmore-Bykovskiy et al, 2022).

Poruthiyil and Purandare (2023) further stress the importance of using critical gerontological and posthumanist perspectives to understand the nonhuman aspects and more-than-human spaces in which ageing is enacted, which are rarely static, but are continuously reconstituted through the relationalities, movements and interactions between people and environments. These distinctions highlight the paradoxes and possibilities of an emancipatory AFCC praxis. As Harvey noted:

The right to remake ourselves by creating a qualitatively different kind of urban sociality is one of the most precious of all human rights. But the sheer pace and chaotic forms of urbanization throughout the world have made it hard to reflect on the nature of this task. We have been made and re-made without knowing exactly why, how, wherefore and to what end. (Harvey, 2004, p 236)

Yet, consistent with the emancipatory quest for epic theory, we cannot do without or cynically dismiss utopian visions and ideals of justice. Alternative ideas coupled with outrage at ongoing injustices animate a quest for social change. The reflections in this chapter suggest ways in which we might think creatively

about more inclusive and diverse forms of AFCC praxis towards the realisation of a global ageing society that facilitates more equitable opportunities for health and wellbeing in later life and throughout the entirety of the life course.

Conclusion

We believe that achieving the WHO's global vision of 'a world in which everyone can live a long and healthy life' (WHO, 2017, p 6) requires the deliberate cultivation of 'a gerontological imagination that probes the existing social order and challenges normative science and what we take as the truths about old age and aging' (Estes and DiCarlo, 2019, p 1). This task is especially urgent as agencies like the WHO are at the forefront of feeding into what has been termed 'the "crisis construction and crisis management" of policies for older people' (Phillipson et al, 2009, p 161). As a global actor, the WHO exerts continued influence on leading and constructing discourses of ageing and the future of social policies for ageing across the globe, from the hyperlocal to pan-continental.

If we are to strive towards the WHO's (2017) global vision for an age-friendly world for all, a re-examination of key aspects of WHO discourse on AFCC work is needed, with sensitivity to what is possible and how social change may be produced, as previously discussed. The critical analysis presented in this chapter suggests the importance of centring approaches, ways of knowing, voices and actions that come from a greater plurality of starting points, perspectives and critically conscious relationships. To do so, 'a different suite of tools' (Bowleg, 2021, p 237) towards an emancipatory approach is necessary for AFCC praxis. Such an approach can help to advance theory and practice that seek to transform systems and institutions characterised by oppression to create greater equity and social justice. This includes integrating critical perspectives and methodologies; centring participatory research and community collaborations; and advancing policy, practice and research that highlight strengths, assets and acts of resistance by Black, Latinx and other marginalised and minoritised communities. Looking forward, an emancipatory approach to AFCC praxis could help address opportunities for social change to redress social inequities and restore the rights and dignity of people towards a more just ageing society.

Note

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Conclusion: reimagining age-friendly cities and communities

Tine Buffel, Sophie Yarker and Patty Doran

Introduction

This book has sought to illustrate the advances a spatial justice approach can make to urban ageing research. This has been done by presenting both empirical and theoretical work from the Manchester Urban Ageing Research Group, inspired by the research and legacy of social gerontologist Professor Chris Phillipson. The chapters in this collection have also reflected something of the interdisciplinary nature of research on urban ageing. Although grounded in critical social gerontology (of which Chris Phillipson has been a pioneer in the field), the contributions in this collection draw heavily on expertise from sociology, human geography, architecture, urban studies, anthropology and public health.

Part I of the book examined the background to urban ageing and spatial justice, linking the two through the context of growing and persisting inequalities within ageing populations. Despite recognition of the importance of the dual trends of population ageing and increasing urbanisation, there continues to be limited consideration of the role of structural inequalities in shaping the experiences of urban ageing. The book responds to this by outlining a new spatial justice agenda for urban ageing research and policy, grounding this in an understanding of the power structures and modes of oppression that shape inequalities for urban ageing populations. **Part II** showcased research from the Manchester Urban Ageing Research Group that has interrogated the extent to which age-friendly interventions can advance spatial justice. This includes research on involving marginalised groups in age-friendly programmes, developing age-friendly communities in the context of urban regeneration, co-producing the Village model in low-income neighbourhoods, interrogating the role of architecture in creating age-friendly environments, and working in partnership with community and voluntary stakeholders in response to the COVID-19 pandemic. Drawing on research carried out in Greater Manchester, the key argument from this part of the book centres on how to develop more inclusive urban environments through new ways of involving older people in the age-friendly agenda.

This involved adapting approaches to better meet the needs of groups who have traditionally been marginalised by urban agendas as well as working in collaboration with public and third sector organisations. [Part III](#) builds on this argument by addressing how we might start reimagining age-friendly communities by engaging with new theories and epistemologies and by connecting the urban ageing agenda to broader quests for social and spatial justice. This final chapter draws together a summary of the main themes of the book and concludes by calling on future urban ageing research to reimagine age-friendly communities through a spatial justice lens.

Urban ageing and spatial justice

A central argument of this book has concerned the importance of embedding debates on the development of age-friendly cities with changes affecting urban environments and the nature of city life. Supporting people to age in place, as argued in [Chapters 1 and 2](#), has been a consistent theme in public policy in the past three decades. But, as also argued in various chapters, concern with the *conditions* in which ageing takes place has been less apparent. [Wilson \(2020, p 109\)](#) reminds us that: ‘Cities are fragile things. Without constant investment, renewal and civic-mindedness their fragmentation is extraordinarily swift.’ This seems an apt summary of the impact of the forces affecting many cities from the 20th century into the 21st century, beset as they have been by widening levels of inequality, changes (in many cases) arising from deindustrialisation, the privatisation of physical and social infrastructure, and threats to the environment from climate change. The combined impact of these forces has been to undermine much of what makes living in cities a desirable quality, weakening the ameliorative effects of policy interventions supporting age-friendly communities.

Widening spatial and social inequalities have certainly been a defining characteristic of cities in the opening decades of the 21st century. [Florida \(2017, p 107\)](#) asserts that: ‘The reality is that deep divides and worsening segregation have become a feature, not a bug, of great global cities. Indeed, despite the economic gains brought about by the back-to-the-city movement, concentrated urban poverty is increasing.’ Indeed, rising inequality has been a feature across the majority of cities in the Global North, marked by the expansion of gated communities and condominiums for the elite, but with the collapse of affordable housing for the majority. But [Savage \(2021, p 234\)](#) makes the important point that we need to see: ‘Large cities [as] not just products but drivers of inequality’ (see further [Chapter 1](#)). This highlights that the ideal of ageing in place was always likely to be threatened by instabilities arising from divergent life chances, unequal living standards, and social exclusion for minority groups and those living in low-income communities ([Phillipson and Buffel, 2024](#)).

The various pressures on urban environments suggest that efforts to develop age-friendly communities should be integrated with the wider struggles for urban space and spatial justice, reflected in the development of solidarity cities, fearless cities, rebel cities and sanctuary cities (Dieterich, 2022). Such activity should also focus on *rethinking what urban space is for and in whose interests it is being maintained and developed*. As Kern (2021, p xiv) suggests: ‘Cities have the chance to realign spaces and services to a wider set of values, including care, equity, collectivity, and sustainability.’ This is an important rallying cry in the context of depredations arising from gentrification, the institutionalised racism and sexism affecting many groups, the blight of slums in the Global South, and the two million older people in the UK trapped in homes which endanger their health (Centre for Ageing Better, 2020). Age-friendly interventions, and the values underpinning them, must respond to the highly unequal contexts in which older people live, confronting inequality and oppression becoming central pillars in building age-friendly cities.

Urban scholar Jane Jacobs argued that ‘cities have the capability of providing something for everybody, only because, and only when, they are created by everybody’ (1961, p 238). This book has sought to advance new ways of bringing the needs and aspirations of older people to the centre of urban debates through the lens of spatial justice. Spatial justice, as defined earlier in this book (see Chapter 1), refers to a fair and equitable distribution of resources, opportunities, and access to urban amenities within and between geographical areas. It emphasises the recognition that inequalities and power dynamics are deeply embedded in, and shaped by, the physical and social fabric, and the structural capacity of urban spaces to accommodate the needs and aspirations of their residents. Spatial justice calls for a transformation of urban environments through intentional planning, policy making and social interventions to ensure that individuals of all ages, and especially those most negatively affected by environmental pressures and urban change, can fully participate in, shape and benefit from the social, economic and cultural resources in cities. A spatial justice approach challenges the unequal production of urban space and strives for a more inclusive, sustainable and just urban environment, while also driving progress in initiatives aimed at advancing social, economic, environmental, intergenerational and racial justice.

Building on Fainstein’s work (2010), a key argument of this book is that ‘justice’ in an urban context should encompass the three core principles of *diversity*, *equity* and *co-production*, and that these values should influence all urban policy decisions as well as inform the development and evaluation age-friendly programmes. Each chapter of this book has engaged in some way with these core principles of spatial justice set out in Chapter 1. This concluding chapter now considers what a spatial justice lens brings to

urban ageing research, policy and practice, and how this allows us to start reimagining age-friendly cities.

Incorporating diversity, equity and co-production in urban ageing research

Embracing diversity

Recognising diversity within the ageing population is a vital first step in advancing spatial justice in age-friendly work. Ageing populations have always been immensely varied in respect of social characteristics and experiences, but this diversity is widening as a result of increasing life expectancy, global migration and deepening inequality. Older people from different groups are facing distinct forms of inequality, whether this reflects the impact of poverty, living with different physical and cognitive health issues living with a disability, or as a result of various forms of discrimination related to race, gender or sexual identity as well as age (Nazroo, 2017; Lewis et al, 2023). To date, age-friendly policies and initiatives have given scant attention to such issues (Lehning et al, 2017; Buffel and Phillipson, 2024). Acknowledging diversity, as well as understanding the processes which shape inequality in later life in urban settings, is a critical first step for research and policy on urban ageing (see also Chapters 4, 10, and 11).

The various chapters in this book have demonstrated the need for new theories, approaches and ways of working to ensure social groups already experiencing some form of marginalisation do not become further excluded in later life. One consequence is that age-friendly programmes will need to rethink how they are designed and delivered. Traditional place-based ways of working, where age-friendly programmes are delivered in clearly defined geographical neighbourhoods, for example, might not always be the appropriate site to reach some of the most marginalised. Older people belonging to smaller communities of identity or experience, such as those with learning disabilities, those from the LGBTQ+ communities or those belonging to certain minority ethnic groups, may be living in geographically dispersed neighbourhoods across a city and therefore may not be accessing social infrastructures close to where they live. Different spatial approaches are therefore required, such as working with equalities organisations representing the needs of diverse groups across a city or city-region (see Chapter 5).

Recognising diversity in ageing populations also means an appreciation of the different ways in which people may or may not want to engage with age-friendly programmes, as shown in Chapters 5 and 7. For some, this may be through formal volunteering routes, such as becoming part of committees and working groups, while others may prefer more informal or fleeting commitments. But it also requires a deeper understanding of the challenges and barriers some groups face in engaging with age-friendly initiatives,

together with deliberate strategies to overcome these (see [Chapters 7 and 11](#)). [Chapter 9](#), for example, has shown the importance of partnering with mutual aid, faith-based and grassroots community groups that are already trusted by marginalised populations and supporting their contributions through fair and equitable compensation. Another strategy will be to encourage age-friendly actors operating from institutional positions of privilege to allow partnerships with diverse groups of older people to develop over time so that trust and collaboration can evolve authentically, at a mutually serving pace and in mutually serving ways ([Chapter 11](#)).

There is also a need for urban ageing researchers to pay greater attention to understanding the experiences of minoritised and marginalised groups of older people. This includes groups with different migration histories, refugees, members of the LGBTQ+ community, people living with different health and mobility issues and those living on low incomes. This requires new theories and epistemologies to understand how different structures of oppression and marginalisation intersect with age. One example from this book would be for researchers to engage with a framework of precarity ([Chapter 10](#)) to better understand new and sustained forms of insecurity experienced in later life ([Grenier et al, 2020](#)). Future work will need to monitor and research the diverse experiences of precarity across marginalised groups, while at the same time understand the processes by which these groups manage to challenge the adversities they face in their everyday lives.

Certainly, given instabilities associated with civil wars, climate change and economic recession, the range of groups experiencing marginalisation within urban areas is likely to grow. Moreover, the difficulties associated with building age-friendly environments have been added to by the sheer pace of urbanisation in many countries of the Global South. Many cities in low and medium-income countries have grown at breakneck speed without corresponding investment in infrastructure such as housing and public health. High-income countries have themselves imposed cuts to vital physical and social infrastructure, as a consequence of austerity policies following the 2008 financial crash. Ageing in place in a world of economic and environmental instability brings both significant challenges for older people, as well as for the age-friendly movement more generally. But developing practical responses will need to rest on understanding the diversity of issues faced by older people, the different types of precarity affecting groups within urban areas, but equally the possibilities for empowerment which bring together older people and the organisations working on their behalf.

A focus on equity

A second key principle to advance spatial justice in age-friendly work is that of equity, referring to the idea that public policy should aim to achieve

fairness through redistribution rather than strive for equality. This is to ensure that the benefits derived from age-friendly policy and practice do not just favour those who were already better off at the start. As argued in [Chapter 1](#), applying an equity lens in developing and evaluating age-friendly work allows us to ask questions such as *who benefits? Who remains excluded? What contributes to this exclusion? And what can be done differently to ensure age-friendly work benefits those who often remain excluded?* This can include older adults experiencing poverty, women, racially and ethnically minoritised groups, LGBTQ+ people, refugees, those experiencing homelessness or precarious housing, those experiencing mental and physical illness, living with disabilities and/or mobility needs, and those living with dementia. A focus on equity means ensuring that such groups of older people are treated fairly and have equal access not only to the basic necessities of urban living, such as good-quality housing, but also that they are afforded equal opportunities to have a say in terms of how the resources of cities are managed and distributed.

While urban environments can hold many opportunities for older adults, some groups may feel a strong sense of exclusion from their surrounding environment. For people with a disability, for example, ‘the physical construction of urban space often (re)produces distinctive spatialities of demarcation and exclusion, from the lack of access to public transport systems to the absence of visual clues or guides in towns to enable vision-impaired people to move with ease’ ([Imrie, 2001](#), p 232). [Gleeson \(2001, p 258\)](#) suggests that: ‘The modern city secures the needs of productive bodies, leaving the rest exposed to social and environmental risk.’ The resulting exclusion is especially damaging to older people, among whom nearly one in two will have a disability of some kind. Despite extensive legislation in many countries on disability issues, urban environments continue to be experienced as ‘hostile’ for those with mobility or related issues. [Andrews et al \(2012, p 1928\)](#) argue that part of the problem is that the challenges faced by people with disabilities are often referred to as dilemmas of *individual* access ‘rather than addressing the significant embodied experiences and emotions of being “out of place” in a *disabling city environment* shaped by economic, political and cultural forces’.

A parallel discussion to that relating to disability concerns the need to provide external environments, which can stimulate the social participation and reduce the social exclusion of people living with dementia. More than 920,000 people in the UK are living with dementia – a number that is expected to rise to over a million by 2024, with the majority living in the community rather than institutional settings. Supportive neighbourhoods can be crucial in maintaining independence, access to services and encouraging social participation. [Gan et al. \(2022, p e351\)](#) identify a number of planning and design principles for supporting people with dementia, including providing support for participation in public spaces (for example, with easily

accessible social and retail destinations); provision of appropriate support for movement in public areas (for example, rest spaces, pedestrian-orientated streets); reduction in physical barriers (traffic-calming measures; increased levels of street lighting); and engagement of people living with dementia in redevelopment projects within their neighbourhood. These are important recommendations given the growth in the number of people worldwide living with dementia. But they also represent a considerable challenge given the changes affecting urban environments discussed in this book, notably the decline of social infrastructure, the impact of gentrification and the privatisation of space in cities.

To explore these issues, urban ageing research needs to connect with debates on how the urban form shapes experiences of both inclusion and exclusion in ageing in place. These questions are particularly acute at the neighbourhood level, with research demonstrating that older people tend to spend more time in their homes and immediate local neighbourhoods compared to other age groups. In this context, changes in the urban environment, including regeneration, gentrification, privatisation of space and disinvestment in services and amenities, all have profound effects on the experience of ageing in place, highlighting important questions about how developing age-friendly cities can be reconciled with the economic growth agenda of cities (see [Chapter 6](#)).

While existing residents can benefit from new investments in their neighbourhood (such as new facilities, transportation and rising property prices for homeowners), research shows that older people can also experience cultural and social displacement and exclusion ([Buffel and Phillipson, 2019](#)). As shown in [Chapter 6](#), urban regeneration is often delivered with younger and more affluent age-groups in mind, meaning new services and amenities may not meet the needs of existing older residents. So, while older adults may continue to live in regenerated neighbourhoods, their sense of familiarity, security and belonging can be undermined. Therefore, as argued in [Chapter 6](#), the community's local heritage, sense of place and the social infrastructures that are important to existing residents should be incorporated into urban development plans to avoid further marginalisation of older residents in their own neighbourhoods. This will require new ways of involving older people in the planning, design and delivery of urban regeneration ([Chapter 6](#)).

Confronting spatial ageism, as argued in [Chapter 8](#), will be essential to pursuing an urban agenda that can reconcile the needs of older people with processes of urban change. Spatial ageism is defined as the ways in which the built environment is shaped by limited, medicalised or simplistic understandings of later life. This is manifest not only in the design of physical spaces, but also the way that resources, services and benefits are distributed spatially. Spatial ageism is generated and perpetuated through the

conscious and unconscious prejudices of those involved in shaping the built environment, including architects, planners and developers. These prejudices lead to exclusion from the urban environment, recognising that older people can be excluded due to physical, social, economic and cultural factors which are reinforced by the spaces they inhabit. Confronting spatial ageism means moving beyond designing for the physical accessibility of buildings, and developing a more holistic consideration of the psychosocial needs of older people. It would also mean developing new ways of engaging stakeholders from housing, urban planning and older residents in conversations about age-friendly architecture. This will help ensure that regenerated neighbourhoods are inclusive of the needs of all age groups both today and in the future, and that older people are centrally involved in the process.

Growing inequalities call for a *critical urban gerontology* that examines the power structures and modes of oppression that shape inequalities within the older population, specifically issues of class, racism and patriarchy (Chapter 4). This involves engaging with an emancipatory lens (Chapter 11) that addresses precarity, systemic racism and patriarchal norms, and allows researchers to maintain positions of critical consciousness that enable us to remain cognisant of the power relations which are consistently being made and remade with academic and policy research.

Centring older people

A third principle to advance spatial justice in age-friendly work is that of co-production, or the idea that older people must be centred in urban ageing research, policy and practice. This means doing age-friendly work *with* (instead of *to* or *for*) people. Working with older people goes some way towards ensuring people from more marginalised groups are not further disenfranchised within urban agendas and that their needs are both recognised and responded to. Methods of co-production, a mechanism for affecting change and involving older adults more centrally in the decisions that shape their communities (Buffel, 2015, 2018), are well established within urban ageing research. By centring the experiences of older people, scholars in the field of urban ageing can ask questions that are meaningful to older people themselves, thereby increasing the likelihood that research findings can lead to policy changes that are more pertinent to their diverse needs and concerns. For example, reconceptualising how older people are involved in architectural design (Chapter 8) or urban regeneration (Chapter 6) can allow researchers to build connections with stakeholders in the wider community, provide opportunities for future collaborations and transform community spaces.

However, more needs to be done to engage the diversity of older populations in the co-creation of urban environments. Co-production is increasingly challenged by the inequalities within the older population and

power differentials within and between groups (Chapter 7). To address this, co-production needs to be approached critically and reflexively. This will require new methods of co-production to facilitate working with older people, specifically those from different ethnic minority backgrounds and those living on low incomes who have been continually excluded from the social, economic and political lives of our cities. In part this will mean pursuing methodologies which are diverse and inclusive (Chapter 10). But in addition to choice in methods, research on urban ageing needs to reframe the position of older adults beyond that of providers of information towards an intention of allyship where we can foster longer-term and relationally orientated processes of working collaboratively with different stakeholder groups (Chapter 11).

In sum, this book has provided empirical, theoretical and methodological insights into how we can develop inclusive urban environments that better meet the needs and aspirations of people as they grow older, especially those with marginalised and minoritised identities. Drawing on empirical work based in Greater Manchester in the UK, this book has set out a new theoretical framework of spatial justice that can contribute to international debates about urban ageing to inspire a range of initiatives aimed at improving the quality of life for all age groups in urban contexts. With this in mind, the remainder of this chapter outlines how we might use a spatial justice approach to reimagine age-friendly cities.

Reimagining age-friendly cities and communities

To reimagine age-friendly cities, urban ageing researchers must centre inequalities, meaningfully engage with urban theory and adopt epistemological positions that open up new ways of creating inclusive urban environments for all ages. A focus on inequalities must be at the centre of reimagining age-friendly cities. Working with a spatial justice framework means paying attention to how inequalities within older urban populations are (re)produced by spatial inequalities. This can occur at different geographical scales, which means asking questions about how architectural design may disadvantage some older people, or how disinvestment or urban regeneration in particular neighbourhoods might exclude certain groups. It also allows for a fuller interrogation of associated urban fields such as planning and architecture from an ageing perspective.

This also means taking into consideration the different resources (understood expansively as social, cultural, economic, and political and civic resources) to which people have access, and how this can mediate the experience of the urban environment. In addition, it asks questions of how different urban and ageing policies enable or restrict access to these resources and to what extent older people have opportunities to take advantage of

and have a say over how these resources are used. To do this, urban ageing researchers must engage more critically with urban theory, specifically how social inequalities among older adults are determined or shaped by place and how processes of urban change shape experiences of inequality across the life course.

This book has already touched upon the need to bring research on age-friendly cities into dialogue with theories of gentrification and creative destruction (see [Chapter 6](#)), but more could still be done to reimagine new possibilities for age-friendly cities. This might include drawing on the work of critical urban scholars such as [Henri Lefebvre \(1996\)](#) in advancing a right to the city agenda for older adults ([Menezes et al, 2021](#)). The *right to the city* can be understood as a collective right to the democratic management of urban resources and a right to the use and inhabitation of urban space by citizens. The ‘city’ becomes an analogy for space which can be interpreted expansively to mean anything from public space, the space of housing, an institutional space or a city or city-region. The right to the city concept has been widely adopted by academics, policy makers and activists as part of a larger discussion about human rights, where advocates argue for the right to the city to be viewed as a human right and for city leaders and governments to honour this right in all policy and regulation. This would encourage urban ageing researchers to think about how older populations can become alienated from certain urban spaces, as well as the inequalities within the older population in accessing the resources of cities.

For Lefebvre, the appropriation of urban space was not just about occupying space, but about taking it for oneself and making it one’s own ([Lefebvre, 1991](#)). This is about more than being physically present in a space, although this is important; as argued in [Chapter 1](#), it is also about having the opportunity to make that space your own by having control over some of the resources and policies that shape that space. Applied to reimagining age-friendly cities, this would mean older people having some control over the urban spaces that shape life in their city, such as the institutions that shape and deliver policy, as well as having some control over the distribution of resources in a city.

We must look beyond current orthodoxies and adopt epistemological positions that allow us to bring new possibilities for age-friendly cities into being. Here, urban ageing scholars might look to the scholar-activism work of the Community Economies Research Network (CERN) led by feminist economic geographers [Gibson-Graham \(2008\)](#) for inspiration. Critiquing market capitalism, this collective endeavour seeks to make visible and to amplify the existence of diverse and noncapitalist economies such as gifting, unwaged labour and commons in an effort to realise ‘other possible worlds’. Engaging in participatory action research, the work of community economies adopts an experimental orientation that sees researchers participating in

efforts to perform diverse economies and produce a discourse of economic difference. For example, a diverse economies approach would centre more ‘marginal’ economic practices such as local and complimentary currencies and alternative living arrangements. For Gibson–Graham, researching alternative economic activities is part of a process of understanding the diversity of productive activities beyond the sphere of capitalism – from caring labour and fair trade to community land trusts. Recognising such ‘diverse economies’ brings other possibilities into view and provides a platform to discuss how they might help us realise the types of communities in which we want to live.

Principles of performing diverse economies and imagining other possible worlds of value could be applied to thinking about age-friendly cities. This might mean experimenting with fresh approaches to some of the models discussed in this book such as the Villages model as well as Naturally Occurring Retirement Communities, and Co-housing. It could also mean exploring different forms of care and caregiving arrangements such as mutual aid and gifting economies. What is important here is that experimental approaches to creating age-friendly communities are led by older people and the specific needs of the community in which they are developed. Studying alternative ways of developing inclusive urban environments for older people could become a performative ontological project for age-friendly communities, creating a dialogue between researchers, policy makers, activists, practitioners and, most importantly, older people themselves about what new worlds are possible in an age-friendly city. The potential to reimagine age-friendly cities with this more radical critique is vast.

Imagining ‘other possible worlds’ would promote viewing ageing in place as a *collective* rather than *individual* endeavour and would encourage us to ask questions about what types of organisations and relationships need to be developed both to strengthen the ability of older people to affect change and to provide access to the diverse resources necessary to create inclusive age-friendly cities. By framing the creation of age-friendly communities as a *collective* agenda, one which prioritises connection, relationships and collaboration, there is the potential to shift more individualist narratives within urban development towards more collective ways of thinking. This opens up the possibility of imagining new forms of the age-friendly city. Such other possible worlds are what Lefebvre understands as urgent utopias (2009) – not a utopia as it is commonly understood as something unobtainable, but an urban society grounded in the realities of today but with the possibilities of another future, as Purcell sums up: ‘As inhabitants become activated to manage the city themselves, they are effectively appropriating the city and the production of its space. They are taking control of the conditions of their own existence. They are making the city their own’ (2014, p 150).

Here, the right to the city calls on urban ageing researchers to be much more ambitious, both in terms of how older people are involved in the

age-friendly agenda and in how they are involved in research. However, reimagining age-friendly communities does not only mean reframing the position of older people within urban ageing research. It also calls on researchers to rethink their own positionality. The theory-praxis nexus of participatory research means to challenge the hierarchies that conventional research can reproduce, not only in terms of *what* we study but also *how* we study it. A starting point for such questions is for researchers to be 'cognisant of and make visible issues of power, inequality, voice, agency, and difference, highlighting the importance of developing research design and ethics together with participants, and the difficult and tension-filled negotiations constantly present in research' (Askins et al, 2018, pp 1282–1283). This may lead to changes to how we do research with older people. Participatory approaches demand an orientation towards action on the part of the researcher and a commitment to research that enables change within the lives of participants. This can result in policy change, but it can also mean more incremental actions such as creating networks, knowledge dissemination, working with activists and academics of the future, and creating an environment where new knowledge and ideas can be created and shared (Gibson-Graham, 2008).

Negotiating power imbalances within research also calls for alternative ways of doing research. For example, it might provoke new ways of analysing and writing up research findings such as co-writing with participants or writing in such a way that presents and reflects on a plurality of voices, but stops short of imposing any single interpretation. While this may present challenges for the translation of research findings into policy, it would highlight some of the complexity in the experience of urban ageing. This may also mean we need to make demands of our research institutions to better support and facilitate more participatory and action orientation ways of doing research. This includes more reflexive procedures for gaining ethical approval, more flexible and responsive forms of research administration, for example, with regard to paying community organisations, and greater accommodation on the part of funders to reflect the time investment and unpredictability of co-produced research. We also need to be mindful of the emotional and embodied nature of participatory research and ensure there is adequate institutional recognition and support for this. Such changes to the way in which research institutions operate may appear challenging, but the potential of academic research to mobilise world-shaping discourse is high and, as Gibson-Graham (2008) remind us, 'other academics' may also be possible.

To fully reimagine age-friendly cities, a paradigm shift in research institutions needs to be accompanied by a 'a paradigm shift in public discourse on ageing and public space' (Kim and Cho, 2018, p 99). Ageing and growing older in urban environments need to become as normal a part of city life as raising children and forging careers. We need to reimagine cities as routes to

social inclusion throughout the life course, ensuring older people are brought into the centre of building new urban agendas. We hope that this book has offered compelling arguments and illustrations, showcasing the potential of age-friendly communities rooted in values of equity, diversity and co-production, and inspiring collective action in the pursuit of spatial justice.

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Afterword

Chris Phillipson

The various chapters in this book have explored the development and consolidation of the concept and practice of creating age-friendly cities and communities. There seems little doubt that a substantial movement has now emerged (albeit principally across the Global North), with the World Health Organization Global Network for Age-Friendly Cities and Communities claiming a membership of over 1,500 by 2024. Yet, as also highlighted by various contributors, the context for this work has been challenging to say the least, notably with the impact of the financial crisis of 2008 and the implementation of public policies built around economic austerity; the COVID-19 pandemic, especially devastating for older populations in respect of mortality and the effects of social isolation; and the upsurge in the cost of basic goods arising from the war in Ukraine, high inflation and the increased market power of large corporations. Underpinning all of these has been the dramatic rise in social inequality over the period since 1990, manifest in urban areas by the impact of rising housing prices, lack of affordable housing and a surge in homelessness in the richest economies of the world (Dorling, 2023).

To date, age-friendly work has been slow to respond to the challenges posed by more unequal and what have been described as more ‘precarious’ urban environments (Grenier et al, 2020). Yet, as this book makes clear, building age-friendly cities around the theme of spatial justice – defined as a fair and equitable distribution of resources and amenities between and within geographical areas – will be an essential part of challenging the inequalities which have run in parallel with the rise of the age-friendly movement. The contributors provide a variety of responses to achieving spatial justice, but these focus on a number of interrelated themes which are worth restating and which provide a pathway for age-friendly work over the next decade. These may be summarised in terms of the *principles* underpinning age-friendly interventions and the forms of *practice* which arise from these.

Principles and practices for work with older people

In relation to principles, a key issue for age-friendly interventions to address concerns, first, the power structures operating within urban environments, and the constraints of a neoliberal political economy favouring privatisation, investments rewarding the affluent and the resulting ‘hollowing out’ of

public infrastructure. Age-friendly work has, as a consequence, to develop approaches which can work across structural, institutional and interpersonal levels, acknowledging the various forces dictating the range of options available to actors operating within urban systems. Second, there is the complexity both of the identities which people bring to age-friendly work, encapsulated in the concept of ‘intersectionality’, as well as the rich layers of experience built over the life course, and the commitments which people bring to the neighbourhoods and cities in which they live. Third, there is the need to attend to the challenge of new forms of oppression and discrimination, evident in the pressures facing groups of migrants and refugees coming into cities. Hitherto, such groups have been at the margins of age-friendly work, which has often favoured established low-income communities, albeit ones which themselves face significant issues in respect of access to services and social infrastructure. Finally, we must embed urgent global problems – notably the impact of pollution, extreme weather events and climate change – into the everyday language and priorities associated with age-friendly activity. Indeed, we must go further and ensure that the age-friendly movement can be a powerful voice in campaigns challenging the degradation of the environment and the accumulating risks affecting daily life, developing as a result an intergenerational dimension across a range of activities.

These principles also translate into particular forms of practice and ways of working with older people, which have been emphasised across the different chapters in this book. A dominant theme is that of integrating a variety of participative approaches – summarised as ‘co-production’ – as a bedrock of age-friendly work. However, we can trace various requirements if successful co-production or co-creation is to be achieved. These include: fostering awareness of the impact of power differentials between different groups and individuals promoting age-friendly programmes; developing methods of age-friendly work which facilitate (rather than obscure) the diversity and heterogeneity of older people; experimenting with new forms of collective organisation to support people ageing in place; and, finally, understanding the complexity of the social relations which underpin the communities in which people live and the various (natural neighbourhood) networks running through them (Gardner, 2011).

The different chapters in this book provide a powerful set of arguments, across a wide range of areas, for taking forward the development of age-friendly cities. But as well as providing many practical illustrations and examples, they are a reminder of the fundamental values shaping our work – that is, respecting differences within the older population; working to achieving fairness in how our cities and communities are organised and governed; and using the idea of being ‘age-friendly’ as a window into achieving a more just and equitable society. In setting out this position,

the contributors demonstrate how far age-friendly work has come since its inception, as well as its potential to transform the lives of current and future generations of urban elders.

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