



Creating Age-Friendly Cities



By 2050, 89% of the UK's population will live in cities and 24% will be aged over 65.^{1,2,3} There is increasing recognition that cities should aim to meet the needs of older people and support them to live actively and participate fully in their communities. This POSTnote examines how housing, outdoor spaces and transport can be made more age-friendly. It also highlights challenges for designing and delivering age-friendly cities.

Background

As the number of older people living in cities increases, there is growing recognition that cities need to become 'age-friendly' to help people remain independent and active as they age, and improve the quality of life and health of older people. In the UK, older people are usually defined as those aged over 65.⁴ This group is projected to increase from 18% of the UK population (11.4 million people) in 2014 to 24% by 2039 (see [PN 438](#)).^{5,6} Most of the UK population lives in cities or major towns defined by the ONS as having a usual resident population over 75,000.^{1,7} The term 'cities' is used as shorthand in this POSTnote to describe urban areas. Although it varies by region, people tend to move to rural areas as they age.⁸ Nevertheless, the proportion of people aged 75 and over in cities is expected to increase by nearly 8 percentage points between 2012 and 2062, with a 0.8 point increase in people aged 60-74.⁹

Older people participate in society in many ways, for example through voluntary work, unpaid care and employment.^{9,10,11} This is estimated to contribute between £40bn and £61bn a year to the UK economy.^{12,13,14} As a group, older people have higher rates of disability and chronic health conditions such as diabetes and osteoarthritis.^{4,15} Making cities more age-friendly can help people of all ages to develop more active and healthy

Overview

- The UK population is ageing and many older people are living in major towns and cities.
- Age-friendly cities aim to support active and healthy living into older age. Twelve cities in the UK are members of a global network of age-friendly cities.
- The physical environment plays a key role in making cities better places for older people. Research shows that accessibility and safety are important factors in making housing, outdoor spaces and transport more age-friendly.
- There is a lack of robust evidence about the effectiveness of proposed interventions.
- Challenges for delivering age-friendly cities include negative public attitudes towards older people, infrastructure costs and a lack of skills and coordination in local planning.

lifestyles. This may reduce the incidence of these problems and promote independence and autonomy in later life.^{16,17} It may also help to offset the cost of age-related public spending on health, state pensions and long-term care costs. This is projected to increase from 21.9% of GDP in 2014-15 to 23.3% of GDP in 2064-65 and is due mainly to the ageing population.¹⁸

The physical environment of a city has been shown to influence physical and mental health, how people behave, the quality of their social interactions and their use of services.^{19,20,21,22,23,24} This POSTnote considers how age-friendly cities can be defined, the evidence base for interventions to make cities more age-friendly and challenges for creating age-friendly cities.

Defining an Age Friendly City

The concept of an 'age-friendly city' was developed by the World Health Organisation (WHO) and the term refers to a city that enables and encourages people to age well according to their needs, desires and capacities.^{25,26} WHO identifies eight domains of age-friendly cities that enable older people to participate in all aspects of life, including social, economic, cultural and civic affairs (Box 1).²⁵

Box 1. Components of an Age-Friendly City

WHO identifies eight domains of an age-friendly city based on 158 focus groups with 1,485 people aged over 60 and some caregivers from 33 cities worldwide.²⁶ Each domain is characterised by a set of age-friendly features.²⁷ The EC Innovation Partnership on Active and Healthy Ageing pilot scheme is making similar efforts to recognise and benchmark age-friendly projects in the cities of member states.²⁸ The eight domains are:

- **Outdoor spaces and buildings:** A sufficient number of clean, pleasant and accessible public areas with adequate facilities (for example seating and toilets).
- **Transport:** Accessible, reliable, affordable and frequent public transport that has good coverage across city areas.
- **Housing:** Sufficient, affordable and adaptable housing (and home maintenance and support services) available to rent or buy in safe and convenient locations.
- **Social participation:** Conveniently located, accessible, well-lit venues that are easily reached by public transport.
- **Respect and social inclusion:** Regular consultation by public, voluntary and commercial services to ensure that services and products suit varying needs and preferences.
- **Civic participation and employment:** A range of flexible paid opportunities and options for older volunteers.
- **Communication and information:** A basic, regular, accessible and effective communication system across different formats.
- **Community support and health:** Adequate range of free or subsidised health and community support services (including home care services) that are conveniently located and accessible.

WHO has established a global network of 287 age-friendly cities and communities across 28 countries. Twelve are in the UK: Belfast, Brighton & Hove, Glasgow, Leeds, Liverpool, Manchester (Box 2), Newcastle, Nottingham, Salford, Southwark, Stoke-on-Trent and Sunderland.²⁹

Box 2. Example of an Age-Friendly City in the UK: Manchester

Manchester is cited as an international example of an age-friendly city. In 2010 it was the first city in the UK, one of nine around the world, to join the WHO Global Network of Age-friendly Cities. The City Council's age-friendly programme was launched in 2012. Initiatives include:

- **Neighbourhood research projects.** Pilot research in the Old Moat ward provided a template for other neighbourhoods. Two other projects have been led jointly with older people to explore spatial and social aspects of ageing and draw up a plan of action for the area.
- **The 'Cultural Offer' for older people.** This project features 20 city arts and heritage organisations working to extend older people's involvement in cultural production and planning.
- **The Locality Programme.** This project provided small grants and gave older people a voice in local decision-making.
- **The 'Positive Images of Ageing' Campaign.** This campaign challenged ageist stereotypes with images across city centre advertising spaces, exhibitions and published calendars.

Making Cities More Age-Friendly

Most existing evidence on what makes cities age-friendly is based on interviews with older people and case studies of initiatives trialled in other cities (Box 3).³⁰ A mixture of objective and self-report measures are used to assess the effectiveness of age-friendly interventions, with different methods used across studies. This makes it difficult to establish the effectiveness of particular interventions and robust studies are rare because of practical difficulties and

high costs.³¹ Evidence about how age-friendly interventions affect specific subgroups of older people, such as ethnic minorities, is particularly limited.^{32,33} This means it is hard to generalise findings from individual studies and compare research findings cross-culturally. Research on making the physical environment of cities more age-friendly focuses mainly on housing, outdoor spaces and transport.

Box 3. Methods used in research on age-friendly cities

- **Focus groups and consultations** gather older people's views. Used by WHO and researchers to inform policy recommendations about strategies that might work.
- **International case studies** may provide examples of what works for other cities.
- **Cross-sectional surveys** speak to a sample of people at a particular point in time in order to compare views and experiences across different age groups.
- **Pilot interventions** test whether a proposed intervention leads to the expected outcomes. These can use a range of methods including before and after tests. Experts suggest more pilot interventions are needed with longer follow-up periods.^{31,34}
- **Systematic reviews** assess the quality of available evidence from primary research studies to draw robust conclusions.³⁵

Housing

Older people spend more of their time in their homes than other age groups, which makes housing an important component of age-friendly cities.³⁶ Three main policy options are discussed below.

Adapting existing housing stock

93% of older people live in mainstream (general needs) housing and interviews suggest that a large proportion of people prefer to live in their own homes as they age.^{37,38} Evidence suggests that many existing homes are not suitable for older people's varied needs.^{39,40,41} Most existing housing stock is likely to be still in use by 2050, so many homes will need to be adapted so that older people can continue to live in them.^{42,43,44,45} Three issues are important in adapting existing housing.

- **Energy efficiency.** Cold housing has been shown to contribute to excess winter deaths.⁴⁶ Cross-sectional survey data shows that cold indoor temperatures are correlated with a range of poor health indicators such as high blood pressure and cholesterol, although there is no evidence for a causal relationship between cold homes and poor health in older people.⁴⁷ Two systematic reviews examined a range of energy improvements to make homes warmer (such as the installation of central heating) on the general health, respiratory and mental health of older people and reported different effects.⁴⁸
- **Safety.** Older people are at increased risk of unintentional injury and death in the home.⁴⁹ Falls are a major concern, costing the NHS more than £2bn per year.^{50,51} In 2014-15, 50% of the people attending accident and emergency who were admitted were older people, compared to 16% of those aged under 65.⁵² Assistive technologies can allow people to stay in their own homes for longer, by preventing falls and injuries or by helping to manage chronic conditions.^{41,53} Examples include bath and stair lifts, telecare alarms and automatic reminder systems for

medication. Adaptive technologies such as grab rails are estimated to save on average £579 per person per year (including state and private costs) and improve quality of life at a worth of £1,522 per annum.⁵⁴ A two-year NHS England 'Test Bed' project is currently underway in Surrey to provide people with dementia with sensors, wearables, monitors and other devices, which will combine into an 'Internet of Things' (PN 510, PN 423) to monitor their health at home.⁵⁵ Take up of such technologies may be limited by high costs, poor information and resistance from older people.^{56,57}

- **Security.** Older people, together with women and people with disabilities, tend to fear crime more than other groups and this can limit their social activities, according to a 2013 systematic review.⁵⁸ Another systematic review found that home security improvements (for example secure entry systems) reduce fear of crime for some older people, but can be perceived as unwelcoming.⁵⁹

Building new general purpose housing

A number of optional standards have been developed for new-build housing to address older people's needs.^{39,60,61,62} These standards have been implemented differently in each of the UK nations (Box 4). Criticisms include:

- The standards mainly address physical mobility and do not address other impairments. For example, people with dementia may benefit from other design features such as appropriate visual contrast on walls, floors and doors.^{61,62}
- It is unclear what proportion of new housing meets these standards, even when required by local authorities. For example, the Greater London Authority has insisted new homes are built to the Lifetime Homes Standards since 2004, but the 2015 Plan records a fall in the number of homes completed to these standards in 2013-14.⁶³
- According to the Institute for Public Policy Research (IPPR) think-tank, only a small proportion of older people live in new-build housing and therefore these standards are unlikely to support the majority of older people who live in their own homes.⁶⁴

Specialised housing

The term 'specialised housing' refers to a number of different housing types including retirement and sheltered housing and extra care homes.⁶³ In 2009, 11% of households headed by someone over 65 were in specialised housing.³⁹ Specialised housing is provided by public and private sectors and provision varies by region, with more available in the South than the Midlands and the North of England.³⁷ A recent parliamentary inquiry called for greater provision of new retirement housing alongside starter homes.⁶⁵ No robust research has been conducted on the effects of living in specialised housing.⁶⁶ Interviews with older people suggest that specialised housing has health and social benefits.^{67,68} Evaluations of specialised housing schemes indicate high levels of resident satisfaction.^{69,70}

Outdoor Spaces

Older people spend more time in their immediate neighbourhood than other age groups.⁷¹ Research shows

that walkability, accessibility and safety are ways to improve outdoor spaces for older people.

Box 4. Standards for new housing across the UK

Housing strategies across the UK administrations largely reflect Lifetime Homes Standards (LHS) developed by the Joseph Rowntree Foundation and Habinteg Housing Association in the 1990s.^{39,72,73,74,75}

- **England:** National housing standards introduced in October 2015 largely reflect the LHS. These standards are optional and developers may appeal against local authority decisions to enforce them.^{63,76}
- **Scotland:** Existing building regulations, administered and enforced by local authorities, reflect the LHS.⁷⁷ The Scottish Government is reviewing building standards across different housing tenures.⁷⁸
- **Wales:** Social housing in Wales is required to consider the LHS 'where practical and cost effective to do so'. A public consultation on proposals to make standards (incorporating LHS) mandatory for new and rehabilitated homes closed in April 2016. As yet, there has been no Welsh Government announcement on next steps.⁷⁹
- **Northern Ireland:** Specific housing types (such as self-contained bungalows and ground floor flats) are required to meet the LHS.⁸⁰

- **Walkability.** Interviews indicate that walking is the predominant way that over 65s get around their local neighbourhood.⁸¹ Good pedestrian infrastructure (including well-maintained pavements and dropped curbs) is associated with increased levels of physical activity for older people and is a predictor of community participation.⁸² Surveys show that time spent walking is associated with good health outcomes for older people.⁸³
- **Accessibility.** Interviews with older people consistently highlight inexpensive features that would make outdoor spaces more accessible, including the provision of clean and safe public toilets, benches and rest points at frequent intervals, longer crossing time at pedestrian crossings, and wide and flat tarmac footways.^{81,84}
- **Safety.** Feeling safe to go outdoors promotes independence, self-esteem and social inclusion.⁸⁵ Older people, particularly older women, report feeling more unsafe than younger people about walking after dark.^{86,87} Interviews and focus groups with older people show that fear of falling may also affect older people's inclination to go outdoors.^{88,89,90} Some small-scale interventions that use special paving, road surfaces, planters, benches and lighting to encourage pedestrians and drivers to share the use of local streets have led to increased perceptions of safety among older residents.⁹¹ Systematic reviews suggest that a separation between pedestrians and other non-motorised transport (for example bikes, skateboards) makes older people feel safer and promotes walking.^{92,93}

Green space

Access to green space is a Sustainable Development Goal and evidence suggests that access to green space (for example parks and allotments) is associated with health benefits for the general population, including physical activity, mental health and wellbeing (PN 538).⁹⁴ A 2013 systematic review found that green spaces promote physical activity among older people and cross-sectional surveys

have linked the quality of open spaces to older people's life satisfaction.^{95,96,97} Several studies suggest that green spaces may help to address issues of loneliness and social isolation in older people by promoting social contact.^{32,98,99}

Transport

Transport enables older people to stay socially connected, work, access services and participate in their communities.^{84,100}

- Driving is the most common means of travel for all ages, gender and income groups.¹⁰¹ In 2013, 82% of people aged 60-69 and 62% of people aged over 70 held a driving licence.¹⁰² Driving is one of the most accessible forms of transport for people with a disability.¹⁰³ Interviews with older people suggest that giving up driving increases depression and related health problems.¹⁰⁴ Autonomous vehicles could benefit older people and there is increasing research into in-vehicle technologies such as alert systems that could enable people to keep driving safely for longer.^{105,106}
- Affordable and accessible public transport is a key factor in living actively into older age and is part of the UN Sustainable Development Goals.^{26,107} Free off-peak concessionary bus travel for older people has been shown to increase the use of the bus system and increase wellbeing.¹⁰⁸ Interviews with older people suggest a number of measures to make public transport in the UK more accessible include vehicles with accessible features such as large doors, secure handrails, low floors and steps, wide seats, clear signage at bus and train stations, and bus stops that allow a view of approaching buses.¹⁰⁹ Alongside physical adaptations, staff training is important in supporting older people's use of public transport, particularly those with dementia.¹¹⁰

Challenges for Creating Age-Friendly Cities Involving Older People in the Design of Cities

Civic participation is a key element of age-friendly cities, and surveys show that older people are more likely than any other age group to engage in civic participation, consultation or activism.^{26,111} Many experts advocate a collaborative approach to age-friendly cities.^{112,113,114} This involves older people working with designers and planners to deliver services or places. Such an approach can lead to novel solutions and give older people greater control over their physical environment.¹¹⁵ However, a major challenge is to ensure the representation of all groups of older people.^{116,117}

Designing Cities to Benefit Everyone

Experts suggest that what is good for older people can benefit everyone when designing cities.^{116,118,119,120} For example, some of the measures proposed for age-friendly cities are already being implemented as part of wider efforts to improve accessibility.¹²¹ However, in some cases there may be no 'one size fits all' solution to accommodate everyone's needs.¹²² For example, tactile paving is helpful for blind and visually impaired people but not older people with limited mobility.¹²³ There is also a tension between responding to the needs of the current older population, and

designing cities that promote healthy ageing across the lifespan. For example, lifts and escalators may improve access for people with limited mobility, but the health of other groups would benefit from using stairs.¹²⁴

Delivering Age-Friendly Cities

Public attitudes

Surveys suggest ageism is a commonly experienced form of discrimination in the UK with the most negative attitudes more common in cities.^{125,126,127} Longitudinal research has shown that negative stereotypes of older people affect health outcomes and can be a barrier to older people's participation in society.^{26,126,128} Programmes that promote long-term social contact between older and younger generations have been shown to be effective in tackling ageism among younger people.¹²⁹

Economic Barriers

Investing in age-friendly public services and infrastructure may be difficult because of reductions in local authorities' spending power.¹³⁰ The time and cost of building new infrastructure may be a barrier. For example, the Department for Transport has allocated £160m over four years to make 68 rail stations step-free. There is evidence that some interventions, including the provision of good-quality outdoor spaces and programmes to increase levels of physical activity may be cost-effective in the long-term by reducing health and care costs.^{131,132}

Challenges for local planning

Most responsibility for planning falls to local authorities in the UK and they are required to devise local development plans. Local plans are informed by national planning policies which are set by the UK Government and each of the devolved administrations. A recent report from the House of Lords Select Committee on National Policy for the Built Environment identified a number of challenges for local planning departments, including a lack of capacity and skills arising from funding cuts, developers and landowners seeking competitive returns from new buildings, and appeal processes undermining the delivery of wider planning guidelines.⁴² Delivering age-friendly strategies that coordinate across housing, infrastructure and transport sectors is also challenging. Successful strategies may require a dedicated team to support partnerships between multiple stakeholders, such as private developers, housing associations, transport providers, local authorities and residents.^{133,134}

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