What makes a city age-friendly?

London's contribution to the World Health Organization's Age-friendly Cities Project

KING'S College LONDON
University of London

HELP THE AGED WE WILL

World Health Organization

Ipsos MORI

Contents

Foreword

I am pleased to present to you the London Age-friendly Cities report. Help the Aged has long valued research as a means of influencing change, which will produce practical benefits for older people. I therefore welcomed the opportunity to take part in the global Age-friendly Cities project, initiated by the World Health Organization and sponsored by the Public Health Agency of Canada. This milestone initiative brings together thousands of older people from around the world and recognises the importance of population ageing, globalisation and urbanisation – forces which will increasingly shape our future. It highlights the importance of the design of the outdoor environment to the lives of older people, an idea increasingly recognised and endorsed in the UK, in the Research Council's funding of the IDGO project and numerous others under SPARC and the New Dynamics of Ageing.

In leading the London project, Help the Aged was very pleased to work with King's College London and with Ipsos MORI, which collected our data. These partnerships were invaluable and added great value to our work. We were also delighted to work with the older people of our two collaborating London boroughs, Newham and Waltham Forest. The views of this group are at the heart of our report. They demonstrate without doubt not only the importance to older people of the quality of the design of the outdoor environment but also that of the social infrastructure, including social attitudes and beliefs, all of which contribute to social inclusion and equality and the general well-being of communities. Bearing in mind the importance of the Mayor's London Plan, we also consulted the Greater London Authority during our research.

Help the Aged is determined to fight to eliminate the causes of inequality so that all older people have the access to an environment which will promote independence and inclusion. Ours is but one report among over 30 covering urban areas around the globe. I commend it to you, none the less, in the hope that its vital messages will influence and produce changes in policies, in the provision of services and in the design of the urban environment all of which, if we get it right, will make London truly an age-friendly city.

Michael Lake

Michael Lake CBE
Director General
Help the Aged

Introduction

As people across the globe come to live increasingly longer lives, our entire human family has a stake in encouraging and easing a productive, active and healthy ageing process. The whole world stands to gain from an empowered older generation, with the potential to make tremendous contributions to the development process and to the work of building more productive, peaceful and sustainable societies.

Kofi Annan, Secretary-General of the United Nations, speaking on the International Day of Older Persons (1 October 2006)

The World Health Organization (WHO) has been exploring the factors that make urban environments 'age-friendly' in cities across the world. Following a wide-ranging consultation and research programme between July 2006 and February 2007, WHO is producing a *Global Age-friendly Cities Guide*, with advice on how to make urban communities age-friendly through community development, policy change and advocacy. This is being released in October 2007, and cities will then be able to use the research to inform the development of age-friendly local strategies to improve the lives of their ageing populations.

Thirty-three cities world-wide have taken part in this project. This report presents the research from the Institute of Gerontology, King's College London and of the Ipsos MORI Social Research Institute on what makes a city age-friendly. It was written as part of WHO's world-wide Age-friendly Cities Project on behalf of Help the Aged. The policy recommendations are a result of a collaboration between the Institute of Gerontology and Help the Aged.

The report examines the extent to which local policies, services and structures are enabling older people to 'age actively' in London. That is, the extent to which older people can live in security, enjoy good health and continue to participate fully in society (Age-friendly Cities Methodology, Vancouver Protocol, Ageing and Life Course Programme). Furthermore, it explores how active ageing can be promoted and supported in these areas.

The first part outlines the objectives of the Age-friendly Cities project. It provides an overview by the Institute of Gerontology (King's College London) of existing research into urban ageing and wherever possible relates this to the specific context of ageing.

The second part gives a brief summary of the key findings of the qualitative research conducted in the London boroughs of Newham and Waltham Forest by Ipsos MORI, exploring locally perceived barriers to and opportunities for making the physical environment age-friendly. This is followed by an analysis of the research, highlighting some of its contributions to understanding urban ageing.

The third section summarises the main policy recommendations coming out of the research. For a complete version of the Ipsos MORI research, a separate Age-friendly Cities London Evidence report is available from the Help the Aged policy website: http://policy.helptheaged.org.uk.

Age-friendly cities

The project

The World Health Organization Age-friendly Cities project is innovative because it puts the now familiar observation that societies worldwide are growing older into a comprehensible context. By taking the city as a starting point, it makes us think of the interlinked environment in which we will grow old. Cities are complex organisms that rely on effective interaction between people's homes, the possibilities of communication and travel, the availability of appropriate services and also less tangible, yet vitally important, influences such as a sense of belonging, security and the kindness of others.

Objectives

The project has two main objectives:

- For the World Health Organization (WHO): to identify concrete indicators of an age-friendly city and produce a practical guide for advocacy, community development and policy change to make urban communities age-friendly.

- For participating cities: to increase awareness of local needs, gaps and good ideas for improvement in order to stimulate development of more age-friendly urban settings.

What do we mean by 'age-friendly'?

The project rests on the premise that an age-friendly city promotes active ageing.

Active ageing is 'the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age' *(Active Ageing: a policy framework,* World Health Organization, 2002).

An **age-friendly city**:

- recognises the great diversity among older persons
- promotes their inclusion in all areas of community life
- respects their decisions and lifestyle choice, and
- anticipates and responds flexibly to ageing-related needs and preferences.

Well-being in later life is often taken to emerge independently of the environment in which older adults find themselves. This is clearly not the case and, as the Age-friendly Cities project demonstrates, urban environments are an important factor mediating the experiences and opportunities open to older citizens.

In an age-friendly community there is a culture of inclusion shared by persons of all ages and ability levels. Policies, services and structures related to the physical and social environment are designed to support and enable older people to 'age actively', that is, to live in security, enjoy good health and continue to participate fully in society.

Urban ageing in a world city

As early as 1862, the American essayist Ralph Waldo Emerson said that 'the creed of the street is: old age is not disgraceful, but immensely disadvantageous' (1862:135). London has, according to its 'biographers' Roy Porter (1994) and Peter Ackroyd (2000), historically been a place where people walk briskly and with minimal consideration toward their fellows or the neighbourhoods through which they pass. Ageing in places such as London requires adaptation to the changing conditions of a global city where, as Chris Phillipson has pointed out, 'a hyper-mobile minority on the one side'

may contradict 'the needs of a majority including older people, women living alone with children, disabled people and other groups, on the other' (2004:964). Without the right policies and actions it would be easy for this to become, to paraphrase Lyotard, an antimony between lives based on complexity and those based on the ancient tasks of survival.

A London response

The speed and unkindness of city life has to be balanced against the latent possibility of a city's vitality and its potential to generate effective responses to groups with special requirements. The Mayor of London's 'London Plan' (Greater London Authority (GLA) 2006a) and older people strategy 'Valuing Older People' (GLA 2006b) exemplify that potential. Here, many of the factors which influence the character of a world city – fast-moving international populations, differences in wealth and in embeddedness in local neighbourhoods – are balanced by progressive policies toward social inclusion of older people and people with disabilities, which have radically influenced the all-important detail of everyday urban life.

It is interesting to note a surprising consensus among the focus groups of this study, that the infrastructure for an age-friendly environment is to a large extent there, but that it is people's attitudes which can prevent older people from living in an environment that is truly age-friendly.

Space, age and separation

The housing and community needs of older people have been summed up as an amalgam of autonomy, sociability and security (Biggs et al 2000). Historically speaking, generations have often become separated, either by design or by population movement.

Examples of planned separation would include playgrounds, formal schooling, care homes and, most recently, retirement communities. Population movements, such as those caused by industrialisation in 19th-century England, suburbanisation in the early 20th and trans-national migration in the middle and later years of that century have led to a separating-out of the young and the old. These processes help to give a city a predominantly 'young' or 'ageing' character in the popular imagination, which in turn influences planning and attitudes to age and is deeply informative of society's attitudes toward the ageing process and ageing citizens.

These processes involve both the movement of younger people in and out of urban environments and also the ageing of citizens once they are 'in place'. The suburbs, for example, used to embody a young family's release from extended family networks, described in Young and Willmott's (1957) seminal study of East London. Now they often themselves consist of older residents and are emerging as naturally occurring retirement communities (ODPM, 2004). As these populations change, in space and over time, the relationship between youth and age also changes.

A life-course perspective

Focussing on the age-friendliness of cities brings a life-course perspective to local neighbourhoods, marking a passage through time against the eternal present of city life. This report reflects previous findings (Phillipson et al 2001) in so far as many older people have lived in the same place for most of their lives and have experienced rapid change. Older people can act as a reference point for stability and continuity within such urban environments (Davis, 2002; ODPM, 2006) but one that needs protection if it is to be allowed to take root and flourish. Older citizens can themselves act as a civic inoculation against the harsh imperatives of city living.

Without adequate intergenerational ties, however, this can evolve into an experience of being pushed out, left behind in a hostile environment where they 'don't move out and can't move on'. Ogg and Bonvalet's (2006) study of adult ageing in Paris and London shows that the effects of life events can be cumulative. For example, couples who have been in stable relationships and have stayed put often find that they are doing rather well. They were 'in the right place at the right time' and have benefited from the rapid increase in house prices of the latter end of the 20th century. Divorced individuals tend to do less well and have greater anxiety about the future. Older adults who remained in social housing in London and private rented apartments in Paris are in difficulty. In London the researchers report a sense of having missed out and of being left behind.

Both the Help the Aged report *Housing Choice for Older People* (2006) and the US-based AARP (2007) concur that there needs to be a new way of thinking about urban housing 'serving homeowners for a lifetime' through adaptation of existing housing as well as new-build, with financial products to match. In London, as in many other parts of the UK, it is becoming clear that 'we are not doing enough to adapt and maintain existing homes, particularly in the private sector, and we are not building sufficient retirement housing or housing with support to keep up with increasing demand' (Help the Aged, 2006).

Urban social networks

Social networks, their size and composition are important mediating factors in the quality of urban life. Gierveld

and Fokkema (1998) found that in large cities 'local core networks tend to be small because fewer children and siblings live in the neighbourhood'. Older citizens in cities tend to have less contact with neighbours, fewer friends and other non-kin than in rural communities, which is compensated for by more contact outside the immediate neighbourhood.

This draws to our attention that age-peer relationships and the need for accessible transport and communication, including internet access, are as important for older people as they are for other age groups. Instrumental support is relatively small, distance of children and non-local core network members less likely to step in, but an ability to live independently is relatively high.

The Age-friendly Cities project highlights the importance of community centres where people can meet with others of their own age. This is not an isolated trend, but is reflected in the growth of age-specific retirement communities across the UK (Phillips et al 2001, Bernard et al 2004). It is perhaps a consequence of the ideologically driven 'Care in the Community' legislation of the 1990s that so little attention has been paid to peer support and so much on the assumed obligations of families. This policy may have been particularly detrimental to older people living in urban environments.

Social exclusion, local environments and urban ageing

As people age, their use of urban space changes as well. Scharf et al (2005) were interested in the social costs arising when older people become cut off from wider society and are susceptible to multiple forms of social exclusion: 'While cities can be disabling and threatening at any age . . . the associated risks increase with age. The key point is that at 75 or 85 people may feel an even greater sense of being trapped or disadvantaged by urban decay, and that

this may limit their ability to maintain a sense of self-identity.'

Newman (2003), speaking about ageing in New York, claimed that unlike for other age groups, the home environment 'sets the tone' for the daily lives of older people. In a study of urban ageing in Hamburg, Oswald et al (2005) point out that the immediate home environment becomes more important to older people due to increased physical difficulties that decrease the spatial range of their activities. In fact, 'older people tend to spend more time at home and in the immediate outdoor environment than do younger people', with poorer groups appearing to be more attached to their immediate neighbourhood. The longer people had lived in a particular place the higher their scores of 'outdoor place attachment'. However, this is not true of all older people as more affluent groups and the young-old, who often have fewer disabilities, tend to be less attached to particular localities.

Social behaviour, attitudes and perceptions

Social behaviour, attitudes and perceptions can be just as important as material conditions. Using three measures of life quality, Smith et al (2004) found that subjective variables, such as perceptions of one's own health, ability to cope financially, loneliness and the perception of poverty over a lifetime, correlated significantly with all measures, more so than socio-demographic factors and objective life conditions. Variables that described characteristics of the urban environment had limited direct influence on perceived quality of life.

This study, of three urban environments in the UK (one of which was in London), confirms an earlier finding, based on the *Berlin Ageing Study: ageing from 70 to 100* (Baltes and Meyer 1999). This extensive longitudinal work underlined the importance of subjective evaluations over objective circumstances.
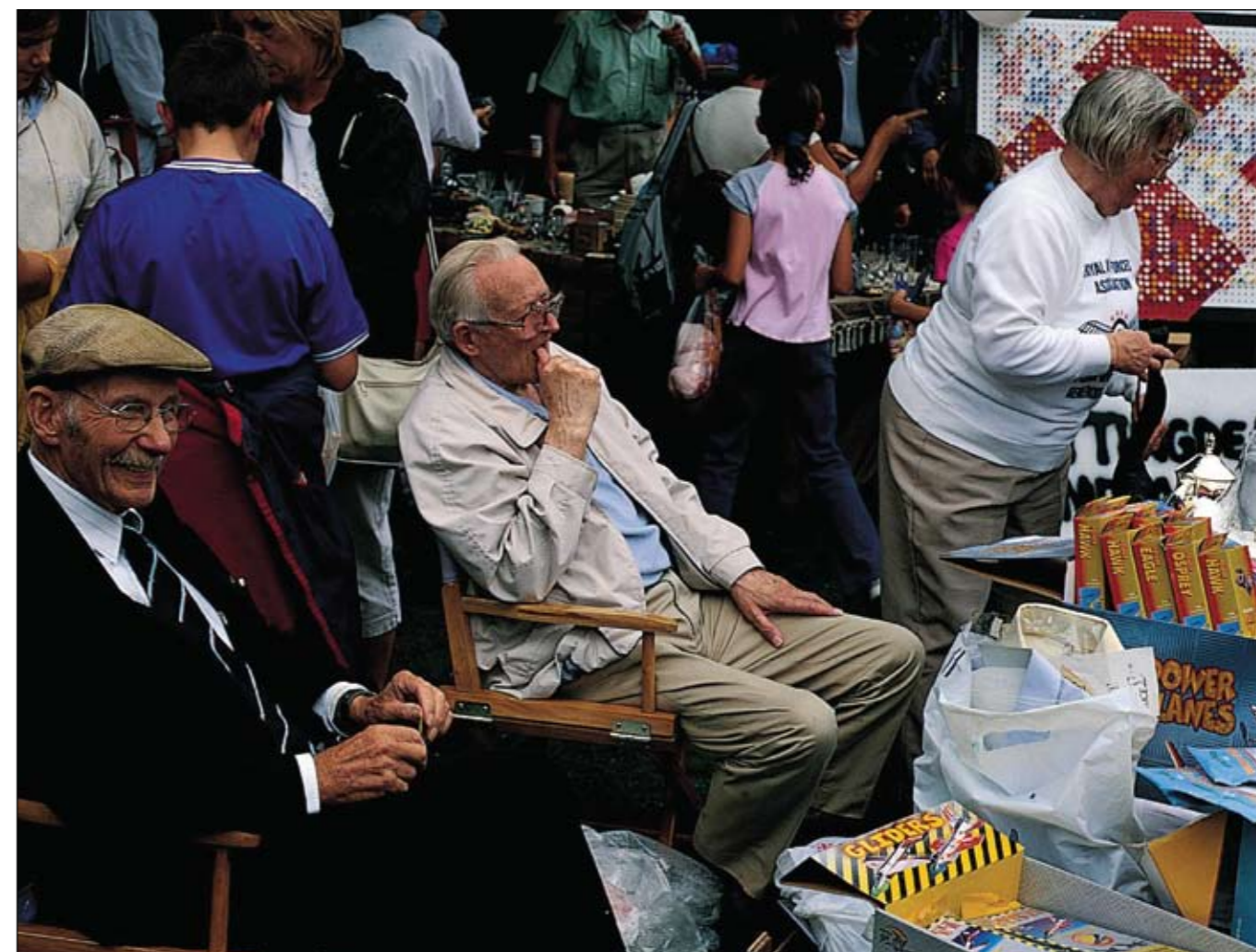
What does this mean for age-friendly cities? Smith et al (2004) conclude that adaptation to urban environments does not depend on any one factor. Rather, a series of multiple and interlinking influences combine to determine a sense of urban well-being among older citizens, and in fact only two environmental factors – satisfaction with neighbourhood and being a victim of crime – had a significant predictive effect on quality of life. Other environmental factors appeared only to have an indirect impact.

Kleinenburg's (2002) study of heatwave deaths in Chicago in 1995 referred to age and illness in the telling phrase 'biological reflections of social fault-lines'. In extreme conditions, the circumstances that make it possible to die are also those that make it so easy to overlook and forget the most excluded of the older population. Isolation,

violence, degradation of housing stock and the changing organisation and depleted delivery of health services contribute to what Phillipson (2004) refers to as a state of 'self-imposed house arrest'. Scharf et al (2005) have pointed to older adults living in similar circumstances in UK cities. Here, the traditional British preference for 'intimacy at a distance' slides into social abandonment and, in extreme cases, death.

Generations and difference

Aristotle is credited with saying that 'similar people cannot bring a city into existence' (in Phillipson, 2004). A key determinant of whether a city is age-friendly would appear to be whether these differences are interpreted as bringing positive diversity or as presenting a threat. When focusing on age differences, an important factor is the different way

in which younger and older people give meaning to urban space and whether this is contested (Laws, 1994).

The need for positive relations between generations was a key factor identified by older people in the current study. Not only do different generations have different priorities because of the age they are, there are also differences in expectations of behaviour and communication styles which may make it difficult to put oneself in the place of someone of a different age group (Biggs 2005). In an extensive review of intergenerational communication, Williams and Nussbaum (2001) concluded that there is often misunderstanding and miscommunication in both directions, and that age prejudice is not simply the preserve of the young. It would seem clear that future work will need to explore what the building blocks of intergenerational

cooperation will be and how communities of interest between generations can be fostered.

As the London study shows, younger and older generations are not meeting, either in public or in private, and differences of age are often cross-hatched with differences of culture and ethnicity.

Elder-friendly communities

In terms of defining what older people desire from 'age-friendly cities' Feldman and Oberlink (2003) found considerable similarity across different US neighbourhoods. In a study including attitudes to financial security, health, social connection, housing and transportation, 'community elder-friendliness' was found to rely on continued active participation in communities, sustained independence

and reduced risk of isolation. These in turn depended on basic needs being met: for housing of good quality, neighbourhood safety, the absence of hunger, and reliable information about and access to responsive services.

Richard et al (2004), in a study based in Montreal, found high levels of consensus between professional and older person's perspectives: that good health, positive attitudes to independence and financial security formed the basis for good-quality urban living. Both groups agreed that opportunity for personal growth and development, learning 'a personal positive attitude toward life, openness towards and interest in others, acceptance of one's situation, an active rather than a passive orientation to life' are key. Issues raised exclusively by older people included an ability to live in the present and the recognition of a spiritual dimension to life.

The importance of intergenerational contact, social involvement with peers and the positive impact of community centres and organisations reinforced the perception that an age-friendly environment depended upon factors that at first appeared independent of physical location but were essential to personal development in later life.

A number of policy-related reports from the Office of the Deputy Prime Minister (2004, 2006) and Help the Aged (2006, 2006a) have emphasised the importance of affordable good-quality housing, social inclusion, reducing crime and flexible, cheap transport services for what (thanks to the WHO initiative) can be seen as vital attributes of an age-friendly city. London is fortunate in having a mayoral authority that can take the age-friendly agenda forward. Significant steps have already been made through the London Plan (GLA 2006a), which underlines a commitment to 'London becoming accessible and inclusive', as befits a world city with

particular concern for 'people who are excluded from our built environment through inaccessible design, poor management and inadequate information'.

Joined Up Lives (GLA 2004) and related reports (GLA 2006a and 2006b) attempt to capture the views of and experiences of disabled Londoners and set out an agenda for inclusive access. The Mayor of London's Older People Strategy (GLA 2006a) was the product of extensive consultation and recognises the contribution older Londoners can make to 'stronger, more sustainable communities'. The wide-ranging Strategy promises to 'take action on pensions and income, promote good-quality health and social care'. Most importantly, given the findings of the current WHO initiative, it highlights 'those valuable community services which can make so much difference to older people's lives' and aims 'to challenge negative perceptions and promote the contribution of older people'.

The London research

Background

In accordance with the guidelines set out by the World Health Organization, Help the Aged and the Greater London Authority identified the boroughs of Waltham Forest and Newham to be the focus of the London research.

Waltham Forest and Newham are neighbouring boroughs located in the north-east of London.

In total, eight 100-minute discussions were conducted among groups of older people (aged 60+); two 100-minute discussions were conducted among groups of people who provide regular support or assistance to an older person with a long-term illness, health problem or disability and who is too impaired, cognitively or physically, to participate in a focus group; and three 100-minute discussions were conducted among groups of local service providers.

Full details of the research design and methodology are available at: http://policy.helptheaged.org.uk.

A standard topic guide was used to direct the discussions. This was produced by WHO and amended slightly by Ipsos MORI to reflect local language and context. The participants themselves dictated the general content and flow of the discussions within the framework of the topics introduced by the moderators. These included:

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

12

13

Key findings

The research helped to identify strengths and barriers to a local age-friendly environment, as well as suggestions for improvement

Strengths

The major strengths of the area in terms of being 'age-friendly' are:

- **community centres which provide social activities for older people** The research finds that engagement in social activities is absolutely vital for older people's well-being, and community centres emerge as the single most important factor for enabling this. Community centres in the area provide an excellent range of social activities, as well as access to health and other services.

- **good public transport** This is considered to be key to having an age-friendly environment because it enables older people to get out and socialise, and to access vital services. The attributes of age-friendly public transport that were mentioned are that it is free for over-60s (or very affordable, so that expense does not prevent people from using it); it is accessible for wheelchairs; buses are regular, reliable and well run; and there is a good dial-a-ride scheme (an affordable door-to-door taxi service for disabled people) for those with more restricted mobility who cannot access buses.

- **good housing provision** Some participants live in affordable sheltered housing where they feel able to live safely and contentedly. There is good provision of care for older people who are eligible for council assistance with housing.

- **a safe physical environment** The local physical environment is mostly

considered to be age-friendly, with adequate street lighting, clean streets (in some parts), wheelchair ramps at kerbs, and parking bays for people with disabled people's badges. There is felt to be fairly good provision of benches in some parts.

Barriers

The major barriers to the area being 'age-friendly' are:

- **the behaviour of the general public** Often the infrastructure for an age-friendly city exists, but its implementation is hampered by the attitudes of the general public. The following examples of people's behaviour pose the biggest challenge to making an area age-friendly: dropping litter on pavements; behaving

inconsiderately on public transport; vandalising public spaces such as bus shelters, and other anti-social and/or criminal activity; parking in front of wheelchair ramps; behaving in a rowdy and intimidating way in public places; driving dangerously; and failing to take responsibility for helping older people in the neighbourhood. In creating an age-friendly environment it is people and their behaviour that matter above all other factors.

It's not always the place you live in. It's the people you live with.

(woman, 75+, Newham)

In general, participants feel that there is a severe lack of respect for older people, and a lack of understanding about older people's needs. There is a

general view that ageism is endemic and institutionalised.

- **fear of crime** This is widespread among older people and has a significant impact on many people's lives. As a result, most older people in the groups are less likely to go out and stay active. Most do not go outside after dark because they feel vulnerable, so many people are housebound for much of the day – particularly in the winter months.

- **lack of information about opportunities to lead healthy, active lives** Information tends to travel by word-of-mouth, which means that people who are already socially active are more likely to receive information, while those who are excluded and isolated are less likely to.

- **lack of help in the home (community care)** This is a major barrier for older people who want to stay living in their

homes for as long as possible and remain independent. Many older people living in their own homes felt that they often need help with small and simple household jobs (such as cleaning, changing light bulbs and maintaining their gardens), as well as support with personal care (such as washing). The help that is available is sometimes reported to be inconsistent, unreliable and inadequate. Furthermore, while help of this kind is available to some people, many who say they need help do not qualify for it.

- **lack of public toilets** Anxiety about the availability of public toilet facilities prevents many older people going out. Public toilets are widely perceived to be in very short supply, and those that exist are deemed by most to be largely unusable because they are vandalised, unclean, unsuitable or closed.

Suggested improvements

The key suggestions for improvement are:

- **provision of door-to-door community transport** which enables people who cannot use buses to access community centres, health services, shopping facilities and other important destinations. Ideally, this should be free.

- **provision of adequate support for people living in their own homes** It is imperative that structures are in place to enable older people to remain living in their homes if they wish to. This should include practical help to ensure that houses are safe and adapted for older people and people with disabilities, assistance with accessing community and social support and health services, and practical help with day-to-day tasks. It is felt that a relatively small amount of help would have a huge impact on enabling many older people to live independently. It is also felt that this would have a very positive effect on older people's general well-being, because anxiety about not being able to do small jobs in the home can contribute to feelings of isolation and depression.

- **provision of plentiful, clean public toilet facilities** with access for people with disabilities.

- **recognition of the importance of community centres** in the area, and provision of financial assistance to safeguard their effective operation. All older people in the area should be informed about the facilities available, and offered a means of accessing them.

- **better consultation with older people** who are service users so that older people's needs can be better identified and services can respond accordingly.

- **a more visible community police presence,** with a designated local officer that older people (and other residents) could approach when necessary.

- **the regular provision of information** about local social activities is felt to be essential in order to reach out to isolated older people. Many of the voluntary and public sector service providers feel that relatively isolated older people may require greater incentives and encouragement to get involved. Structures should be in place to actively encourage engagement. Information leaflets that are clearly targeted at older people are thought to be a good method of keeping people informed.

- **more 'joined-up' council services**, which would help build a more age-friendly environment, such that older people's needs are met in a more comprehensive way.

When analysing what makes an area age-friendly it is important not to look at individual factors in isolation. The factors explored as part of this research were interrelated with many others. Efforts to make an area more age-friendly must respond to all factors across the board. For example, the provision of social clubs is extremely important, but without suitable transport to enable people to get to them it is of no use to older people. Provision of accessible public toilets is vital, but of no use if they are closed or vandalised. Any approach to creating an age-friendly city needs to be holistic.

Summary and policy recommendations

Five key themes

A number of themes link the issues raised by the research.

(1) The need to think beyond families to the importance of support and social contact with people of a similar age. This appears to lend community centres much of their power as agents for well-being and is supported by the observation in the Ipsos MORI report that 'older people tend to stick together and be supportive'.

(2) As the body becomes more likely to let us down, it becomes clear that it is important to think in terms of local environments and short distances. Benches, sitting places at bus stops placed near to amenities and public toilets are required because excursions, essential to continued social inclusion, are perceived as a series of short distances strung together by local staging posts. This means that avoiding stretches with poor paving that could cause a fall may result in journeys of much greater length than they need to be. Older people are also adversely affected by cars parked across ramps and kerbs, but those responsible seem to be unaware of the problems they cause.

(3) A related point refers to a need to foster a better sense of shared community and interest between generations. It appears from this study that many young people 'have had very little interaction with older people, not even having contact with older family members'. Where older and younger people meet and under what circumstances is an all-important question that needs answers if age-friendly cities are to become a reality.

(4) Looking for age-friendliness brings a specific life-course perspective to urban neighbourhoods. Ageing in place means that one sees changes and can learn from them. Older residents can act as a reference point for stability and continuity within a rapidly changing environment. However, what is often reported is a fear of neighbourhood and of subgroups within a fragmented community.

(5) Finally, it becomes clear from this research that it is no good starting from 'neighbourhood' as if it were a basis on which to build services. The need for neighbourhood, the absence of neighbourliness and the avoidance of neighbours point to the conclusion that 'neighbourhood' is not the starting point but a goal to be achieved.

Policy recommendations

The Age-friendly City study of London has highlighted the importance of local environment to older people's quality of life, but more crucially has drawn attention to a range of issues that determine whether cities are age-friendly or not. In this section of the report we suggest a number of key policy priorities that flow from the research. We are also able to highlight some of the main positive examples of how London is already taking steps to improve policy in these areas. We hope that other cities will be able to take on these policy challenges and that government will integrate these priorities into its own urban and city strategies.

Not all the issues raised by older people in this study can be addressed by policy change alone. Fundamentally, attitudes to age within our society will need to be transformed so that ageism and lack of respect become things of the past. Ending ageism cuts across all areas but practically there is still much that can be done.

Help the Aged believes that the necessary policy challenges can be summed up in three key points.

(1) Involving older people

• in the design of services which affect them and in local decision-making

Older people know what they need from services; using their expertise will mean better, more efficient services that people value. It is also important for older people's sense of well-being that there are clear opportunities for them to speak out on issues affecting them, and that they are listened to. In London, the involvement of the London Older People's Strategy Group in developing an older people's strategy for the city provides a good example of how older people can be involved in decision-making.

Cities could achieve this by ensuring that service-providers regularly consult with
older people through special events, forums, or by having representation from older people on bodies such as local primary care trusts or transport bodies.

• in the regeneration and development of the local areas

Too often development and regeneration occur without any reference to the history of an area, and thus without benefiting from the lessons of the past. Older people as long-term residents of local areas often have a unique vantage point on what needs to be done to improve a community, and, indeed, why decline has occurred in the first place.

Local regeneration partnerships should include representation from older people's groups; it is vital that older people are involved from the start of the project so that their knowledge and ideas can influence it.

• through creating an integrated community

The report showed how there is often age segregation in local areas. This in turn can lead to mistrust, lack of understanding between generations but also the isolation of older people within their communities. Ensuring intergenerational interaction either through specific projects or more generally is extremely important to creating age-friendly cities.

In London, firm commitments have been made via the London Plan to promote equality across the capital, including age equality. The strategy for older people in London, *Valuing Older People* (Mayor of London, 2006), also commits the Greater London Authority to work in a variety of ways to foster intergenerational understanding.

Many local areas have a variety of projects running at any time.

Local authorities should consider, wherever appropriate, making these intergeneration projects. For example, can a local Sure Start centre benefit from older volunteers? Can a local space be shared between different groups? Such steps can foster better common understanding.

(2) Enabling older people

• to stay in their own homes

More than anything, the study has confirmed that older people do not want to be a burden but to remain as autonomous and active as possible. From autonomy in the home to the wider local environment, there are simple, practical things that can be done to support these widely held aspirations. Providing older people with 'that little bit of help' enables them to live as full and active a life as possible, and prevents dependence.

The required support spans a range of needs, e.g. occasional help with odd jobs, regular help to do cleaning and gardening, or adaptations to make a property wheelchair-accessible. Without this sort of low-level help people's independence is undermined, and with it often their well-being.

All local authorities should invest in repairs and adaptations service such as 'handyperson' schemes, which older people are easily able to access.

• an accessible local environment in which people can get out and about

Things that could improve accessibility were:

• affordable and well-run public transport

• accessible transport for those with mobility problems e.g. dial-a-ride schemes or door-to-door community

bus services

- well maintained pavements so people do not fear falling over, and low kerbs with wheelchair ramps

- places to sit down and rest

- public toilets so that older people affected by incontinence are not forced to stay at home

- safe, well-lit streets with a good police presence

- planning redevelopments with older people in mind.

In London, the Freedom Pass has given older people free access to all forms of public transport. This, combined with door-to-door services for those with disabilities, has made a real difference to many lives.

The above are key indicators of whether a city is truly age-friendly. A city with a free bus pass scheme but poor bus routes and no flexible alternative for those who have mobility problems is not age-friendly. A city without public toilets, well maintained pavements and places to sit is not age-friendly. Safety is important to all city residents but particularly so for older people – community policing or neighbourhood wardens are a valued way to achieve this aim.

- to mix with their peers, by providing opportunities for them to do so

Time and time again, older people stressed the vital importance of community centres as antidotes to isolation and exclusion. The study found that contact with peers rather than just family or neighbours was an important factor in creating well-being. In addition, opportunities to volunteer, or to take part in affordable activities, were greatly valued.

All older people should have a community centre or shared space within easy reach of where they live which offers a range of activities or allows people to arrange their own. Local authorities should support groups seeking to run such activities.

(3) Informing older people

However good the services, opportunities or facilities in an area, they are no use if people do not know they exist. The need for better information was highlighted on many occasions. People felt very strongly that better joining-up would help, so that wherever an older person makes contact with services they should be able to have the full range of their needs dealt with.

All cities should invest in a 'one-stop shop' or community hub for older people through which all relevant services can be accessed. City authorities should also ensure that staff across all agencies are trained to signpost older people to relevant services.

We would encourage all local areas to hold open days, perhaps annually, where different groups working with or for older people in an area can come together in one place.

Help the Aged calls on all local areas to involve, enable and inform their older citizens.

References

AARP (2007) *Re-imagining America*. AARP: New York.

Ackroyd, P (2000) *London: the biography*. Vintage: St Ives.

Baltes,P & Meyer,K (1999) *The Berlin Ageing Study: ageing from 70 to 100*. CUP: Cambridge.

Bernard, M, Biggs, S, Bartlam, B, and Sim, J (2004) *New Lifestyles in Old Age: health, identity and well-being in retirement communities*. Policy Press: Bristol.

Biggs, S, Bernard, M, Nettleton, H and Kingston, P (2000) Lifestyles of belief: narrative and culture in a retirement community. *Ageing & Society*. 20.649–72.

Biggs, S (2005) Beyond appearances: perspectives on identity in later life and some implications for method. *Journal of Gerontology: Social & Behavioural Sciences*. May 60B.3: 113–25.

Davis, M (2002) *Dead Cities: a natural history*. New Press: New York.

Emerson, R (1862) Old Age. *Atlantic Monthly*. 9:134–8.

Feldman, P and Oberlink, M (2003) The AdvantAge initiative. *Family Community Health*. 26.4:268–74.

Gierveld, J and Fokkema, T (1998) *Geographical Differences in Support Networks of Older Adults*. The Royal Dutch Geographical Society. 89.3:328–36.

Help the Aged (2006) *Housing Choice for Older People*. Help the Aged: London.

Help the Aged (2006a) *Spotlight on Older People*. Help the Aged: London.

Kleinenberg, E (2002) *Heat Wave: a social autopsy of disaster in Chicago*. CUP: Chicago.

Laws, G (1993) The land of old age. *Annals of the Association of American Geographers*. 83.4:672–93.

Laws, G (1994) Contested meanings, the built environment and aging in place. *Environment & Planning* A. 26:1787–802.

Laws, G (1997) Spatiality and age relations. In Jamieson, A, Harper, S and Victor, C *Critical Approaches to Ageing and Later Life*. OUP: Bucks.

Newman, K (2003) *A Different Shade of Gray: midlife and beyond in the inner city*. New Press: New York.

Ogg, J and Bonvalet, C (2006) Paper presented to the Gerontological Society of America Annual Conference. Dallas, Texas.

Oswald, F, Hieber, A, Wahl, H-W and Mollenkopf, H (2005) Ageing and person-environment fit in different urban neighbourhoods. *European Journal of Ageing* 2:88–97.

Phillips, J, Bernard, M, Biggs, S and Kingston, P (2001) Retirement communities in Britain. In Peace, S and Holland, C *Inclusive Housing in an Ageing Society*. Policy Press: Southampton.

Phillipson, C (2004) Urbanisation and ageing. *Ageing & Society* 24:963–72.

Phillipson, C, Bernard, M, Phillips, J and Ogg, J (2001) *The Family and Community Life of Older People*. Routledge: London.

Porter, R (1994) *London: a social history*. Penguin: London.

Richard, L, Laforest, S, Dufresne, F and Sapinski, J (2004) The quality of life of older adults living in an urban environment. *Canadian Journal on Aging* 24:19–30.

Scharf, T, Phillipson, C and Smith, A (2005) Social exclusion of older people in deprived urban communities of England. *European Journal of Ageing* 2:76–87.

Smith, A, Sim, J, Scharf, T and Phillipson, C (2004) Determinants of quality of life amongst older people in deprived neighbourhoods. *Ageing & Society* 24:793–814.

Williams, A and Nussbaum, J (2001) *Intergenerational Communication across the Lifespan*. LEA: New Jersey.

Young, M and Willmott, P (1957) *Family and Kinship in East London*. Penguin: London.
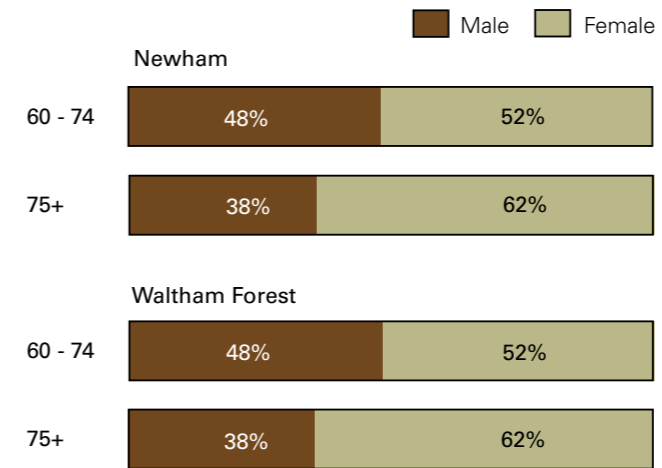
Policy documents

Department for Work and Pensions (2005). *Opportunity Age: meeting the challenges of ageing in the 21st century*. DWP: London.

Greater London Authority (2006) *Valuing Older People* GLA: London.

Greater London Authority (2004) *Joined-up Lives* GLA: London.

Greater London Authority (2006) *The London Plan* GLA: London.

Local Government Association (2006) *Fair Care: the LGA's campaign for older people*, LGA.

Office of the Deputy Prime Minister (2004) *Sustainable Cities and the Ageing Society*, Brook Lyndhurst Ltd.

Office of the Deputy Prime Minister (2006) *A Sure Start to Later Life*. Social Exclusion Unit.

World Health Organization (2002) *Active Ageing: a policy framework*, WHO.

Background data for the Ipsos MORI research

Gender

	Male	Female

Newham

| 60 - 74 | 48% | 52% |
| 75+ | 38% | 62% |

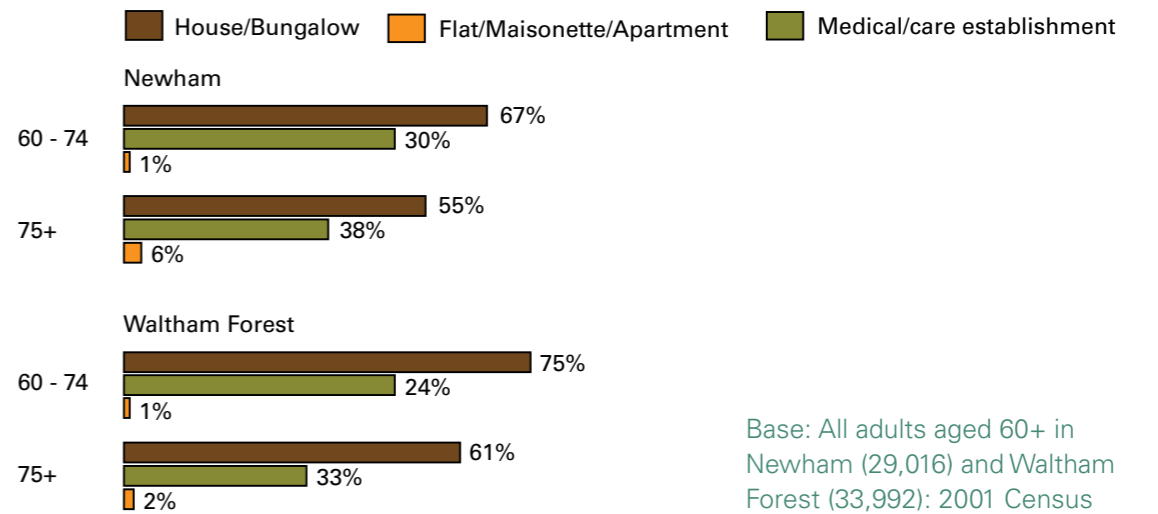**Waltham Forest**

| 60 - 74 | 48% | 52% |
| 75+ | 38% | 62% |

Base: All adults aged 60+ in Newham (29,903) and Waltham Forest (33,930): 2001 Census

Accommodation/housing type

The majority of older people in the area live in a house or bungalow, with only small proportions living in care establishments. In Newham, a higher proportion of older people aged 75+ live in a medical/care establishment (nursing home or long-stay hospital, for example).

House/Bungalow	Flat/Maisonette/Apartment	Medical/care establishment

Newham

| 60 - 74 | 67% | 30% | 1% |
| 75+ | 55% | 38% | 6% |

Waltham Forest

| 60 - 74 | 75% | 24% | 1% |
| 75+ | 61% | 33% | 2% |

Base: All adults aged 60+ in Newham (29,016) and Waltham Forest (33,992): 2001 Census
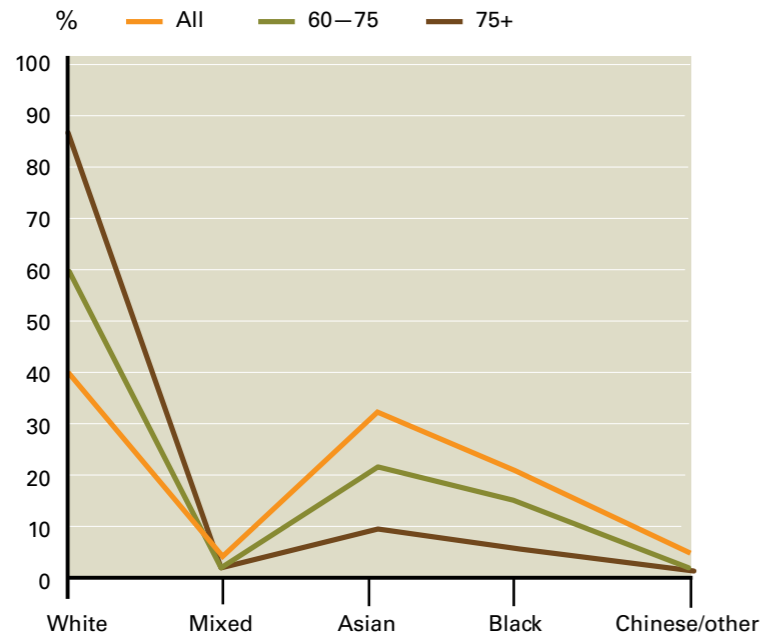
Ethnicity and religion

The area under study is a particularly ethnically diverse area of London. The table below details the ethnic breakdown in London overall, compared with the boroughs of Waltham Forest and Newham.

	London	Waltham Forest	Newham
% White	71	64	39
% BME	29	36	61

Newham in particular has a diverse population, with white residents being in a minority when compared with all BME residents. However, the older population (aged 60+) is far less ethnically mixed.
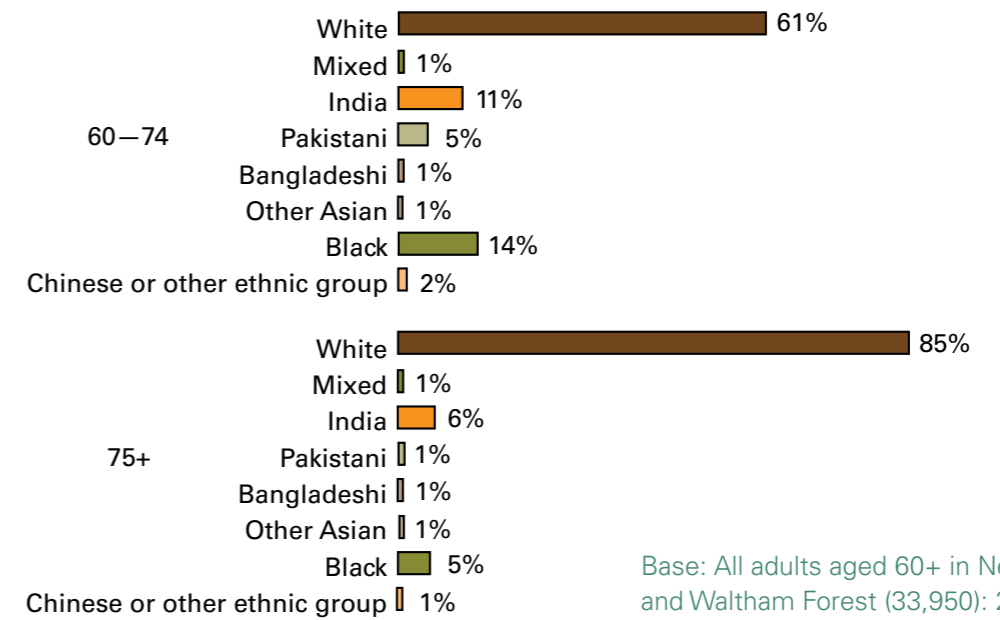
Ethnic breakdown: Newham

Seven in ten (69 per cent) of the Newham population aged 60+ is white, rising to 85 per cent among the 75+ age group. This ethnic divide between the generations may have a significant impact on older people's sense of cohesion and feelings of isolation, as discussed in the Ipsos MORI report.

% — All — 60—75 — 75+

Ethnic breakdown: Waltham Forest

In Waltham Forest the population is less diverse, particularly among the 60+ group; 94 per cent of those aged 75+ are white.

% — All — 60—75 — 75+

Ethnic breakdown: Newham
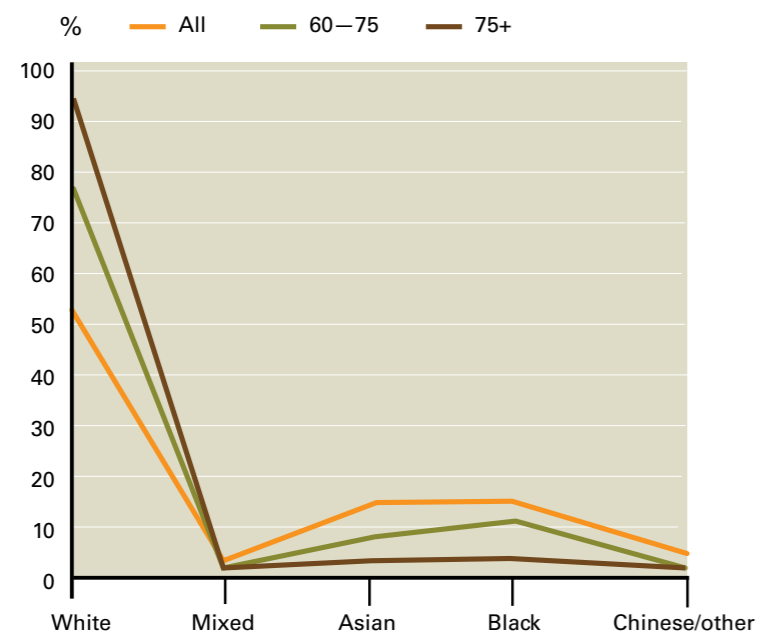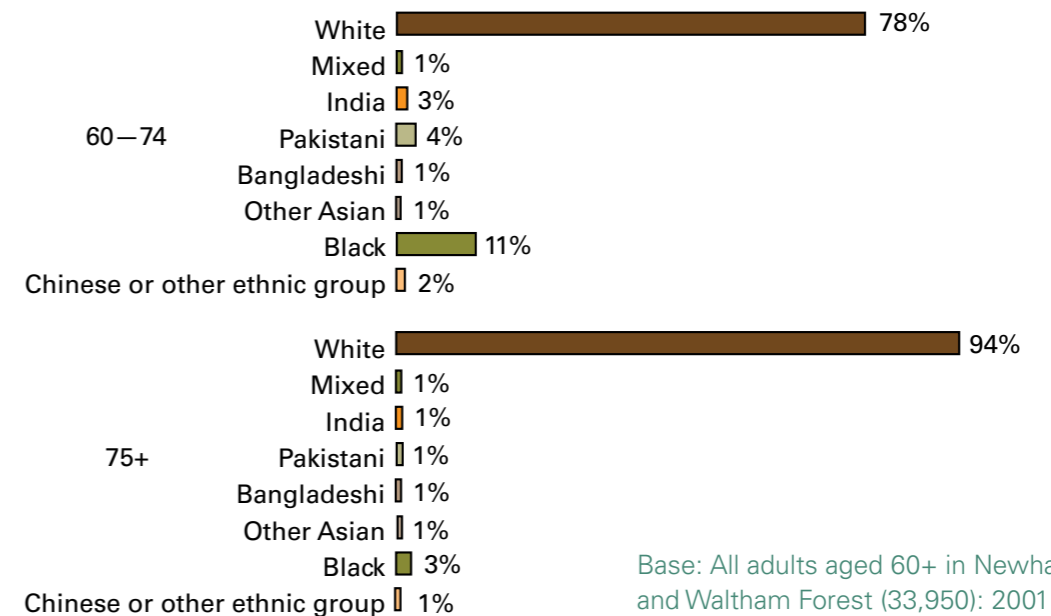
Among the older Newham population, the largest minority ethnic groups are black and Indian, and the majority of residents are white.

60—74

White	61%
Mixed	1%
India	11%
Pakistani	5%
Bangladeshi	1%
Other Asian	1%
Black	14%
Chinese or other ethnic group	2%

75+

White	85%
Mixed	1%
India	6%
Pakistani	1%
Bangladeshi	1%
Other Asian	1%
Black	5%
Chinese or other ethnic group	1%

Ethnic breakdown: Waltham Forest

In Waltham Forest there is a significant black population, and small Pakistani and Indian populations among the 60—74s.

60—74

White	78%
Mixed	1%
India	3%
Pakistani	4%
Bangladeshi	1%
Other Asian	1%
Black	11%
Chinese or other ethnic group	2%

75+

White	94%
Mixed	1%
India	1%
Pakistani	1%
Bangladeshi	1%
Other Asian	1%
Black	3%
Chinese or other ethnic group	1%

Population sizes and density

Newham and Waltham Forest have high population densities relative to other London boroughs and England.

The high population density may contribute to a sense of strong competition for resources in the local areas – particularly in relation to housing in Newham, where a relatively low proportion own their own homes and a culture of dependency on the council appears to exist.

Area	Population	Areas (hectares)	Density (people per hectare)
England	49,138,831	13,027,872	3.77
London	7,172,091	157,205	45.62
Newham	243,891	3,622	67.34
Waltham Forest	218,341	3,881	56.25

Source: 2001 Census

Housing tenure: Newham

Owned | Rented from council | Other social rented | Private rented or living rent-free

60—74

11%
8%
54%
27%

75+

13%
10%
43%
33%
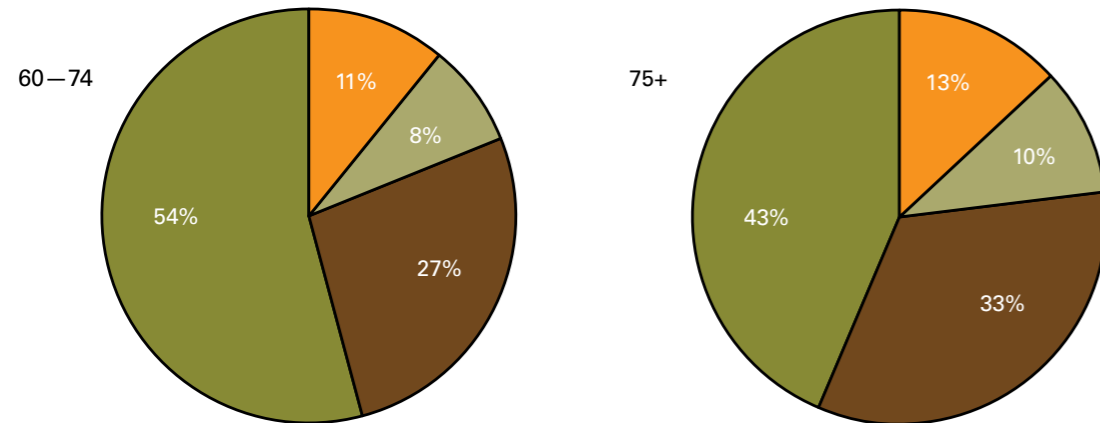
Base: All adults aged 60+ in Newham (29,016) and Waltham Forest (32,992): 2001 Census

Housing tenure: Waltham Forest

Owned | Rented from council | Other social rented | Private rented or living rent-free

60—74

11%
8%
54%
27%

75+

13%
10%
43%
33%

Base: All adults aged 60+ in Newham (29,016) and Waltham Forest (33,992): 2001 Census