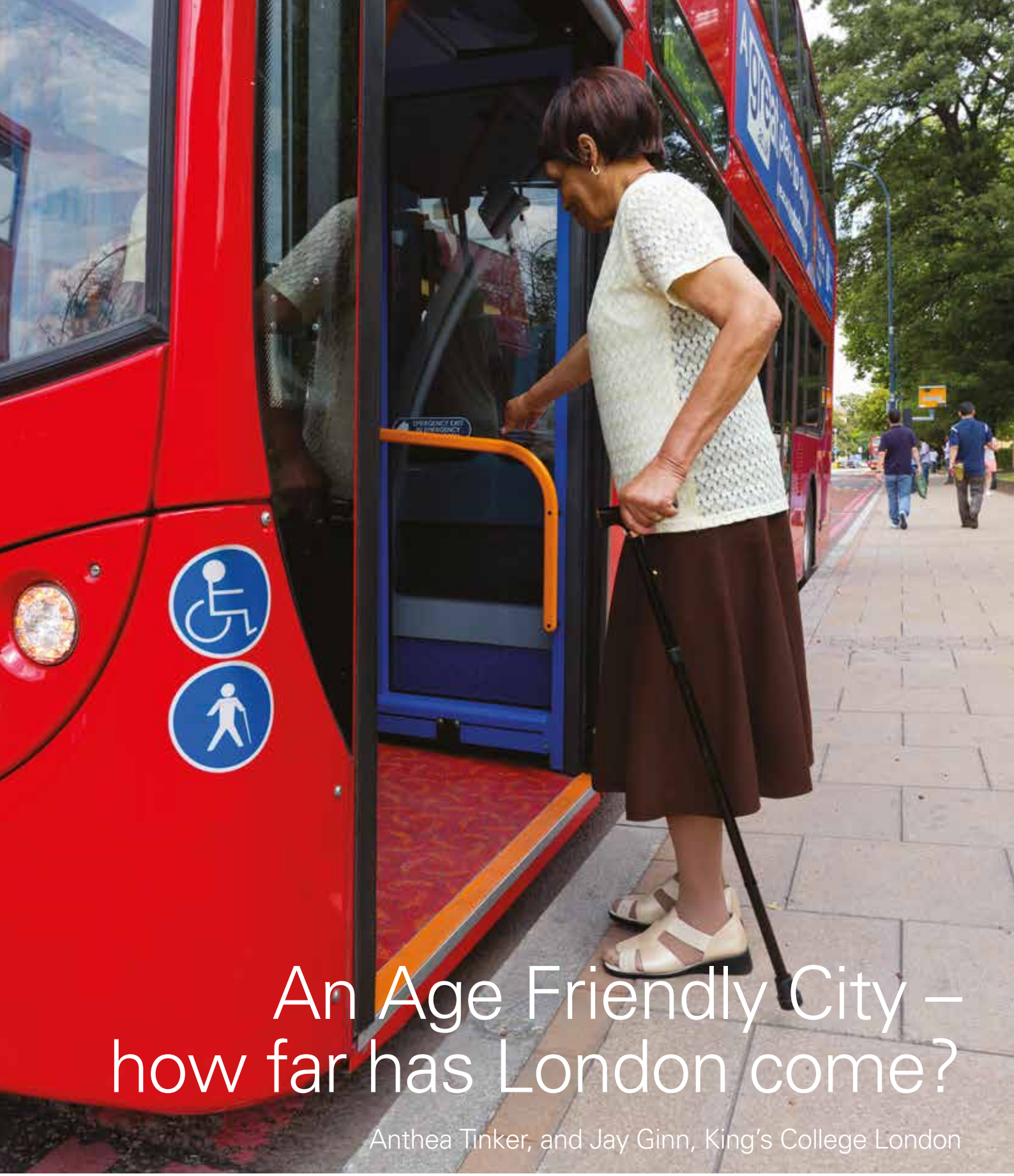

An Age Friendly City – how far has London come?

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KING'S College LONDON

Contents

Published by King's College London, February 2015

ISBN 978-1-908951-13-7

Foreword

The Institute of Gerontology was pleased to be asked by the Greater London Authority (GLA) to undertake this research. It follows our study for the World Health Organisation (WHO) in 2006: What makes a city age-friendly? London's contribution to the WHO Age Friendly Cities Project (Biggs and Tinker, 2007). This is an independent review but we are grateful to be able to share with the GLA a clear commitment to valuing and supporting older people, identifying what can be done to promote their wellbeing and full social inclusion.

There have been considerable improvements since our last report due to the efforts of London's public sector organisations, older people's organisations, individual older people and others. For example parts of the city have benefited from the accessibility improvements made for the London 2012 Olympic and Paralympic Games and the GLA has ensured the volunteering legacy through the Mayor's Team London programme. Other GLA actions, such as the adoption of the Lifetime Neighbourhoods concept and the Green Grid are enhancing people's neighbourhoods and London's outdoor environment in some areas. Programmes such as the London Living Wage and the Mayor's Know Your Rights campaign are helping some older Londoners obtain a better income. That, combined with the public sector focus on reducing health inequalities, through the Mayor's Health Inequalities Strategy, and his Digital Inclusion Strategy are designed to keep older people socially and digitally connected.

An internet survey carried out by the GLA to inform this review indicates that older people and their organisations frequently cited enhancements to public transport as the top improvement in London since the last report. This refers in particular to the increased accessibility of public transport and the extensions to when the Freedom Pass can be used and the age of eligibility [GLA 2014a]. Positive changes to the public realm were also acclaimed.

This report reviews research on what additional actions the city could implement to make London more age-friendly, in terms of

- better homes and 'walkable' neighbourhoods;
- accessible public transport; opportunities for employment and volunteering;
- adequate incomes that enable a comfortable life and participation in desired activities;
- accessible health and social care services that minimise the impact of adverse health conditions or disability;
- readily-available information, including through the internet;
- dignity and respect through positive language and images of ageing for all, irrespective of their gender, class, ethnicity or disability status.

Resources are clearly important for improving the material aspects of older people's lives. However it is also crucial to change the attitudes of society, so that older people are seen not as a homogeneous group, but as individuals, with diverse lives and varied contributions to make.

We acknowledge that many of the decisions affecting the wellbeing of older people are taken by central government and are therefore beyond the scope of the GLA or local authorities. However we strongly believe that older people are a valuable - but sometimes unrecognised - resource, to their families, to community groups and to the economy and wider society. Their contribution is maximised if they are valued and supported by suitable policies at national and local level. The government, GLA, local authorities, service providers, employers and each and every one of us need to work towards making London a more age-friendly city.

Anthea Tinker *(above left)*
Jay Ginn *(above right)*

Sam Mauger,
Chief Executive
Age UK London

Age UK London is delighted that this new 2015 report continues the work and momentum begun in 2006.

The report demonstrates the significance of an age-friendly London, and highlights practical opportunities for making this a reality. Areas such as housing and the enhanced commitment to Lifetime Homes and more fuel efficient homes as well as the protection of older tenants so that they feel secure have been on the age agenda for many years. Developing areas such as our outdoor space, to make pavements "walkable", to maximise green spaces, as well as libraries and community centres, remain crucial to active participation in the local community. Making people feel safe to travel with traffic calming actions, bus shelters and clean air help to keep people secure and well.

Above all this, the report acknowledges the importance of engagement with older people, putting them at the heart of change and using their knowledge and expertise to contribute to an age-friendly London. We look forward to the continued development of age-friendly policies in London and urge that it is progressed by all with drive and enthusiasm.

Background, objectives, scope and methods

The Greater London Authority (GLA) aims to make London a more accessible and welcoming city for older people.

As part of this, the Institute of Gerontology, King's College London has undertaken to update previous research on Age Friendly Cities for the worldwide initiative undertaken for the World Health Organisation (WHO) (Biggs and Tinker, 2007). This update summarises what matters for older people, noting changes since 2005, identifying remaining problems and suggesting possible solutions. The London study (Biggs and Tinker 2007) reviewed information about London including from fieldwork with older people in two London boroughs. In some aspects, London excelled but in others there was scope for improvement.

Objectives

Our aim is to increase awareness of local needs, gaps and ideas for improvement in order to stimulate development of urban settings that are more accessible and socially-inclusive for older people, thus promoting their wellbeing. Policies to improve material conditions and the social environment facilitate the less tangible aspects of wellbeing. More social-inclusivity for older people has benefits for residents of all ages, especially children and those who are vulnerable due to physical or mental impairments. Our research makes recommendations for the GLA and others.

Scope

The report includes the topic areas of the original WHO specification: housing; outdoor environment and neighbourhoods; transport; social, cultural and civic participation; employment, skills and income; community support and health services; communication and information; and respect and social inclusion.

In each chapter, we identify a) features of a city that influence the social inclusion and wellbeing of older people; b) developments since 2005, highlighting where London has made progress; c) gaps that remain to be addressed. We recognize that some policy areas and services are the prerogative of central government. However, we raise the issues because they set the context for older Londoners' material and social circumstances. Where possible, attention is paid to gender, ethnicity and disability status. We have added some limited lessons from abroad and some evidence from another research study on LB Hackney.

Methods

The work has involved reviewing and updating statistical and research literature to assess how well London organisations are addressing the needs of older people, what problems remain and what can be learned from other cities. Sources examined include: data from official sources, especially the GLA and community and voluntary organisations concerned with older people's welfare. Material on older people's views was obtained through published surveys and researchers' attendance at meetings of older people.

We divide each chapter into these sections:

a. Features that influence wellbeing and social inclusion of older people
b. Developments since 2005
c. Gaps that remain to be addressed.

We then follow this with recommendations.

Disclaimer

The views expressed in this paper are solely those of the authors.

Image Beanstalk
– courtesy of the Age Action Alliance

Executive summary: recommendations

This study found that many of the GLA's policies and plans are well-directed towards making London a more age-friendly city.

However, cuts since 2005 by central governments in the resources available to the GLA and to Local Authorities (LAs) have to some extent offset efforts to maintain and improve older people's housing, transport accessibility, community facilities, health services and social care. Hence there is more to do to improve London as a city for older people. We recognise that some of the improvements required stem from national policies, but the latter have implications for older Londoners' welfare and for measures the GLA might take in mitigation. We set out below our recommendations to enhance older people's wellbeing and social inclusion. This report is the sole responsibility of the authors.

To improve housing options for Londoners as they age, **we recommend more provision of a variety of Lifetime Homes, including specialist housing, within each neighbourhood; homes to be close to shops and transport, at affordable prices or rents;** and **improvement of the energy efficiency and condition of older people's homes** through refurbishment.

To alleviate London's current housing crisis, where demand outstrips supply, more affordable social housing is urgently required. **We recommend that available public land be transferred to LAs and HAs (Housing Associations) at low prices and LA borrowing limits eased enabling them to build new social housing and to refurbish existing stock to a decent standard**. To retain these valuable assets for future generations, **we recommend LAs and HAs should be able to choose not to sell**. For a sustainable housing policy that ensures sufficient decent affordable homes for all Londoners in future, housing demand must be stabilised by discouraging overseas buyers from using 'Buy to Leave' and 'Buy-to-Let'. We **recommend disincentives to using London housing as an investment for capital gain and policies at national and regional level to distribute employment opportunities more evenly across the UK**.

As private rents become increasingly unaffordable and inflate Housing Benefit costs, **we recommend rents be regulated to an affordable[1] level, accelerating the landlord accreditation scheme to ensure proper maintenance and tenant security**.

To make neighbourhoods more 'walkable' and exercise more attractive for residents, **we recommend that LAs ensure pavements are safe for walking and provide sufficient free accessible public toilets**. To ensure that urban renewal has beneficial effects for neighbourhoods, **we recommend that LAs involve older people in any changes being planned for their neighbourhood and work with local residents in creating more public gardens and small parks**.

To make London's streets healthier, safer for walking and more pleasant, **we recommend the GLA encourages reduction of traffic, especially daytime use of Heavy Goods Vehicles (HGVs) on London's roads; brings in cleaner engines for buses and taxis as a matter of urgency; adheres to EU requirements for air quality; and encourages boroughs to introduce 20mph zones**.

For older people in particular, **we recommend TfL continue to provide shelters and seats at bus stops** where possible; **that Transport for London (TfL) seeks government funding to accelerate making all Underground stations step-free; and that Legible London signs include information on which routes are not wheelchair accessible**.

To facilitate social and cultural participation, **we recommend LAs recognise the importance of community centres, libraries and other cultural facilities; support the community and voluntary groups that engage and assist older people, and continue to seek innovative ways to do so**.

To combat age barriers to employment, **we recommend the GLA works with The Age and Employment Network (TAEN) in efforts to convince employers that employing and training older workers is a sound investment**. Government action is needed to address the difficulties experienced by the many older people struggling on inadequate incomes in an expensive city. This includes restoring the Winter Fuel Payment to its original value relative to fuel prices, maintaining universal benefits and allowing older people to opt into the new single tier pension, the latter to be raised above the poverty threshold. **We recommend the GLA seek to retain more of the revenue generated in London, to ease the situation of older Londoners in poverty through funding LA service provision**.

Since health inequalities indicate the potential for improving health, **we recommend tackling the social and environmental determinants of ill-health at all ages; in London, this includes reducing air pollution and improving housing conditions, access to transport and green spaces, social cohesion and access to social engagement opportunities**. To enable older people to remain in the community as long as is practical and to support informal carers, **we recommend that LAs restore an adequate level of home care services for older disabled people, including those with 'moderate need'**. In the light of the poor standards and even abuse of older people in some care homes, **we recommend that governments require raised training standards for care staff; and ensure compliance with the Human Rights Act in regards to all care home and nursing home residents**.

To ensure people of all ages can access information, services and consultations, **we recommend that digital communication, especially in the public sector, should always be supplemented by other means**. To expand internet capability among older people, **suitable mentoring sessions should be provided through libraries, adult education centres and community centres**. To prevent financial exclusion due to lack of a passport, **a basic digital ID card acceptable to banks should be made available to older Londoners**.

To tackle negative attitudes towards older people **we recommend that the GLA publicises and celebrates older people's multiple contributions to society; that, in general, upper age limits be abolished; and that all public sector organisations should commit to anti-ageist policies, with the media encouraged to follow suit.**

Our major recommendations are that older people should be consulted, by a variety of means, to enable their views to be taken into account; and that LAs should have sufficient resources to maintain their local services and facilities, since these are essential for older people's health, safety and social inclusion.

Image courtesy of Pollard Thomas Edwards, Architects
The OWCH (Older Women's Cohousing) Barnet development

policy area: 1

Housing

Housing for older Londoners is affected by rising overall demand and increasing disability among older people.

The London population rose by 1.2% p.a., from 6.8 to 8.4 million between 1986 and 2013, with the number of households projected to rise by 40,000 each year. Meanwhile the number of homes rose by less than 0.8% p.a. or 25,000 p.a. Thus London has a persistent and increasing shortage of homes to buy or rent, for people of all ages; moreover, there is 'a massive shortfall of homes that most Londoners can afford…...an affordability crisis' (GLA 2014b: 4). In 2013 the average price of a London house rose to £450,000, widening the gap between London and elsewhere in the UK to 75% and private rents rose to twice the national level (ibid). The UK population aged over 65 is projected to grow by 47% by 2041, faster than the population as a whole at 23%, while those over 85 are expected to be more than double by 2023 (GLA 2013a). In London, older people are 10.7% of the population, compared with 16.4% in England and Wales (ONS 2012).

Older people are living with disabilities and longstanding illnesses for a greater proportion of their life, although this varies with social class, ethnicity, gender and location. At age 65 men are now expected to live with disability for 7.9 years, women 9.9 years (ONS 2014a). This, together with the growth of the very old population and persistent health inequalities, has implications for older people's housing if their preference for ageing in place – living independently in their own home - is to be met and their health and wellbeing protected (Adams 2009). Currently 90% of older British people live in mainstream housing, 6% in some form of sheltered housing and 4% in residential settings.

a) Housing features that influence wellbeing and social inclusion of older people.

Well-designed homes with sufficient space, adequate heating, modern kitchen and bathroom facilities and energy efficiency measures all help to prevent ill-health. As older people spend 80-90% of the day at home, good housing is especially important and respiratory illness, heart disease, stroke, arthritis, rheumatism, falls and winter deaths are all linked to poor housing (Adams 2009, GLA 2013b). The Decent Homes Standard (updated in 2006) requires social housing to be in good repair with modern facilities and adequate warmth. However, according to Shelter, in 2004, 51% of older people lived in non-decent housing, 25% had no central heating, 40% spent 5-10% of their income on fuel and 9% lived in damp or infested homes (Edwards, 2005). In London 29% of older households live in social rented homes (local authority or housing association), 5% in privately rented homes and two thirds in a home they own (GLA 2013b) and in each sector there are homes in need of repair and improvement. In 2005, about 12% of rough sleepers in London were homeless people aged over 55.

b) Developments since 2005

In 2013, the average London house price rose by 12% while owner occupation declined from 57% to 50% between 2001 and 2011, with an increase in private renting (GLA 2014b: 10). Older people share the adverse effects of rising rents; the median private rent rose to over £1,300 per month, double the amount of the state single tier pension to be introduced in 2016. A London Rental Standard of management for landlords and letting agents was launched in May 2014, with 100,000 landlords to be accredited by 2016 (GLA 2014b:5). Landlords will be encouraged to offer tenancies for a longer period than the statutory minimum and London boroughs to use only accredited landlords when discharging their homelessness duty (GLA2012). The majority of older tenants live in social housing. For those entering a new tenancy, their rent can be up to 80% of market rent. Despite bearing no relationship to average incomes[1] this is still termed 'affordable' (Ambrose 2007). State pensions lack London Weighting to offset London housing costs.

The GLA aims to improve standards in new homes for older people so they can be used 'safely, easily and with dignity regardless of …age, disability, gender or ethnicity… [and be] responsive, flexible, convenient, accommodating and welcoming… [adaptable] for people who are frail, older, visually or hearing impaired, have learning difficulties or are wheelchair users.' (GLA 2013a:28). London Design Guide standards have recently been adopted. These include a minimum space per person that is 10% higher than the previous Parker-Morris standard for council homes; generous balconies if there is no garden; full accessibility for disabled people; 10% of homes adapted for wheelchairs; long term adaptability to suit changes with ageing and household size; and housing designed to facilitate successful neighbourhoods. All new London homes must meet the Lifetime Homes standard (GLA 2014c: 32/33) and existing homes are being improved to meet the Decent Homes Standard.

In 2011/12, 17,200 'affordable'[1] homes were built (DCLG 2014). London boroughs also granted planning permission for over 74,000 Lifetime Homes and nearly 8,000 wheelchair-accessible homes (GLA 2013d). The GLA runs the Seaside and Country Homes scheme, which helps around 200 older social housing tenants move out of London each year, as well as the Housing Moves scheme for tenant moves within London. To encourage downsizing, more choice and better quality homes are planned as well as tax incentives (GLA 2014b).

For older people with care needs, 1,800 supported homes built to Lifetime Homes standards are planned. Self-contained retirement homes for owner occupation ensure independence and quality of life with on-site support (GLA 2013b) and such homes in private retirement villages are increasing. However, lease conditions, charges, resale restrictions and inadequate care provision are potential drawbacks.

Among those aged over 75 in the UK, 2 million live alone, of whom 1.5 million are women (Age UK London 2012) with increased risk of social isolation. However, new options such as Homeshare and cohousing schemes facilitate care for older people in a co-operative inter-dependent setting, helping maintain the older person's agency, identity and dignity. Homeshare schemes arrange rent-free or low rent accommodation for a helper in an older person's own home in return for a few hours per week of practical assistance and company, but not personal care (Tinker et al. 2012). Cohousing enables people to enjoy more social interaction and to provide mutual aid, while maintaining independent living in their own private accommodation (www.cohousing.org.uk), Brenton 2001). It is less well-developed in the UK than in the Netherlands, Denmark and Sweden, where there has been more institutional assistance (Tinker et al. 2012) but there are two cohousing projects in London nearing completion. Since 2005 the London Older Women's CoHousing network (www.owch.org.uk) has started projects in Muswell Hill (www.cohousingwoodside.co.uk) and in High Barnet. By delaying entry to specialist housing or a care home, these are attractive options for the GLA and London boroughs to promote in the future.

c) Gaps that remain to be addressed

A lack of genuinely affordable homes suitable for older Londoners remains (Johnson 2013) and there is no regional policy to distribute industry, jobs and population more evenly across the country (Meacher 2007). Social rented accommodation is scarce, with 800,000 on London's waiting list (Observer 2014)

an increase of 84% since 2004 (www.londoncouncils.gov.uk/londonfacts). Chronic lack of sufficient funding has prevented direct local authority (LA) investment in expanding or improving the housing stock. In the past, central government took 75% of the receipts from Right to Buy sales (over £550pa) and £1.55bn pa from councils' Housing Revenue Accounts (HRAs) severely restricting their ability to invest in building and improving stock (Meacher 2007). The Coalition government's cut in capital funding for new social housing, while accelerating the sale of council houses, has led to up to 35,000 such homes lost in one year through Right to Buy (RTB) (Pickard 2014). The Local Government Association has pointed out the 'poor value for the public purse' of RTB arrangements, urging that LAs be allowed flexibility in setting the discount rate and in how receipts can be spent (Fisher 2014: 2). A novel solution to the loss of council homes and abuse of RTB by private landlords has been proposed by a London Assembly member, Tom Copley: introducing a 'Right Not To Sell' for LAs (Copley 2014). Although the government now allows councils control over their HRAs, ending the negative subsidy, councils are still held back by a cap on borrowing to build. Bringing social housing up to the Decent Homes standard has been uneven and slower than planned. In 2009, over 20% of London council homes fell short of the standard, as many as 50% in three boroughs, due to inadequate funds for improvements (Bartlett 2010). By 2014, 18% of LA-owned homes still fell below the standard, more than a third of the stock in five boroughs (DCLG 2014).

Most 'affordable' housing[1] is provided through HA schemes, with only around 15% 'affordable' within mixed tenure developments, giving a total of around one third'affordable' overall (GLA 2014b). About 60% of new-build homes are sold abroad, often to Buy-to-let or Buy-To-Leave investors in Hong King, Singapore or Beijing, thus lost to Londoners in housing need (Radio 4 2014). Regeneration projects that entail demolition and replacement can fail to take account of the social cost of disrupting communities as tenants are displaced. Older people's own view is that such projects ignore their attachment to their local community support network and familiar neighbourhood (Johnson 2013). Residents from across London recently protested at LA decisions to demolish their estates to allow developers to build luxury flats. The issue of displacement and destruction of older people's social support networks was picked up by the BBC (BBC 2015). The squandering of social capital by insensitive regeneration plans, with increased risk of social isolation and exclusion, was recognised as a mistake in the slum clearances of the 1960s (Power 1965). Where refurbishment is chosen, however, many landlords make efforts to reduce disruption to tenants.

Private renting in London is also insecure, with variable management standards, some landlords reluctant to modernise or repair and high unregulated rents (Resolution Foundation 2014). The latter inflate the cost of Housing Benefit (HB), now over £24bn pa. Most pensioner tenants live on low incomes and need HB, but some private landlords are unwilling to take tenants on HB. The 'bedroom tax' affects older people who need a spare room for grandchildren, a partner or other informal carer and for disability equipment.

As care needs increase, older people have to consider leaving mainstream housing for specialist housing (sheltered, extra-care or retirement homes). Yet a lack of specialist housing that is attractive, conveniently-located, well-designed, sufficiently spacious, for sale or rent at affordable prices for older people is likely to discourage or prevent such a move. About 80% of London's specialist housing is rented and is often outdated, uninviting and difficult for older people - bedsits, maybe with shared bathroom facilities, or upstairs with no lift. (GLA 2013b, Three Dragons 2014). Despite a 2008 all-party commitment to improve disabled people's access to housing, an increasing number of older disabled people in the UK are living in accommodation unsuited to their needs (Morris 2014: Executive Summary).

The GLA recognises that the housing needs of older people are an increasingly important planning issue facing London. To help ensure boroughs plan for the accommodation requirements of older Londoners, borough level benchmarks for older person accommodation have been incorporated into the Further Alterations of the London Plan (GLA 2014d: 96). The benchmarks break requirements down by tenure (private, intermediate and affordable). The Further Alterations to the London Plan require boroughs to demonstrate in their Local Plans and other relevant strategies how they will address the housing needs of older Londoners, drawing on these benchmarks. Further guidance on this will be provided in an update of the London Housing Supplementary Planning Guidance.

Some older Londoners urge the need for more safe and suitable housing for older people to rent or buy; all homes at Lifetime Home standard; more council housing of various sizes; a range of options close to family and services; more sheltered homes as flats (not rooms) and with a manager on site. While welcoming progress in improved housing, some older people have reported health and safety risks such as from a lack of handrails, poor lighting on steps, entrances and stairs, uneven steps and loose floor tiles, cold and damp due to poor insulation and inadequate heating systems, defective wiring and lack of help with home repairs and adaptations. These deficiencies had led to falls and ill-health. Unfortunately, there seems to be no systematic data available from LAs on the prevalence of such problems in their rented housing. Older people want more information on how to access help with heating costs and repairs; and they want to be involved in decision-making on the planning and design of housing stock. According to Harrow Law Centre's research among older people, many private tenants live in squalid conditions while paying exploitive rent and unlawful evictions are occurring with no notice given (Omonira-Oyekanmi 2014). Such practices in Harrow draw attention to the need to monitor and regulate landlord practices throughout London.

Recommendations

Provision of a variety of affordable[1] Lifetime Homes, including specialist housing close to facilities, within each neighbourhood and the improvement of the energy efficiency and condition of older people's homes.

Available public land to be transferred to LAs and HAs at low prices and LA borrowing limits eased, enabling them to build new social housing and to refurbish existing stock to a decent standard, with the option not to sell.

Disincentives to using London housing as an investment for capital gain.

Policies at national and regional level to distribute employment opportunities more evenly across the UK.

Governments to regulate private rents to an affordable[1] level and to support landlord accreditation schemes.

policy area: 2

Outdoor environment and neighbourhoods: streets, buildings and parks

Ageing in place, that is living in one's own home and neighbourhood for as long as possible, has been widely recognised as older people's preference.

In this chapter, we examine what makes a neighbourhood age-friendly, and an area where older people feel they belong and can stay.

a) Features that influence wellbeing and social inclusion of older people

Good neighbourhood design enables older people to feel safe when going out for basic necessities such as shops and health services and for social and leisure purposes. It encourages exercise through walking, which benefits health (Traynor at al. 2013). Helpful features are proximity to shops, services and transport links; wide, flat tarmac pavements without clutter and manageable kerb heights; easy road crossings that allow ample time and 'countdown' technology at traffic lights; 20mph speed limits; sufficient benches along the route; sheltered bus stops with comfortable seating and electronic display of buses due; well-maintained, clean toilets open all day; and clearly visible, easily understandable signage (Living Streets 2014). Green routes and small parks make walking outside more inviting and can lift mood: older people living close to an open green space are more likely to be satisfied with life. A "senior playground" – a free outdoor gym with several exercise devices to provide a full body workout, fun and socialising among the over-60s – has opened in a secluded area of Hyde Park (Age UK 2014). Camden and Southwark councils have recently provided a number of free outdoor gyms across their boroughs, for use by all ages (Camden 2013; Southwark 2014). It is unclear how far gyms will be useful to older people with physical disabilities.

Feeling safe to go out allows pursuit of interests and maintenance of relationships, promotes independence and self-esteem, and enhances social capital and social inclusion (Scharlack and Lehning 2013). 'Lifetime Neighbourhoods', where the built environment is well-maintained, 'walkable' and offers continuity with the past can foster confidence, a sense of security, belonging and connectedness in a neighbourhood (DCLG 2011). The key to success is the involvement of older residents in any changes during the planning process (Bevan and Croucher 2011). 'Bottom-up' planning capitalises on older residents' experience of the neighbourhood, drawing on their ideas for using spaces differently, including for activities that invite community participation (Scharlack and Lehning 2013).

Barriers to going out, such as speed of traffic, noise, fear of crime or falling, affect half of older people, contributing to social isolation. Barriers are greater for those in sheltered accommodation or care homes (Handler 2014) and for those with physical or cognitive impairments such as dementia. Wheelchair users may be deterred by difficulties in accessing a building, or by scarcity of wheelchair-accessible toilets (Buffel et al. (2012). When urban development is driven by market-led imperatives and does not involve older people in the planning process, this can lead to their social exclusion (Handler 2014). Changes may include a disconcertingly rapid shift in population age structure, class and ethnicity that undermines confidence in going out.

b) Developments since 2005

The GLA has recognized the importance of the outdoor environment; '[Older] people who do not find it easy or enjoyable to get outdoors can spiral into poor physical health, less social contact with others and a reduced quality of life overall' (GLA 2013a: 15). '…people should have a good quality environment …accessible and inclusive, aesthetically pleasing and safe' (ibid: 16/17). Contributing to this aim is the All London Green Grid (ALGG) a network of green infrastructure across London, including accessible open spaces, biodiversity, woodland and river corridors (GLA 2014f). The Green Grid will connect town centres, public transport hubs, major employment and residential areas with parks and open spaces, the Thames and the green urban fringe, thus promoting cycling and walking for travel and for health. Better streets are planned, with £310 million invested since 2005 in public space projects and efforts to improve availability of toilets for the public, including in business premises, to promote shared road space and to extend 20 mph zones (Mirza, 2014).

c) Gaps that remain to be addressed

Street crime and disorder remain a major issue for older people, discouraging going out. Older people call for more police on the beat and for work with different age groups to increase mutual understanding and respect. Streets are still often cluttered, badly-designed, poorly maintained and hazardous to older people (Deuchars 2014).

Older people appreciate parks and green spaces for walks. In one local authority (LA) older people helped staff organise park events for families and children. In another, older people value the LA-organised daily health walks. But other people mentioned hazardous pavements, including lack of gritting in icy weather, danger from mobility scooters and insufficient separation from the road; a need for more benches in public places including stations; and longer crossing time at traffic lights. Older people wanted free and accessible toilets signposted in all public places and deplored the closure of free public toilets, both locally and in central London. Some public toilets were dirty, accessible only by steps, lacked paper or were out of order, despite charging up to 50p.

Some London older people found local police very helpful and were disappointed by closure of the local police station following funding cuts. They want an accessible local police station with adequate staffing there, as well as on the beat, so that older people, especially women, who tend to feel less so, can feel safe after dark. However, trust in some police and LA staff was low. Cuts to fire services worried older people as those who are less mobile could be trapped in the event of fire. Preventive work by fire officers in fitting smoke alarms free was appreciated.

Recommendations

That local authorities (LAs) ensure pavements are safe, to improve local 'walkability'.

That LAs provide sufficient free accessible public toilets and signage to where public toilets are available.

That authorities involve older people in any changes being planned for their neighbourhood and work with local residents in creating more public gardens and small parks.

policy area: 3

Transport

Older people's travel tends to be more local than for the average for all ages but still has beneficial effects on health and wellbeing.

Convenient transport systems facilitate social and civic participation, including employment, volunteering, meeting friends, pursuing hobbies and interests, participating in the wider world of the city. This fosters the sense of freedom and connection with society.

a) Features that influence wellbeing and social inclusion of older people

Frequent and accessible public transport throughout the Greater London area is vital for enabling older people to participate fully in the life of their borough and further afield. Driving is preferred by some but is not always an option, especially for those with particular health problems. Moreover, policies that reduce car usage benefit Londoners, since cars contribute to poor air quality and noise, as well as road deaths and injuries. Toxic emissions from vehicles have been linked to worsening asthma, increased risk of heart attacks and respiratory ailments. Fumes are a health risk for all Londoners but are especially injurious to older people, whose respiratory systems take longer to repair than for younger adults (Lambert 2014). Ways of reducing car usage and encouraging walking, cycling and use of public transport instead are discussed by Hanson (2003). These include free/low cost travel on public transport, reallocation of road space and 20mph speed limits or zones in all but main through routes. Slower traffic speed is demonstrably effective in preventing road injuries, as well as increasing walking and cycling, with benefits to health, and improving the area generally (RoSPA 2012). Slower traffic is particularly important for people aged over 60 who face a 47% risk of fatality, if hit by a vehicle, compared to 7% for younger people (20's Plenty 2014). Because older people (85% of women and 76% of men) cannot cross the road quickly enough to be safe on a pedestrian crossing (Asher et al. 2012) they are especially uneasy about fast traffic.

The Legible London signage system was designed by TfL as a city-wide way finding system with over 1,300 signs showing maps and routes, half of them in central London. These encourage and facilitate walking in London, including from buses or trains to a destination. The signage is being extended throughout the city, but it currently lacks information on wheelchair accessibility of routes (Steer Davies Gleave 2014). Countdown signs and traffic islands at frequent intervals in a high street make crossing easier. This encourages walking, increasing exercise. Older Londoners rarely cycle, contributing only 7% of cycle journeys in the capital. Cycling at all ages is more common in other countries where physical separation of cycle tracks makes it a safer and more attractive option, including for older people[2].

Making buses and trains accessible for all has been a recurring plea from older people and others with impaired mobility or sensory difficulties. Physical disability affects about 40% of men and women aged 60-64, rising to 46% in the age group 65-69; the prevalence of disability is about 10 percentage points higher for women than men (Banks et al. 2010). While the 'active travel' concept, where walking and cycling are integrated into daily travel, is well-intentioned, this must not diminish efforts to ensure public transport is well-designed, flexible and disability-friendly (Schwanen and Ziegler 2011) to help older people to travel with confidence. Accessibility of buses, Underground and suburban trains - with low floors, ramps for wheelchairs and sufficient space for them on board - are essential, as are step-free stations, to enable those with severe mobility impairments to participate in the social and economic life of London (Transport for All 2014). Where there are multiple flights of steps, lifts or escalators are needed and where a newly-built interchange between different Underground lines involves a long walk, a travelator helps those for whom walking is difficult or painful.

For those who have severe difficulty in using public transport, Dial-a-Ride, operated by TfL, provides a free door-to-door minibus service. But demand outstrips supply, restricting older people's travel (TfL 2012a). The Taxicard Service, funded by London Councils with support from TfL, allows eligible disabled people subsidised journeys in licensed taxis. However, many cash-strapped local authorities (LAs) are cutting the number of trips allowed.

Motorised mobility scooters are an alternative for the mobility-impaired but they need to be allowed for in planning and in regulations (Schwanen and Ziegler 2011). The average collision rate of 10 p.a. (one per 33 scooters each year) demonstrates the potential for harm (Mature Times 2014).

Whilst crime on buses has come down significantly, buses are not always perceived as safe. About two fifths of disabled older people, women and individuals from Black, Asian and Minority Ethnic groups (BAME) said they were discouraged from using public transport because of anti-social behavior and crime (TfL 2014). Yet bus use is a site of social interaction, both at bus stops and on board; this 'latent conviviality' of buses is especially beneficial to older people who are otherwise isolated (Hirst and Harrop 2011). Overcrowding of buses and trains discourages travel by older and disabled Londoners, because of the difficulty in standing on a vehicle that sways and lurches. This can effectively exclude them on certain routes and at certain times. It is hoped to reduce overcrowding with £50 million extra funding for more buses and other new rolling stock.

The Freedom Pass, held by 1.3 million older Londoners, is highly popular and has a positive impact on wellbeing, as shown in numerous studies. Travel is affordable for social as well as functional purposes, thus maintaining social engagement (Hirst and Harrop 2011). Nationally eligibility to free bus travel is tied to state pension age, age 66 in 2018, but the free Oyster 60+ card has been available in London since 2012 for those aged 60 and over but below state pension age. The Mayor is committed to the continuance of the Oyster 60+ card. At present, the Freedom Pass and Oyster 60+ cards cannot be used on some suburban trains within the Greater London area until after 9am or 9.30am, but the GLA is negotiating with the train companies to remove those restrictions.

In planning transport development, a user-led approach benefits older people (Handler 2014) as the priorities of planners and users tend to differ. For older users, social journeys to maintain connections with family and stay in touch with 'normal life' are as important for wellbeing and social inclusion as journeys for shopping or to hospital. Roads need not be designed primarily for the convenience of motor traffic, but can be planned to maximize amenity for pedestrians and cyclists. TfL works with Mobility Forums of older and disabled Londoners, to receive feedback and to communicate its own plans.

b) Developments since 2005

Air pollution in London continues to exceed European Union (EU) air quality limits, due mainly to vehicle emissions but also to old heating systems in buildings. Both speed and acceleration of traffic

increase toxic emissions and research suggests that London could be the most polluted capital city in the world (Carslaw 2014) placing children and older people at the greatest risk of harm. Pollution is said to be the second biggest cause of premature death after smoking. The Mayor disputes some of these claims. In the all-London Low Emission Zone (LEZ) emissions of buses on TfL routes have been reduced (GLA 2010). Also proposed for central London is an Ultra-Low Emission Zone (ULEZ) coterminous with the Congestion Charge area and incurring extra charges for high emissions in future. Congestion in London is higher than in any other mainland UK city (TomTom 2014). HGV lorries add noticeably to congestion, noise, pollution and road damage, while being frequently involved in cyclist deaths and injuries. Suggestions include banning HGVs in rush hours and transferring heavy goods to rail. Road deaths and serious injuries to London pedestrians were 3 per day in 2012; 134 road deaths included 69 pedestrians and 14 cyclists, a steep rise in recent years (GLA 2014g).

Introduction of 20mph zones by some LAs have cut collisions and casualties by 40% and reduced the children killed or seriously injured by half (BMJ website). Expanding these zones across the capital would be especially beneficial to older people, usually less nimble than younger and much more likely to die from collision injuries. A 20mph speed limit for residential streets is approved by 72% of the public (BSAS 2012) and is supported by many organisations including Age UK, RoSPA, the BMA, and the UK Health Forum (Cooper 2014) as well as the Royal College of Pediatric and Child Health. The monetary cost of traffic collisions was £15bn in 2012, nearly £2 million per collision (DoT 2013). Countdown displays at traffic lights will be extended by 2015 (TfL 2012b).

To improve cycling safety, TfL is working to redesign roads, for example segregating cycles on the Whitechapel to Bow roundabout route, as well as planning additional segregated cycle superhighways and cycle lanes. Eight Outer London boroughs will receive funds to improve their cycling environment and community groups are also working to improve cycling safety, including for disabled people. Ideas include fitting London's 8,500 buses with sensors that trigger the brakes when the bus is too close to a pedestrian or cyclist. The increased cycling in London which GLA projects by 2031 is expected to bring health benefits valued at £250 million. Limiting traffic speed to 20mph was found to reduce the rate of cyclist deaths and serious injury rate by 38% (GLA 2009).

Disabled people, 55% of whom are aged over 60, make 1.3 million trips a year on London's public transport. But older disabled Londoners are only half as likely to travel on any kind of train as non-disabled Londoners. For example, 18% of disabled older people use Underground trains, compared with 40% of non-disabled people (TfL 2014). The GLA is committed to improving the physical accessibility of the transport system, including streets, bus stops, stations and vehicles, as well as provision of information and staff service (GLA 2012). In 2013, Underground trains recorded 1.265 billion passenger journeys, a 3% rise on 2012, and trains have been designed with greater capacity (Beard 2014). By the end of 2012, 66 Underground stations and half of London Overground stations managed by TfL were step-free to the platform, with more planned, and manual boarding ramps are being introduced where step-free access to trains is lacking (TfL 2012a). Over 250 wide gates have been installed for wheelchair users and those with assistance dogs (GLA 2013b). All the new Crossrail stations will be wheelchair accessible. The DLR has level access to trains and although stations are mainly unstaffed, each train carries staff who can provide assistance to older and disabled people as necessary.

Bus use in London doubled between 1995 and 2013 (TfL 2012a). The Freedom Pass and Oyster 60+ card are now valid 24/7 on buses (GLA 2013c). Over 2,500 digital displays have been provided at key bus stops. The 8,000 London buses have low floors for wheelchair access and the proportion of London's bus stops that are 'accessible' is planned to rise from 75% to 95% by the end of 2016. Audible and visual information is given on buses and trains. £50 million is being invested over 10 years in staff training (GLA 2013c) with a further £25 million announced in 2014. Buses are increasingly accessible to wheelchairs, sharing priority with pushchairs in using the designated space inside. A driver training programme is run by TfL, who value the input of older and disabled people to develop the programme. A free Travel Support Card is offered by TfL for those with hidden impairments to show to transport staff when needing help. Dial-a -Ride minibus use is increasing with low floor minibuses now standard. The service was positively rated by over 90% of users.

Preventing transport crime, a major concern of older people, is to be tackled by joint working with safer neighbourhood teams, using CCTV, lighting and signage. Visible policing and station staffing is part of the strategy (GLA 2012), but the plan to close most ticket offices is controversial; some older Londoners fear that there could be fewer staff available to give assistance and information. However, staff are being moved, not reduced, as TfL has explained to the Mobility Forum of older and disabled Londoners. The Forum, introduced a year ago, is a very welcome development, allowing improved communication between TfL and vulnerable users.

c) Gaps that remain to be addressed

Older people's overall satisfaction with buses, Underground trains and Dial-a Ride was around 90% (TfL 2014). However, the major barriers to using public transport among Londoners aged over 65 are overcrowding (for 39%) and anti-social behaviour of others (for 34%) (TfL 2014). Just as London's rapid population growth frustrates attempts to achieve adequate housing for all, so transport services have to provide for ever-growing passenger numbers. Thus despite TfL's investment to improve services and rolling stock, overcrowding in both suburban and Underground trains is frequent, creating particular difficulties for older and disabled people.

Older Londoners greatly value the Freedom Pass, saying that without it the quality of life would be seriously impaired, increasing the risk of being housebound and isolated. But use of the Freedom Pass on some suburban rail services in London is still prohibited on weekdays before 9.30a.m. To overturn this ATOC (Association of Train Operating Companies) rule, GLA and LAs will have to reach an agreement with the private train companies. Station toilets need to be more accessible for older people, with entry by Freedom Pass. Older people would like to see shelters at most London bus stops (Deuchars 2014). Some older Londoners would like bus drivers to allow more time for older people to sit down, and to avoid sudden stops or fast cornering that cause anxiety and even falls among standing passengers. It was also mentioned that children's buggies cause obstruction and schoolchildren can be a nuisance; that eating food causes mess; and that the complaints procedure is unclear. Orbital routes are needed;

and ideally more frequent buses in Outer London, to avoid long waiting times. When routes change, information at bus stops has been lacking. Older people would welcome a verbal reminder of the function of priority seats on buses and TfL is considering introducing audio announcements about this. Accessibility to public transport for all disabled people has not yet been achieved, although there has been progress on this. Physical difficulties with access to buses affected 19% of older people and to trains 11%. On the London suburban train network, universal step-free access, with lifts operating fully at all stations, is still lacking. Yet the government's planned cut in Access for All funding by 42% between 2015-2019 will mean fewer suburban stations than planned being made step-free.

Older people appreciate the helpfulness of Underground staff. Planned closure of Underground ticket offices causes concern. This may be unjustified, since staff will be available at a focal point in the concourse under a neon light, ready to give assistance; and staff numbers will not be reduced. Older people find that audio information is not always clear and signposting to platforms is often misleading. The DLR is praised as easy to navigate, with good staff, signage and lifts. 'KEEP LEFT' signs on stairs would avoid jostling. A popular suggestion was that for train travel outside the London area, the Freedom Pass could function as a Senior Railcard; but this requires agreement from the Association of Train Operating Companies (ATOC).

Dial-a-Ride is found to have improved over recent years but some older people experience long waits to book through call centres and difficulty in getting regular bookings; they regret that Dial-a-Ride cannot be booked to visit hospitals or GPs due to NHS rules, although disabled individuals may contact the hospital for travel assistance. Tight restrictions on Taxicard travel were also frustrating. LA provision of sufficient spaces for Blue Badge holders near shops and public transport would help disabled drivers.

Recommendations

That GLA encourages reduction of traffic, especially daytime use of Heavy Goods Vehicles (HGVs) on London's roads; brings in cleaner engines for buses and taxis as a matter of urgency; adheres to EU requirements for air quality; and encourages boroughs to introduce 20mph zones.

That TfL continues to provide shelters and seats at bus stops, where possible.

That TfL seeks government funding to accelerate making all Underground stations step-free.

That Legible London signs include information on which routes are not wheelchair accessible.

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policy area: 4

Social, cultural and civic participation: engagement and involvement

Older people's participation in London's immense variety of cultural events and civic activities - from world-class museums, galleries, concerts, plays, films and lectures to the local hobby and interest groups, educational and exercise classes, political, social, ethical and trade union associations – provides interest, social interaction and a sense of purpose.

Yet access is not always age-friendly in terms of the 'social' design of cultural activities and events. In this chapter, we examine what facilitates older people's participation and their contribution as volunteers and informal carers.

a) Features that influence wellbeing and social inclusion of older people

Local group activities. Older people prefer a nearby location of events (e.g. social activities, classes, cultural activities, and civic group meetings) or one within easy reach by public transport; convenient timing; accessible buildings; clear information as to location and time; and concessionary prices, if any. A wide range of activities and events is necessary to match the interests of a diverse older population and older people need to be involved in planning and organising. Local authority (LA) provided adult education courses include options to suit all tastes and interests, although fees may be prohibitive. University of the Third Age (U3A) classes and study groups (37 in London, with over 18,000 members) provide for many older people's interests. Affordable community spaces are crucial for local clubs to thrive over time. Shared spaces, such as local authority supported community centres, church halls or pub rooms, can encourage intergenerational and multi-ethnic connections. Lunch clubs, especially if they have volunteer transport available and outreach to ex-members or those known to be sick or isolated, aid social inclusion of the most vulnerable older people.

Leisure. Central London offers a myriad of choices that are usually age-friendly in material terms, providing for disabilities in terms of wheelchair access and, where appropriate, braille and large print. But in social terms such institutions may be less inclusive. Concerts and films are expensive for most older people. Museums, although free, are often overcrowded and the predominance of children in school parties can be off-putting; monthly 'late opening' may not suit older people reluctant to return home after dark. Museums are a natural place to value the life experiences of older people, as exhibits may recall their childhood and other life experiences. But museums need to be welcoming to older people, engaging with them to stimulate and inform. A recent conference hosted by the British Museum resulted in a Manifesto for an Age-Friendly Museum. This goes beyond addressing physical access needs - such as seating with back rests and arms and entry/exit accessibility - to celebrating ageing and the positive contribution of older people to society; working to dispel negative perceptions of ageing and forging better links between generations. It recognises diversity in older people's lifestyles, experiences and viewpoints, using collections to value individual knowledge, skills and life experience, encourages learning and creative thought. It provides opportunities for engagement by an older audience and reaches out to those unable to visit. Staff would be trained in understanding older audiences and would collaborate with other museums, academics, older people's organisations and older people in the community (Age Collective 2013).

Volunteering. Volunteering in community and voluntary organisations helps to confirm older people's sense of competence, inclusion and purpose, also faciliating enjoyable social interaction. A quarter of Londoners aged 65-74 are formal volunteers and 15% of those aged 75 and over. Work includes fundraising, serving on a committee, driving, visiting, advising, informing and counselling (Barrett 2013). In addition, some older people use their skills to work unpaid as reading assistants in schools. Informal volunteering, by 27% of 65-74 year olds and 23% of over 75s, is mainly neighbourly actions for those who could otherwise be socially-isolated; this includes keeping in touch, shopping, collecting pensions and responding to needs as they arise (ibid.). Thus older volunteers contribute to the social inclusion of vulnerable older people, gain satisfaction and increase social capital in their locality. The economic value of volunteering (among those aged 50 and over) is estimated as nearly £1,000 pa per volunteer, worth £800 million per year in total.

Informal care. One fifth of Londoners aged 65-74 provide informal care to parents, children or partners, as do 16% of those 75+; women aged 65-74 are twice as likely as equivalent men to provide care but the proportions are equal for those 75+, mainly care for a partner. Such caring is estimated as 33 hours per week on average and takes its toll on carers; half of older carers in London said their relationships, social life or leisure was affected. The economic value of informal caring by those aged 65+ is estimated as about £2.2bn pa (Barrett 2013). Grandparents value the emotional closeness fromcaring for grandchildren; but some had felt obliged to provide care and found it onerous (Clarke and Roberts 2003) especially where combined with employment or parent-care (Arthur et al. 2003). In London, 5-10% of families use grandparents for childcare, in order to manage their own jobs. The economic value of grandchild care is estimated as up to £590 million per year; the economic contribution per grandparent is between £3,200 and £6,300 per year (Barrett 2013). The contribution of grandparents has been shown in recent research (Glaser et al. 2013; Glaser et al. 2014).

b) Developments since 2005

Building on the experiences of the London 2012 Olympics and Paralympic Games, the GLA's Team London project provides volunteering opportunities for Londoners of all ages, through its website (http://volunteerteam.london.gov.uk/#s). Volunteers may contribute in many ways, for example as guides, surveyors of opinion, befrienders of older people and young volunteers enabling older people to feel confident with using digital technology. However, voluntary and community organisations that require LA support for hire of premises or drivers' expenses have been hard hit by the austerity programme since 2008 bringing cuts in government grants. Community centres have had to close or increase room hire charges, forcing community and voluntary organisations and lunch clubs to close down or move to less accessible venues. LAs have also rationalised Adult Education courses, raising fees and favouring vocational classes over interest-based ones, reducing or closing courses that were a source of stimulation and social contact enjoyed by many older people. Cuts have thus tended to be a false economy, undermining the aim of a Big Society characterised by volunteering and mutual aid. In this difficult context, LAs need to explore

alternative ways to support the voluntary organisations that are so vital to older people's participation in social life.

Gaps that remain to be addressed

London's free museums, art galleries, libraries, talks, guided tours, social clubs, choirs and walking groups are all appreciated by older people but they find that admission prices to some cultural events are unaffordable. They enjoy events provided by LAs and Housing Associations as well as outings or projects run by residents and community associations. Such activities bring people together but they may need LA support, for example in providing an affordable venue. There is great concern where libraries are closed or threatened; in addition to lending books, CDs and DVDs, libraries are also a site of valued social activities and access to the internet.

A local 'hub' for older people in each borough, such as an Age UK centre, would be of great benefit, to give information and advice, hold lists of associations, operate a cafe for informal socialising and facilitate group outings. A local network of people who live on their own and could offer mutual aid in a neighbourly manner would also be valuable.

Recommendations

That LAs recognise the importance of community centres, libraries and other cultural facilities; support the community and voluntary groups that engage and assist older people, and continue to seek innovative ways to do so.

Image Andrew Gibson – courtesy of the Age Action Alliance

Image Allison Czerwinka – courtesy of the Age Action Alliance

policy area: 5

Employment, skills and income

There is a strong association between employment and better health.

Yet we cannot assume employment is beneficial to health since the causal relationship is uncertain: those who are healthy are better able to retain their job and tend to have higher occupational status. For older people in particular, extending employment does not necessarily increase wellbeing. Legislation against age discrimination and abolition of a default retirement age at 65 enhances opportunities to work longer, but retiring from a menial or stressful job due to ill-health is usually a relief. Although retirement timing clusters around state pension age (SPA) leaving employment is often a complex transition; some workers stay in their job, perhaps part time, others 'retire' then take a new job, or embark on self-employment. In this chapter, we consider older people's employment, skill levels and incomes in relation to wellbeing.

a) Features that influence wellbeing and social inclusion of older people

The key to older people's life satisfaction during the retirement transition is to have a genuine choice of timing but this is limited by employers' priorities (Vickerstaff et al. 2004). Only half of individuals aged 50-69 in 20 EU countries were in their preferred role, due to financial and other constraints (Ginn and Fast 2004). Longer employment is preferred where the job is satisfying, free of ageism, with flexible hours and training available (McNair and Flynn 2005). Nationally 68% of individuals aged 50-64 were employed in 2013 and 10% of those aged over 65 (ONS 2013a). Among Londoners aged 65 and over, 12% were employed 15% of men and 9% of women. Among the 12%, 7% were employees and 5% self-employed. The majority, 84%, were retired and the remaining 4% were studying, looking after the home or long term sick/disabled (ONS 2014b). Londoners aged over 50 contribute 18% of London's Gross Value Added, or £47bn p.a., including £3bn from those aged 65+ (Barrett 2013).

Having accredited skills increases choice, but older people are less likely than younger to have formal qualifications. Among Londoners aged 60-64, 23% of women and 18% of men were unqualified, due to earlier and current lack of opportunities for education and training. However, among men and women aged under 40, 94% had some formal qualifications (ONS 2012) which, if employers place more value on these than on skills acquired 'on the job', will make later cohorts more employable in their 60s than the current cohort. A majority of older people believe that age discrimination in workplaces persists, especially in terms of lesser access to training (Age Concern/Help the Aged 2009).

In London, around 20% of jobs pay less than the London Living Wage of £9.15 per hour (GLA Economics 2014) a higher proportion than in 2005 and with low pay concentrated among those of Pakistani and Bangladeshi origin. Earnings tend to fall after age 50. The GLA encourages employers to pay at least the London Living Wage, but for the part time work that older workers prefer, the Living Wage is not enough to meet costs. Private pensions can provide a useful stopgap before SPA is reached but class, ethnic and gender gaps in private pensions remain substantial (Ginn and Arber 2001).

Older people are often poor enough to qualify for Pension Credit but take up is low; it is estimated that 27,000 to 50,000 older Londoners are eligible for Pension Credit but not receiving it, losing about £35 per week. Some older Londoners also lack the Housing Benefit and Council Tax Benefit to which they are entitled (GLA 2013b). According to the ONS, older people have suffered most from cost of living rises since 2002, mainly because they spend a high proportion of their income on food and energy where price rises have been particularly steep (Hyde 2014: 11). For older people, the security of their income is most important (ILC 2014). Although the majority report they can manage financially, despite a low income, a minority struggle and suffer mentally, especially if they have a mortgage debt. Budgeting on a low income requires effort and resourcefulness and is often emotionally draining (Age UK London 2011). Low income is associated with poorer health, lower life expectancy, lower quality of life, less social participation and more stress, all these combining to bring about social exclusion. In later life, poverty has particularly adverse effects due to being a persistent state with no prospect of improvement (Carrera et al. 2011) and also to the prevalence of disability, mental ill-health and isolation. The poverty rate is higher in the oldest age groups, higher for women than men and much higher for people from Asian communities (38%) and for Black people (27%) reflecting inequalities in earlier life.

b) Developments since 2005

The recession from 2008 and subsequent policies have affected employment and earnings nationally, including for older workers. Older Londoners' jobs were affected by recession but less than in than the rest of the UK. Since 2008, London claimants of Job Seekers Allowance aged 50-64 increased by 90%, compared with 200% nationally (GLA 2013b). UK weekly earnings fell between 2008 and 2011, by 9% for employees, but by 24% for the self-employed, from FRS data (Gardiner 2014). If this pattern applies in London, the effect will be severe for the 5% of older Londoners who are self-employed. Ageism, often interacting with sexism, is perceived to persist in the workplace and may be increasing (Age UK 2011, TNS Opinion and Social 2012) further reducing older people's chance of a job.

Since 2005, the GLA has undertaken to support employment opportunities for older workers; to reduce inequalities in pay by gender, ethnicity and age; and to encourage wider adoption of the London Living Wage (GLA 2012). Inner London had the highest rate of older people's poverty in the UK at 24% after housing costs, while that of Outer London was 16%, still higher than the national average. Similar proportions of older Londoners were recorded as materially-deprived - unable to live according to accepted social norms due to poverty, ill-health or isolation (GLA Intelligence 2014). For older Londoners, the cost of energy to heat their homes has increased far more than their incomes, indicating the urgency of ensuring their homes are well-insulated.

c) Gaps that remain to be addressed

As the SPA rises, there is a need for more suitable and flexible jobs to allow for caring commitments. Age discrimination persists in recruitment, retention, promotion and training, including at line manager level. Older people feel a sense of injustice about the inadequacy of the basic pension, high levels of council tax and the intrusive nature of means testing (Scharf et al. 2004). Older women feel it is unfair to exclude them from the Single Tier State Pension to be introduced in 2016, since their low state pensions are due to missing out on care credits introduced too late for them. Fuel poverty[3] remains a major concern. Older people added their views: Finding jobs was difficult because help is more directed at

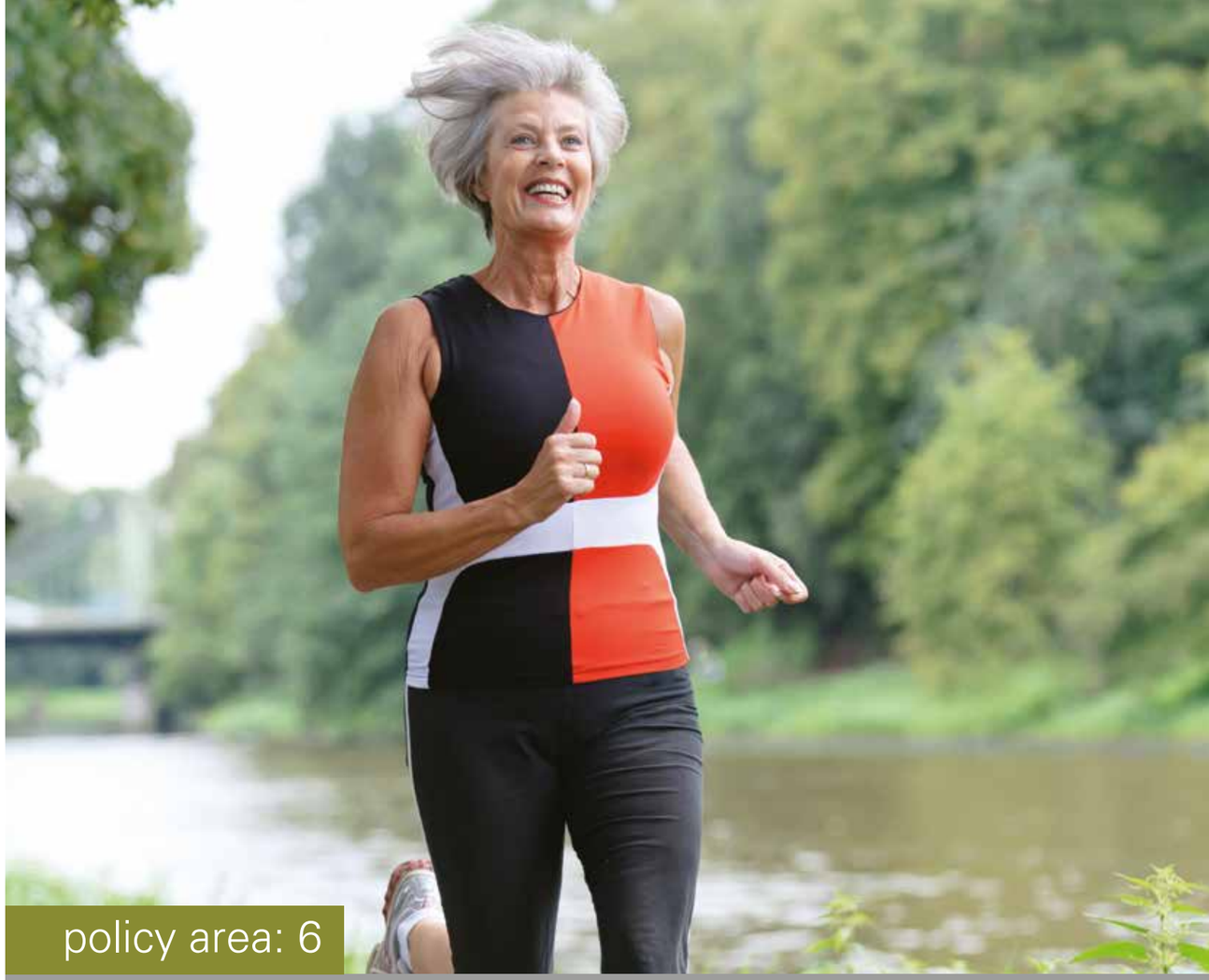
young unemployed people, ignoring the value of sharing older people's skills with younger colleagues. State pensions are insufficient to pay for bills and repairs, while those who are disabled cannot resort to Do-It-Yourself repairs. The NPC (National Pensioners Convention) urges that to tackle older people's poverty the basic state pension should be paid to all older people at £175 per week, uprated annually by the triple lock[4]; and that the Winter Fuel Payment should be raised in line with fuel prices.

Recommendations

That the GLA works with The Age and Employment Network (TAEN) and campaign to convince employers that employing and training older workers is a sound investment.

That the government restores the Winter Fuel Payment to its original value relative to fuel prices and older people be allowed to opt (in 2016) into the new single tier pension; the latter to be raised above the poverty threshold (about £175 per week in 2014).

Image Vicky Hodgson
– courtesy of the Age Action Alliance



policy area: 6

Community support and health services

The preceding chapters have indicated how the material, social and financial environment can influence older people's health for better or worse.

Life expectancy in London rose by 4 years for men and 3 for women in the decade from 2001-2011, a welcome achievement. But structural health inequalities persisted from 1971 to 2005, indicating the potential for improving the health of many, with benefit to their quality of life and savings to the economy (Marmot 2010). In this chapter we outline inequalities in Londoners' health; consider how far health promotion can be effective; and assess the adequacy of community support and health care services for older people.

a) Features that influence wellbeing and social inclusion of older people

Substantial inequalities in health and life expectancy with social class and region have persisted over many decades in the UK. Life expectancy (LE) and disability-free life expectancy (DFLE) at birth in London are similar to the rest of the UK[5]. But within London, stark inequalities between the most affluent and most deprived areas exist on both measures. Table 1 shows the figures for 'best' and 'worst' boroughs.

These fundamental differences in life expectancy and disability-free life expectancy reflect the cumulative impact of inequalities in education, housing and employment conditions throughout the life course as well as the effect of current income and the quality of housing and neighbourhoods. These social determinants of health also influence lifestyle in terms of exercise, diet and use of tobacco, alcohol and other drugs. Poverty, poor housing and neighbourhoods characterised by crime, fear and distrust contribute to mental ill-health and unhealthy lifestyles (Marmot 2010), with implications for the effectiveness of health promotion programmes.

Lifestyles and health promotion

Health promotion aims to reduce the incidence of conditions such as heart disease, stroke, diabetes and dementia through advocating a nutritious diet, sufficient exercise and no smoking or excessive alcohol consumption. Where individuals are able to act on these messages, they will significantly reduce their risk of contracting these conditions. Yet the potential for changing lifestyles through health promotion alone seems limited. We know that older people's health behaviour varies according to gender, class and ethnicity, with women and those with higher incomes having healthier lifestyles (Cooper et al. 2000; Ginn et al. 2001). Obesity is increasing and London has sharp inequality in obesity rates across boroughs, indicating that health promotion is heeded most by the healthiest (Marmot 2010) thus increasing social inequalities. For older people, where disabilities are common (Banks et al. 2010) exercise such as walking to shops that sell fresh food can be awkward and painful and cooking difficult, with adverse effects on both exercise and diet. Hence, enabling healthier lifestyles requires action on the social factors that influence these lifestyles – freedom from poverty, a built environment that promotes physical activity and social cohesion, plenty of opportunities for social engagement, employment and information described in other chapters of this report.

Table 1. Life expectancy at birth and disability-free life expectancy of men and women in 2 London boroughs.

	Men			Women		
	LE	DFLE	% of life disabled	LE	DFLE	% of life disabled
Richmond	81.2	70.3	13.5	85.6	71.8	16.2
Newham	76.5	56.5	26.1	81.4	58.5	28.1
London as a whole	**79.3**	**67.6**	**14.7**	**83.5**	**68.6**	**17.9**

Source: ONS 2014c

Community Support

Community support can help disabled and ill older people remain in their own home (mainstream or 'specialised') as long as possible, delaying or preventing a move to residential care, and policy is to encourage this. Support is mainly from informal care, lunch clubs and 'Meals on wheels', but informal care may be unavailable and charges are rising for formal services. Providing care round the clock and all week can be exhausting and damaging to informal carers' own health. Physical, financial or emotional abuse of older people does occur, though it is difficult to monitor. Among Londoners aged over 65, 7% are estimated to have dementia, although this is probably an underestimate (GLA 2014h). For carers, dementia is particularly problematic as 24/7 presence is required in the later stages. Local authority (LA) social care services are being cut due to reduced government grant.

Health and Social Care Services

The National Health Service (NHS) has had to adapt to population ageing and increasing prevalence of diseases such as Alzheimer's, Parkinson's and osteoarthritis. GPs face increasing pressure for consultations, yet GP funding fell from 10.3% of the NHS budget in 2004 to only 8.4% in 2011; 80% of GPs say they have insufficient resources for quality patient-care (www.rcgp.org.uk). Long waits for appointments transfer pressure to A&E departments, while most of London's hospitals are in deficit, not least due to expensive PFI contracts, as researchers have established (Pollock et al. 2002). Inequalities in health cost the NHS £5.5bn pa, a financial reason to tackle the social causes of ill-health (Marmot 2010).

Nationally, about 3% of older people live in residential care homes, usually run by private companies with high fees (over £35,000 pa in London) and often poor quality care. The LA pays for those with low incomes and assets but self-funders must subsidise the gap between care home charges and LA maximum rates. Unsurprisingly, many older people dread being admitted to a care home or nursing home.

b) Developments since 2005

Austerity since 2008 has brought many changes that threaten the health of older people and the services on which they rely for support and healthcare. In London, the number of adults using food banks rose from 408 in 2009 to over 34,000 in 2012 and research indicates that 'pensioner hunger and malnutrition [in London] is a problem that requires urgent attention' (GLA Health and Environment Committee 2013: 3). This report recommends that LAs assess food poverty among older people as part of their health remit and 'reinvent community meals' (ibid: 5). Yet community centres and associated services for older people are under financial stress since government grant to LAs was cut by 28% over the 4 years from 2010. Some centres have closed while others raise rents or cut services,

a loss to older people who valued the social meals, company, activities and a change from being at home. Home care services for disabled or ill older people are increasingly restricted to those with 'substantial' or 'critical' needs, as LAs struggle with reduced budgets (Tinker et al 2012). Those with needs assessed as 'moderate' must either buy the assistance they need or go without; unmet need is growing. This contributes to increased demands on the NHS. According to Andy Burnham, shadow health secretary, removing home care for older people with moderate disability 'is a false economy that is piling pressure on hospitals and is a root cause of the A&E crisis' (Smyth 2014: 4). Moreover, restricting home care in this way may be unnecessary. One LA (Hammersmith and Fulham) has found ways to save money so that they can scrap the existing £12 per hour home care charges for residents needing help with tasks such as washing, dressing and shopping. Stephen Cowan, leader, said they will 'abolish what has rightly become known as a tax on disability' (Prynn 2014: 24).

The Health and Social Care Act 2012 has aroused much opposition from healthcare professionals and patient groups; they are concerned that NHS contracts can be awarded to any 'qualified' provider, including international healthcare corporations whose interest is in making a profit from the £100bn NHS annual budget (El Gingihy 2013) and that this will cause fragmentation of services, instability and uncertainty (Leys and Player 2011; Pollock et al. 2012). London Health Emergency claims the cuts to the NHS are heavier in London than in other regions.

Older people prefer local hospitals, but the trend has been to centralise services, lengthening journeys for patients and visitors. This preference is held despite the argument that centralisation of A&E services ensures consultant cover 24/7 across London. There were plans to close up to eight of London's A&E units, as well as to reduce other hospital services and to merge some hospitals (Ham et al. 2013). However, to date only three have closed with no plans cut more before 2017. Concentrating clinical expertise in fewer, more specialist centres has been implemented in services for stroke, major trauma and cardiac care, resulting, it is claimed, in significantly improved clinical outcomes (BMJ 2014).

The NHS Five Year Forward View calls for the NHS to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, and between health and social care. In future, care is to be delivered locally with some services in specialist centres. This will be organised to support people with multiple health conditions and not just single diseases (NHS England 2014). This view, however, retains the highly controversial element of competitive bidding for health service contracts, discussed above. Moreover, the aspirations will depend on sufficient funding.

The patient transport system is not working at some hospitals, with patients waiting for hours and missing appointments, according to Transport For All (2014). Some medical staff predict that healthcare will be rationed, with a poor service for most people while the well-off buy private insurance. Older Londoners living on relatively low incomes are unlikely to be able to afford insurance. The trend to privatisation in the NHS follows the pattern established in residential care homes, where the bulk of LA homes have been sold. Cases of physical and mental abuse and neglect reported in the media have shocked the public but been perceived as exceptions. However, it seems likely that abuse is widespread, especially among those without kin to visit frequently and to speak up for them. Harrowing accounts have been sent to official bodies (Chubb 2013) and the Care Quality Commission admits that about half of care homes (and many hospitals) inspected give rise to concern. Care staff need better training, including the opportunity to put themselves in the position of a disabled or confused resident, to transform attitudes and practices.

The GLA's health inequalities strategy has five main objectives: 'To empower individuals and communities to improve health and well-being; improve access to high quality health and social care services, particularly for Londoners who have poor health outcomes; reduce income inequality and the negative consequences of relative poverty; increase the opportunities for people to access the benefits of good work and other meaningful activity; and develop and promote London as a healthy place for all' (GLA 2010). This is to be achieved through work across the health system including NHS and local authority partners as set out in a rolling series of delivery plans, the latest of which is to be published in 2015 (GLA 2015). This will include measures aimed at helping to reduce health inequalities amongst older people. A long term strategy to improve health would tackle the social causes of poor health across the lifecourse (Wilkinson and Pickett 2009; Marmot 2010).

c) Gaps that remain to be addressed

In London as elsewhere, health inequalities remain stark, while community support and health services are increasingly restricted and care homes charge large sums for care that is often poor or abusive. Age discrimination in health and social care services remains (DEMOS 2012; CPA 2010) and 180,000 older Londoners left hospital malnourished each year (Age UK 2011). Some older people found hospital staff disrespectful. A common theme was that local hospitals should be kept open so that older people and their kin would not have to travel long distances. Another common theme was that the NHS should be maintained as publicly owned and controlled, combined with a satisfactory system of care in the community. Closure of community centres and reduced domiciliary care provision was deplored as damaging both to sick older people and their hard-pressed informal carers. Closure of LA residential homes was regretted by some older people, who added that it was not clear how this saved money unless staffing and care standards were lower in a private care home. Having to move between care homes was a painful experience for residents. The NPC calls for a national tax-funded, fully public Health and Care Service free at the point of use; and a legally binding Dignity Code to improve care quality for older people. Condemning creeping privatization in the NHS, they ask, *'How can any system that has to pay dividends to its investors be expected to cost less?'* and urge that GP funding be increased to 11% of the NHS budget by 2017.

The London Health Commission Report published in October 2014 recommended increasing investment in primary care in London and it is likely that the Mayor will endorse this aim.

Recommendations

That the social and environmental determinants of ill-health at all ages are tackled; in London, this includes reducing air pollution and improving housing conditions, access to transport and green spaces, social cohesion and access to social engagement opportunities.

That LAs restore an adequate level of home care services for older disabled people, including those with 'moderate need'; and maintain local community centre services.

That governments require raised training standards for care staff, to prevent abuse; and ensure compliance with the Human Rights Act in regards to all care home and nursing home residents.

policy area: 7

Communication and information

Access to relevant information ensures older people can obtain the services and benefits they need.

It also keeps people connected to social, cultural, leisure, volunteering, civic activities and employment opportunities, hence socially included. Younger people mainly use the internet or smartphone but since fewer older people are digitally-connected, a variety of other channels is required.

a) Features that influence wellbeing and social inclusion of older people

A priority is to provide information on rights to social security benefits and health and social care services, as well as the procedures to exercise those rights. Claiming entitlements by filling in long and complex forms can be confusing and off-putting – one reason that only two thirds of older people eligible for Pension Credit claim. Informal carers often do not identify themselves as such, so fail to claim assistance they are entitled to, and may lose up to £1,400 each year. Non-claiming is particularly prevalent among black and ethnic minority informal carers. Older workers may need advice on their right to carer's leave and other working conditions, their pension options and their right to claim unfair dismissal or redundancy pay; such advice is best provided at the workplace by employers and by trade unions, for those who are members. Knowing how to locate information is the first requirement, especially for socially-isolated people. If the telephone is the chief source used to locate information, it is helpful if there is a human being to ask. Some older people find machine options hard to use.

Older Londoners' use of the internet is low but is increasing; 34% of those aged 65-74 had never used it, 66% if aged over 75 (ONS 2013b). The 'digital divide' by age is a matter of concern because non-users lose the opportunity for online savings on purchases and bookings, for pursuing interests and obtaining information on services and events. Most important, they lack an easy means of contact with friends and family that can alleviate the loneliness of physical isolation (AgeUK 2012). Despite all this, the main reasons older people give for not using a computer (and by implication the internet) among individuals aged over 60 were lack of inclination and of confidence in IT (CIT 2012). Future cohorts of older people will be more familiar with IT but changes in software and phones are so rapid that even experienced users must update their skills frequently.

For travel, clear maps at bus stops and stations are of value but these do not replace the need for staff at Underground and mainline ticket offices and platforms to help travellers when trains are cancelled or electronic displays disrupted and to help disabled people when lifts are out of use. Alongside digital dissemination, it is vital for older people that other forms of communication are maintained: posted leaflets, national and local newspapers, radio and TV as well as bulletin boards at community centres, libraries, doctors' surgeries and hospitals. Suitable adaptations are needed for those with visual impairments or if English is not the local first language. Large print helps older people and clear language is appreciated by people of all ages.

b) Developments since 2005

Since 2008 the Mayor of London has run an annual Know Your Rights campaign to give older Londoners financial help and advice on benefits and other support. Since face-to-face advice is most effective, the campaign works with the London

Citizens Advice Bureau and Age UK London. The latter, with GLA support, organised intergenerational mentoring, using young volunteers to help older people become more confident in using computers and online services; by May 2012, 1,450 older people had been reached by 800 volunteers across 26 boroughs. As a result, older people gained skills to build on with 200 becoming volunteers themselves. Better intergenerational relations were fostered and the project provides a model and toolkit for similar ones elsewhere (GLA 2013b, MiCommunity Toolkit 2012). Broadband coverage has been increased, as well as free Wi-Fi in city centres and in specific residential areas; free Wi-Fi for customers is increasingly available in hotels, bars and cafes, while public libraries offer computers with internet access.

c) Gaps that remain to be addressed

Extending internet use among older people requires involving them in user-friendly design of devices and software, including mentoring by 'digital champions' from among older people. ICT courses in adult education centres could be oriented towards older people, affordable and inviting; these could be supplemented by informal sessions in community centres. Finding the best way to inspire and support older people in using digital technology would help combat social isolation, empowering older people and increasing their independence (Milligan and Passey 2011).

Older people note that many services are only accessible on line, sometimes with no telephone number or postal address provided. Computers could be made available for the public to use in council offices, with staff to help, and public bodies should continue to send out important information by post. Surveys and consultations about changes to services are often carried out solely on line, excluding many older people, who rely most heavily on these services. Bus route changes may be advertised online or available on smartphones but the information is unavailable to many older people unless posted at bus stops. Where older people do use on-line communications they are particularly vulnerable to fraud and need technical advice and training against such abuse. Support is required for older people to learn how to use computers at local libraries, so they can benefit from the useful information available on the web. Discounted broadband deals for older people would also encourage internet use. Not all older people have a bank account for direct debit and see it as unfair to charge them extra for services. But banks require proof of identity before providing a service, thus excluding those without a passport from opening an account. In order to prevent such financial exclusion, a free or inexpensive basic ID card, with a photograph and other forms of ID certified by a high street solicitor, could be made available for older Londoners.

Recommendations

That digital communications, especially in the public sector, including the GLA group, should always be supplemented by other means.

That mentoring schemes to help older people to access and use the internet should be organised through libraries, adult education centres and community centres.

That a basic ID card acceptable to banks should be available at low cost to older Londoners.

Image Laurie White – courtesy of the Age Action Alliance

policy area: 8

Respect and social inclusion

To feel respected - in both personal social interactions and in the public sphere through media and official language, imagery and policies – is most important to older people's sense of self.

Respect and recognition as an equal citizen are vital aspects of social inclusion. Neither concept is easily measured, yet we know that disrespect is associated with ageism, that is discriminatory attitudes and behaviours towards older people. The enormous diversity of functional age (as distinct from calendar age) among older people tends to be ignored. Widespread ingrained ageist stereotypes set older people apart from mainstream society as a homogeneous group defined by a deficit model of ageing: 'dependent'; 'unproductive'; 'a drain on the economy'; or 'a burden'. Older people are even blamed in some quarters – scapegoated - for the bleak future facing many young people during austerity. Repetition of prejudicial epithets in the media, without serious challenge or critique, as well as in official reports and speeches by politicians, serves to legitimise public prejudice. When older people are treated as stupid, ignored as if invisible, spoken to in a patronising or infantilising manner, their views dismissed, their voice denied, their potential to contribute brushed aside, this is not only demeaning and annoying. It takes work and energy to combat discriminatory attitudes, to conform to the pressure to 'age well' or 'actively'. The struggle to dispel negative age stereotypes can be harmful to health, creating cardiovascular stress (Levy 2003). Officials to whom older people turn for assistance should take them seriously; this includes staff in the health service, in care homes, in the transport system, in benefits offices and among the police.

Older people's lives are often undervalued, as if they have no further useful contribution to make, and this can affect allocation of resources by policymakers. The unpaid work by older people as volunteers and carers (see chapter 4) should increase respect for the older generation, but it often goes unnoticed by the wider society and the media, where the language of 'economic inactivity' is often used in relation to the growing older population. Images of older people who are ill or impaired in the media tend to confirm a universal deficit model, as does the scarcity of healthy, active and productive older people – especially older women – as TV presenters, reporters, analysts and interviewees. Ageist attitudes may be internalised by older people themselves, eroding their self-esteem, autonomy and sense of identity, inhibiting their ability to assert their needs and rights. Acceptance of rude and discriminatory behaviour allows a climate that can heighten the likelihood of abuse (Scharf et al. 2004). Because of the double standard of ageing, older women are perceived as less able and less desirable than men of the same age (Sontag 1995, Arber and Ginn 1991). Gendered ageism persists in employment, entrenched in deeply internalised prejudices (Itzin and Phillipson 1995, Duncan and Loretto 2004).

Ageism, and the disrespect associated with it, contributes to social exclusion. Older people are sensitive to this 'social and economic apartheid' in which older people can feel physically and spiritually shut off from the mainstream of city life, with its new jobs, designer shopping, festivals and café culture. Social exclusion (and isolation) are closely linked to relative poverty and to age-related physical or mental impairments that restrict normal activities. These can be tackled by suitable policies.

a) Features that promote social inclusion of older people

Poverty in later life can be reduced by social security arrangements, as shown by variation across countries and time, while the extent to which impairments become disabling depends on the physical and social environment. Thus previous chapters have illustrated how older people can be included in mainstream society through living in healthy, suitable and secure housing; an outdoor environment that is attractive, clean and physically easy to negotiate; a neighbourhood perceived as safe and familiar, thus encouraging social participation in neighbourhood activities; access to local transport that can open up wider opportunities for employment and volunteering as well as for leisure, learning and cultural events; adequate income that enables full participation in social life; good community support and health services that make living with disabilities easier and less disempowering than it otherwise would be; confidence that a care home will accord full respect and dignity to all residents; access to information, especially through the internet and hence benefitting from the many opportunities of being digitally connected to the wider world.

b) Developments since 2005

Engaging older people in local projects that affect them – housing, urban spaces and parks, a care home integrated within a community and so on - not only benefits the design of the project, but accords appropriate respect for older people's experience. Brighton University conducted participatory research, inviting older people to join a team to explore how to promote wellbeing. A video and booklet were co-produced as a learning resource for those working with older people (Barnes, et al. 2012). An October Silver Sunday event since 2013 is a national celebration of older people, highlighting regular activities and offering people aged over 65 free activities to suit all tastes, ranging from cinema screenings, dance classes, games, computer sessions, afternoon tea, guided tours and more. Such events enable older people to share a day out in which they can feel their age is valued and catered for.

c) Gaps that remain to be addressed.

The persistence of ageist attitudes among younger people may stem from a dread of old age, a wishful denial of ageing. More positive images of older people in the media – engaging in employment or self-employment, playing vital roles in civic society, publishing books, directing films, designing fashion, running art, craft, dance and other adult classes, generally pushing boundaries – would help to counter the fear of ageing and to supplement the benefits of intergenerational activities organised by schools and voluntary or community groups. Following the removal of the mandatory age of retirement from employment, other upper age limits should also be removed, replaced where necessary by competence tests. The near-universality of ageing, as distinct from other characteristics subject to discrimination such as ethnicity, class or sexual orientation, means that policies and practices to normalise positive attitudes to ageing will benefit everyone as they eventually become old themselves.

Recommendations

That the GLA continues to publicise and celebrate older people's multiple contributions to society. That, in general, upper age limits be abolished. That all public sector organisations commit to anti-ageist policies, with the media encouraged to follow suit.

Lessons from abroad

Background

As noted in the introduction to this update, part of our research was: 'Examining studies in other cities undertaken since the main international WHO report in 2007'.

The plan was to obtain a list from the web and from WHO and send questionnaires to all 33 of the original cities which took part in the original research. However initial contact with the WHO revealed that 'there were 9 cities that had undertaken some sort of prioritisation and concrete planning since the initial study, which we took as indicating significant ongoing activity. Up to 20 reported still doing something, but it is likely that this was extremely limited, and unlikely to have involved the municipality itself' (WHO personal communication 11.8.14). They were unable to supply contact addresses for these and the others. We then carried out a search on the web to try to find about more on these 33 cities and on others that had subsequently taken part in the initiative. Please note that this is not a systematic search due to the constraints of the resources.

Developments by the WHO since the 2007 report

In 2011 the WHO established the Global Network of Age-Friendly Cities and Communities to foster the exchange of experience and mutual learning between cities and communities worldwide. In May 2014 they identified 210 cities and communities in 26 countries signed up to the Network with more in the process through the network's affiliated programmes and networks. On 1.10.14 the WHO launched a new website 'Age- friendly World'. The site provides guidance and tools for starting, implementing and evaluating Age Friendly initiatives as well as information about projects that are already up and running around the world.

The main findings:

1. The concept of Age Friendly Cities has widened to Age Friendly Cities and Communities;

2. There is now more attention paid to Dementia Friendly Cities/Communities. In England over 60 towns and cities have committed to become dementia friendly – including London, through parliament and the GLA;

3. Attention is now turning to Age Friendly Rural Areas where it is realised that some of the problems of the city such as a sense of isolation and loneliness may be even more acute;

4. There is also interest in what is described as a 'Village Model' where non- governmental organisations develop a membership-based grassroots initiative to facilitate social engagement as well as access to services (Scharlach et al. 2014).

5. There are now (WHO 2014) about 210 cities in 26 countries involved in the Global Network Initiative. Countries with the highest number of cities/ communities are the USA (38), Spain (36) and France (25). The UK has 7.The purpose of the network is to link cities to one another, facilitate the exchange of information and best

practice, foster interventions that are appropriate, sustainable and cost effective for improving the lives of older people and to provide technical support and training. To join the network cities must apply, indicating their commitment to the Network cycle of continual improvement and start a cycle of stages (planning year 1 – 2, implementation, year 3 - 5, progress evaluation end of year 6 and subsequently continual improvement);

6. Cities seem to come and go/wax and wane in interest in the concept;

7. Some countries have been particularly enthusiastic including Canada (which led and co-funded the original 2005 research and the 2007 report), the USA and France;

8. Very few initiatives have been evaluated. However there is now a clear evaluation framework (including mixed methods of quantitative, qualitative and other methods) which London and other cities can use to see how age friendly they are;

9. Most articles/press releases etc. are descriptive,

Some lessons for London

From what evidence there is, it is possible to draw some conclusions for London:

1. The original emphasis of the Age Friendly Cities concept in the mid-noughties was on infrastructure such as 'safe and accessible outdoor spaces and buildings, public transportation, adequate housing, and social and health services' (Provencher et al, 2014, p. 8). The emphasis now seems to be not so much on the infrastructure but on enhancing a sense of community (wider initiatives to make older people feel more included).

2. An overview of initiatives across the world encourages a wide approach. It is argued that 'some basic community conditions must be in place, if cities and communities are to pursue meaningful age-friendly initiatives. The necessary minimum level of favourable community conditions can be achieved through a combination of well-planned outdoor space, building, housing and transportation, sound economic activity, law-abiding behaviour of residents and well-operated municipal services' (Fitzgerald and Caro, 2014 p. 4).

3. The intergenerational link is now being highlighted and in particular to encourage the contribution of older people.

4. 'Rather than assuming that communities that are good for older adults are also good for younger generations, it is important to develop community change models that intentionally engage people of all ages in collective efforts designed to benefit multiple populations, encourage alliances, rather than a competition for resources and promote a sense of 'shared fate' across the generations, racial and ethnic differences'. (Brown and Henkin 2014, p. 7)

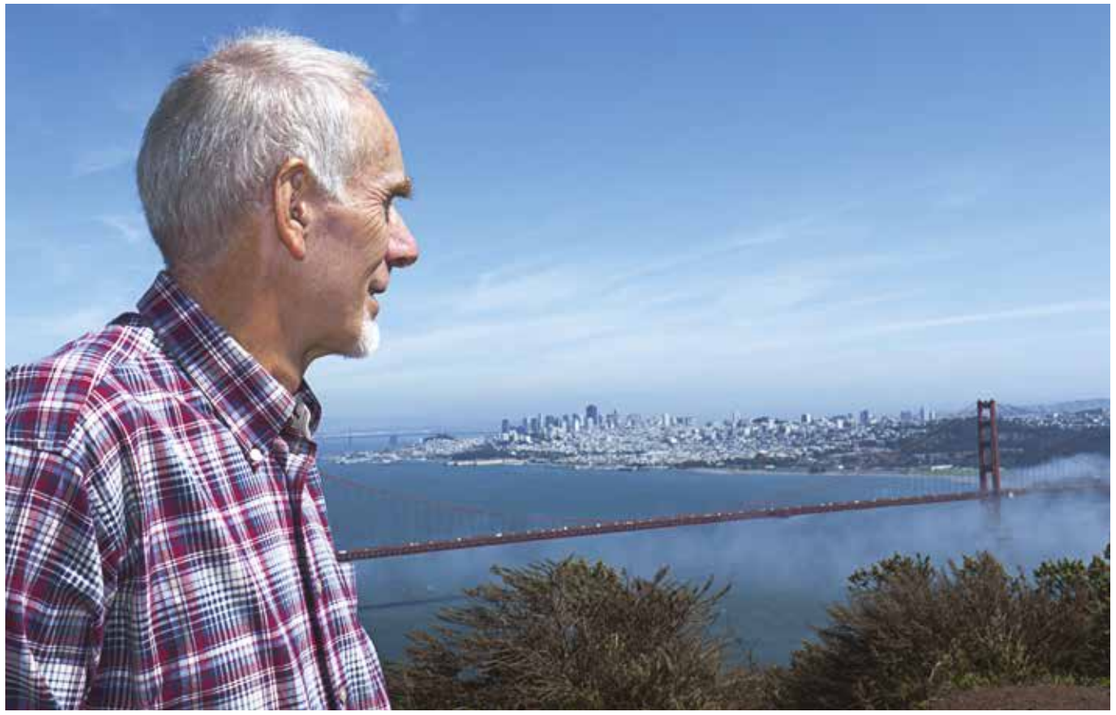
5. Involving older people as partners is key. This was identified in an early review of the literature in 2009 (Lui et al. 2009). Studies of Manchester and Brussels have shown that there is 'the recognition that older adults are not just the beneficiaries of age-friendly communities, they have key roles to play in designing and fostering their distinctive features (Buffel et al. 2014: 70). This partnership is not necessarily achieved by adopting a bottom up approach or top down but by fostering collaboration. A case study of Quebec showed that what had helped were the advantages of a 'dynamic seniors' secretariat, subsidies, social discourse for active aging, fighting structural ageism, government policy on aging, program to counter mistreatment' (Garon et al. 2014, p. 84).

6. A network seems to help so that cities can be mutually supportive of one another. London does not belong to a network.

7. As an alternative to a formal network some countries have joined together to share best practice. For example in 2009 a group of varied professionals from four European countries (Germany, the Netherlands, Switzerland, and Denmark) identified 'Integrated Service Areas'(ISAs) as providing a range of co-located and locally integrated services in small communities as a useful model. Preliminary research has pointed to 'greater satisfaction, feelings of security and longer housing independence among those living in ISAs compared with other elders' (Singelenberg, et al. 2014, p. 69).

8. The importance of strong back up at all levels of government, the need to support communities and on-going promotion of the concept was shown in research in Manitoba (Menec et al. 2014).

9. Countries/areas which seem to have undertaken research to evaluate their initiatives include San Francisco, Atlanta, Georgia, Philadelphia, and Melbourne. It would be good for London to be seen as the leader both in making the city/community more age friendly, but also in evaluating such initiatives.



Co-design workshop completed as part of the study Mobility, Mood and Place

Some evidence from the London Borough of Hackney

Background

A UK Research Council funded research project, led by the Engineering and Physical Sciences Research Council (EPSRC), named 'Mobility, Mood and Place', is exploring how places can be designed collaboratively to make pedestrian mobility easy, enjoyable and meaningful for older people.

Anthea Tinker is a member of the research team. Part of this is bringing together researchers, designers in training (post graduate architects and landscape architects) and older people to envision places, from home to public spaces, which are inclusive, enabling and inspirational. Part of this involves working with groups of older people in three areas. One of these is LB Hackney. A group of 13 older people and 21 students met together with researchers in September 2014 to consider the area by walking through part of it and then making suggestions about how the area could be improved. They were also asked to help with the GLA-funded research on how London can improve as an Age Friendly City.

Findings

1. <u>What is liked about the area</u>
   - It has improved since the London 2012 Olympic and Paralympic Games – a real improvement to the area and facilities such as the swimming pool which everyone can use.
   - More people (including artists) have moved into the area giving it a buzz it did not have before.
   - A mixed community with some industry and residential homes and with young and old.
   - On transport: links are very good especially buses, the Freedom Pass is brilliant, 20 mph is good on roads.
   - Green space and the canal.
   - Graffiti which is artistic in public places show that there is a vibrant scene but not wanted near homes.
   - The well built houses (many with 3 bedrooms) with garages built in the 1960s are excellent.

2. <u>What could be improved/done</u>
   - Many buildings need a face lift – especially the industrial ones.
   - The canal, in parts, is in a bad condition and so are some of the barges.
   - The past needs to be recognised as it is a source of pride, e.g. a sculpture recognising the industrial past would be appropriate.
   - More shops and places to eat.
   - On transport, the law on cycling on pavements needs to be enforced; there are also problems with mobility scooters with drivers going too fast and dangerously, but also more attention to be paid to the needs of cyclists. More time is needed on pedestrian crossings.
   - More green (and communal) spaces would be good and green roofs are a good idea.
   - More seats need to be provided and especially for more than one person to sit.
   - Need for more public toilets.
   - Every station should have a lift and all ramps and stairs should have handrails.
   - The 'bedroom tax' is not fair, as older people need a spare room for family/ carers.
   - More affordable housing is needed.

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Conclusions

Preceding chapters outline how a city can promote the social inclusion and wellbeing of older people.

Due to the efforts of London's public sector organisations, older people's organisations, individual older people and others, progress has been made. The Decent Homes programme and the GLA's housing design standards aim to improve people's homes. The adoption of the Lifetime Neighbourhoods concept and the Green Grid are enhancing some neighbourhoods and London's outdoor environment. Public transport is increasingly accessible and the Freedom Pass is cherished by older Londoners. The Mayor's Team London programme is making volunteering easier. The London Living Wage and the Mayor's Know Your Rights campaign are helping some older Londoners obtain a better income. The Mayor's Health Inequalities Strategy sets out programmes and targets to reduce health inequalities. Programmes to support digital inclusion aim to keep older people socially and digitally connected.

We welcome the progress made since our previous report in 2007. As indicated by older Londoners' feedback, there is still more to be done, by the government, GLA, local authorities, service providers, employers and each and every one of us, to make London a more age-friendly city. Well-intentioned plans have been obstructed by austerity policies since 2008 that include widespread cuts in public spending, job losses in the public sector, reduced grants to local authorities (LAs) that lead to contraction of the community support and health services on which older people rely. These cuts in resources have undermined efforts by LAs to improve the material and social environment of older people. Cuts have also served to legitimate ageist attitudes, since population ageing provides an excuse for cuts elsewhere in public spending, allowing some of the public to blame older people for the plight of younger people.

The second factor that tends to frustrate efforts to improve the city for older (and younger) Londoners is the rapid increase in London's population. It would be facile to urge that more housebuilding on its own is a sufficient solution. If new homes simply attract buyers from the rest of the UK and abroad, Londoners will continue to face a housing shortage and price rises, as well as increasing population pressure on transport and roads, flood defence and sewerage, air quality and green spaces, education and health services. An age-friendly city would use small builders to infill on brownfield sites and restore empty properties, providing a suitable mix of homes with easy access to facilities and avoiding largescale displacement of people. But a too-rapid population inflow to the city may prevent such a local, small-scale approach to building and improving homes.

In many of the policy areas discussed, it is the 33 London LAs that have responsibility for services that benefit older people, whether directly or through facilitating third sector organisations that require a measure of LA support. LAs require more revenue to enable them to provide or facilitate the services that older people need for wellbeing. Yet most LAs are constrained by annually-reducing budgets. Even with some justifiable cuts in the highest staff salaries and savings through creative schemes for joint working with neighbouring councils, LAs face dilemmas as to which services to reduce in order to maintain others. Thus for London to make better progress towards being an age-friendly city, we urge local authorities to prioritize services for vulnerable groups, including older Londoners. Technical, legal

and practical assistance to community groups by LAs can enable them to flourish.

A notable finding is the benefits to be obtained from involving older people in planning and decisions about infrastructure as it affects them. The GLA could do much to exploit this and to increase the social visibility of older Londoners' contributions to the economy and to the quality of life of other generations. Older people may then be accorded more respect and recognised not as a liability but an asset, not as a burden but a resource.

Notes

1. A general criterion of affordability is whether, after paying housing costs, there is enough money left for a healthy, safe and participative life (Zaccheus Trust 2005, www. Z2k.org.uk). A genuinely affordable weekly rent was suggested in 2013 as £73 (single) £147 (couple) and an affordable purchase price as £140,000 (single) and £170,000 (couple) (Johnson, D. 2013).

2. In the Netherlands (NL) cycling is common for all ages and investment in cycling is €25 per person pa compared with €11.5 in London. Among 10 EU member states, using a bicycle as main mode of daily transport ranged from 31% in NL, to 13% in Germany, 3% in France and only 2% in UK, BBC report of August 8th 2013.

3. A person is said to be in fuel poverty if they spend over 10% of their income on fuel.

4. The government guarantee to increase the state pension every year by the higher of inflation, average earnings or a minimum of 2.5%.

5. 'Disability' is used here to include impaired mobility, balance, sight, hearing and mental state.

References

20s Plenty (2014) *Older people deserve 20mph*. www.20splentyforus.org.uk [accessed Sept].

Adams, S. (2009) 'No place like home. Housing inequality in later life', chapter 4 in P. Cann and M. Dean (2009) (eds) *Unequal Ageing. The untold story of exclusion in old age*, Bristol: Policy Press.

Age Collective (2013) 'Manifesto for Age Friendly Museums', Nov 22nd Conference report, Age Collective.www.ageofcreativity.co.uk/items/567 [accessed 4.9.14]

Age UK (2011) *A Snapshot of Ageism in the UK and Across Europe*, London: Age UK.

Age UK (2012) *We Just Clicked. London's MiCommunity Project Report*, London: Age UK.

Age UK (2014) http://www.ageuk.org.uk/health-wellbeing/keeping-fit/keeping-fit-at-a-senior-playground/

Age Concern and Help the Aged (2009) *One voice: shaping our ageing society*, London: AC/HtA.

Age UK London (2011) *Still Hungry to be Heard – in London, London: Age UK.*

Age UK London (2012) *Key Stats*, London: Age UK. http://www.ageuk.org.uk/london/about-age-uk-london/media-centre/key-stats/

Ambrose, P. (2007) 'What is the housing problem?' pp 15-17 in *The Case for Council Housing in 21st Century Britain*, London: Defend Council Housing.

Arber, S. and Ginn, J. (1991) *Gender and Later Life: a Sociological Analysis of Resources and Constraints*, London: Sage.

Arthur, S. et al. (2003) *The Moral Economy of Grandparenting*, London: National Centre for Social Research.

Asher, L. et al. (2012) 'Older people are unable to cross a pedestrian crossing in time: a cross-sectional study' *Age and Ageing*, 41:690-94.

Banks, J. et al. (2010) *The Dynamics of Ageing. Evidence from the ELSA 2002-10*, London: IFS.

Barnes, M. et al. (2012) *Older people, Wellbeing and Participation. Learning resources based on collaborative research*, Brighton: University of Brighton and Brighton and Hove AgeUK.

Bartlett, L. (2010) *London councils' officer response to the HCA's 'Decent Homes backlog funding for council landlords 11-15' consultation*, London: GLA.

Barrett, A. (2013) *The Economic Contribution of Older Londoners*, London: GLAEconomics

BBC (2013) Why is cycling so popular in the Netherlands? August 8th, www.bbc.co.uk/news/magazine-23587916

BBC (2015) The One Show, February 1st.

Beard, M. (2014) 'Underground carries record 1.265 billion passengers', *Evening Standard*, 27.5.14: 18).

Bevan, M. and Croucher, K. (2011) *Lifetime Neighbourhoods*, London: DCLG. www.communities.gov.uk [accessed 4.8.14]

Biggs, S. and Tinker, A. (2007) *What makes a city age-friendly?* London: HtA/KcL/WHO..

BMJ website. *Effect of 20mph traffic speed zones on road injuries in London1986-2006: controlled interrupted time series analysis.* www.bmj.com/content/339/bmj.b4469.full.pdf

BMJ (2014) *Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis*, http://www.bmj.com/content/349/bmj.g4757

Brenton, M. (2001) 'Cohousing Communities of Older People'in S. Peace and C. Holland (Eds.) *Inclusive Housing in an Ageing Society*, Bristol: Policy Press.

British Social Attitudes Survey (BSAS) (2012) *Public attitudes towards transport*, London: NatCen.

Brown, C and Henkin, N, 2014, 'Building Communities for all ages: Lessons learned from an intergenerational community building initiative' *Journal of Community and Applied Social Psychology*, 24, 63-68

Buffel, T, McGarry, P, Phillipson, C, De Donder, L, Dury, S, De Witte, N, Smetcoen, A-S, Verte, D 2014, 'Developing Age-Friendly Cities: case studies from Brussels and Manchester and implications for Policy and Practice' *Journal of Aging and Social Policy*, 26, 1-2, 52-72

Buffel, T. et al. (2012) 'Ageing in urban environments: developing age-friendly cities', *Critical Social Policy*, May: 7.

Camden (2013) www.camden.gov.uk/ccm/content/leisure/sports-and-activities/outdoor-gyms.en

Carrera, L. et al. (2011) *The implementation of government policy for future levels of pensioner poverty*, London: PPI.

Carslaw, D. (2014) 'Recent findings from comprehensive vehicle emission remote sensing measurements'. Presentation at *Frontiers in Air Quality Science* seminar, King's College London, June 23-24.

Centre for Policy on Ageing (CPA) (2010) *A Review of Age Discrimination in Primary and Secondary Community Health Care, Secondary Health Care, Mental Health Care and Social Care Services in the United Kingdom*, London: CpA.

Chartered Institute of Taxation (CIT) (2012) *Digital Exclusion*, Low Incomes Tax Reform Group, London: CIT.

Chubb, (2013) *Breaking the Silence. Evidence from 1500 Whistleblowers*, London: Compassion in Care.

Clarke, L. and Roberts, C. (2003) 'Grandparenthood: Its Meaning and Its Contribution to Older People's Lives', *Research Findings 22* from the Growing Older Programme. Sheffield: ESRC Growing Older Programme, Department of Sociological Studies, University of Sheffield. www.growingolder.group.shef.ac.uk/GOFindings22.pdf

Cooper, A. (2014) *Report by Croydon Cycling Campaign to London Borough of Croydon Scrutiny Sub- Committee of 16.9.14*, London: LBC.

Cooper, H. et al. (2000) *Ethnicity, Health and Health Behaviour: a study of older age groups*, London: Health Development Agency.

Copley, T. (2014) *From Right to Buy to Buy to Let*

Department for Communities and Local Government (DCLG) (2011) *Lifetime Neighbourhoods*, London: DCLG.

DCLG (2014) *Local Authority Housing Statistics*, 2014, London: DCLG.

DEMOS (2012) *Ageing Across Europe*, London: WRVS.

Department of Transport (DoT) (2013) *Reported Road Casualties Great Britain 2012*, London: DoT.

Deuchars, G. (2014) *Older People's Manifesto 2012-16*, presentation at Greater London Forum (GLF), July 3rd 2014.

Duncan, C. and Loretto, W. (2004) 'Never the Right Age? Gender and Age – Based Discrimination in Employment', *Gender, Work and Organisation*, 11(1): 95-115.

Edwards, L. (2005) *Home Truths. The Reality Behind our Housing Aspirations*. London: Shelter.

El Gingihy, Y. (2013) 'Health act means the death of the NHS as we know it', *The Observer*, Saturday 30 March online.

Fisher, L. (2014) 'Councils buy back homes at huge loss to taxpayer', *The Times*, December 16th.

Fitzgerald, K and Caro, F 201 'An overview of Age-Friendly Cities and Communities around the world'. J*ournal of Aging and Social Policy*, 26, 1-2, 1-18

Garon, S, Paris, M, Beaulieu, M and Veil, A 2014, 'Collaborative partnership in Age-Friendly Cities: Two case studies from Quebec Canada, *Journal of Aging and Social Policy*, 26, 1-2, 73 - 87

Gardiner, L. (2014) *All Accounted For: the case for an 'all worker' earnings measure*, London: Resolution Foundation.

Ginn, J. and Arber, S. (2001) 'Ethnic inequality in later life: variation in financial circumstances by gender and ethnic group' *Education and Ageing*, 15(1): 65-83.

Ginn, J. and Fast, J. (2004) 'Employment and social integration in midlife: Preferred and actual time use across welfare regime types', *Research on Aging*, Special Issue edited by J. Gierveld and G. Hagestad, vol 28(6): 669-90.

Ginn, J. et al. (2001) 'Inequalities in health-related behaviour among older people', chapter 2, pp 23-39, in A. Chiva and D. Stears (eds) *Promoting the Health of Older People*, Buckingham: Open University Press

Glaser, K. et al. (2013) *Grandparenting in Europe: Family policy and grandparents' role in providing childcare*, London: Grandparents Plus.

Glaser, K. et al. (2014) *The health and wellbeing of grandparents caring for grandchildren: The role of cumulative advantage/disadvantage*, London: KCL.

GLA (2009) *Braking Point – 20mph speed limits in London*, London: GLA Transport Committee. www.legacy.london.gov.uk/assembly/reports/transport/braking-point-20mph.pdf

GLA (2010) *The London Health Inequalities Strategy*, London: GLA.

GLA (2012) *Equal life chances for all*, February, London: GLA.

GLA (2013a) *Assessment of the GLA's impact on older people's equality*. Update 2013, March, London: GLA.

GLA (2013b) *Homes for older Londoners. Building healthy homes for a comfortable and independent retirement*, November, London: GLA Housing Committee.

GLA (2013c) *Assessment of the GLA's impact on disability equality*, London: GLA.

GLA (2013d) *London Plan Annual Monitoring Report 9*, March, London: GLA.

GLA Health and Environment Committee (2013) A Zero Hunger City. Tackling food poverty in London, London: GLA.

GLA (2014a) *Homes for London. London Housing Strategy*, London: GLA http://www.london.gov.uk/sites/default/files/Age%20friendly%20London%20survey%20results.pdf

GLA (2014b) *Homes for London. London Housing Strategy*, London: GLA

GLA (2014c) June, *Decent Homes Programme 2012-15*, London: GLA.

GLA (2014d) *Further Alterations To The London Plan*, London: GLA https://www.london.gov.uk/sites/default/files/FALP%20ITP%20clean%2015%20December%202014.pdf

GLA (2014e) *London Plan Annual Monitoring Report 10, 2012-13*, London: GLA.

GLA (2014f) *All London Green Grid*, London: GLA. www.london.gov.uk/priorities/environment/greening-london/improving-londons-parks-green-spaces/all-london-green-grid.

GLA (2014g) *Feet First – Improving Pedestrian Safety in London*, London: GLA Transport Committee.

GLA (2014h) *London Mental Health. The invisible costs of mental ill-health*, London: GLA.

GLA (2015) www.london.gov.uk/priorities/health/tackling-inequality

GLA Economics (2014) *A Fairer London: The 2014 Living Wage in London*, https://www.london.gov.uk/priorities/business-economy/vision-and-strategy/focus-areas/london-living-wage

GLA Intelligence (2014) *Poverty in London 2013/14 Update 13-2014*.

GLA Health and Environment Committee (2013) *A Zero Hunger City. Tackling food poverty in London*, London: GLA.

Ham, C. et al. (2013) *Leading health care in London. Time for a radical response*, London: King's Fund.

Handler, S. (2014) *A Research and Evaluation Framework for Age-Friendly Cities*, Manchester: UK Urban Ageing Consortium.

Hanson, B. (2003) *Personal Transport. AESR Briefing Paper*, London: Architects and Engineers for Social Responsibility.

Hirst, E. and Harrop, B. (2011) *Getting Out and About: investigating the impact of concessionary fares on older people's lives*, Manchester: Transport Action Group.

International Longevity Centre (ILC) (2014) *Financial Wellbeing in Later Life. Evidence and policy*, London: PFRC/ILC.

Hyde, D. (2014) 'Elderly suffering most from years of recession' *Daily Telegraph*, December 16th.

Itzin, C. and Phillipson, C. (1995) *Gender, culture and organizational change*, London: Metra.

Johnson, D. (2013) *Crumbs for Londoners*, London: Green Party.

Lambert, J. (2014) *Air pollution: London's unseen killer*, London: The Green Party.

Lehning, A. (2014) 'Local and Regional Governments and Age-Friendly Communities: A case study of the San Francisco Bay Area'. *Journal of Aging and Social Policy*, 26, 1-2, 12 – 116.

Levy, B. (2003 'Mind matters: cognitive and physical effects of aging self-stereotypes', *Journals of Gerontology Series B, Psychological Sciences and Social Sciences*. 58(4): 203-211.

Leys, C. and Player, S. (2011) *The Plot Against the NHS*, London: Merlin Press.

Living Streets (2013) *Better High Streets*, London: Living Streets.

Lui, C-W, Everingham, J-A, Warbuton, J, Cuthill, M and Bartlett, H, 2009, 'What makes a community age-friendly: A review of international literature', *Australian Journal on Ageing*, 28, 116 – 121.

McNair, S. and Flynn, M. (2005) 'The age dimension of employment practices. Employer Case Studies', *DTI Employment Relations Research Series No. 42*, London: DTI.

Marmot, M. (2010) *Fair Society, Healthy Lives*, London: UCL Institute of Health Equity.

Mature Times (2014) *Mobility scooter safety*, Issue 269, September, Bristol: Highwood House.

Meacher, M. (2007) 'Why council housing is desirable and we need more of it', pp10-12 in *The Case for Council Housing in 21st Century Britain*, London: DCH.

Menec, V, Novek, S, Veselyuk, D, McArthur, J 2014 'Lessons learned from A Canadian Province-Wide Age-Friendly Initiative: the Age-Friendly Manitoba Initiative' Journal *of Aging and Social Policy*, 51, 26 - 33

Micommunity Toolkit (2012) www.ageuk.org.uk/london/our-services/micommunity-project/micommunity-toolkit

Milligan, C. and Passey, D. (2011) *Ageing and use of the internet. Current engagement and future needs*, London: Nominet Trust.

Mirza, M. (2014) *GLA Initiatives to meet Older People's Manifesto objectives*. Presentation at Greater London Forum, July 3.

Morris, J. (2014) *Independent Living Strategy. A review of progress*, London: Disability Rights/ In Control. www.disabilityrightsuk.org [accessed 31.8.14]

New Policy Institute (2014) London's Poverty Profile, London:

NHS England (2014) *NHS Five Year Forward View*, www.england.nhs.uk/2014/08/15/5yfv/

NPI/Trust for London http://www.londonspovertyprofile.org.uk/indicators/topics/low-pay/

Observer (2014) 'Inequality: We need to rethink London to benefit us all' March 9th, Editorial, page 34.

Office of the Deputy Prime Minister (ODPM) (2006) *A sure start to later life. Ending inequalities for older people*, London:ODPM.

http://www.nomisweb.co.uk/census/2011/DC6107EW/view/2013265927?rows=c_age&cols=economic_activity

Omonira-Oyekanmi, R. (2014) 'Rats in the lunchbox, mould in the mattress: living in squalor in London', www.opendemocracy.net/ourkingdom/rebecca-omoniraoyekanmi/rats-in-lunchbox-mould-in-mattress-living-in-squalor-in-london

ONS (2012) *Annual Population Survey*, London:

ONS (2013a) *Labour Market Statistics, December*, Chart 2, London: ONS.

ONS (2013b) *Internet use by borough and population subgroup*, London: ONS. https://londondatastore-upload.s3.amazonaws.com/internet-usage-london.xls.

ONS (2014a) *Sub-national health expectations. England 2009-11*, London: ONS. www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-366954

ONS (2014b) *Annual Population Survey, Oct 2013-Sept 2014*, London: ONS.

ONS (2014c) *Disability-Free Life Expectancy by Upper Tier Local Authority: England 2008-2010 Release*, London: ONS. www.ons.gov.uk/ons/rel/disability-and-health-measurement/sub-national-health-expectancies/disability-free-life-expectancy---subnational-estimates-for-england--2008-10/sty-dfle.html

Pickard, J. (2014) *Britain's HB bill to rise to £27bn by 2018/9*, London: FT online.

Pollock, A., Shaoul, J. and Vickers, N. (2002) 'Private finance and "value for money" in NHS hospitals: a policy in search of a rationale?' *BMJ*, bmj.com.

Pollock, A. et al. (2012 how the health and social care bill would end entitlement to comprehensive health care in England, *The Lancet*, 379(9814): 387-389.

Power, N. (1965) *The Forgotten people*, Evesham: James Ltd.

Prynn, J. (2014) 'Council scraps 'disability tax' after cutting PR department', *Evening Standard*, December 5th.

Provencher, C, Keating, N, Warburton, J and Roos, V, 2014, 'Ageing and Community: Introduction to the Special Issue' *Journal of Community and Applied Social Psychology*, 24, 1 – 11

Radio 4 (2014) *The British Property Boom*, December 1st 8pm.

Resolution Foundation (2014) *More Than a Roof. How incentives can improve standards in the private rental sector*, London: RF.

RoSPA (2012) *Road Safety Information*, London: RoSPA. www.rospa/roadsafety/advice/highway/info/20-mph-zone-factsheet.pdf

Scharf, T. et al. (2004) 'Poverty and social exclusion: Growing older in deprived urban neighbourhoods', Chapter 5 in A. Walker and C. Hennessy (eds) *Growing Older: Quality of Life in Old Age*, Maidenhead: Open University Press.

Scharlack, A. and Lehning, A.(2013) 'Ageing-friendly communities and social inclusion in the United States of America', *Ageing and Society* 33: 110-36.

Scharlach A, Davitt, J, Lehning, A, Greenfield, E, Graham, C. (2014) 'Does the Village Model help to foster Age-Friendly Communities?' *Journal of Aging and Social Policy*, 26, 1-2, 181-196

Schwanen, T. and Ziegler, F. (2011) 'Wellbeing, Independence and Mobility: an introduction', *Ageing and Society* 31: 719-33.

Singelberg, J, Stolarz, H and McCall, M '2014 'Integrated Service Areas: An Innovative Approach to Housing, Services and Support for Older Persons Ageing in Place,' *Journal of Community and Applied Social Psychology*, 24, 69 – 73.

Smyth, C. (2014) 'Bed-blocking hits record level as social care budget is slashed' *Evening Standard*, Nov. 29th.

Sontag, S. (1972) 'The Double Standard of Aging', *Saturday Review of the Society, September 23rd*.

Southwark (2014) www.southwark.gov.uk/info/200435/free_outdoor_activities/2611/outdoor_gyms

Steer Davies Gleave (2014) *Legible London* Evaluation Report 2013/14, London: TfL. www.tfl.gov.uk/info-for/boroughs/legible-london

Tinker, A. et al. (2012) *Assisted Living Platform – The Long Term Care Revolution*, London: Technology Strategy Board.

TomTom (2014) *Travel Index 4th annual Report* www.tomtom.com/lib/doc/pdf/2014-05-14%20TomTomTrafficIndex2013annualEur-mi.pdf [accessed Aug 29 2014]

Transport for All (2014) www.transportforall.org.uk [accessed 31.8.14]

TfL (2012a) *Taking forward the Mayor's transport strategy accessibility implementation plan*, London: TfL.

TfL (2012b) *Your accessible transport network* http://www.tfl.gov.uk/cdn/static/cms/documents/your-accessible-transport-network.pdf

TfL (2014) *Understanding the travel needs of London's diverse communities*, London: TfL. www.tfl.gov.uk/cdn/static/cms/documents/understanding-the-travel-needs-of-london-diverse-communities.pdf

Three Dragons and Celandine Strategic Housing (2014) *Report to the Greater London Authority: Assessing Potential Demand for Older Persons Housing in London* https://www.london.gov.uk/sites/default/files/older%20persons%20housing%202013%20final%20to%20client.pdf

TNS Opinion and Social (2012) *Active Ageing Report*, Brussels: EC, DG Employment, Social Affairs and Inclusion.

Traynor, V. et al. (2013) 'The effects of spending time outdoors in daylight on the psychological wellbeing of and family carers: a comprehensive systematic review protocol', *JBI database of SystematicReviews and Implementation Reports* 11(9): 36-55.

Vickerstaff, S., Baldock, J., Cox, J. and Keen, L. (2004) *Happy Retirement? The impact of employers' policies and practice on the process of retirement*, Bristol: Policy Press.

Wilkinson, R. and Pickett, K. (2009) *The Spirit Level. Why equality is better for everyone*, London: Penguin.

Williams, D. (2014) 'Cyclist crashes rise 26% in three years', *Evening Standard* November 28th: 29.

WHO (2007) *Global Age-friendly Cities: A Guide*, WHO Geneva

WHO (2014) *Global Network of Age-friendly Cities and Communities*, (May press release)

Acknowledgement

The authors would like to thank the Deputy Mayor, Victoria Borwick, and her team at the GLA for commissioning this research and thanks are especially due to Sue Johnson, Senior Diversity and Social Policy Officer. Thanks also go to Dr John Beard, Director of the Ageing and Life Course Department of the World Health Organisation, Geneva, Switzerland; to Dr Alex Kalache, formerly of the WHO and now Director of the International Longevity Centre (ILC), Brazil and Dr Louise Plouffe also formerly of the WHO and now Senior Researcher at the ILC Brazil. They are also grateful to Dr Chris Hiley who conducted a search of Age Friendly initiatives across the world.

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Disclaimer

The views expressed in this paper are those of the authors and are not necessarily those of the GLA.

The Institute of Gerontology, King's College London

The Institute of Gerontology at King's is one of the world's leading research centres for the study of ageing. It is dedicated to advancing understanding of the characteristics, key influences and effects of ageing throughout the life course. In the 2014 Research Assessment Framework, Gerontology was submitted as part of the Department of Social Science, Health and Medicine for assessment as part of the Sociology category. Where 4* represents world leading research in terms of originality, significance and rigour, it achieved the highest proportion of 4* research outputs of any Sociology submission. In addition, 100 per cent of its research impact was awarded a 4* or 3* rating, a striking testament to the Institute's strength.

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