



AGING AND SOCIETY



# Ageing in Place in Urban Environments Critical Perspectives



TINE BUFFEL AND CHRIS PHILLIPSON

“This major study addresses the global experience of urbanisation combined with population ageing. The book, from two leading scholars in the field, provides a challenging account of ageing in place, neighbourhood change, and the future of age-friendly cities. It highlights spatial justice for older people as of fundamental importance in confronting inequalities in contrasting urban environments”.

—**Sheila Peace**, *Emeritus Professor of Social Gerontology,*  
*The Open University, UK*

“This book presents a tour de force integration of scholarship across disciplines to propel the age-friendly cities movement into the 21st century. While not minimizing the gravity of compounding societal challenges, the authors describe clear directions for policy and practice that are within reach of advocates and decision-makers across sectors”.

—**Emily A. Greenfield**, *Professor at the Rutgers School of Social Work,*  
*The State University of New Jersey, USA*

“This important book presents a much-needed critical assessment of the challenges related to growing older in urban communities. It offers a cohesive, analytical frame that not only advances scholarship on urban aging, but on how we understand, support and give voice to the dynamic relationship between older people and their places”.

—**Kieran Walsh**, *Professor of Ageing and Public Policy,*  
*University of Galway, Ireland*



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# AGEING IN PLACE IN URBAN ENVIRONMENTS

*Ageing in Place in Urban Environments* considers together two major trends influencing economic and social life: population ageing on the one side and urbanisation on the other.

Both have been identified as dominant demographic trends of the twenty-first century. Cities are where the majority of people of all ages now live and where they will spend their old age. Nevertheless, cities are typically imagined and structured with a younger, working-age population in mind while older people are rarely incorporated into the mainstream of thinking and planning around urban environments. Cities can contribute to vulnerability arising from high levels of population turnover, environmental problems, gentrification, and reduced availability of affordable housing. However, they can also provide innovative forms of support and services essential to promoting the quality of life of older people. Policies in Europe have emphasised the role of the local environment in promoting “ageing in place”, a term used to describe the goal of helping people to remain in their own homes and communities for as long as they wish. However, while this has been the dominant approach, the places in which older people are ageing have often proved to be challenging environments. The book explores the forces behind these developments and how older people have responded.

Drawing upon approaches from social gerontology, urban studies, geography, and sociology, this book will be essential reading for researchers, policymakers, and practitioners searching for innovative ways to improve the lives of older people living in urban environments.

**Tine Buffel** is Professor of Sociology and Social Gerontology at the University of Manchester, UK, where she leads the Manchester Urban Ageing Research Group. Her research primarily focuses on issues of inequality, ageing in place, and underlying processes of spatial and social exclusion in later life. Much of her work has involved co-production methodologies, building on partnerships with older people, local authorities, and community organisations to study and address equity and justice issues in urban environments. She has published widely in the field of ageing and age-friendly cities, contributing a critical lens to the study of urban ageing and assisting the development of policies to improve the experience of ageing in cities.

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# AGEING IN PLACE IN URBAN ENVIRONMENTS

Critical Perspectives

*Tine Buffel and Chris Phillipson*



ROUTLEDGE

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LONDON AND NEW YORK

Designed cover image: © Shutterstock

First published 2024

by Routledge

4 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge

605 Third Avenue, New York, NY 10158

*Routledge is an imprint of the Taylor & Francis Group, an informa business*

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*British Library Cataloguing-in-Publication Data*

A catalogue record for this book is available from the British Library

ISBN: 978-1-032-12731-6 (hbk)

ISBN: 978-1-032-13466-6 (pbk)

ISBN: 978-1-003-22932-2 (ebk)

DOI: 10.4324/9781003229322

Typeset in Sabon

by Apex CoVantage, LLC

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# ACKNOWLEDGEMENTS

The authors would like to acknowledge a number of debts of gratitude for help and support in writing this book. We are extremely grateful for advice and assistance from members of the Manchester Urban Ageing Group, in particular Patty Doran, Mark Hammond, Camilla Lewis, James Nazroo, and Sophie Yarker. Tine Buffel would like to express thanks to Dominique Verté and colleagues at the Vrije Universiteit Brussel for helping spark her initial interest in urban ageing. Many of the ideas and arguments in the book were developed at conferences organised by the British Society of Gerontology and the Gerontological Society of America. We very much appreciate the critical comments and suggestions received at these events: They greatly assisted the process of developing the various themes in the book. There is now a large and enthusiastic group of researchers and policymakers working on the issues discussed in the various chapters. We are especially grateful to the following for providing us with inspiration for parts of the book: Emily A. Greenfield, Amanda Grenier, Thiago Hérick de Sá, Paul McGarry, Kieran Walsh, Anne Berit Rafoss, Samuèle Rémillard-Boillard, Shellae Versey, and Jarmin Yeh. The book rests upon a number of perspectives drawn from critical gerontology, and we record here our debt to Jan Baars, Dale Dannefer, and Carrol L. Estes for providing inspiration for our work. We are grateful to the team at Routledge, in particular Neil Jordan and Dean Birkenkamp, for their support and encouragement. Miriam Tenquist provided invaluable administrative support in the production of the book. The book has benefited from a research grant to Tine Buffel from the Leverhulme Trust (grant number: RL-2019-011). We are also grateful to The University of Manchester Library for financial support for open access.

**xvi** Acknowledgements

The book would not have been possible without the support of our respective families who have been a major source of inspiration and advice. The book is dedicated to them.

*Tine Buffel and Chris Phillipson*

## **PART 1**

# Critical perspectives on ageing in place in urban environments

Background, theory,  
and development



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# 1

## AGEING IN PLACE IN URBAN ENVIRONMENTS

### Introduction

This volume aims to provide a critical perspective on the challenges and opportunities of urban living for diverse ageing populations. The book develops new ways of understanding and supporting “ageing in place”, exploring this theme in the context of issues associated with widening urban inequalities, gentrification, migration, climate change, and new forms of community organising among older people themselves. “Ageing in place” has been defined as an approach aimed at helping people to remain in their own homes and communities for as long as they wish. However, the wider urban context influencing *how* people age in place, together with the pressures on the *places* in which they age, has been the subject of much less discussion.

In response, this volume examines how the social changes affecting urban environments give rise to contrasting experiences for people ageing in place. In doing so, the book provides new insights into the *local expression of macro-social forces* as they are lived out by older people in urban neighbourhoods, drawing attention to the different forms of exclusion and inequality that affect people in later life. In addition to exploring how older residents are shaped by exchanges with their environment, the book also considers the role of older people as *local agents of urban change*. It examines how different groups enact *agency* by engaging in the development and production of urban space, thereby influencing both the individual and collective experience of ageing in place. In doing this, the book draws upon a “*right to the city*” framework to deepen understanding of the various ways in which older residents engage in place-making practices, drive social change and action, and participate in decision-making about the future of their communities.

#### 4 Critical perspectives on ageing in place in urban environments

The book highlights the need for a radical, creative, and aspirational approach to creating age-friendly cities and communities, one which is informed by a community participation model to urban planning, and which facilitates the active involvement of people of all ages, including older adults with diverse identities, capabilities, needs, and ambitions. The core concepts that underpin such an approach are *voice, control and co-production*, leading to people having a greater say in their lives; *equity*, leading to a reduction in inequalities; and *social connectedness*, leading to healthier and more cohesive communities.

The discussion of how to nurture urban environments, responsive to the needs and aspirations of a diverse ageing population, is essential to all those involved in developing age-friendly cities and communities. It is also vital to those working across a range of disciplines and policy areas involved in shaping the future of urban communities. Reflecting this last point, the book combines research in *urban studies, geography, sociology*, with that in *social gerontology*, producing a synthesis of relevance to researchers, policymakers, and practitioners concerned with the future of cities in the twenty-first century. The book is also aimed at those searching for innovative and participatory ways to improve the lives of present and future cohorts of older people. The book is designed to inspire and stimulate discussion and consideration of new areas for theoretical and empirical development in the field of urban ageing, applying a wide range of economic, political, and social themes.

#### **Background to the book**

This book develops an innovative and interdisciplinary approach to understanding the relationship between *population ageing* and *urbanisation*, both identified as major demographic trends of the twenty-first century. Their interaction raises issues for all sectors of society, including labour and financial markets, the demand for goods and services, and family structures and intergenerational ties (WHO 2018). In Organisation of Economic Cooperation and Development (OECD) countries, the population share of those 65 years and over increased from less than 9% in 1960 to more than 17% in 2010 and is expected to reach 27% in 2050. The increase has been particularly rapid among the oldest group, with the share of the population aged 80 and over projected to more than double from 4.6% in 2019 to 9.8% in 2050 (OECD 2021). Of equal significance is the global acceleration of urbanisation, with more than half of the world's population (55%) now living in cities, with this set to increase to around two-thirds by 2050 (UN 2019). The relationship between these major trends – population ageing and urbanisation – is now the subject of increased academic and policy analysis (van Hoof et al. 2018). The OECD (2015, 18) argues that:

Designing policies that address ageing issues requires a deep understanding of local circumstances, including communities' economic assets, history

and culture. The spatially heterogeneous nature of ageing trends makes it important to approach ageing from an urban perspective. Cities need to pay more attention to local circumstances to understand ageing and its impact. They are especially well-equipped to address the issue, given their long experience of working with local communities and profound understanding of local problems.

A report by the World Bank (Das et al. 2022, emphasis added) has stated that:

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

The case for this book is especially strong given that cities are where the majority of people (of all ages) now live and where they will spend their old age. Nevertheless, cities are, for the most part, imagined and structured with a younger, working-age demographic in mind and older people are not, typically, incorporated into the mainstream of thinking and planning around urban environments (Buffel, Handler, and Phillipson 2018). Cities are regarded as central to economic development, attracting migrants, professional workers, and knowledge-based industries (Burdett and Sudjic 2016). Urban environments create many advantages for older people, for example, through providing access to cultural activities, leisure facilities, and specialist medical care (Phillipson 2010). At the same time, they may also produce feelings of insecurity, arising from the impact of urban regeneration, population turnover, and environmental problems associated with climate change, together with high levels of pollution (*see further Chapter 6*).

Cities are ageing at different rates, in contrasting economic contexts and varying levels of diversity, representing challenges for policymakers seeking to reconcile ageing issues with urban development. International migration has also made an important contribution to the diversity of older citizens (Torres 2018). Global cities host large numbers of ageing migrant populations, including both affluent and excluded groups (Repetti, Calasanti, and Phillipson 2021). The pace and nature of migration vary significantly across cities and countries. This has generated diversity not just in terms of ethnicities and countries of origin, but also with respect to factors that relate to where, how, and with whom older people live (Buffel 2018, 2019; Nazroo 2017). The trends associated with the increasing complexity of urban environments on the one hand, and more varied ageing populations on the other, underline the need for understanding older people's contrasting experiences of ageing in place in cities.

Policies in Europe have emphasised the role of the local environment in promoting “ageing in place”, a term used to describe the goal of helping people to remain in their own homes and communities while ageing (Wiles et al. 2012). In 2010, the World Health Organization (WHO) launched the Global Network of Age-Friendly Cities and Communities. The Network (*see further Chapter 2*) has been influential in raising awareness about the value of adapting urban environments to the needs and preferences of ageing populations, in terms of housing, civic participation, transport, and health services. To support this, research has contributed significant knowledge on the different strategies appropriate for building age-friendly communities, with studies exploring how different social and physical aspects of the local environment shape people’s attachment to their neighbourhoods (e.g., Greenfield and Buffel 2022; Meeks 2022; van Hoof and Marston 2021).

However, while the dominant approach has been towards encouraging ageing in place, the *places in which older people are ageing* have often proved to be hostile and challenging environments (Buffel and Phillipson 2019), reflecting factors, such as widening economic and social inequalities within cities; the impact of gentrification and urban regeneration; instabilities within cities affected by either rapid industrialisation or de-industrialisation; the impact of economic austerity; and finally, the effects of climate change. Such developments have received only limited acknowledgement within the research and policy literature, with much of the debate remaining disconnected from the economic and social pressures affecting cities.

An important question concerns the extent to which changes in urban areas associated with gentrification and regeneration may alter the sense of place, or “belonging”, that individuals have developed over their life course. In this context, Kelley, Dannefer, and Masarweh (2018) developed the concept of “erasure” to refer to the ways in which older people may be “unseen” in research or institutional practices. This can occur in gentrifying areas, where older people are erased from urban renewal discourse, with neighbourhood change typically focusing on the needs and lifestyles of incoming groups, rather than those of long-term residents (*see further Chapter 4*).

### What do we mean by “urban” ageing?

The term *urban ageing* refers to a central idea in the book that experiences of ageing are diverse and that understanding this diversity requires consideration of ageing in different contexts and environments (Keating and Phillips 2008). Urban is one such context. The term “urban” has been used in several different ways, and definitions have been the subject of much debate (Yarker, Doran, and Buffel 2021). Following Savage, Warde, and Ward (2003), we believe there is no solid definition of what “urban” means. The term “urban area” is often used interchangeably with concepts such as the “metropolitan

area” or the “city” (Fainstein 2010), and the label “urban” in “urban sociology” or “urban studies” is often a flag of convenience (Savage, Warde, and Ward 2003). Sassen (2017, 145) views the concept of the city as “complex, imprecise, and charged with specific historical and therefore variable meanings . . . Today’s major global processes add to these debates and complexity”.

Tonkiss (2013, 4) defines the city as a concept, which “gives us a handle on the organisation of urban processes in space and a basis for making claims to systems of urban power”. For this book, the “urban” provides both the empirical context and a theoretical lens. The volume’s urban focus not only offers an opportunity to respond to some of the limitations of the ageing-in-place literature, especially in relation to its lack of engagement with theories of urban change. It also provides a critical lens through which to situate age-friendly policy and practice within other urban agendas and to improve our understanding of *ageing* in relation to processes of *urban* change (Yarker, Doran, and Buffel 2021, 2023).

Although the term “urban” cannot be defined in a general way, we argue that it does provide an important perspective with which to study many of the issues facing people in middle and later life. This is because it draws attention to a number of specific processes in cities that shape the ageing experience at different points across the life course. Examples of themes examined within urban studies that are particularly relevant to the study of ageing include the impact of urban change on the *development of social relationships*; the role of places in shaping people’s *attachment to particular neighbourhoods*; the *nature of “urban” problems* such as poverty, pollution, congestion, and fear of crime; and the ways in which urban life is affected by *features of local social structure*, such as gender, class position, ethnic group, and housing situation (Kern 2021; Savage, Warde, and Ward 2003). This book will expand and enrich such themes through our focus on the lives of a variety of older adults and ageing processes in diverse urban settings. The argument developed in the book is that understanding the forces behind urban change will make a substantial contribution to understanding the lives of older people.

The trends affecting urban areas are subject to considerable variation. Contrasting examples are provided by, on the one hand, cities with declining populations, for example, in some regions of the Global North and, on the other hand, cities that expanded through rapid industrialisation or rural-to-urban migration, especially in the Global South. Another type of urbanisation has come with the rise of what Davis (2006) refers to as “second-tier cities and smaller urban areas”. He argues that while the so-called “mega-cities” have captured much of the research and policy focus, three-quarters of future world population growth in fact will be in these smaller cities, where “there is little or no planning to accommodate . . . people or provide them with services” (UN-HABITAT as quoted in Davis 2006, 6). Of major importance in

the Global South is the predominance of slums, affecting one in three people living in urban areas. While the nature and characteristics of slum development vary enormously within and across different countries, the reality is similar in terms of vastly depleted urban infrastructure unable to support vulnerable populations.

Cities are also ageing at different rates, in contrasting economic contexts, and with varying levels of complexity. Such characteristics represent different challenges for policymakers seeking to reconcile ageing issues with urban change and processes. Different cities demand different ways of responding to population ageing. One important aim of this book is to explore how contrasting urban environments can both support and draw upon the experiences and strengths of older people. This theme is developed by reviewing a range of theoretical, policy, and practice issues relating to ageing in cities.

### **A critical approach to understanding “ageing in place”**

“Ageing in place” is a term that has been used and defined in a variety of ways, which builds on a large body of work in environmental and geographical gerontology that aims to “describe, explain, and modify/optimize the relationship between the ageing person and his/her physical environment” (Wahl and Oswald 2010, 112). Rogers, Ramadhani, and Harris (2020, 1) conducted a review of the use of the concept, proposing the following definition based on several common themes and disciplines: Ageing in Place refers to “one’s journey to maintain independence in one’s place of residence as well as to participate in one’s community”. The authors further note that:

The ‘journey’ component reflects that a person’s situation changes over time as they are aging; that is, Aging in Place is a process. The aspects of ‘maintain independence’ and ‘participate’ reflect the broad goals of the person that are independent of the space. The space aspect is represented by both ‘place of residence’ and ‘community’, as the sense of community is a key component of Aging in Place.

(9)

As with other conceptualisations of ageing in place, this definition emphasises the importance of maintaining a degree of *independence* on the one hand and a sense of *community* or sociality on the other. An example of a definition which focuses on the first aspect comes from Horner and Boldy (2008, 356) who defined ageing in place as a “positive approach to meeting the needs of the older person, supporting them to *live independently or with some assistance* for as long as is possible”. An emphasis on the community dimension is evident in the World Health Organization’s (2020, 37,

emphasis added) definition of ageing in place as “to remain at home in their [older people’s] familiar surroundings and *maintain the relationships that are important to them*”. Golant (2015) introduced the term “ageing in the *right place*”, linking this to the importance of older people living in “places where they experience overall pleasurable, hassle-free and memorable feelings that have relevance to them, and where they feel both competent and in control”.

Pani-Harreman et al. (2021) identified five main dimensions of ageing in place, including the role of *place*, defined as both the physical space and attachment to place; *social networks* and relationships with family, friends, and neighbours; *support* including formal support by professionals and services as well as informal support by members of one’s social network; *technology* such as home modifications and assistive devices to support mobility, self-care, and a sense of safety; and *personal characteristics* of the older person, such as resilience and adaptability.

Smetcoren (2015, 12) explored the different ways in which the concept of ageing in place has developed, noting the extent to which researchers have stressed the need to avoid it becoming “the prevailing standard for ageing well”. She highlighted several studies which have demonstrated: “possible hazards and negative outcomes for the well-being, and independence of older people when living in housing that is incongruous with their needs”, citing Hillcoat-Nallétamby and Ogg’s (2014, 1788) view that: “‘ageing in in place’ is not a continuous, uniform experience or solution, but will vary in its doability depending on evolving life course needs” (see further Yarker, Doran, and Buffel 2023).

Building on these different contributions, this book aims to develop a *critical* perspective on ageing in place, one which brings into focus the *inequalities* associated with ageing in urban environments. Such an approach starts from the observation that many ageing-in-place policies are based on an assumption of relative privilege and affluence and run the risk of mainly catering for the “healthy and wealthy”, further excluding those groups of older people whose lack of resources limits their agency and decision-making about where and with whom to live (Byrnes 2011; Phillipson 2007). Finlay, Gaugler, and Kane (2020) note that while ageing-in-place policies routinely acknowledge the need for recognising social and cultural diversity, this is rarely put into practice, and even less attention is paid to forms of structural disadvantage. Therefore, the critical approach to ageing in place as proposed in this book suggests that:

- (1) Issues related to *life-course inequality* and *exclusion in old age* need a much stronger emphasis on ageing-in-place theory and practice;
- (2) There is an urgent need for ageing-in-place researchers and practitioners to address the *unequal capacity of places* to support ageing in place;

## 10 Critical perspectives on ageing in place in urban environments

- (3) Ageing in place is not just influenced, but constituted by *lived experiences of advantage and disadvantage over time, and in specific social contexts*;
- (4) By exploring how structural and socio-political forces shape the *places* in which we age, interventions aimed at improving the *conditions* for ageing in place may be enriched;
- (5) We need a *dynamic understanding of both place and ageing in place*, including a focus on how older people employ *agency and collective action to shape the places* in which they age;
- (6) Policies must acknowledge that ageing must be in the *right place*, defined as the most appropriate setting reflecting older people's preferences, circumstances, and care needs.

Building upon these points, the book aims to achieve a balance between attention to the *structural* pressures that older people face in cities and the different forms of *agency and collective action* deployed in response. In other words, a critical approach to ageing in place not only draws attention to the starkly uneven opportunities to reside in a *good place to grow old* (Finlay, Gaugler, and Kane 2020) but also draws attention to the opportunities for older people to assert their “right to the city” (Lefebvre [1968] 1996) and enact “agency”. These terms are defined as responding to the changes affecting localities by *appropriating, participating, or taking proactive action* to create and sustain environments that meet their needs. Such an approach, which recognises the interplay between structure and agency, has the potential to provide a fresh lens through which to study the process of ageing in place in changing urban environments.

### Aims and key research questions

Based upon the context sketched earlier, this book comprises the following principal aims: First, to bring together theories and empirical research for understanding the *experience of ageing* in place in contrasting urban settings; second, to review the various *forms of inequality* and exclusion affecting older populations in urban environments; and third, to provide a critical perspective on *developing age-friendly communities* in the context of urban change arising from globalisation, urban regeneration, and austerity; fourth, to identify ways in which older people can be involved in the *co-production of research, policy and practice* aimed at improving the lives of those ageing in urban environments; and fifth, to critically assess *interventions and initiatives* aimed at supporting ageing in place. These aims are reflected in the following questions examined in the various chapters of the book:

- What are the challenges and opportunities of urban living for ageing populations? And vice versa: What are the challenges and opportunities for urban environments arising from population ageing?

- What has been the impact of social changes affecting urban environments on the lives of older people? And vice versa: To what extent and how can older people influence the social changes affecting their urban living environments?
- In what ways do neighbourhoods undergoing urban change produce experiences of social exclusion and inclusion for people ageing in place? What forms of adaptation or resistance have been developed by different groups of older people?
- How can older people themselves be involved in developing, shaping and co-producing research, policy and practice aimed at improving the lives of those ageing in cities? What policies, programmes and processes allow cities to support and improve the experience of ageing in place?

The idea of promoting age-friendly environments embraces the full range of spatial forms – from densely populated urban areas to isolated rural communities. The focus of this volume is predominantly on the former (reflecting the work of the authors), but many of the themes discussed will have relevance for other types of communities, and reference has been made to these where appropriate. The bulk of the book draws on theories and empirical work developed in the Global North (North America, Europe, and Australasia especially), but the discussion will offer new ideas of how the age-friendly movement can expand its work to achieve a true global strategy to improve the lives of older people across the Global South and Global North.

### Structure of the book

The book is divided into two parts: Part 1 provides a critical perspective on ageing in urban environments. Following this introductory chapter, **Chapter 2** presents a critical analysis of the dominant paradigm through which debates around ageing and urbanisation have been conducted, that is, the World Health Organization (WHO) model to develop “age-friendly cities and communities”. The chapter examines the origins of the age-friendly model and factors influencing its development as well as some of the successes and achievements of the age-friendly movement. The discussion takes a critical perspective to the WHO approach, analysing the challenges of implementing age-friendly programmes given the economic and social pressures facing urban environments.

**Chapter 3** locates discussions about age-friendly cities and communities and “ageing in place” as discussed in Chapters 1 and 2 in the context of theoretical debates about place, community, and inequality. Exploring the links between “community” on the one side, and the idea of “age-friendliness” on the other, the chapter first examines how ideas about neighbourhood and locality have developed in sociological and community studies. Following this, it examines the current challenges facing communities, with a particular

focus on those linked with neighbourhood inequalities and social exclusion. Some of the changes affecting communities and the impact of COVID-19 on neighbourhood life are also considered. Finally, the chapter reviews the scope for engaging older adults themselves in the development of age-friendly communities.

**Chapter 4** examines the experience of ageing in place in the context of neighbourhoods undergoing urban change, with a particular focus on the impact of gentrification. It reviews studies that have explored how older adults make sense of and negotiate neighbourhood transitions in everyday life, exploring the process of gentrification through an ageing lens. The chapter uses the concept of “erasure” to explore why older people have been neglected in gentrification studies and reviews the research literature on older people’s experiences of ageing in place in urban neighbourhoods undergoing gentrification, focusing on issues of belonging and place attachment on the one hand, and exclusionary pressures associated with gentrification on the other. The final part of the chapter discusses the implications of these findings for developing age-friendly communities in gentrifying areas, arguing there is a need for policies, programmes, and infrastructure, which ensure that the positive effects of gentrification are shared by *all* and not just the incoming and wealthier residents.

**Chapter 5** focuses on the experiences of ageing in place among ageing migrants living in urban neighbourhoods. The chapter begins with an examination of the background behind the growth of the population of older migrants, with particular reference to those who migrated in search of work. This is followed by an exploration of their experience of urban life, focusing on those ageing in place and those moving to provide care. The chapter demonstrates that the needs of older migrants or migrants ageing in place often lack visibility in the development of public policies in the countries into which they have settled. The conclusion argues for an approach which recognises the need for innovations in age-friendly interventions which can accommodate the increasingly mobile populations within and between countries of the Global North and South.

**Chapter 6** analyses the impact of climate change on the urban environments in which people age. This chapter builds on Merdjanof’s (2021) argument that climate change and natural disasters are not equal opportunity threats but exacerbate in many cases existing inequalities related to race and ethnicity, gender, socioeconomic status, and age. Such impacts are felt greatest by the most socially vulnerable, especially groups within the older population. The chapter explores the interaction between ageing, urbanisation, and climate change by examining why cities are important in the debate about climate change, identifying some of the reasons why older people in cities are especially vulnerable to environmental extremes, and reviewing the potential of older people to play a more central role in debates on the effects of climate change.

Part 2 of the book examines specific features of the community and social context of urban ageing, highlighting various innovations with the potential to support people ageing in place. **Chapter 7** explores the role of what has been termed “social infrastructure” – the places and organisations that facilitate social interactions and connections – in supporting the experience of ageing in place. The chapter develops the case for applying an “*infrastructural lens*” to the question of how we can create age-friendly environments that support people to grow older in their own homes and communities. It examines the meaning and value of social infrastructure for sustaining social and civic life, its role in supporting the experience of ageing in place, and its potential to *include* as well as *exclude* particular groups of older people. It also discusses the impact of austerity and cuts to social infrastructure for ageing populations. The chapter concludes by arguing that social infrastructure and the conditions that shape public life in cities require significant investment, just as much as the built environment in supporting people to age in place.

**Chapter 8** argues that while most research on ageing in place has focused on how neighbourhoods affect the lives of older people, the ways in which older people shape, influence, and transform their neighbourhood remains under-researched. This chapter examines this last issue by focusing on the role of older residents as local agents of urban change. It explores how older people enact agency by engaging in the development and production of urban space, thereby radically shifting the narrative on ageing in place from one which predominantly views older adults as recipients or adaptive users of social resources and support. Instead, this chapter uses a “right to the city” framework to deepen understanding of how older adults shape their individual and collective experience of ageing in place. The conclusion argues for a community participation approach to urban planning, one which facilitates the active involvement of people of all ages including older adults with diverse identities, capabilities, needs, and aspirations.

**Chapter 9** assesses both the contributions and limitations of existing community interventions aimed at promoting ageing in place. Particular consideration will be given to the Village model, Naturally Occurring Retirement Communities (NORCs), and Co-Housing. Villages are self-governing, community-based organisations developed with the sole purpose of helping people to remain in their own homes for as long as possible. NORCs bring together older people and diverse stakeholders within a residential area with a large number of older adults to facilitate and coordinate a range of activities, relationships, and services to promote ageing in place. Co-Housing represents intentional communities developed and governed by residents through collective and consensual-based decision-making. Assessing the scope of these initiatives, the chapter examines the possibilities for developing new approaches to ageing in place, drawing on the collective resources of

older people themselves, transforming as a result the urban environments in which they are key actors.

**Chapter 10** brings together the different arguments in the book, placing these under the broad headings of “structural issues” on the one side, and “interventions” on the other. In both cases, we come back to the questions raised in Chapter 9, such as *how can the resources of the city best be used to benefit the lives of older people? And how can older people shape and develop those resources to support ageing in place?* These questions are considered through a range of themes, drawing on a “rights-based” approach to improving the lives of older people living in urban communities.

# 2

## POPULATION AGEING AND URBANISATION

### Developing age-friendly cities

#### Introduction

Developing what has been termed “*age-friendly*” cities and communities has become a significant theme in policy responses to demographic change (Finlay and Finn 2021; Page and Connell 2022; Torku, Chan, and Young 2021; van Hoof and Marston 2021). This reflects, first, awareness of the importance of the physical and social environment in maintaining or improving the quality of life of older people; second, the influence of policies designed to assist “ageing in place”, the idea of supporting people to live independently in their own homes for as long as they wish (Pani-Harreman et al. 2021) (*see further Chapter 3*); third, the debate around what represents “good” or “optimal” places to age (WHO 2007, 2018). Alley et al. (2007, 4) define an age-friendly community as a “place where older people are actively involved, valued, and supported with infrastructure and services that effectively accommodate their needs”. In a similar vein, the WHO views age-friendly environments as encouraging “active ageing by optimizing opportunities for health, participation, and security to enhance the quality of life as people age” (WHO 2007, 6).

The period from the mid-2000s saw a substantial growth of interest in age-friendly issues, reflecting increasing interest and awareness of the social and economic impacts of ageing populations. This initial period of development recorded a variety of achievements, linking ageing populations to the need for changes in the built environment, transportation, housing, and neighbourhood design (Moulaert and Garon 2016; Stafford 2019; van Hoof and Marston 2021). However, a combination of widening inequalities within urban environments, and the impact of austerity on

local government and city budgets, has raised question marks about future progress. This chapter examines the origins of the age-friendly model and factors influencing its development; considers some successes and achievements of the movement; and reviews challenges facing the implementation of this type of approach. Later chapters examine in greater detail the range of influences affecting the experiences of older people living in urban neighbourhoods, together with the potential for creating age-friendly environments.

### The development of age-friendly cities and communities

The age-friendly city programme was introduced in 2005 during the International Association of Gerontology and Geriatrics (IAGG) World Congress of Gerontology and Geriatrics, held in Rio de Janeiro. The idea was formalised with the launch of the WHO Global Age-Friendly Cities project in 2006 carried out in 33 cities across the Global North and South. The aim of this project was to identify the core features of an age-friendly city from the perspective of older people, caregivers, and local service providers (WHO 2007). A total of 1,485 older adults (60 years old and over), 250 caregivers, and 515 service providers (drawn from the public and the private sectors) took part in one of the 158 focus groups conducted in various cities around the world (Plouffe and Kalache 2010).

Findings from the focus groups identified eight domains which needed to be addressed to increase the age-friendliness of cities: *housing, transportation, respect and social inclusion, social participation, social and civic engagement, outdoor spaces and buildings, community support and health services, and communication and information* (WHO 2007, 9) (see **Figure 2.1**). Each of these domains was further defined and presented in the form of a checklist of core features. The results were published in a guide entitled the *WHO Global Age-friendly Cities: A Guide* (also known as the WHO checklist). This guide has since become one of the most frequently used tools to assess levels of age-friendliness of cities and communities in contrasting environments across the world (Plouffe, Kalache, and Voelcker 2016). Further iteration of the WHO approach came in the *World Report on Ageing and Health* (WHO 2015), which provided a range of illustrations from the Global North and South of age-friendly policies and interventions. Developing age-friendly environments was subsequently identified as one of four action areas in the *United Nations Decade of Healthy Ageing 2021–2030*, this focusing upon the importance of fostering physical, social, and economic environments that are good places to “grow, live, work, play and age” (WHO 2020, 9) (see also Keating 2022).

To encourage the implementation of recommendations from the 2007 project, the WHO launched, in 2010, the “Global Network of Age-Friendly



**FIGURE 2.1** Eight domains of the age-friendly city

Cities and Communities”. The Network, established initially with 11 members, grew at a modest pace for the first 5 years of its existence but expanded rapidly after 2015, reaching a membership of nearly 1,450 cities and communities in 51 countries by May 2023. The WHO Network is supported by a range of age-friendly groupings, at international, regional, and national levels, with examples including the International Federation on Ageing, Age Platform Europe, AARP Network of Age-Friendly Communities (USA), the UK Network of Age-Friendly Communities, the Pan-Canadian Age-Friendly Communities Initiative, and the Spanish National Programme on Age-Friendly Cities (see further WHO 2018).<sup>1</sup>

The WHO initiative may be viewed as commensurate with various urban policies developed in the 1990s and 2000s, including those associated with “sustainable development” (UN-Habitat 2022a), and “harmonious cities”

(UN-Habitat 2010). The former raised questions about managing urban growth in a manner capable of meeting the needs of future and current generations. The idea of harmonious cities emphasised values, such as “tolerance, fairness, social justice and good governance” (UN-Habitat 2010, 12), as essential principles of urban governance and planning.

An additional influence on age-friendly perspectives came with the recognition of the development in many localities of what came to be termed “Naturally Occurring Retirement Communities”, neighbourhoods that, with the out-migration of younger people, evolved into communities of older people (Scharlach and Lehning 2016) (*see further Chapter 9*). Such developments reinforced views that support for older people within neighbourhoods would require a range of interventions linking different parts of the urban system – from housing and the design of streets to transportation and improved accessibility (Hammond, White, and Phillipson 2021). This insight was further reflected in the emphasis given by sociologists, geographers, psychologists, and others on the importance of place in the lives of older people (Skinner, Andrews, and Cutchin 2018), a theme addressed in **Chapter 3**.

Age-friendly initiatives may also be seen as part of a shift towards local and community-based activities, these stressing the need for direct involvement of older people themselves in the organisation and development of their communities (Buffel 2015). Menec and Brown (2022, 2) view the age-friendly cities and communities movement as fundamentally conceived as a community development approach: “the emphasis is on local government and/or community members to work toward a community or city becoming more age-friendly”. Age-friendly work can be seen more generally as a partnership-based approach to supporting ageing in place, drawing together government departments, regional and local authorities, organisations representing or run by older people themselves, not-for-profits, and the private sector. Following this summary of the background to the age-friendly cities and communities model, the next section reviews some of the achievements of the age-friendly approach.

### **Achievements and activities of age-friendly programmes**

Rémillard-Boilard, Buffel, and Phillipson (2021) undertook a review of 11 age-friendly cities in different types of urban areas in the Global North and South, drawing on information provided by programme representatives, as well as literature about each of the programmes studied.<sup>2</sup> They identified a number of common themes in age-friendly activities, with two of the most important being: changing perceptions of older age and establishing partnerships and collaborations with diverse stakeholders. On the first of these,

respondents highlighted the role of age-friendly programmes in challenging negative images of ageing – the stereotypes, prejudices, and forms of discrimination that people experience based upon their age. The need to shift perception, change mindsets, and promote a more positive vision of growing old was viewed as a key priority across the 11 programmes. One way to achieve this goal had been the development of communication campaigns that used more realistic and non-stereotypical images of ageing to create a more diverse portrait of the older population. Promoting the social participation of older people was also seen as a way of challenging ageism, by making this group more visible “and [making older people] seen as active and essential members of the community” (Rémillard-Boilard, Buffel, and Phillipson 2021, 6).

Age-friendly programmes were also used to raise awareness of key issues and concerns facing older people. This was identified as a way of both promoting a more affirmative vision of older age and improving the treatment of older people. Participating cities had adopted various strategies to achieve this goal. Guadalajara (Mexico) and Manchester (UK), for example, had developed training courses for the public sector to help employees become more aware and sensitive towards the specific needs of older people. Brussels (Belgium), Manchester (UK), and Portland (USA) worked closely with university researchers and held conferences to report on current research and practices on ageing, which could feedback to work within the local community. Intergenerational initiatives had also been developed as another approach to raising awareness. Encouraging younger and older people to interact on a more regular basis was seen as a way to “promote the exchange of knowledge” (Guadalajara) and “increase respect for older generations” (Loncoche, Chile) (Rémillard-Boilard, Buffel, and Phillipson 2021, 7).

When asked to describe the impact of their programme in relation to challenging age-based stereotypes, a majority of participants reported that it had contributed to making older people more visible in their city, raising awareness of their views and needs among both the general population and service providers. The representative from Loncoche, for example, mentioned that the “perception of older age was changing”; Guadalajara commented that local actors were now “more aware of the issues surrounding ageing”; and the representative from Ottawa (Canada) suggested that their programme had “increased awareness of older people’s needs and realities” (Rémillard-Boilard, Buffel, and Phillipson 2021, 7). Despite this progress, changing the perception of older age remained a key concern of respondents. Combating ageism was described not only as an important priority to address to improve the quality of life of older people but also as an issue affecting the delivery of age-friendly programmes (see further Phillipson and Grenier 2021).

### Developing age-friendly partnerships

Establishing partnerships with diverse stakeholders (e.g., local councils, community organisations, businesses, universities, older people), working in a variety of domains (e.g., housing, transport, health, urban planning, social work, environment), was identified as a key success factor for the development of age-friendly initiatives. The research showed that the cities were able to secure the support of a variety of stakeholders and develop innovative partnerships as part of their work. Akita (Japan) and Melville (Australia), for example, had been especially successful in gaining the involvement of the private sector in the development of age-friendly programmes.

Cities had developed a variety of mechanisms to facilitate collaborations with different groups and organisations. Dijon (France), for example, created an innovative platform called “l’Observatoire de l’Âge”. This participatory mechanism brought together 83 members (2018 figures) from various groups (i.e., ten elected officials; 39 local residents; nine neighbourhood representatives; six retiree representatives; four institutional partners; ten professional experts; and five researchers), divided into work committees. Each committee was allocated a specific theme and asked to develop concrete propositions and projects to improve an ageing issue during the year. This way of working was considered beneficial for the programme because it “encourages stakeholders to compromise and prioritize” (Rémillard-Boilard, Buffel, and Phillipson 2021, 7). At the time of conducting the study, the cities of Brussels, Manchester, and Ottawa were, respectively, working in close collaboration with a “Senior Advisory Council”, an “Older People’s board”, and a “Senior Roundtable” all comprised of older residents to shape the development of their programmes (see also Buffel et al. 2020).

The research also highlighted the need to involve actors working at different levels in age-friendly programmes. As the movement has progressed, scaling-up projects and establishing collaborations with actors working at local, regional, and national levels has emerged as a growing concern for participating cities. This appeared especially important for large metropolitan areas, such as the Basque Country (Spain) and Manchester (UK), which were developing their work at the regional level. More than 50 municipalities had joined the age-friendly movement in the Basque Country, with support from the Department of Employment and Social Policies, and the Matia Gerontological Institute. Melville (Australia) identified work with the Government of Western Australia as one of the key achievements of its programme, while the cities of Brussels and Dijon expressed an interest in collaborating with organisations working at the regional and national levels to conduct projects on themes, such as social exclusion and social isolation (Rémillard-Boilard, Buffel, and Phillipson 2021).

Several participants referred to the development of new collaborations – and the strengthening of existing partnerships – as two of their key achievements. Respondents considered that such collaborations added important strengths to their work, including the possibility of “benefitting from the expertise of a variety of actors” (Portland), and to “develop a wider range of initiatives” (Manchester); “involve the voices of different groups” (Melville); “look at ageing issues from different angles” (Dijon, France); make a variety of actors “see the importance of becoming age-friendly” (Akita); and “improve the dialogue between the city council and citizens” (Basque Country) (Rémillard-Boilard, Buffel, and Phillipson 2021, 8).

Despite progress, involving key actors in age-friendly projects was seen as a challenge and considered an important priority to address for the future of the age-friendly movement. The research found that certain actors remained difficult to involve in age-friendly activities, especially in the context of budgetary pressures, and competing economic and social priorities. Participants believed they could achieve more with their programme if organisations developed their work through “an ageing lens”, with Manchester arguing that “the age-friendly approach should become an automatic consideration in all plans and work for their city in the future” (Rémillard-Boilard, Buffel, and Phillipson 2021, 8). The lack of interest of certain actors in ageing issues was, however, seen as an obstacle to achieving this goal, reinforcing the idea that raising awareness and challenging the negative perception of older age among service providers would be essential for the age-friendly movement to achieve its full potential.

Buffel et al. (2020) examined the extent to which the age-friendly model could challenge social exclusion in later life, focusing on work in the cities of Brussels, Dublin, and Manchester. They highlighted that combatting social exclusion was integrated into the age-friendly strategies of all three cities, reflected in work around promoting participation, tackling social isolation, and reducing neighbourhood exclusion. The authors noted a number of advantages in linking age-friendly work to the goal of reducing social exclusion: First, in helping to concentrate activity on those experiencing multiple forms of disadvantage; second, in linking age-friendly work to other social priorities within cities, such as the need to secure affordable housing and improve social infrastructure; and third, in producing more refined measurements which can take account of the real-life challenges facing vulnerable groups.

Finally, Greenfield and Buffel (2022, 4) summarise some of the key achievements of age-friendly work in terms of: First, securing greater recognition in urban and regional planning of the implications of population ageing, especially with regard to (re-) designing outdoor spaces, housing, transportation; second, leading campaigns to change social narratives around ageing and to reduce ageism; third, developing new community-based approaches

to promote the active involvement of diverse groups of older people in co-producing age-friendly research and policy; and fourth, encouraging interdisciplinary working linking fields such as architecture, sociology, social gerontology, community development, public health, and urban planning.

### **Challenges facing the implementation of the age-friendly approach**

Despite the significance of age-friendly work, and its continued growth across a variety of cities and communities, a number of challenges have appeared limiting the development of programmes and creating insecurities in diverse places of ageing (Buffel, Phillipson, and Rémillard-Boilard 2020). These can be grouped under the following headings: the *impact of austerity* following the 2008 financial crisis; the challenge of achieving *inclusivity*; developing age-friendly work in *low and middle-income* countries; *public versus private control of the city*; and *social justice and the city*.

#### ***The impact of austerity***

The first major challenge for the development of age-friendly work concerns the impact of austerity and cuts to programmes supporting older people. While initial interest in developing age-friendly cities and communities came during a period of global economic growth and expansion in public sector programmes, the 2008 financial crisis and subsequent economic recession created a difficult period for the development of activity for the rest of the decade (Buffel and Phillipson 2016; Greenfield and Buffel 2022). The establishment of the Global Network of Age-Friendly Cities and Communities coincided with a period when communities were facing significant cuts in support from public services, the loss of physical and community assets, and financial pressures on community and voluntary sector organisations (Yarker 2022; Yarker and Buffel 2022). These trends contributed to greater precarity in later life for vulnerable groups of older adults, reinforced by widening economic and social inequalities (Grenier, Phillipson, and Settersten 2020).

In Toronto, Canada, as with many age-friendly cities, neoliberal rationality, understood as a set of economic and political conditions resulting in the reduction in welfare support and emphasis on market forces, produced a narrowing in the remit of age-friendly policies. Research by Joy (2021) found that faced with this context age-friendly work became characterised by benchmarking activities that served to decontextualise interventions from the everyday challenges experienced by older people. Buffel et al.'s (2020) review of age-friendly programmes in several European cities, confirmed the damaging effects of economic recession in restricting the scope of programmes.

In Dublin, the age-friendly programme was initiated at a time of economic crisis in Ireland. Major cutbacks to public health and community-based services were introduced at the same time as the development of age-friendly work, including cuts in community care provision, fuel and telephone allowances, community transport schemes, and the closure of local services (see further McDonald, Scharf, and Walsh 2021).

The increasing pressure on public services and the scope of age-friendly programmes have been most keenly felt in those neighbourhoods and local authorities that were already experiencing economic decline (Marmot et al. 2020; Osnos 2021). As Peck (2012, 651) writes, austerity measures operate downwards “concentrating both costs and burdens on those at the bottom of the social hierarchy compounding economic marginalisation with state abandonment”. The COVID-19 pandemic increased the challenge of providing collective support, given a context of increasing inequality (Portacolone et al. 2021). Many of the organisations that developed or partnered on age-friendly initiatives were already in a precarious position before the pandemic. Although some organisations received crisis funding for supporting vulnerable groups during the pandemic, questions remain as to whether this is likely to be sustained given continuing pressures on public sector spending (Lewis et al. 2023).

### *Achieving “inclusivity”*

Issues have also been raised about the “inclusivity” of the age-friendly model as developed by the WHO. Underpinning ideas of “age-friendliness” are concepts linked to “active” and “healthy ageing”, part of the shift to what has been viewed as a more comprehensive and positive vision of ageing (WHO 2002, 2020). However, concerns have also been raised regarding the extent to which this marginalises vulnerable groups among the older population. As Moulaert and Paris (2013, 20) argue, “emphasis on [active ageing] can paradoxically undermine the value of or reject certain individual experiences associated with old age, such as disease, infirmity, impotence, frailty or vulnerability”. Buffel et al. (2020), in their analysis of work in three European cities, found that there are still groups of older people who tend to be under-represented in age-friendly initiatives, pointing to the neglect of migrants, refugees, and those living in extreme poverty. Phillipson (2020) argues that the political economy of the twenty-first century (exacerbated by the impact of COVID-19) created the basis for new forms of exclusion within the older population. While some groups have the resources to protect themselves from insecurities affecting communities, others are likely to find themselves at increased risk of economic and social exclusion (Finlay, Gaugler, and Kane 2020; Yarker, Doran, and Buffel 2023).

*Developing age-friendly work in low- and middle-income countries*

Torku, Chan, and Young (2021, 2270–2271) argue:

[C]urrent studies from developing countries suggest that older adults living in low- and middle-income countries have a different experience and perception of age-friendliness. The low- and middle-income countries that are embracing the age-friendly concept requires a substantial modification of the extant AFCC framework of dimensions and indicators to fit locally defined, priority challenges and contexts of older adults in these settings.

Adlakha, Sarmiento, and Franco (2021, 482) argue that: “The issues of older adults in slum and squatter settlements have received little consideration in [age-friendly] discourse”. Torku, Chan, and Young (2021) cite work by the WHO in Bamenda (Cameroon), Conakry (Guinea), and Kampala (Uganda), which identified a number of missing dimensions of the WHO age-friendly cities and communities model, including meeting basic needs with respect to access to food and financial security in old age (WHO 2018). The researchers suggest that this situation raises a key question about the extent to which the age-friendly cities and communities concept may offer an appropriate basis and useful frame for initiatives to advance the wellbeing of older adults living in low- and middle-income settings. Adlakha, Sarmiento, and Franco (2021, 482) argue that the contextual challenges underscore the need for new models of age-friendly cities and communities in the Global South that can respond and adapt to the pressures of rapid urbanisation. Collaboration among age-friendly cities and communities researchers across the Global North and South provides a potential solution to resolve this concern and is an issue discussed further in **Chapter 10** of this book.

*Public-versus-private control of the city*

Age-friendly initiatives also face various challenges in attempts to develop cities to the benefit of those ageing in place. The policy of designing age-friendly cities makes several assumptions about access to, and ownership of, public space, such that it can be controlled and influenced on behalf of the changing needs and expectations of people in later life. However, space in cities is not itself freely available. Increasingly, ownership and control are vested in groups (such as private corporations) for whom the issues raised by the age-friendly agenda may have limited appeal. This is a crucial problem for the idea of an age-friendly city, where interventions in the built environment are a key element in securing improvements in the quality of life in old age. However, attempts to initiate change have to work more often within

the context of private/corporately owned rather than public-owned spaces (Christophers 2018; Stein 2019; Shrubsole 2020).

Minton (2009) points to the growth of private spaces in cities as one contributing factor in what she sees as the “breakdown” of community life. She argues that the privatisation of public space produces “over-controlled, sterile places (that) lack connection to the reality and diversity of the local environment” (Minton 2009, 23). This can serve to reinforce divisions between social groups characterised as “different” from one another by removing or limiting the opportunities for local populations to mix and have informal interactions with one another. As access to public space in cities reduces, so do opportunities for people to meet and interact with others, especially to have interactions with those from different generations and cultural backgrounds. Following Minton, Christophers (2018) refers to what he sees as a new form of “enclosure” taking place in the UK, with the privatisation of land and public assets, such as leisure centres, parks, and day-care centres. Standing (2019, 94) highlights the “privatization and commercialization of the urban commons – roads and squares, as well as whole areas of residential and non-residential public property”. All over the world, Standing (2019, 94) argues, “cities’ public places are being transferred into private ownership, often as part of ‘regeneration’ or ‘redevelopment plans’ (see further Chapters 4 and 9).

### ***Social justice and the city***

Finally, as will be discussed further in this book, important issues remain about the relationship between age-friendly cities and communities, and the various movements and groups campaigning on equality and social justice. Kern (2021, 81), for example, explores what she terms the “feminist city”, asking how can: “we create or repurpose spaces, especially urban spaces, in ways that open up a wide range of possibilities for practicing the kind of relationships that we think will sustain us across the life course”. Kern highlights issues (explored later in this book) neglected in age-friendly debates, namely the rights of women and other marginalised groups to urban space, and assumptions made by urban planners about the “typical” urban citizen (invariably male). And more generally the importance of cities realigning: “spaces and services to a wider set of values, including care, equity, justice, collectivity, and sustainability”. (Kern 2021, xiv) (see further Chapters 8 and 10).

### **Conclusion**

The creation of age-friendly cities and communities has become an important concern for public policy, as evidenced by the rapid expansion of the

Global Network, and collaborative work across Europe and North America. The movement has been able to achieve significant progress within a relatively short space of time. It has been able to develop a broad, global policy response to the forces of urbanisation and ageing, encouraging and enabling cities and communities worldwide to develop and adapt age-friendly programmes within their local neighbourhoods and communities. The WHO has provided a Global Network of support and dialogue between different communities, cities, and regions, in association with other partners such as Age Platform Europe. Importantly, the WHO has developed a framework for action through its eight domains that ensures that the global policy response to ageing and urbanisation represents an integrated response (from housing and the built environment to issues around participation, respect and social inclusion) – not one that is confined to health and social care programmes alone.

But while the age-friendly cities project has made significant progress as a global movement, important issues remain to be addressed. Most urgently, there is the question as to how the Global Network of Age-Friendly Cities and Communities can develop and sustain itself within a context of austerity and budget cuts that continue to have a severe impact on the services upon which older people rely. Unless this issue is considered directly at global and national levels, the sustainability of the age-friendly programme must be placed in some doubt (Buffel and Phillipson 2016). Finlay and Finn (2021, 9) raise concerns about the extent to which the age-friendly movement is itself masking “the implementation of neo-liberal policies that further scale back the welfare state and related public investments”. van Hoof and Marston (2021, 1–2) raise critical questions, including:

How can you tell . . . that being part of this global network of cities is not just a tokenistic attempt of urban governments to show a friendly image to the outside world? Do age-friendly cities and communities really offer better living conditions and environments to their older citizens and the overall population than non-age-friendly cities? In short, what does it truly mean to be age-friendly in practice?

These are certainly relevant questions for the age-friendly movement to address. But of equal importance is to embed the idea of an age-friendly city into an understanding of urban change and development itself. The argument of this book is that securing age-friendliness cannot be separated from the broader processes which are transforming cities, whether through experiences of inclusion and exclusion (Chapter 3), gentrification and urban regeneration (Chapter 4), transnational migration (Chapter 5), climate change (Chapter 6), or changes to social infrastructure (Chapter 7). Our review of

these themes provides the basis for developing new ways of building age-friendly cities, drawing on the collective organisation and agency of older people themselves – themes developed further in **Chapters 8, 9, and 10** of this book.

### Notes

- 1 For a list of affiliates of the WHO Age-Friendly Cities and Communities Network, see Network Affiliates – Age-Friendly World ([extranet.who.int/agefriendlyworld/](http://extranet.who.int/agefriendlyworld/)).
- 2 The cities and regions covered by the survey were as follows: Akita, Basque Country, Brussels, Dijon, Guadalajara, Hong Kong, Loncoche, Manchester, Melville, Ottawa, and Portland.

# 3

## URBANISATION, INEQUALITY, AND COMMUNITY

### Experiences of ageing in place

#### Introduction

The background to the development of age-friendly cities and communities was reviewed in the previous chapter. They can be placed among a number of initiatives taken during the 1990s and early 2000s aimed at establishing more cohesive and supportive urban environments (van Hoof et al. 2021). The impetus to develop age-friendly cities and communities was also linked with the promotion of ageing in place in health and social care, a policy which emphasised the role of community networks in providing support to groups within the older population. But the development of age-friendly cities and communities coincided with new pressures affecting urban neighbourhoods, notably those associated with the impact of globalisation and widening inequalities within and between cities (Florida 2017). Thus, the virtue of community – in providing support for vulnerable groups – was “re-discovered” at a time of increasing social divisions affecting many urban environments (Stein 2019).

This chapter examines the debate about age-friendly cities and communities within a sociological context, exploring links between “community” on the one side, and the idea of “age-friendliness” on the other. Much has been written about the latter, building upon the World Health Organization’s (WHO’s) approach to developing age-friendly cities (*see Chapter 2*), and the founding of the Global Network of Age-Friendly Cities and Communities. However, less has been said about the “community” dimension of developing age-friendly activities. Gardner (2011) argues that a great deal of research examining ageing in place has focused on the desire of older adults to remain in their own homes and the means by which they can best receive support (Wiles et al. 2012; Le Fave, Szanton, and Gitlin 2021). But she argues that

“Public places of aging – and neighbourhoods in particular – have received less attention yet represent key locales in the lives (and well-being) of people ageing in place” (Gardner 2011, 3) (see further Yarker 2022). Relevant questions here include the following: What sort of “communities” is the age-friendly movement trying to develop? Are terms such as “neighbourhood” and “community” still meaningful given the divisions and inequalities affecting social life? And how (if change has occurred) has this affected the capacity of communities to support the development of “age friendliness”?

To examine these questions, the chapter examines how ideas about neighbourhood and locality have developed in sociological and community studies; assesses current challenges facing communities, especially those linked with the growth of neighbourhood inequalities; considers some of the changes affecting communities, placed against the impact of COVID-19 on neighbourhood life; and assesses the scope for engaging older adults themselves in the development of age-friendly communities.

### Changing views of community

Research on the idea of “community” was an important theme in the development of sociology and allied disciplines (Nisbet 1953; Crow 2019). This was especially linked with research on the impact of urbanisation and industrialisation on social life, an issue pursued in different ways by Comte, Tönnies, Le Play, Marx, and Durkheim (Crow and Allan 1994). However, despite the historical importance of the idea of community to sociology, accepted definitions have proved elusive. Bell and Newby (1971, 21), in their classic textbook *Community Studies*, make the point that:

The concept of community has been the concern of sociologists for more than two hundred years, yet a satisfactory definition of it in sociological terms appears as remote as ever. Most sociologists seem to have weighed in with their own idea of what a community consists of . . . [and they] have not always been immune to the emotive overtones that the word consistently carries with it. Everyone – even sociologists – has wanted to live in a community . . . [but] . . . the term frequently lead[s] to a confusion between what it *is* (empirical description) and what the sociologist feels it *should be* (normative description).

Notwithstanding these difficulties, community studies have made a considerable contribution to our understanding of the dynamics of social life at a neighbourhood level, with important implications for understanding how age-friendly communities might be developed. In spite of reservations expressed by researchers about the concept, Crow and Allan (1994, 1) make the point that much of what we do in everyday life “is engaged in through

the interlocking social networks of neighbourhood, kinship and friendship, networks which together make up ‘community life’ as it is conventionally understood”. They further suggest: “‘Community’ stands as a convenient shorthand term for the broad realm of local social arrangements beyond the private sphere of home and family but more familiar to us than the wider society”.

The 1950s and 1960s have been defined (e.g., by Crow 2002) as a period when “traditional” community studies flourished, with research characterised by detailed descriptions of the way in which community life was reproduced through family and neighbourhood-based institutions or activities. In the UK, research based at the Institute of Community Studies (Willmott 1985), carried out by Young and Willmott ([1957] 2011), Townsend (1957), and Willmott and Young (1960), reflected concerns in the 1950s that the development of the welfare state would encourage families to leave groups such as older people to fend for themselves, with a possible weakening in neighbourhood solidarity and cohesion. Yet the findings from work at the Institute of Community Studies emphasised the extent to which familial and neighbourhood-based ties continued to flourish, in central (inner-city) and suburban localities (see also Gans 1962). This theme was further developed in the work of Fischer (1982) in the 1970s and 1980s in the USA which confirmed ethnographic work in the 1920s and 1930s from the Chicago School (Savage, Warde, and Ward 2002) that intimate social networks could be sustained in the varied “sub-cultures” existing within urban environments.

### ***Personal communities and social networks***

The scientific debate on the “community question” was given fresh impetus by research in the 1980s and 1990s in Toronto, Canada, by Wellman (1979, 1996) (see further Crow 2019). The emphasis of the researchers on “*personal communities*” – the collection of significant personal ties in which people are embedded – builds upon an approach which seeks to map the network of relationships that individuals sustain beyond the household. A key argument was that exploring the structure of individuals’ relationships would generate a clearer understanding of the diverse character of social integration than previous community studies with their focus on geographic location had achieved. Wellman’s (1979, 1996) research among over 800 adults residing in the upper-working/lower-middle class Toronto borough of East York suggested that primary ties tend to form *sparsely knit*, spatially dispersed, structures. This was in contrast with the *local densely knit* solidarities highlighted in earlier community studies. Indeed, based on their research findings, few East Yorkers appeared to depend upon their neighbourhood for maintaining close and intimate ties. The implications of the research were that community networks had been “liberated” from immediate geographical ties.

Because of processes associated with urbanisation, geographical mobility, and new forms of telecommunication, close ties were often sustained beyond the immediate neighbourhood, at a range of distances and levels – virtual as well as physical (Wellman 1979, 1996).

### ***Limitations of a network approach***

While network analysis seemed to offer an advance on previous community studies, the limitations of this approach have also been noted (Milardo and Allan 2000; Blokland 2003). Two main issues have been highlighted: First, because data are generated on the direct relationships in which the central *individual* is involved, network approaches appear less able to explain *collective* patterns of social action that link different members of a network to one another (Milardo and Allan 2000). Thus, relationships are treated as individual rather than collective constructs, disconnected from the contextual factors (e.g., macro-social forces), which shape the ties around which networks are built. Second, although a network approach can generate more representative data on people's various relationships as compared with traditional community studies, this may be at the expense of a more detailed understanding of the solidarities such relationships entail (Allan and Phillipson 2008). At times, the emphasis in network analysis is simply on the existence of a relationship and/or how well someone is known. Even when more detailed data are collected, this information is generally used in a predominantly descriptive fashion, with limited attention to the subtleties, which often underpin social and community-based ties (Pahl and Spencer 2006).

Networks, of different kinds, can be said to be of great importance for all age groups. At the same time, local ties constructed within neighbourhoods still have considerable relevance for understanding the character and quality of everyday life (Phillipson et al. 2001). Personal communities may be geographically dispersed and maintained in a variety of ways – increasingly through various forms of social media. But in later life, the immediate locality is often vital in terms of contributing resources, both as a backdrop for memories of the past and as a source of identity and meaningful ties (Rowles and Bernard 2013; Rowles 2017). The argument here is that there is still much to be gained from a focus on people's attachment to their immediate locality, including the networks of which they are a part (Gardner 2011). Following this, the next two sections of this chapter review research findings examining the role of neighbourhood ties in the daily lives of older people.

### **Neighbourhoods and social inclusion**

Neighbourhoods can play an important role in promoting what has been termed "*social inclusion*", that is, improving the ability of people to maintain

a full part in society. First, the built environment is an important influence on the quality of life for all age groups but may be especially important for the old, the young, and those with a disability of some kind. People in late old age may be especially dependent on the character of their immediate environment given the length of time spent within the home and surrounding locality – *80 per cent of the time of those aged 70 and above* based on research by Horgas, Wilms, and Baltes (1998). Indeed, neighbourhoods with community centres, accessible public spaces, and places to rest have been shown to play an important role in promoting social participation as well as a sense of safety and wellbeing (Clarke and Twardzik 2021; Finlay et al. 2019; Hammond, White, and Phillipson 2021).

Research has also highlighted the critical role of supportive *walking environments* in improving quality of life (Musselwhite 2021). “Walkable” neighbourhoods are vital given that walking is one of the most common forms of activity among older people (Clarke and Twardzik 2021). One study found that two-thirds of all trips made by people 60 and over are restricted to their immediate neighbourhood, mostly involving walking (Handler 2014). However, Grant et al. (2010, 1), in a comparative case study of four Ottawa (Canada) neighbourhoods, provide evidence of what they term “inequitable walking environments”, suggesting that walking conditions are more supportive in more affluent as opposed to poorer neighbourhoods. The study also found that older people in the latter were more affected by traffic hazards and more reliant upon public transport compared with those people living in higher-income neighbourhoods.

Second, the neighbourhood may become especially important when support beyond the immediate locality is absent, when older people experience financial hardship, or issues with physical mobility (Völker, Flap, and Lindenberg 2007; Leahy 2021). Given such conditions, a heightened need for continuity and belonging in one’s locality may be the result. Fischer (1982, 175) argues: “nearby associates are preferred when nearness is critical”. In the Netherlands, 60 per cent of the most important relationships in the networks of older people were found to be located in the neighbourhood in which they live (Thomése and van Tilburg 2000), with similar results reported in research from the Belgian Ageing Studies (Buffel et al. 2012). Moreover, those with fewer economic resources and restricted mobility are likely to be *more dependent* on their neighbourhood as a source of social contact, a finding with important implications for those living in areas subject to an economic decline or gentrification (*see further Chapter 4*).

Third, the emphasis on promoting ageing in place highlights the role of the neighbourhood in the provision of *informal* sources of support. This argument has been reinforced by research on the preferences and priorities of older people. Ageing at home appears to be the residential strategy most people prefer, even when they have economic difficulties, or when in need

of care (Wiles et al. 2012). Moreover, ageing in place is often associated with “*attachment to place*” as an important dimension of later life (Krause 2004; Wahl and Oswald 2010). Smetcoren (2015) found from her research in Belgium that the longer older people had lived in an area the more likely they were to have developed strong emotional feelings and an affective bond towards their neighbourhood.

Research in urban areas in both the UK and Belgium found that older people who evaluated their neighbourhood positively demonstrated higher levels of social activity and formal participation (Buffel, Phillipson, and Scharf 2013). Woolrych et al. (2021, 1417), studying the impact of urban environments on social participation among older people in the UK, argued that more attention should be given to the benefits of outdoor spaces, highlighting the importance of

increased place upkeep and maintenance, and the more effective planning of streets and spaces not only to help older adults navigate around but also to provide micro spaces within the community where every-day social participation plays out (e.g., a bench can be seen both as a place to rest but also an opportunity to exchange civilities and engage in everyday conversation).

Fourth, neighbourhoods contain different types of places and spaces, which play a crucial role in the organisation of daily life. Klinenberg (2018, 5) uses the term “*social infrastructure*” to refer to the physical conditions that can determine whether social interaction and mutual support can flourish within neighbourhoods (*see further Chapter 8*). Social infrastructure can include community spaces, such as village halls and community hubs, public services such as libraries and General Practitioner surgeries, parks, as well as commercial spaces including shops, cafés, banks, and post offices (Yarker 2022). Such spaces are often referred to as “*third places*”, drawing on Oldenburg’s book *The Great Good Place* (1989). Oldenburg defines third places as being any space that has the capacity to facilitate social interaction with others and therefore has the potential to support the building of social capital. He distinguishes these places as being outside of the home (*first place*) on the one hand and our place of work (*second place*) on the other.

Gardner (2011) highlights the importance of cafés, libraries, and shops, as key sites for the informal public life of communities. She distinguishes these “*destination spaces*” from other places she categorises as “*thresholds*” and “*transitory zones*”. “*Thresholds*” are defined as the hybrid semi-public spaces, such as lobbies in residential buildings, backyards, and balconies. Her research found these to be important in assisting ageing in place as they provided opportunity for fleeting but regular encounters with neighbours and

a convenient way for older residents to stay connected to their neighbourhood. “Transitory zones” are viewed as the places we pass through during the course of living in a neighbourhood, these providing an opportunity for “natural” relationships and interaction, natural in that interactions are unstructured and informal. These two secondary categories recognise the potential for informal spaces of social interaction to emerge from the built environment of neighbourhoods (see further Yarker 2022).

### Neighbourhoods and social exclusion

Although age-friendly urban neighbourhoods may be said to be crucial in promoting social participation, the converse may also be the case, with older people feeling a sense of “exclusion” from their surrounding environment (Prattley et al. 2020). Four main elements have been identified in research on the concept of social exclusion (Walsh et al. 2021). The first is that it is a *relative concept*, suggesting that people are excluded in relation to other groups in society and thus cannot be judged to be excluded by looking at their circumstances in isolation. Second, social exclusion involves *agency*, implying an act of exclusion, and emphasising the power relations and/or individual factors that might be associated with forms of exclusion. A third theme refers to the *multi-dimensional* nature of exclusion, with the importance of domains, such as exclusion from neighbourhood and community; services, amenities, and mobility; social relations; material and financial resources; socio-cultural aspects; and civic participation. Finally, social exclusion is viewed as *dynamic or processual*, with individuals and groups moving in and out of exclusion and experiencing different forms of exclusion over time. Walsh, Scharf, and Keating (2017, 83), based on a scoping review of the literature, summarise these elements as follows:

Social exclusion of older persons is a complex process that involves the lack or denial of resources, rights, goods and services as people age, and the inability to participate in the normal relationships and activities, available to the majority of people across the varied and multiple domains of society. It affects both the quality of life of older individuals and the equity and cohesion of an ageing society as a whole.

Drilling et al. (2021) expanded on this definition and argue for embedding *space* in our understanding of the social exclusion of older people. “When highlighting the spatial dimension in the debate around exclusion”, the authors argue, “we must acknowledge that this spatial dimension is itself multidimensional: Older adults can be excluded from different spatial arrangements – institutions, social groups, specific local benefits or particular events in specific places” (Drilling et al. 2021, 194). The authors’ work builds

on what has been termed the “*spatial turn*” in ageing research (Andrews, Cutchin, and Skinner 2018), with the subdisciplines of environmental and geographical gerontology influential in bringing a spatial lens to ageing as experienced by groups and individuals in contrasting urban places and communities (Peace 2022).

Research involving people aged 60 and over living in low-income inner-city neighbourhoods in Belgium and England (Buffel, Phillipson, and Scharf 2013) found that neighbourhoods have a significant influence in shaping the experience of exclusion and later life, with a number of similarities identified across the study areas. For example, experiences of population turnover and changing economic fortunes often translated into a desire for a “lost community” (Blokland 2003), a finding observed in equal measure from participants in both countries. Such views partly reflect the considerable investments older people may have made in their locality and a sense of disillusion that the changes affecting their neighbourhoods seem beyond their control. At the same time, efforts made by older people to counter social exclusion are important to note (*see also Chapter 8*). In the Netherlands, Lager, van Hoven, and Huigen (2013) studied the impact of neighbourhood transitions on people’s sense of belonging in a working-class neighbourhood undergoing urban renewal. They found that older adults negotiated a sense of belonging in relation to everyday places and interactions within the locality. In spite of the disruption to neighbourhood life created, they created a sense of continuity by transferring specific routines and behaviours typical of their working-class identity to the present day.

Smith (2009) conducted cross-national empirical research with older people across five deprived inner-city neighbourhoods in Vancouver in Canada and Manchester in the UK. The study revealed a range of similarities across the areas, with one in three people expressing a strong commitment and attachment to their local community despite environmental challenges, such as those associated with high levels of crime, and a lack of access to green and social infrastructure. However, although most participants expressed a desire to age in place, there was a significant minority, almost one in five, who were found to be acutely distressed and excluded by their local environment and expressed a wish to move. The study highlighted the extent to which growing older in a disadvantaged urban neighbourhood may be associated with risks that can have damaging effects on the quality of older people’s daily life.

Similar findings were reported by Finlay, Gaugler, and Kane (2020) who conducted a study exploring the expectations of, and struggles for, “a good place to grow old” among low-income older Minnesotans in the USA. The authors conducted interviews with people living in both subsidised housing and homeless shelters. The research demonstrated how older adults were especially susceptible to deprived and hazardous urban spaces given limited

resources and age-related vulnerabilities. The study highlighted the uneven opportunities to reside in “a good place to grow old” by exposing lived experiences and contexts of ageing that are often overlooked, including the impact of housing insecurity, commercial disinvestment, financial deprivation, and experiences of social isolation. Finlay, Gaugler, and Kane (2020, 778) found that: “Socio-economically marginalised individuals more often inhabit and endure degraded, under-served and unsafe residential environments”. They concluded that their findings “problematise existing place attachment scholarship that assumes older adults have stable housing and secure economic resources [illustrating] how place attachment is not inherently positive nor necessarily attainable [for certain groups]” (see further Portacolone 2013; Yeh 2022; Grenier 2022).

### ***Disability and social exclusion***

The United Nations estimates that 15 per cent of the population worldwide or some 1 billion individuals live with one or more disabling conditions. More than 46 per cent of older persons – those aged 60 years and over – have disabilities, and more than 250 million older people experience moderate-to-severe disability. Older people with disabilities face numerous challenges in moving around and gaining access to the range of facilities offered by urban environments. Imrie (2001, 232) argues that

For disabled people, the physical construction of urban space often (re) produces distinctive spatialities of demarcation and exclusion, from the lack of access to public transport systems to the absence of visual clues or guides in towns to enable vision-impaired people to move with ease.

*(see further Clarke and Twardzik 2021)*

Gleeson (2001, 258) suggests that “The modern city secures the needs of productive bodies, leaving the rest exposed to social and environmental risk”. The resulting exclusion is especially damaging to older people, among whom nearly one in two will have a disability of some kind. In the UK, among people with a disability of State Pension Age, 63 per cent reported a mobility impairment, and 38 per cent had problems with stamina, breathing, and fatigue (Department for Work and Pensions 2022). Falls – and fear of falling – also affects a significant proportion of older people – people aged 65 and older have the highest risk of falling, with 30 per cent of people older than 65, and 50 per cent of people older than 80 experiencing a fall at least once a year.

Leahy (2021, 105) studied the experiences of those who had a “*disability with ageing*” (i.e., people who had been relatively impairment free until later life) and people “*ageing with a disability*” (i.e., those who

experienced impairment from birth, childhood, or adult years). She found her participants:

perceived their ability to function as limited by external environments, and identified barriers in accessing public transport and using footpaths, toilets, and buildings like shops and restaurants. These issues tended to be raised by participants who were using wheelchairs, walkers/rollators or mobility scooters. Hearing impaired participants also experienced environmental barriers in public places.

Leahy (2021, 106) concluded that: “Experiencing environments as inaccessible could be interpreted as exclusion and ‘positioning’ as a ‘second-class citizen’ or as a member of a discredited social category”.

Despite extensive legislation in many countries on disability issues, urban environments continue to be experienced as “hostile” for those with mobility or related issues. Andrews et al. (2012, 1928) argue that part of the problem is that the focus on technical issues concerned with street layouts, land-use, and degree of pedestrian friendliness reduces the challenges faced by disabled people to dilemmas of individual access, “rather than addressing the significant embodied experiences and emotions of being ‘out of place’ in a disabling city environment shaped by economic, political and cultural forces”.

### ***Dementia and social exclusion***

A parallel discussion to that relating to disability concerns the need to provide external environments, which can stimulate the social participation and reduce the social exclusion of people living with dementia. More than 920,000 people in the UK are living with dementia – a number expected to rise to over a million by 2024, with the majority living in the community rather than institutional settings. Supportive neighbourhoods can be crucial in maintaining independence, access to services, and encouraging social participation. Gan et al. (2022, e341) cite Hillman and Latimer’s view that the neighbourhood environment provides an avenue to create “ways of being in the world that are more accepting and embracing of the kinds of disruptions that dementia can produce”.

Mitchell and Burton’s (2006) pioneering research on designing outdoor environments for people living with dementia devised a range of methods to capture people’s experiences of outdoor environments – both those living with and without dementia. An important finding from their work was that participants with dementia:

tended to prefer vibrant spaces, full of activity, such as urban squares surrounded by shops, offices, and cafés and parks . . . for people losing

the ability to always understand what is expected of them in particular environments the more informal, lively, mixed-use settings were seen as more welcoming and safer than the sometimes forbidding formal spaces.

*(Mitchell and Burton 2006, 29)*

The researchers concluded that the six major requirements for outdoor spaces to be dementia friendly were that: “they should be familiar, legible, distinctive, accessible, comfortable and safe” (Mitchell and Burton 2006, 32).

Encouraging the development of dementia-friendly communities (DFC) is now internationally recognised, with the majority of OECD countries supporting DFC initiatives. Buckner et al.’s (2019) sample of 100 DFCs in England found 72 to be location-based (covering comparatively large urban areas) and 28 in communities of interest (e.g., churches, a supermarket chain, and a university). Much of the work of the DFCs was devoted to raising awareness of the needs of people living with dementia and challenging myths and stereotypes about the condition. However, the authors of the survey note that:

The findings suggest that access to services, and concern with the rights of people living with dementia were not the starting point for most DFCs . . . A few DFCs also offered dementia-specific services. These, some would argue, could have the unintended consequence of further separating people living with dementia from their community.

*(Buckner et al. 2019, 1241)*

Gan et al. (2022, e351) identify a number of planning and design principles for supporting people with dementia, including providing support for participation in public spaces (e.g., with easily accessible social and retail destinations); provision of appropriate support for movement in public areas (e.g., rest spaces, pedestrian-orientated streets); reduction in physical barriers (traffic-calming measures; increased levels of street lighting); and engagement of people living with dementia in redevelopment projects within their neighbourhood. These are important recommendations given the growth in the number of people worldwide living with dementia. But they also represent a considerable challenge given the changes affecting urban environments discussed in this book, notably the decline of social infrastructure, the impact of gentrification, and the privatisation of space in cities. Indeed, we would argue that DFCs are likely to have a limited impact in the absence of major changes in the way public space is controlled in urban environments and other major reforms. These are themes to which we shall return in **Chapters 9 and 10** of this book.

### Spatial expulsion: ageing in place in informal settlements

The “spatialisation” of social exclusion, or the phenomenon that disadvantaged populations tend to live in disadvantaged areas, is represented at its extreme in so-called “*informal settlements*”. It is estimated that one-quarter of the world’s urban population lives in informal settlements or encampments, mostly in low-income countries in Africa, Asia, and Latin America but increasingly also in more affluent countries. Informal settlements can be defined as residential areas where inhabitants have no formal ownership or lease agreement vis-à-vis the land and/or dwellings they inhabit (UN-Habitat 2022b). They expose individuals to the most extreme and degrading living conditions, are often located in the most unsafe areas, and lack basic services, such as water and sanitation. The rise of such settlements is likely to increase at a rapid rate given the increase in global migration, driven by civil wars and climate change (Vince 2022) (*see further Chapter 6*).

Informal settlements represent one of the most extreme forms of deprivation and poverty. Sassen (2014) developed the concept of “*expulsion*” to draw attention to such conditions, an approach used to describe living conditions that make it hard for people to survive in their communities. Older people living in informal settlements – slums, shanty towns, and favela communities – suffer from high rates of long-term illness, many are homeless, and most live in severe poverty deprived of basic services. Help Age International (2020) has drawn attention to the extent to which older people in informal settlements are among the groups who were most at risk of serious illness and death from COVID-19, as well as suffering the socioeconomic impact of the restrictions imposed to control the virus. Pollution, poverty, and poor sanitation mean that older people suffer high rates of respiratory diseases, placing older residents at greater risk from COVID-19. Older people and their families live on low and precarious incomes that were significantly disrupted during the pandemic (and remain so in many cases), leaving them vulnerable to poverty, hunger, and destitution.

Research exploring the living arrangements in two informal settlements in Nairobi, Kenya, provided insights into the precarious living conditions and health status of older people in such places (Ezeh et al. 2006). The study focused on two slum communities where most households lived in one-room houses that served multiple purposes, including cooking, eating, sitting, and sleeping. Over 90 per cent of the households were reliant upon poor-quality water distributed by vendors who charge at least three times the tariff charged by the Nairobi City Council to pipe water to middle- or upper-income households. The majority had no organised mechanism for rubbish disposal, and fewer than 5 per cent had their own toilets (Ezeh et al. 2006). The study found that less than 10 per cent of older people in the two slums were receiving any

form of pension. Older women living in informal settings were found to be more vulnerable to poverty as a result of a lower participation in employment, partly attributed to poorer educational attainment and caring duties for young children, referred to as “skipped-generation households” reflecting the high incidence of mortality in middle age groups due to HIV/AIDS.

Given the unique challenges faced by older people in slum communities, further research across various cities in sub-Saharan Africa and other parts of the Global South will be needed to facilitate the development of policy and action to improve the wellbeing of older people (Ezeh et al. 2006). Aboderin, Kano, and Owii (2017, 10) highlight the urgent need for pursuing “a slum-focused, age-friendly cities initiative as part of a further expansion of the age-friendly cities and communities movement globally”, arguing that:

A pursuit of such an ‘age-friendly slums’ effort will require a possibly substantial modification of the extant AFC framework of dimensions and indicators to fit locally defined, priority challenges and contexts of older adults in slum settings. These priorities must be identified based on focused, participatory explorations involving older slum residents and other stakeholders.

*(Aboderin, Kano, and Owii 2017, 10)*

### **Neighbourhood inequalities and COVID-19**

The importance of neighbourhoods has also been highlighted during periods of crisis, for example, arising from the impact of climate change (*see further Chapter 6*), and pandemics such as COVID-19. Across many communities in the Global North and South, COVID-19 coincided with a period of deepening inequalities affecting many of the communities in which older people live (Marmot et al. 2020). Klugman and Moore (2020, 4) argue that “(t)he pandemic . . . exposed deep disparities in power and resources in cities, and revealed how existing forms of inequality can deepen the spread of global health and other crises”. The authors demonstrate how concentrations of poverty in certain neighbourhoods perpetuate disadvantages among the population. Such processes also explain the disproportionate impact of the pandemic on urban areas already affected by cuts to public services, loss of social infrastructure, and pressures on the voluntary sector (Yarker 2022).

Research in the UK found that people (of all ages) living in the most deprived areas were dying at twice the rate in the first wave of COVID-19, compared with those living in more affluent areas (Office for National Statistics 2020). Similarly, a study of ten major US cities (including New York, Boston, New Orleans, and Los Angeles) highlighted a disproportionate burden of both infections and deaths in areas with a larger percentage of the population belonging to minority racial and ethnic groups and in neighbourhoods

with higher rates of poverty (Adhikari et al. 2020). De Groot and Lemanski (2021) highlight the experience in South Africa, where they argue that inequalities have been exacerbated through a lack of basic infrastructure (e.g., water, food) in urban neighbourhoods, together with overcrowded housing and high-density living. Such factors created difficulties in adhering to public health messages relating to COVID-19 (e.g., regular washing of hands, social distancing).

In the UK, Beatty and Fothergill (2021, 51) examined the impact of COVID-19 on the older industrial regions and former coal mining areas, finding that the “cumulative death rates in older industrial towns and former coalfields was on average 20 per cent above the UK average”. They concluded that:

the public health crisis in older industrial Britain was on average worse than in the rest of the country. Whether the scale of the crisis is measured in terms of the cumulative number of confirmed infections or deaths, the cities, towns and smaller communities of older industrial Britain dominated the list of worst-hit places.

*(Beatty and Fothergill 2021, 51)*

### **Community support and COVID-19**

Despite the impact of rising levels of inequality, many of the communities most affected by COVID-19 provided vital lifelines in providing support to those groups (such as older people) most affected by the pandemic. COVID-19 gave added emphasis to the importance of the individual’s immediate locality as a source of support and everyday contact. Community responses to COVID-19 were often highly positive across both high- and low-income countries. Reports from the Red Cross and United Nations confirm a massive surge in volunteering in many European countries during 2020 and 2021. Van Pinxteren, Colvin, and Cooper (2022) discuss the role of neighbourhood organisations in South Africa, rooted in HIV activism, who used their experience to develop meaningful collaborations between communities. In the UK, the first phase of the pandemic saw a rapid expansion of mutual aid, defined as: “collective co-ordination to meet each other’s needs” (Spade 2020, 7), with some 3,000 groups (mostly newly developed) registered over the period March to May 2020. However, Toomer-McAlpine (2020) notes that this figure:

does not capture the true scale of the vast network of autonomous groups working interdependently, including groups of neighbours who have set up brand new online spaces to give and get help from each other, as well as pre-existing grassroots organisations who have directed their efforts towards supporting mutual aid.

Reflecting on these developments, the British Academy (2021b, 68) suggests that:

One salient trend in community-level COVID-19 responses is the shift from local to ‘hyper-local’ forms of intervention and organisation. Hyper-local responses, such as mutual-aid networks, often utilised digital infrastructure such as WhatsApp and Facebook groups in order to coordinate and function effectively . . . Digital spaces such as community Facebook groups, neighbourhood-based WhatsApp groups and local online forums . . . [may have become even stronger during the period of lockdown]. Crucially, effective mutual aid networks have complemented these forms of communication with physical outreach through leafletting and posters, to reach the digitally excluded.

At the same time, the medium- and long-term future of community networks is likely to be threatened through widening inequalities between social groups and the impact on voluntary groups of reductions in public expenditure (Marmot et al. 2020; NCVO 2022).

### **Engaging older adults in developing age-friendly communities**

The argument of this chapter is that while neighbourhoods have retained their importance in the lives of older people, changes have occurred which are of considerable relevance to the age-friendly debate. The places in which ageing is experienced may be affected by pressures arising from social exclusion, spatial inequality, or the impact of geographical and social mobility. But research also suggests a different approach to how we might view “age-friendliness” developing within communities. The way in which relationships between communities and older people are analysed has now changed. Community studies in the 1950s and 1960s viewed older people as dependents, supported by an army of informal carers – notably their daughters (see, e.g., Isaacs, Livingstone, and Neville 1972). Later research often presented older people as “victims” in the face of urban change (Minton 2009). However, a different view has begun to emerge, one which emphasises the role of older people as carers, volunteers, and community activists. Following this, Buffel et al. (2012) make the case for recognising older people as actors in “placemaking”. Drawing on the work of Whyte (1943), Buffel (2012, 24) argues that “the concept of ‘placemaking’ may be understood not just as an act of building or maintaining the neighbourhood, but as a whole process that fosters the creation of vital urban space”.

Later chapters of the book explore this argument in further detail, beginning with **Chapter 8** which positions older people in debates about their “right to the city” or what Harvey (2012, 5) refers to as: “some kind of

shaping power over the processes of urbanization, over the ways in which our cities are made and remade”. **Chapter 9** explores the role of older people in more detail, providing examples of the development of organisations involving elements of co-production in the communities in which they live.

## **Conclusion**

This chapter has reviewed a variety of perspectives on the concept of community and the implications of these for understanding ageing in place and developing age-friendly cities. Community has been presented as a multifaceted concept, pointing to various relationships between people and places at different geographical scales. On the one hand, community extends beyond local confines, into dispersed (e.g., transnational) networks and imagined belongings. On the other hand, proximity remains an important dimension of community. For older people in particular, the local setting has been identified as an important focal point for communities that may support ageing in place. The diversity in meanings of community and the inequalities that exist between and within neighbourhoods and places mean that the process of developing age-friendly communities may involve reconciling conflicting interests and concerns. In this context, there is a need for developing new models of community development and engagement, which will work with the range of concerns identified within and between different age and social groups. Such an approach faces particular challenges in terms of involving older people experiencing intense forms of exclusion, notably those associated with extreme poverty, racism, and discrimination. A key role for social policy and community development will be to enhance the agency of these particular groups, expanding opportunities to assist their engagement while recognising changing conditions within neighbourhoods and divergent views of what represents “community”. We shall return to this theme in the final two chapters of this book.

# 4

## AGEING IN NEIGHBOURHOODS UNDERGOING URBAN CHANGE

### Experiences of gentrification in later life

#### Introduction

Many urban neighbourhoods are undergoing social change due to a combination of gentrification and urban regeneration. Concurrent with these processes – increasingly referred to as global phenomena – is a growing effort to support older adults to age in place in their homes and communities (*see Chapter 2*). However, the development of ageing-in-place policies raises questions about whether the types of changes associated with gentrification and regeneration create barriers or opportunities for people wishing to remain in their own homes. For older adults, and especially those living on low incomes, such changes may be experienced as alienating and isolating (Kern 2022). Some older people may also be particularly at risk of poor health outcomes if they lack the financial means to relocate to other neighbourhoods (Smith et al. 2020). To date, however, there has been limited research on the impact of gentrification on older adults, with most studies focusing on those who leave – either voluntarily or involuntarily – rather than those who remain living in gentrifying neighbourhoods (Jeffery 2018; Smith, Lehning, and Kyeongmo 2018).

This chapter examines the impact of gentrification on older people who are ageing in place in neighbourhoods undergoing demographic and socio-economic change. The chapter is structured as follows: First, the process of gentrification in cities is outlined; second, gentrification is examined in more detail through an ageing lens; third, the concept of “erasure” is used to explore why older people have been neglected in gentrification studies; fourth, we review the research literature on older people’s experiences of ageing in place in neighbourhoods undergoing gentrification, focusing on issues of belonging and place attachment on the one hand, and exclusionary pressures on the

other. The final part of the chapter discusses the implications of these findings for developing age-friendly communities in gentrifying areas.

### The process of gentrification: definitions and debates

This chapter explores the experiences of residents ageing in place in what has been termed “gentrifying neighbourhoods”. Gentrification in this chapter will be understood as the process by which a working-class neighbourhood is transformed by an influx of middle-class residents, altering the character, cost of living, and socio-demographic composition of the area. The term “gentrification” was first coined by Ruth Glass (1964) to describe the processes of urban change that were affecting inner London neighbourhoods in the early-1960s:

One by one, many of the working-class quarters have been invaded by the middle class – upper and lower . . . Once this process of ‘gentrification’ starts in a district it goes on rapidly until all or most of the working-class occupiers are displaced and the whole social character of the district is changed.

(Glass 1964, xvii)

Glass (1964) identified gentrification as a complex process of urban change that involved the rehabilitation of old housing stock, increases in property prices, the shift from renting to owner-occupation, and the displacement of working-class residents by the incoming middle classes. Others have explained gentrification as an economic process and a product of uneven capitalist development. Smith (1996, 30), for example, developed the *rent gap theory* to explain gentrification, which he described as the “process . . . by which poor and working-class neighbourhoods in the inner city are refurbished by an influx of private capital and middle-class home buyers and renters”. He viewed this as resulting in an increase in rents and the value of properties, leading to the displacement of those living on low incomes.

While gentrification was initially understood as the rehabilitation of existing housing stock by middle-class outsiders in inner-city areas, the meaning of gentrification has subsequently expanded to include new forms of social upgrading, such as the impact of transforming public spaces through street furniture, art, and architectural interventions (Zukin 1995; Kern 2022). Different types of gentrification have also been identified, including *studentification* or the changes affected by large numbers of students in cities (Smith 2008; Lager and Van Hoven 2019); *hipsterification* by the creative class (Lees 2014); and *super-gentrification* by the very wealthy and elite (Butler and Lees 2006). Work on gentrification has also further expanded to examine other social cleavages in addition to social class, with studies using gender (Sakizlioglu 2018), sexuality (Bitterman and Hess 2021), and ethnicity (Huse 2018;

Kern 2022) as analytical tools to examine the inequalities and power relations associated with gentrification. However, there has been limited research examining the process of gentrification viewed from the perspective of older people, with the experiences of long-term residents “who remain living in sites of urban change” often neglected in the gentrification literature (Lewis 2017, 1325). Understanding the range of experiences associated with gentrification has become especially important given the emphasis in public policy on ageing in place (Buffel and Phillipson 2019), an issue explored in the following section.

### Exploring gentrification through an ageing lens

Despite the expanding literature on gentrification, our knowledge of its relation to ageing issues remains limited. Indeed, the age dimension has rarely been made explicit in research on gentrification, which has tended to focus on the class-based transformation of urban areas (Kern 2022). The few studies that have adopted an ageing lens, or a life course perspective, have focused primarily on the perspectives of either *young people* or *working age families* as actors in the gentrifying process. As for the first group, Hochstenbach and Boterman (2018, 171) have noted:

gentrification is most prominently associated with the life-course and residential trajectories of young people. These typically represent formative years in young people’s transition towards full independence, and constitute a transitory period prior to settling down. During these years, many young people flock to inner-city environments where they can benefit from the close proximity of higher-education institutions, opportunity-rich labour markets, as well as amenities that cater to their specific tastes.

Another dominant narrative in the gentrification discourse relates to the effort attached to making urban spaces “family friendly”. Kelley, Dannefer, and Masarweh (2018) argue that many gentrification and urban redevelopment initiatives are grounded on the assumption that “*familification*” (Goodsell 2013) is the formula to stimulate economic growth and development in previously declining urban areas. This term refers to the idea of prioritising the housing and service needs of working-age residents and their children. Moreover, the return and settlement of “families” in gentrifying areas are often presented as indicators that a neighbourhood has successfully tackled issues of social disorder, crime, and economic decline (Goodsell 2013; Kelley, Dannefer, and Masarweh 2018).

Hochstenbach and Boterman (2018) found that the group of middle-class working-age *family gentrifiers* had increased in cities such as Amsterdam, Berlin, and New York, arguing that living in the city provided families with a

distinctive identity; that they benefit from localised social networks; and that the city allows mothers in particular to manage their work–care balance. The latter points to the importance of understanding gentrification in the context of the intersection of both gender and class. Gentrification has been associated with the increased participation of women in the workforce, and higher-educated women have been cited as key agents in the process of gentrification (Butler and Hamnett 1994; Sakizlioglu 2018). But Hochstenbach and Boterman (2018, 177) suggest that it also points to an association between age and class:

Family gentrification occurs often in areas where larger dwellings are inhabited by working-class households from which the children have usually moved out. Older working-class ‘empty nesters’ are replaced, and sometimes displaced, by a new generation of middle-class families. Although class is also central to this process, succession of one generation by the next is also a crucial dimension in its own right.

The authors then turn to exploring the links between gentrification and older generations, suggesting that two life transitions may be associated with gentrification: empty nesting (the moment that children leave their parent’s home) and retirement (Hochstenbach and Boterman 2018). There is an extensive literature, for example, on the residential mobility of relatively affluent retired older people who choose to move to, or acquire second homes in, the countryside, a process linked with what has been termed “rural gentrification” (Smith et al. 2019). In their examination of the relationship between gentrification and ageing populations, Hochstenbach and Boterman (2018, 178–178) argue that “generally speaking, baby boomers have been highly successful in building up housing and other wealth, retired relatively early, and are in better health than previous generations.” The authors cite work showing that loft-living, converted condominiums and certain new-build developments are particularly popular among older households, as these may “cater to the demand by empty nesters and retirees for age-proof apartments in exclusive, safe and relatively homogeneous environments (Rose and Villeneuve 2006)”.

However, several limitations can be identified in relation to Hochstenbach and Boterman’s analysis. First, the generation of baby boomers, as with all older generations, is highly diverse in terms of health, wealth, and life circumstances (Leach et al. 2013), and it is equally the case that while many are able to “elect” or choose where to live, a substantial group have much less freedom to influence the physical and social environment of which they are a part. Indeed, as Phillipson (2007, 336) has argued:

variations in community attachments illustrate significant inequalities within the older population: most notably between those able to make

conscious decisions about where and with whom to live, and those who feel marginalised and alienated by changes in the communities in which they have ‘aged in place’.

Second, by focusing the attention on older people as *agents* in gentrification who have the resources to make conscious choices about where they want to live and the lifestyles they wish to live by, there is a risk that the negative effects of gentrification on certain groups of older people and the injustices underlying the process are neglected. Third, while ageing populations have primarily been associated with certain types of gentrification such as “rural” and “new-build” gentrification, there has been much less attention to those older people who are ageing in place in *urban* areas undergoing demographic and socioeconomic change.

### **Are older people “erased” from urban gentrification discourse?**

Research on the impact of gentrification has paid limited attention to issues facing older people living in urban areas, a group who are the most likely of any to remain in the homes in which they may have spent much of their adult lives. Part of the problem is that the focus of gentrification studies has been upon either people “*displaced*” from their communities or on the characteristics of “*incomers*”. But Kelley, Dannefer, and Masarweh (2018, 58) argue that displacement is not as high a risk for older people compared to “the potential to be erased or rendered invisible, in their own neighbourhoods” (see also Paton 2014). The researchers suggest that:

Erasure is a concept used as a social critique of the ways certain groups of people are simply ‘unseen’ in policy, research or institutional practices. It is a form of social exclusion so embedded in the cultural assumptions of a society that the absence of these groups is not even recognised.

*(Kelley, Dannefer, and Masarweh 2018, 56)*

Kelley, Dannefer, and Masarweh (2018) argue that older people are effectively ignored in a discourse centred around young people, students, professionals, and families. Consequently, economic and policy initiatives to support gentrification have typically focused on those neighbourhood features that are most valuable to younger generations, including amenities such as schools, day care centres and playgrounds. As a result, long-term older residents may feel alienated from the spaces in which they have aged in place and may feel they have lost influence within their own communities. This may be especially the case when urban developers are disinvesting in activities and spaces that are long-standing and important to older people, such as community centres, bingo halls, and traditional pubs. In these circumstances,

Kelley, Dannefer, and Masarweh (2018, 58) argue, “older adults are effectively erased from the vision of urban renewal – making clear the implicit cultural bias toward age-segregated residential landscapes”.

Another factor driving the “invisibility” of older people in urban gentrification research may also be the uncritical reliance upon stereotypes about the way they are likely to respond or behave in the context of change. Woldoff (2011, 39) makes the point that: “Stereotypes of the elderly as submissive, fragile, childlike and passive may be the reasons that this group is painted with too broad a brush in urban research on . . . neighbourhood transitions”. However, the growing demographic importance and diversity of older people within urban areas underline the need for a new approach and the development of studies which place older people at the centre, rather than at the margins, of urban life. Studying the lives of older people in gentrifying areas contributes to the broad picture about the impact of urban change, and about the various ways in which people experience gentrification and develop strategies for managing their lives – these issues will be addressed in the following sections.

### **Gentrification and place attachment in later life**

This section reviews the extent to which the changes associated with gentrification – new retail outlets, increases in housing costs, and alterations to public spaces – may alter the sense of “attachment” or “belonging” which individuals have developed over their life course. May (2013, 78) cites Miller’s definition of belonging as a: “sense of accord with who we are in-ourselves” and “a sense of accord with the various physical and social contexts in which our lives are lived out”. She (2013, 83) argues that:

If belonging is what connects us to the surrounding world, it stands to reason that the world must allow this connection to take place in order for this sense of belonging to be sustainable. Thus ‘belonging’ entails more than identifying with a particular group – it means being accepted by others as an integral part of a community or society.

The concept of “place attachment” is closely related to the notion of “belonging” and is central to our understanding of how urban change can affect older adults (*see further Chapter 3*). A person’s level of attachment to their neighbourhood will have a direct impact on how changes in their area are experienced and perceived. There is strong evidence that age brings an increasing attachment to the social and physical environment (Buffel et al. 2014). People develop a sense of *functional or practical attachment* to a place, reflecting the ability of a place to enable its residents to achieve their goals and desired activities, as well as an *emotional attachment*, reflecting

the feelings and emotions one has about a certain place allowing individuals, over time, to experience a sense of “being-in-place” (Livingston, Bailey, and Kearns 2010). Understanding older residents’ attachment to place, therefore, becomes a crucial element to understanding how they experience gentrification and community change (Burns, Lavoie, and Rose 2012).

The possibility of gentrification undermining place attachment was examined by Savage, Bagnall, and Longhurst (2005) with their concept of “elective belonging”. This refers to the way in which the “place biographies” of particular localities have become less important for some groups, as compared with their own personal biographies and identities. Increasingly, it is argued that people are making conscious choices about where they want to live and the lifestyles they wish to live by. In relation to gentrification, a key issue concerns both the impact of the financial resources of the “incomers” and the influence of the routines and activities which they bring to a community and the forms of social and cultural capital which these represent.

Butler (2007, 175) suggests that in the Savage, Bagnall and Longhurst study:

it is those who exercise choice to move, ‘the incomers’, who are more socially integrated and at ease with their localities which become their habitus of choice – than the ‘born and bred’ who often remain there precisely because of their lack of choice.

Indeed, Savage, Bagnall, and Longhurst (2005, 51) refer to the fact that in two of their study areas: “there was a pervasive sense for locals that immobility was a mark of failure”. The authors’ comment in relation to one of their “gentrifying” localities that: “there is no sense of a past, historic, community that has moral rights on the area: rather, the older working-class residents, where they are seen at all, are seen mainly as residues” (332). But the issue is almost certainly one of age *and* social class, with many older working-class residents lacking the resources to match the lifestyles of younger middle-class professionals. For older people, then, it may be that “*stuck in place*” is a better descriptor than “*ageing in place*”, with the absence of alternatives forcing people to remain despite threats posed by changes to their neighbourhood.

However, the question remains whether gentrifying neighbourhoods produce mostly disadvantages for older people, leading to various forms of “*exclusion*”, or whether the incoming “*elected*” groups may also confer *advantages* for some older residents. On the latter, Freeman, Cassola, and Cai (2016, 2811) suggest that:

In societies where so much of what makes a neighbourhood desirable (e.g., low crime, good schools, shopping choices) is commonly commodified or based on one’s ability to pay, people may be more likely to want to ‘stay

put' in neighbourhoods where the socioeconomic status and concomitant desirability is increasing.

This may be especially the case with older people, who may view the positive benefits of improvements to the neighbourhood as outweighing the negatives associated with the moving in of new social groups. Moreover, while gentrification has the potential to exclude, forms of adaptation or even *resistance* may also develop (Kern 2022). The next section first explores the various forms of *exclusion* arising from gentrification, followed by a discussion of the *responses* developed by older people.

### Gentrification and social exclusion in later life

Gentrification can produce feelings of social exclusion in a variety of ways. Table 4.1 summarises the potential impact of gentrification on four domains of exclusion in later life (Walsh et al. 2021) (*see further Chapter 3*): (a) material and financial exclusion; (b) exclusion from social relationships; (c) exclusion from community spaces, services, and amenities; and (d) exclusion from civic participation and local decision-making. Table 4.1 also shows that *gentrification* and *ageing well in place* are inversely related: In other words, *gentrification* has the potential to generate social *exclusion* in later life on these four domains, while *ageing well in place* is largely *dependent* on these same domains for social *inclusion*. For example, gentrification can generate material and financial *exclusion* among older residents, especially those on low incomes, due to the higher cost of day-to-day living and rising rents. In contrast, financial resources, and the ability to purchase goods and services in line with one's needs is a key dimension of social *inclusion* that is vital to age well in place. We now explore these four domains in more detail, focusing on the dynamics of social exclusion among long-term older residents living in gentrifying neighbourhoods.

#### *Material and financial exclusion*

The ability to afford and have access to goods, services, and good-quality housing is vital to age well in place. When more affluent residents move into an area, older residents may benefit from improvements in infrastructure, transport, and services. However, gentrification may also promote experiences of material and financial exclusion. We identified two major themes in the literature concerning the dynamics between urban gentrification and material exclusion in later life: First, the lack of *affordable housing and increasing rents*, creating fears and concerns about the risk for displacement, leading to housing precarity; and second, the impact of *increased costs of day-to-day living*, leaving older residents with less disposable income for healthcare, transportation, and other necessities.

**TABLE 4.1** Gentrification versus ageing well in place

<i>DIMENSION OF SOCIAL EX/ INCLUSION</i>	<i>GENTRIFICATION: Potential for social exclusion</i>	<i>AGEING WELL IN PLACE: The need for social inclusion</i>
<b>Material and financial</b>	Gentrification leads to higher costs of day-to-day living, and rents are likely to rise, increasing the risk for financial and place insecurity, especially among people living on low incomes	Financial resources, the ability to purchase goods and services, and place security are key dimensions of social inclusion that support ageing in place
<b>Social relationships and community networks</b>	Gentrification weakens the social networks and familiar forms of “community” for long-term residents, due to the displacement of familiar neighbours, friends, and family, and due to the influx of people of higher socioeconomic status	Meaningful local social relationships and supportive community networks are especially important to age well in place
<b>Community spaces, services, and amenities</b>	Gentrification is associated with new, exclusive “third” social spaces (e.g., coffee shops, wine bars) catering for the needs of incoming populations, often leading to a lack of social spaces where older residents feel welcomed, effectively excluding older adults from engaging in neighbourhood-based social activities	Welcoming, supportive, and safe community spaces and organisations generate a sense of belonging and promote engagement in social activities – a key dimension of social inclusion improving the experience of ageing in place
<b>Civic participation</b>	Older residents in a gentrifying neighbourhood have little control over local institutions and organisations that are essential to meet their needs; they also often lack a voice in urban development policies	Political engagement and involvement in local decision-making is a key dimension of social inclusion that promotes ageing well in place.

Gentrification has been associated with both housing precarity and financial insecurity. This was evident, for example, in a study of the consequences of gentrification for African American long-term residents (>10 years) aged 55 or older living in Central Harlem in New York City (Versey et al. 2019). Home prices in this area had increased by 270% between 1996 and 2006,

accompanied by less affordable housing disproportionately impacting older and poorer residents. Many African American older adults reported how they had to limit meals, food purchases, transportation services, and medical prescriptions in order to be able to pay their rent. Several participants had family members who had resorted to living in homeless shelters and described a variety of financial situations that preceded the un-homing of relatives or friends. Versey et al. (2019, 15) used the term “ageing precariously in place” to point out that older adults in gentrifying areas are often “managing multiple challenges tied to housing, such as housing-cost burden, financial insecurity, changes to mobility, and/or experiencing social isolation”.

Croff, Hedmann, and Barnes (2021) examined the experience of gentrification and the barriers to healthy ageing among older Black adults living in Portland in Oregon, one of America’s fastest gentrifying cities with the smallest metropolitan Black population. They found that financial insecurity was the greatest impediment for older Black adults to be able to age in place in their current homes and neighbourhoods. Increased property taxes had rendered social security and pensions insufficient, and many participants expressed concern about their homes being seized. The authors found that the increased living costs in gentrifying neighbourhoods made it harder for retired Black Americans to manage their income, look after family members who needed care, and access healthcare services. Smith and colleagues (2020, 853) argue that such findings generate concerns of whether “gentrification has become a potential tool for deepening urban inequality and related health disparities” and suggest there is a need for further research into the links between gentrification, financial exclusion, and health.

In contrast, other studies have shown that there are also instances where long-term residents appear protected from financial and material exclusion. Burns, Lavoie, and Rose (2012, 10), in their study among older residents living in a gentrifying neighbourhood in Montreal, Canada, reported that “an unexpected finding was that almost no respondents experienced economic exclusion”. This was equally expressed by the older Italian residents who were mostly homeowners as well as the French Canadian older people who were renting in the area. The authors suggest that the system of rent regulation in Quebec may operate as a protective factor, preventing tenants from experiencing material or financial exclusion (Burns, Lavoie, and Rose 2012).

### ***Exclusion from social relationships: the “loss” of community***

Scharf and de Jong Gierveld (2008) identified three interrelated processes, which help explain how gentrification contributes to older people’s

exclusion from social relationships and loneliness. First, older people may be adversely affected by changes in the *physical fabric of cities*, with urban spaces redesigned to meet the needs of younger, able-bodied residents. Second, *population turnover* may be associated with the loss of familiar faces and difficulties in maintaining stable relationships with neighbours. Third, gentrification often leads to *cuts in community spaces* used by older residents, increasing the risk of social isolation for those ageing in place (*see further Chapter 7*).

The impact of gentrification on exclusion from social relationships was a key finding in a study by Buffel and Phillipson (2019) who conducted interviews with older residents who had lived for an average of 49 years in a gentrifying neighbourhood in Manchester, UK. Some participants expressed the view that the “close-knit relationships” that once characterised the area had been lost as a result of population change, leading to fewer people of a similar background to themselves. References to a “loss of togetherness” (Blokland 2003) figured prominently in the narratives of participants, especially among those who were reliant upon their immediate environment for social contacts but did not have family or friends close by. The authors suggest that the way in which older people expressed their feelings about the *past* often reflected a sense of exclusion in the *present*, especially when they experienced a negative impact of the community changes on their own social relationships (Buffel and Phillipson 2019).

Older residents living in an urban neighbourhood undergoing gentrification in Groningen, the Netherlands, also reported how the changes in the area had contributed to a more “individualised” neighbourhood, and a loss of the close-knit working-class community of which they were once part. Both the disappearance of local shops and the building of high-rise flats and family homes were mentioned as factors that limited opportunities for what they termed “chance encounters”; indeed, the neighbourhood changes were experienced as “social distancing processes” between new and long-term residents in the area, contributing to a sense of exclusion among the latter (Lager, Van Hoven, and Huigen 2013, 58).

In addition to a shifting socioeconomic status of a neighbourhood, a changing ethnic composition can also contribute to a sense of exclusion among older long-term residents living in a gentrifying neighbourhood. Versey (2018), in her study of Central Harlem, a once predominantly Black neighbourhood in New York, reported how older African American residents had begun to feel “out of place” – this feeling reflecting both the racial and socioeconomic tensions in the area. The influx of new affluent white residents was interpreted as “dismantling the social and cultural identity of the neighbourhood” by older African American residents. For some, this was creating a disconnection from the community, and others reported that public and private spaces in the area felt increasingly unwelcoming to them (Versey 2018).

### *Exclusion from community spaces, services, and amenities*

The presence of “social infrastructure” in neighbourhoods – the range of facilities, amenities, and organisations which support the maintenance of social relationships – is vital for preventing and reducing isolation among older people (Yarker 2022) (see further **Chapter 7**). Welcoming, supportive, and safe community spaces help generate a sense of belonging and promote engagement in activities, improving the experience of ageing in place (Burns, Lavoie, and Rose 2012). However, much of the evidence suggests that gentrification may bring amenities catering for incoming populations rather than serving the needs of long-time residents.

García and Rúa (2018), in their study “*Our interests matter*”, explored how processes associated with gentrification affected low-income Puerto Rican older adults who, by way of subsidised affordable housing, were able to remain living in one of Chicago’s most rapidly gentrifying neighbourhoods. The authors explain how a once majority Puerto Rican neighbourhood was now surrounded by amenities such as trendy coffee shops, upscale and Michelin-starred restaurants, and hip cocktail bars. The main finding from the interviews conducted with low-income older Latinas and Latinos was that while they were able to stay in the neighbourhood because of subsidised housing, there were limited spaces in the area where they felt “at home” and welcomed. In this context, the authors use the concept of “indirect displacement” to refer to the changes in the social identity of a neighbourhood as a result of new residents and businesses. García and Rúa (2018) argue that an “age-friendly” strategy aimed at supporting people to age well in place requires community spaces, opportunities for meaningful engagement, and support for both the physical and social wellbeing of low-income older adults. The authors make the point that:

Affordable housing initiatives for older adults in gentrifying neighbourhoods ought to be combined with other community development efforts to create a neighbourhood environment where Latino and Latina older adults can fulfil their everyday needs rather than leaving them to feel that they are ‘here, nothing more’. Maintaining and developing spaces such as plazas, coffee shops, stores, and the like that are accessible financially and culturally to Latino and Latina older adults could potentially ameliorate the fundamental feelings of exclusion and the devastating effects of indirect displacement.

(García and Rúa 2018, 3281)

Lack of social spaces and the inability to connect with other members of the community were also a consistent theme in the study by Versey (2018) among older African American adults ageing in place in Central Harlem,

New York. The shifting demographic of the area, and the emergence of new, exclusive “third” social spaces (e.g., wine bars, coffee shops, sidewalk cafes) coupled with the closing of several neighbourhood establishments used by the African American community, left older adults feeling “forgotten” despite living in the heart of the neighbourhood. Many participants also lamented the disinvestment in community institutions, particularly Black churches, which were considered the bedrock of the community, providing support and spiritual enrichment to residents. The disappearance of third places that facilitated intergenerational engagement, such as ballrooms, live music venues, and pubs, was also seen as particularly exclusionary for older adults (Versey 2018). Such comments were also linked to more general concerns about the erasure of “Black spaces that cultivate inclusion, belonging, and ownership among Black people” (Versey et al. 2019, 9).

Dale, Heusinger, and Wolter (2018) conducted a study with low-income older people who live in the working-class district of Moabit in Berlin, Germany, a neighbourhood increasingly being affected by gentrification. The authors demonstrated how urban development policies, driven by economic interests, had generated a growing conflict with the needs of an ageing and less affluent population in the area. Many municipal facilities such as sheltered housing and social services had been closed or privatised, and not only were there too few services and community spaces, those that did exist were insufficiently adapted to the needs of the various marginalised groups in the area. They also paid little attention to older people with mobility problems, disabilities, or those in need of care. Improving the age-friendliness of the neighbourhood, the authors conclude, requires investing in affordable and accessible homes; local community centres and services; safe and accessible public space; and opportunities for older residents to shape their residential environment (Dale, Heusinger, and Wolter 2018, 92–93).

### ***Exclusion from civic participation and decision-making***

Political engagement and involvement in local decision-making is a key dimension of social inclusion that promotes ageing well in place (Buffel and Phillipson 2019). However, older residents in a gentrifying neighbourhood often have little control over local institutions and organisations that are essential to meet their needs; they also often lack a voice in urban development policies. Indeed, the so-called “*paradox of neighbourhood participation*” (Buffel et al. 2012) is particularly applicable to older people who are ageing in place in gentrifying areas: Older residents have lived in their neighbourhood for longer and spend more time in their locality (*being part of the*

neighbourhood) compared to incoming groups, but are often among the last to be engaged when it comes to decision-making processes within their locality (*taking part* in the neighbourhood).

Civic exclusion in old age refers to the barriers to participation in civic activities, volunteering, community involvement, and decision-making experienced by older people (Torres 2021). In the context of gentrification, this may be linked to the power differentials between longstanding and incoming residents, with higher levels of political power and privilege for the latter, fostering discriminatory practices and neighbourhood spaces that exclude the former. Civic exclusion in old age is also intrinsically related to the socio-cultural aspects of exclusion, or the ways in which ageism, or the stereotypes (how we think), prejudices (how we feel), and discrimination (how we act) directed towards people on the basis of their age can produce exclusionary practices for older people (WHO 2021). Therefore, age and ageism should be seen as an important lens through which we can investigate the inequalities and power relations involved in decision-making and the production of space (i.e., in *taking part* in the neighbourhood), while doing so in relation to social class, race, ethnicity, gender, and sexuality.

The lack of “voice”, “power”, or “agency” experienced by certain groups of older people living in gentrifying areas has been identified in several studies. Burns, Lavoie, and Rose (2012) reported this as an issue among older residents in Montréal in Canada who expressed a sense of frustration with the changes that had affected their locality which seemed beyond their control. Some participants talked about how much they regretted the loss of their local church, which was seen as vital for the community, suggesting there was “no collective political movement to save this important institution”. Others explained that the older population was “no longer seen or heard, rendering them invisible” in the neighbourhood. The lack of visibility and political influence in decision-making was found to reinforce feelings of exclusion among older residents (Burns, Lavoie, and Rose 2012, 8–9).

Similar findings were reported in a study that explored how gentrification affected the “age-friendliness” of Bridgeland/Riverside, one of the most gentrified neighbourhoods in Calgary, Canada (Kaur 2018). Older residents highlighted a range of social and physical barriers and unmet needs, which they attributed to the fact that there was a “significant generational gap between policy makers and community decision makers [on the one hand] and older residents [on the other]” (Kaur 2018, 4), which meant that older adults’ needs were overlooked. Croff, Hedmann, and Barnes (2021), who examined the experiences of gentrification among Black older adults in Portland in the USA, similarly reported how participants felt “their voices were absent in policy arenas and that policies

influencing neighborhood affordability were lacking”. One respondent commented that:

We don't really have a voice . . . even when we give a voice, I'm not saying there's really much of a response to that voice we have, a lot of times. We're sort of looked over, passed over, ignored.

*(Croff, Hedmann, and Barnes 2021, 8)*

Taken together, the studies cited earlier highlighted a range of exclusionary pressures arising from gentrification which may present barriers to ageing well in place. It is also vital however to highlight the extent to which older people are active in creating a sense of belonging despite the changes affecting their locality. Indeed, gentrification does not only have the potential to exclude; forms of adaptation and resistance also develop (Lees, Slater, and Wyly 2010). Older people, as long-term residents, are an important group to consider in exploring the range of possible responses to gentrification, an issue explored in the next section.

### **Responses to gentrification: re-creating community in the face of change**

People respond in a variety of ways when trying to influence the changing environment in which they live. Such responses can be seen as powerful forms of social action or resistance to gentrification at the “micro-scale”, using Lees, Annunziata, and Rivas-Alonso's term (2018, 351). Indeed, most acts of resistance involve small-scale, haphazard, and simply “reactive practices of survivability”, which in some cases spark collective organising but in others do not (351). In later life, such micro-scale acts of resistance can provide opportunities to re-create a sense of continuity and belonging, in spite of rapid neighbourhood transitions.

A common response to gentrification and the associated changes in people's social networks is to actively engage in (re-)creating a sense of community. One way in which this can be realised is through initiating, shaping, and engaging in what Gardner (2011, 263) terms “natural neighbourhood networks”, that is, the web of informal relationships that enhance wellbeing and shape the everyday social world of older adults ageing in place (*see further Chapter 3*). These interactions refer to the informal, often spontaneous, everyday encounters with people in the neighbourhood across age groups. Although such encounters are often referred to as “fleeting everyday social interactions” or “weak social ties”, their role in providing residents with a sense of belonging and “familiarity” and “continuity” in the face of neighbourhood change should not be underestimated (Yarker 2022).

A sense of community can also be (re-)created and restored through taking an active part in initiatives to improve the sociability of the neighbourhood for different groups. Buffel and Phillipson (2019) highlighted the various ways in which older residents had contributed to restoring the sense of community they felt was “lost” as a result of gentrification processes affecting their neighbourhood. One illustration came from a 98-year-old widow who had retired from a career in caring for older people and had moved into sheltered housing because of her declining health. She described how she had contributed to setting up an informal “social club” for people living in her building, highlighting the importance of re-creating a sense of community when ageing-related constraints and/or neighbourhood transitions prevent people from engaging with the wider environment. Other examples of how older residents were actively involved in (re-)creating community included the following: a 76-year-old man who was a voluntary driver for people who could not get to their community group meetings; an 80-year-old woman who volunteered at the local foodbank; and a 66-year-old woman who ran the coffee meetings at the local care group while assisting with recruiting volunteers and helping home-bound people with their food shopping (Buffel and Phillipson 2019). Such examples suggest that older adults should not be seen as “passive victims” of gentrification; rather, they can actively negotiate the process and contribute to neighbourhood changes by creating and restoring a sense of community and belonging for themselves and other residents. In **Chapter 8**, we will further examine the various roles of older people as “local agents of urban change”, focusing on place-making practices, social change, activism and agency.

## Conclusion

Debates about gentrification continue to occupy a significant part of research investigating social change within urban communities. While most gentrification studies have focused on “incoming” groups or those forced to leave, there is relatively limited knowledge about those remaining in neighbourhoods undergoing community change. Indeed, the potential for older adults to be “erased” or rendered invisible in their own locality is high when their neighbourhood is undergoing gentrification. This chapter has demonstrated that gentrification can produce social exclusion in later life in four domains of exclusion: material and financial exclusion; exclusion from social relationships; exclusion from community spaces, services, and amenities; and exclusion from civic participation. We showed that the processes associated with gentrification and ageing well in place are inversely related: While gentrification has the potential to generate social *exclusion* in those four domains, ageing well in place is largely dependent on these same domains of *inclusion* (i.e., financial resources, meaningful social relationships, welcoming

and accessible community spaces and services, and opportunities for civic participation). However, while gentrification has been associated with exclusionary pressures which may complicate the experience of ageing in place, the chapter also highlighted the range of responses to gentrification and the strategies for re-creating the community employed by older residents (*see further Chapter 8*).

The findings reported in this chapter confirm the need for supporting people-led interventions which can promote the “age-friendliness” of urban communities undergoing social and economic change (Buffel, Handler, and Phillipson 2018). Indeed, there is a need for policies, programmes, and infrastructure changes to support older adults who wish to age in place in gentrifying neighbourhoods. While gentrification raises critical concerns for vulnerable and marginalised residents, any approach that embraces social justice must ensure that the positive effects of gentrification are shared by *all* and not just the incoming and wealthier residents (Smith, Lehning, and Kyeongmo 2018). This means holding political entities accountable and shifting community design and redevelopment in a way that includes all residents, rather than excluding those with limited financial means (Versey 2018). This could involve expanded rent protections for low-income residents and subsidies for home modifications to support ageing in place, but it also requires innovative community development strategies which engage older residents as key urban actors in creating more engaged, democratic, and liveable communities (García 2018). In **Chapters 8, 9 and 10**, we will further explore a range of community-led responses to gentrification. Exploring ways to sustain a diverse range of community spaces where older residents feel welcome, alongside opportunities for intergenerational engagement and participation in urban regeneration strategies and neighbourhood planning, should be a key priority for age-friendly policy and practice in gentrifying areas.

# 5

## EXPERIENCES OF AGEING IN PLACE AMONG AGEING MIGRANTS LIVING IN URBAN NEIGHBOURHOODS

### Introduction

An important theme of this book has been an emphasis on the diversity of experiences associated with the ageing of urban populations. This reflects dynamic changes within cities, notably in respect of the composition of their populations, the changing fortunes of industries, and the influence of national and global economic policies. Within this, international as well as domestic migration plays a crucial role in affecting the development of urban life. Peter Ackroyd (2001) cites a German phrase: “*City air makes you free*”. He goes on to comment:

In the city there seem avenues of endless possibility and innovation, since the city is always marked by the forces of change. That is why it can endlessly reinvent itself; a city that relies on its past or refuses to confront renewal is a city about to die.

Urban sociologists, in a similar vein, when describing the city, point to Aristotle’s view that “A city is composed of different kinds of men [and women]; similar people cannot bring a city into existence”. In this regard, internal and international migration – in some form – is a vital part of the development, growth, and prosperity of cities.

Global cities do indeed comprise diverse kinds of men and women: Typically, between 35 and 50% are likely to be foreign-born. Toronto’s immigrant population – 51% of the total – originates from 230 nationalities with no one group dominating. A further 29% of Toronto’s residents have at least one parent who was born outside Canada. Brussels is equally diverse with

180 nationalities, 100 languages spoken, and two out of three residents born outside Belgium; nearly 40% of London's population of over 9 million was born outside of the UK (2019 figures); and in 2020, Berlin had 21% of its population foreign-born (the majority from Turkey, Poland and Syria), but overall people from nearly 200 nations.

The first two decades of the twenty-first century saw significant growth in the numbers of foreign-born residents aged 55 and older in European countries, reflecting previous waves of younger migrants. Equally important was the increase among those in the 45–54 age group (Ciobanu, Fokkema, and Nedelcu 2017). The migrant population has continued to expand and diversify with various groups entering or attempting to enter European countries, driven by the impact of civil war, climate change, economic instability, and political persecution. Some events – such as the invasion of Russia into Ukraine in 2022 – caused huge displacements of populations, with older people among those most vulnerable to the trauma and suffering created by forced migration.

Age and migration interact in many different ways and cover many types of experiences: Older migrants may join their children to receive care or provide it to their children and grandchildren; some relocate to a new country as part of a change of lifestyle on retirement; some migrant workers return to their home country; and others move back and forth between countries. A much larger group opt to grow old in the country into which they have settled. The primary focus of this chapter will be on this latter group, but we shall also explore examples of older people relocating within and between countries to provide care for grandchildren and/or to be closer to their family.

The chapter is divided into three main parts: First, an examination of the background behind the growth of the population of older migrants, with particular reference to those who migrated in search of work; second, an exploration of the experience of migrants of urban life, examining those ageing in place and those moving to provide care; and third, a consideration of some of the policy issues arising from the relationship between ageing, migration, and urbanisation.

### **Ageing as a migrant: the urban experience**

Global cities host large numbers of older migrant populations coming from very diverse backgrounds, including some of the most affluent and accomplished as well as those economically and socially excluded. The most numerous in Europe are labour migrants and political refugees (and their descendants) who moved within Europe or into Europe from the 1950s onwards (Warnes et al. 2004), a large proportion of whom subsequently “aged in place”. Many came from regions facing a decline in the agricultural sector in southern Europe; others moved as a result of population upheavals associated with decolonisation (Gatrell 2019). By the 1960s, migration flows

from other continents took place, in particular from the Indian subcontinent and Southeast Asia. Warnes et al. (2004, 312) make the point that

in comparison to the [destination] population, they [i.e., older migrants] have had a lifetime of disadvantage and deprivation, including poor health care and housing conditions, few opportunities to learn the local language, and very often the insults of cultural and racial discrimination.

*(see further Finney et al. 2023)*

In recent years, social gerontologists have responded to the need to increase understanding of the “structured disadvantage” facing older migrants living in cities (Warnes and Williams 2006). Indeed, since the ground-breaking collection by Warnes et al. (2004), there has been the publication of a large number of books and journal special issues dealing both with “ageing in place migrants” and those in the categories listed earlier (see Torres and Hunter 2023 for a comprehensive overview). At the same time, discussions about the intersection of ageing and migration have been largely detached from the various concerns facing urban environments, notwithstanding the fact that many migrants residing in urban neighbourhoods experience poor housing conditions, poverty, and racial discrimination. As Peace (2022) observes, the concerns of older migrants still remain relatively invisible in public policy, notably so in respect of their needs for support in areas such as housing, health, and social care.

But it is important to start with the nature of the migrant journey itself. Gatrell (2019, 455), in his survey of migration in Western Europe in the period since 1945, underlines the extent to which: “Migration can be unsettling in the sense of severing personal ties and having to forge new relationships, and upsetting in its psychological effects on the people who migrate and the people left behind”. What Papastergiadis (2000) referred to as the “turbulence” of migration reflects the context which often drives the migrant from her or his home to their destination country: invariably poverty or persecution or the desire for a better life – or a combination of all of these and other things besides. However, thinking about migration simply in terms of “escape” or “opportunity” conceals equally important aspirations which come with being a migrant and which are shared equally with non-migrants, namely migrating to find a home *and* community. As Marquardt (2021, 13) suggests, “Settling down and becoming *of* a place is part of the same process”.

Ciobanu, Fokkema, and Nedelcu (2017, 167) argue that a “common denominator” of some of the early research on urban migrants was a focus on different forms of vulnerability experienced in the countries into which people had settled. This reflected experiences of racism within communities (Wills 2017; Mehta 2019; Ahmed, Buffel, and Phillipson 2021), the fact that migrants tended to move into areas characterised by high levels of deprivation (Burholt 2004) and that first-generation migrants invariably clustered in

low-paid and often precarious forms of employment (Hussein 2018; Standing 2021). However, less well-documented is how migrants navigated their subsequent journey through cities, in particular those who decided to stay or “age in place” within their communities.

In assessing the lives of older migrants, emphasis is now placed on *diversity* in respect of origins, destinations, and experiences within urban communities. King et al. (2017, 182) summarise this in the following way:

Older migrants, or older people affected by the migration of others, may indeed endure multiple dimensions of vulnerability, but they are also often able to enact their own agency, either as active participants in migration, or through coping mechanisms which are logical responses to the other ways in which they are imbricated in the wider migration processes of their family and community.

The next section of this chapter explores the balance between “agency” and “vulnerability” in the lives of migrants ageing in place, examining first the way in which migrants set about creating homes and communities in their destination countries.

### **Constructing home and community: developing local and transnational ties**

The idea of “making” your home and neighbourhood reflects the migrants’ active role in developing the community into which they settle (*see further Chapter 8*). Feldman and Stall (2004) suggest that this may be realised by a variety of means: Individuals may possess, construct, enhance, or care for their home environment and mark it with identifying signs, symbols, or practices. Lefebvre (1991) argued that such productions of – potentially new – forms of social space can be seen as an integral part of group identity formation, which he considers as a fundamental right for all urban citizens. Rowles (1983) coined the term “*social insideness*” to refer to the process of developing a sense of home, in terms of both loose relationships with “friendly” people and kinship relations and friendships, especially with those from one’s own ethnic community.

Although social gerontologists have tended to focus on the social isolation and exclusion of older urban dwellers (and especially those with a migrant background), attention must also be given “to the wealth and complexity of social relationships in the lives of many ethnic elders, for these relationships are key to understanding what keeps these elders rooted in place” (Becker 2003). This point was clearly expressed in a comment in a study reported by Buffel and Phillipson (2011), from an older Pakistani man living in Manchester, UK, who argued that moving away from his neighbourhood would be “the biggest mistake ever, because my wife, children and myself get a lot

of support from the people in this area”. In another study of first-generation women from Bangladesh living in the London borough of Tower Hamlets, two-thirds could name a relative such as a sister, cousin, or niece within the area (Phillipson, Ahmed, and Latimer 2003). Neighbourhood relationships overlapped with kinship ties – a continuation of a long-standing tradition in the East End of London as reported by Ellen Ross (1983) and Young and Willmott (1957) among others.

Urban environments create undoubted opportunities, which, arguably, become of increased importance as migrants age in place, in particular with access to specialist forms of cultural, social, and religious institutions and self-organisation. Through such forms of involvement, or activities such as volunteering within their communities, older migrants may contribute to civil society in a variety of ways. Clubs and associations were, as Gatrell (2019, 51) notes, especially important in helping migrants adjust to their new country, providing a “cultural and psychological sanctuary from the rigours of work”. These have continued to be important for many groups. Hussein’s (2018) study of first-generation Turkish migrants in London highlighted strong Turkish networks providing support to people, but also the significance of community and cultural centres in the daily life of older migrants. Palmberger (2017), researching older Turkish migrants in Vienna, observed that voluntary associations provided an important place for older migrants to strengthen social ties. She noted: “Besides visiting family members, an integral part of everyday life for most of the older generation I talked to were the visits to cultural, religious and political associations, in which they actively participated” (Palmberger 2017, 241). Ciobanu and Bolzman’s (2021, 93) study of Romanian refugees who had moved to, and aged in place in Switzerland, emphasised the importance of their continued links with the Romanian community, in particular for “informal social care and support, and for exchanging information about the public social and care policies in Switzerland”.

Associations representing minority groups were especially important in the context of the COVID-19 pandemic, for example, delivering food, developing bereavement services, and helping with digital technology (Lewis et al. 2023). More generally, urban environments may bring important opportunities for older migrants in the form of communal spaces, parks, ethnic businesses, corner shops, and cafés, all of which may be used to assist the “embedding” of migrants within their community (Ryan et al. 2020).

Migrants ageing in place are likely to have connections both within their current neighbourhood and their place of origin (Torres 2020; Ciobanu, Fokkema, and Nedelcu 2020). Horn and Scheppe (2017, 336) note that the research literature:

reveals that older migrants engage in a variety of transnational practices, including the maintenance of close ties with friends and relatives in their

country of origin, the cross-border utilization of health care services, and the development of transnational identities through different forms of belonging to their earlier and recent communities.

Research by Buffel and Phillipson (2011, 27) interviewing older migrants in Brussels and Manchester illustrated how interviewees felt emotionally attached to both their first home and their new home, reflecting what may be the ambivalent nature of experiences of home and place: “I feel very much attached to my neighbourhood. Whenever I go to Turkey I miss my friends and children [who live in Belgium]. But when I’m here, I miss my family in Turkey” (Turkish man, Brussels). “This [neighbourhood in Manchester] is my home now. I don’t think of it as anything else. But there is nothing like your home in Pakistan, which I miss. But this is my home” (Pakistani man, Manchester). Among those interviewed in the research, keeping in touch with relatives, caring for a family member who was ill, getting children married, and attending weddings and funerals were identified as important reasons for visiting the homeland (Buffel and Phillipson 2011).

Almost all the older migrants studied by the authors attached great importance to the maintenance of transnational ties. However, differences were found between older migrants in England and those in Belgium with respect to the extent to which these could be sustained. Many older Pakistani and Somali people in Manchester and Liverpool mentioned financial or other obstacles which prevented them from keeping in touch with family members and from returning to their homeland. This was often regarded as an issue which decreased their quality of life, with some respondents reporting how they had to cut back on essentials in order to be able to save money for a visit to Pakistan or Somalia or send money to their family: “The last time I went to buy like clothes, underwear or [anything like that] was some time ago . . . I need to save something for the family as well because they expect you to send some money” (Somali man, Liverpool). In contrast, many Moroccan and Turkish older people in Brussels belonged to the category of “back-and-forth migrants” (Naegele 2008), in that they commuted quite comfortably between both countries. Most of these elders travelled at least once a year to their home country, either by car with their children or on cheap flights. A Turkish woman commented “I go back to my country at least once a year. My aunt, cousins, my father, cousin; they all live there. I visit them every year and we phone regularly. I miss my hometown, but we stay connected” (Buffel and Phillipson 2011, 28).

The idea of “returning home” was found to be a key theme in the way older migrants spoke about their relationship to their country of origin, with some desiring a return reflecting “happy” or “care-free” memories of their past life. A Pakistani migrant interviewed in Manchester, UK, commented: “In Pakistan you have your own grown vegetables and milk . . . you don’t have to worry about all these little things that you do here.” For others, the

lack of access to family and informal care, and the daily concerns arising from a life in poverty, were some of the underlying reasons for desiring to return. A Pakistani man, for example, said:

I want to go to Pakistan in a few years and spend the rest of my life there away from all the troubles here. At least back in Pakistan I will have someone who will be able to look after me and my wife. The weather is always hot there and I don't have to worry about getting pneumonia or spending so much money just to keep the heating on all the time.

*(Buffel and Phillipson 2011, 27)*

Most interviewees, however, had come to realise that returning to their “first home” was unlikely and they had adjusted to the idea of growing old in their current place given the importance of ties with children and grandchildren; benefits linked to the social security and health system; and opportunities for commuting between host and home country. The following comments are illustrative:

I would definitely prefer to grow old in my country [Turkey] . . . But I don't think I would be able to manage that. My children live here. I go back to Turkey for 3 to 4 months a year, but then I miss my grandchildren too much. I also don't have as much friends in Turkey as I have here. People are different there . . . Sometimes I feel like a stranger in my own country.

*(Turkish man, Brussels)*

This is the only home that I've really known since I came here. My children have grown up here and this is where we feel safe and secure. It's part of our identity

*(Pakistani woman, Manchester) (Buffel and Phillipson 2011, 30)*

These views were echoed in a study by Bolzman and Bridji (2019) of Italian and Spanish immigrants in Switzerland, who found that the plans of older migrants to “return” to their country of origin were often abandoned with the approach of retirement.

## Challenges for urban migrants

### *The experience of racism*

Despite the achievements of migrants in creating homes, developing businesses, and invigorating communities, they are likely to face distinctive challenges over the course of their lives. Many came into communities and experienced intense forms of racism, which in some instances have remained a significant feature of daily life, reinforced through developments such as the

rise of Populism, the impact of the financial crash of 2008, media portrayals of refugees, and (in the case of the UK) Brexit.

A study of first-generation women from Bangladesh carried out in the early 2000s, who had moved to the London Borough of Tower Hamlets, found that their arrival (from the 1970s), coincided with an upsurge of racism, driven by the rise of extremist groups such as the National Front (Phillips and Phillips 1998; Sandbrook 2010). Husna, a Bengali woman living in the London neighbourhood of Tower Hamlets, commented:

It is very racist here. My husband was abused yesterday. They called him 'Osama'. I am too scared to go out. I don't let my children go out either. We would like to move out of the area. They took my husband's prayer cap off his head and urinated in it. The English boys go around in big groups. It's very frightening.

*(Ahmed, Buffel, and Phillipson 2021, 20)*

Nuran, who lived in the same area as Husna, talked about the intimidation encountered on the streets:

We have a big racial problem too. We can't go out of the house. Even when I have taken my children to school the English women are so abusive. They will stand in my way and not let me pass. Yesterday after dropping off the children [at school] I was walking back with a friend and this woman came towards us and she had three dogs with her. One of them was huge, and she came and was pushing her dogs onto us. The more I tried to move away the more she pushed her dogs towards me.

*(Ahmed, Buffel, and Phillipson 2021, 20)*

Experiences of racism will invariably affect the extent to which people are likely to view their new neighbourhood as "home" or as an environment in which new relationships can be forged. Such experiences also provided insights into some of the structural barriers, which prevent different groups of migrants from engaging in informal and formal social relationships and from creating a sense of home. Poverty, poor housing conditions, language barriers, perceived vulnerability to crime, and lack of access to services and facilities are additional factors, which can discourage people from engaging in community life. Such experiences may have long-lasting effects and produce distinctive forms of insecurity and vulnerability in later life.

### *Changing environments*

Long-term changes affecting neighbourhoods, such as gentrification, as discussed in **Chapter 4**, may also create considerable pressures for ageing-in-place

migrants. Ryan and her colleagues (2020) studied three migrant groups (Caribbean, Irish, and Polish) who had arrived as young people in Britain during the 1940s to 1960s. Many had lived in their neighbourhoods – in London and Yorkshire – for decades, and most are now in their late-70s and 80s. However, they are now experiencing a sense of being “displaced” from their neighbourhoods, with the replacement of older with younger, often more affluent groups, and changes in ethnic composition. According to Ryan et al. (2020),

Older residents, including migrants of any ethnicity, may begin to feel displaced from their local neighbourhood when the demography of that place changes. As the only African-Caribbean woman in a street that had become largely South Asian, Marjorie felt ‘out of place’ . . . places can become imbued with markers of ethnic identity. Particular neighbourhoods can be associated with ethnic clubs, shops, pubs, and places of worship that underline a sense of home, belonging, and local attachments, especially for migrants. Like Marjorie, several participants [in the study] remarked on processes of transformation that changed the ethnic identity of some neighbourhoods. Barry, a 92-year-old Irishman living in London, noted how Cricklewood was changing: “there aren’t many Irish around here as there used to be. The older generation now are all passing away and their children move off and move out”.

Ryan et al. (2020) apply the concept of “embedding” to refer to the “continual effort, negotiation, and adaptation over time”, which migrants go through. As a result, neighbourhood change may pose particular challenges for those ageing in place. Many first-generation migrants will have experienced cumulative forms of deprivation, arising from hazardous working conditions, low pay, discrimination, and poor health. Ciobanu, Fokkema, and Nedelcu (2017, 168) also note problems arising from “low language proficiency”, the negative effects of which may increase when people reach old age. In these circumstances, population change and the dilution of existing ethnic networks may foster feelings of isolation and loneliness among older migrants (see further van Tilburg and Fokkema 2021).

Many ageing-in-place migrants came as “temporary” workers but in the Global North typically remained in their destination country while maintaining strong transnational connections (Repetti, Calasanti, and Phillipson 2021). But some migrants have a contrasting experience, depending on the laws of residence in the country in which they work, and their type of employment. Amrith (2021) studied a group of female migrant domestic workers who had moved to work in Singapore, from countries such as

the Philippines, Indonesia, and Sri Lanka. The group was in their late 40s and 50s when interviewed, with a few in their 60s. Amrith (2021, 254) found that:

Turning 60 was something all the women [referred] to: it is the age when the likelihood of the Singapore government refusing contract renewals goes up significantly and it thus marks the moment of returning home for good. This institutionally marked threshold has important implications for their lives, choices and mobilities. For most, going home is not a choice but one determined by their employers and the Singapore government.

Most of the women had spent a large part of their lives working abroad on temporary contracts; staying in Singapore was a preference for most given the continued need to earn to support their families but also because they had “built meaningful lives” which went far beyond their characterisation as “temporary workers”.

### *Financial and welfare insecurity*

Building on this last point, Ciobanu and Bolzman (2021, 84) argue that: “welfare states are organized in ways that rarely accommodate transnational life courses, often working to the disadvantage of older migrants” (see further Böcker and Hunter 2017). Migrants ageing in place may face significant problems in accessing welfare and other benefits in later life. This may arise through the nature of their employment in precarious forms of work – often part-time, temporary, or self-employed – with limited access to pensions and related support (Standing 2021). Lack of knowledge of the social security system in the country in which they have settled may be a particular problem, exacerbated by language barriers. Migrant women may face particular problems having combined unpaid care with spells of employment in low-wage (often paying below statutory minimum wages) sectors, such as the textile industry, hospitality, and domestic cleaning.

Ciobanu and Bolzman (2021, 84) argue that older migrants, on the basis of their study, may feel it illegitimate to request welfare support, fearing they may lose certain rights or benefits if they do. Noting the limited use of welfare provision among former political refugees who had migrated from Romania to Switzerland, the authors linked this to: “feelings of not wishing to be a burden on their host country” (Ciobanu and Bolzman 2021, 89). Kobayashi and Khan (2020) highlight the economic disadvantages facing older adults who migrate late in life to be with their children. They cite one US-based study which found that late-life immigrants faced considerable economic disadvantages as a result of exclusion from public benefits

such as old-age security pensions. They also point out that economic markers of precarity may be especially acute in case of sponsorship or family reunification:

Although family reunification has long been a cornerstone of North American immigration policy, there is inadequate government support available for sponsored family members. Sponsored older adults (like parents), for example, have limited access to available health and social services such as social security benefits and health insurance programmes such as Medicaid upon arrival in the US.

*(Kobayashi and Khan 2020, 120)*

### **Moving in later life**

A substantial number of older people move late in life, in many cases to provide care for grandchildren (Timonen 2018). The move itself may be permanent, temporary, or involve movement back and forth between countries. In addition to what has been termed “transnational grandparenting”, moves *within* countries are also important. Both may involve major alterations in respect of older people’s relationship to place, especially where the move involves relocations from rural areas or small towns to urban conurbations or megacities. Experiences will vary depending on the nature of kin support, the relationships developed in the destination country, and the type of connections maintained with family members left behind. A study of older adults relocating to Australia for the purpose of being with their children concluded: “the location of their children played a pivotal role in giving them a sense of home: in their words their home is where their children are” (Liu, Liu, and Wang 2021, 495).

At the same time, the role of technology has become increasingly important in allowing older adults to maintain connections as they move between countries, redefining in the process the nature and experience of place. Ho and Chiu (2020) examined how information communication technologies (ICT) supported care relationships, drawing on the example of grandparenting migrants who move temporarily from China to Singapore and Sydney, Australia. The authors note that in both countries: “the productive labour of working age [Chinese] migrants is sustained through the reproductive work done by their ageing parents who help with childcare abroad (grandparenting migrants)”.

Ho and Chiu (2020, 8) highlight the role of the Chinese messaging app *WeChat* in facilitating connections with family back home:

WeChat enables the grandparenting migrants to maintain their social networks in China while they are abroad. As Madam Xie (a female

migrant aged 67 [who visits Singapore every other year] said: ‘as long as there is internet . . . people can know your happenings . . . without using WeChat you are not connected to many of your friends’ . . . Madam Zhen [a female migrant aged 60] used her smartphone to monitor her 82 year-old mother in China . . . ‘With this technology, even though [she] . . . cannot provide proximate care for her elderly mother whilst in Singapore, she can still monitor her mother and contact her brothers in China if emergencies arise’.

(see further Baldassar et al. 2016)

But migration in later life is not without risks, with Kobayashi and Khan (2020, 116), in their study of older adults migrating to Canada, emphasising: “the insecurity, unpredictability and fragmented life situations that often accompany the process of migration and settlement”. They view this as a consequence of different “markers of precarity” affecting the lives of older migrants, with those who reunite to be with their children among the most vulnerable. Among the challenges facing late-in-life migrants, especially those from non-European countries, the authors note the increased risk of social isolation and loneliness, partly they suggest: “because of language and cultural barriers that may make forging new connections in the receiving country more difficult” (Kobayashi and Khan 2020, 125)

Moves within countries may also involve significant disruptions for older adults relocating to be closer to their children. An example is provided by China’s older migrant population, which Zhi, Chen, and Huang (2021) suggest that on the basis of census data and previous research, increased from 5 million in 2000 to 18 million in 2020, with providing care for grandchildren (43%), and retiring closer to adult children (25%), the most common reasons for the moves. The migrations were usually from rural to urban areas, or from small to larger cities, and have to be seen in the context of the dramatic pace of urbanisation – with the growth of mega-city regions in particular – in China, with nearly 64% of the population in 2021 living in cities compared with just under 20% in 1980. Yeh and Chen (2020, 649), however, note that this growth has “engendered environmental problems such as the widespread misapplication of land use, traffic congestion, and severe pollution”. The likelihood is that the dramatic growth of urbanisation will have been highly disruptive to social networks in rural areas, with considerable pressures on older people as a result.

Zhi, Chen, and Huang (2021) highlight a number of challenges experienced by older migrants moving from rural villages to live with adult children, including “insufficient access to economic resources, healthcare and social services; a lack of social support networks . . . social isolation and unmet mental health needs”. These problems reflect the effect of the household registration system (*hukou*) in China. An urban *hukou* is a prerequisite for

access to housing, social protection, and health insurance, but older migrants tend to move while retaining their registration status in their hometown (Wang and Lai 2022). Older migrants are thus not entitled to the benefits (along with migrants more generally) provided by the *hukou*, with resulting economic and social inequalities as compared with local populations.

Wang and Lai (2022) carried out a systematic review of research on the mental health of older people who had migrated to join their adult children, mainly to economically developed areas and large cities. Their analysis of 38 studies found that older migrants experienced a range of problems including: “rootlessness”; “poor self-esteem” and feelings of “uselessness”; and limited connections with other people in their neighbourhood. Summarising their findings, Wang and Lai (2022, 804–805) concluded that: “[Older migrants] reported high levels of depression, low quality of life, and negative experiences across dimensions of emotional, psychological, and social well-being, including . . . loneliness, poor self-acceptance . . . and non-belonging to their place of residence”.

However, the authors also make the point that the strengths and resources of older migrants should also be acknowledged. They note that none of the studies which they reviewed:

explored how older migrants perceive their life purpose and meaning (e.g., how they value themselves for taking care of their children) or successful cases or experiences of adaptation to a new environment in older age . . . future research should consider the strengths, agency, and coping strategies of this group of older people.

*(Wang and Lai 2022, 806)*

Cheng et al. (2019) studied both urban and rural older migrants who moved to Beijing to be close to adult children. The authors highlight the extent to which:

older migrants are already a vulnerable group due to increased risk of poor physical and mental health, poor adaptation to changes in living environments, and (self-) exclusion from care and welfare services. In China, rural-urban older migrants are even more vulnerable because of their relatively poor socio-economic status and accessibility to social welfare, low educational level and differences in lifestyle compared to their urban Chinese counterparts.

*(Cheng et al. 2019)*

However, Cheng et al. (2019) noted the use made of ICT which: “decreased the psychological distance between Beijing and their hometowns”; and some respondents made positive adaptations after long periods of residence in

the city. But the authors draw an important conclusion from their study in respect of understanding ageing in the context of very rapid urban change:

Many rural-urban older migrants are a vulnerable group due to their invisibility, especially for those who are unregistered. The increase in older migrants in Beijing brings many challenges for the megacities to provide care support for the older migrants. Although governments are making an effort to introduce social welfare reform to provide a safety net for older people with rural household registration, health and social benefits are currently tied to the household registration. The older migrants' relocation to urban areas does not automatically entitle them to old-age pension benefits, and care policies and formal arrangements do not address the particular needs of this population . . . Consequently, older migrants are often concentrated on the peripheries of cities, with limited ability to access social benefits, services and welfare.

## Conclusion

Current trends relating to migration and the changes affecting cities raise distinctive challenges for the age-friendly model. Mehta (2019, 8) argues that: "In recent years, as the legacies of colonialism, inequality, war and climate change have made it close to impossible for people in poor countries to live a life, we have become a planet on the move" (see also Vince 2022). The number of international migrants was estimated to be almost 281 million globally in 2020, with 26.4 million refugees among the total (International Organisation for Migration 2022). Mehta (2019) further notes that by the middle of the twenty-first century, migration will count for 72 per cent of the population growth in the USA and up to 78 per cent for Australia and the UK. He comments: "This is changing elections, cultures, cities – everything. Mass migration is *the* defining human phenomenon of the twenty-first century" (Mehta 2019, 8–9).

But in the context of this last point, it is also the case that the needs of older migrants or migrants ageing in place often lack visibility in the development of public policies in the countries into which they have settled. The reasons for this are varied but reflect, for example, experiences of exploitation in the labour market and lack of rights to services; limited attempts to support people with language difficulties in engaging with the welfare system; restricted access to specialist services; and the impact of various forms of discrimination. For these reasons, we would argue for an approach which recognises the need for innovations in age-friendly interventions which can accommodate the increasingly mobile populations within and between countries of the Global North and South. Implicit here is the need for a new approach to transnational migration, one which no longer views it as "anomalous and

disruptive” (Shah 2020, 13) on the destination societies. For ageing societies, there is much to be gained in recognising migration – in all its forms – as a permanent and welcome feature of how societies change and adapt (Vince 2022). But the responses to date – notably in urban environments – often only add to the insecurity and precarity of the lives of migrants. In the final part of this book, we examine ways of responding to their experiences, and the type of age-friendly environments which will need to be developed.

# 6

## GROWING OLDER IN “EXTREME CITIES”

The impact of climate change

### Introduction

**Chapter 2** introduces the eight dimensions of the age-friendly city, as formulated by the World Health Organization in 2007 (WHO 2007). Assessing these from the perspective of the second decade of the twenty-first century, a significant omission in the debate about developing age-friendly communities concerns the impact of climate change on society in general and on older people in particular. Climate change is transforming the lives of all generations, in all types of communities, but is especially noticeable in urban environments which are the focus of this book. The issues involved raise fundamental questions for the protection of people in the communities in which they live. The *State of Global Climate Report 2021* (World Meteorological Office 2021) highlighted that 2021 was between the 5th and 7th warmest year on record. *The Lancet* Countdown on health and climate change (Romanello et al. 2022, 1) reported that:

Because of the rapidly increasing temperatures, vulnerable populations (adults older than 65 years, and children younger than one year of age) were exposed to 3.7 billion more heatwave days in 2021 than annually in 1986–2005 . . . and heat-related deaths increased by 68% between 2000–04 and 2017–21, a death toll that was significantly exacerbated by the confluence of the COVID-19 pandemic.

The indicators of climate change are certainly dramatic: Western Europe experienced severe flooding during the summer of 2021, including an estimated 139 deaths in Germany and 36 in Belgium; exceptional heat waves hit

parts of North America, with British Columbia experiencing temperatures at the end of June 2021 reaching up to 121 Fahrenheit, resulting in 445 deaths over a period of 5 weeks, with 79 per cent people aged 65 years or older (Human Rights Watch 2021). Abnormally cold conditions also affected many parts of North America, causing deaths – an estimated excess deaths of 700 in Texas alone, mainly people 60 and over – through hypothermia, carbon monoxide poisoning, and the impact on existing illnesses (Aldhous, Lee, and Hirji 2021).<sup>1</sup> Devastating floods in Pakistan in 2022, following the hottest spring in decades, led to 33 million people being displaced, with 2.3 million older people put at risk through the decimation of health services and the rise of diseases such as malaria and diarrhoea. Maçães (2021, 205) asserts that:

We are entering a world that has little in common with the ‘climate niche’ of the last 11,000 years, the temperate Holocene, corresponding with the development of agriculture, writing systems, urban living and art. Human civilization in short . . . We are way back at the beginning, faced with a hostile environment and not at all sure how to make it serve our interests.

Climate change is now a key issue for researchers and policymakers to address in respect of building age-friendly cities. As argued in **Chapter 1**, population ageing and urbanisation are two major social forces transforming many aspects of our lives, but to these can be added the environmental issues posed by the extreme weather events affecting all parts of the globe, along with related issues concerning the effects of air pollution. Both, as will be argued later, represent a major threat to the quality of urban environments and to young and older people in particular. This chapter builds on Merdjanof’s (2021) argument that climate change and natural disasters are not equal opportunity threats but exacerbate in many cases existing inequalities related to race and ethnicity, gender, socioeconomic status, and age. Such impacts are felt greatest by the most socially vulnerable, especially groups within the older population. The chapter explores the interaction between ageing, urbanisation, and climate change by examining why cities are important in the debate about climate change; identifying some of the reasons why older people in cities are especially vulnerable to environmental extremes; and reviewing the potential of older people to play a more central role in debates on the effects of climate change.

### **Cities, older people, and climate change**

The argument of this book is that the future of ageing populations will be determined by the condition of the urban environments in which the majority of people now live, notably in respect of dimensions, such as the quality of air,

resistance to flooding, and the absence of extremes of heat and cold. The stakes are high in terms of the impact on cities and changes affecting the environment. Dawson (2017, 5) views cities as at the forefront of the climate crisis:

their natural vulnerabilities heightened by social injustice. Cities are the defining social and ecological phenomena of the twenty-first century: they house the majority of humanity, they contribute the lion's share of carbon to the atmosphere, and they are peculiarly vulnerable to climate chaos.

Davis (2010, 41) argues that:

Although forest clearance and export monocultures have played fundamental roles in the transition to a new geological epoch, the prime mover has been the almost exponential increase in the carbon footprints of urban regions in the northern hemisphere. Heating and cooling the urban built environment alone are responsible for an estimated 35 to 45 per cent of current carbon emissions, while urban industries and transportation contribute another 35 to 40 per cent. In a sense, city life is rapidly destroying the ecological niche – Holocene climate stability – which made its evolution into complexity possible.

This argument highlights the importance of understanding the convergence between ageing populations, urbanisation in its different forms, and environmental changes associated with global warming. The interaction between these forces has received limited attention in research and policy debates. Haq et al. (2013) argue that environmental gerontology has focused on older people in the context of the *built* rather than the *natural* environment – the WHO age-friendly city model being one example. However, the extent to which older people are exposed to environmental threats of different kinds within cities underlines the importance of adding this dimension to work on age-friendly issues.

Wallace-Wells (2019, 46–47) highlights that in relation to global warming, cities magnify the problems of high temperature: “Asphalt and concrete and everything else that makes a city dense, including human flesh, absorbs ambient heat, essentially storing it for a time like a slow-release pill”. He points out that the concrete and asphalt of cities absorb so much heat during the day that when it is released at night, it can raise the local temperature as much as 22 degrees Fahrenheit, turning what could be bearably hot days into deadly ones. This phenomenon has been termed the “Urban Heat Island effect” (UHI), with elevated temperatures becoming especially dangerous in periods of abnormal heat.

The impact of the urban heat island effect was tragically illustrated in heat waves such as those in 1995 in the city of Chicago, which had the

immediate effect of killing over 700 (mainly older) people, but which contributed to many more deaths and illnesses in the years which followed. Excess mortality (e.g., in cities such as Paris, Lyon, and London) was also a feature of the 2003 heat wave in Europe, which led to around 70,000 deaths, with 15,000 people dying in France alone, 70 per cent of whom were aged 75 years and over (Ogg 2005). Diaz et al. (2002, cited in Kaltsatou, Kenny, and Flouris 2018) analysed the health effects of summer heat on mortality rates of those 65 and over in Madrid, Spain, for the period of 1 January 1986 to 31 December 1997, showing that for every degree the temperature rose above 97.7 Fahrenheit (36.2 degrees Celsius), the rate of mortality increased by as much as 28.4 per cent, with older women the most vulnerable.

European summers, compared with those of the mid-twentieth century, vary from hot to extremely hot – raising important issues for protecting and supporting young and old alike. In 1960, Rome experienced 8 days above 90 Fahrenheit (32.2 Celsius) degrees; in 2019, there were 30 such days. Athens had ten in 1960, 26 in 2019; Barcelona had two in 1960 and nine in 2019 (Mak 2021). Rohat et al. (2019) studied various scenarios for African cities to assess their potential exposure to dangerous heat waves. They examined more than 150 large African cities across 43 countries, projecting the number of people that would be exposed to dangerous heat conditions. Their projections suggested:

that this number [would] be 20 to 52 times higher at the end of the 21st century than currently. Large cities in Western and Central Africa appear to be particularly at risk, whereas cities in Southern Africa will remain relatively unscathed.

The authors also note that:

restrained urban demographic growth could lead to a 50% reduction in the number of people exposed to dangerous heat conditions. Population and urbanization policies should be part of the wide range of urban climate adaptation options in order to minimize future exposure to heat.

*(Rohat et al. 2019, 528)<sup>2</sup>*

However, it is important to stress, as noted in the introduction to this chapter, that deaths from events such as extreme heat (or cold) are not experienced equally within urban areas. Klinenberg (2002, 230) argues that:

extreme exogenous forces such as the climate have become so disastrous partly because the emerging isolation and privatization, the extreme social and economic inequalities, and the concentrated zones of affluence and

poverty pervasive in contemporary cities create hazards for vulnerable residents in all seasons.

And the UK Met Office highlights the socioeconomic element to the Urban Heat Island (UHI) effect:

high UHI areas (linked to building density) coincide with poor housing quality (in terms of its potential to overheat), and poverty. Simple methods of cooling a building, such as opening windows at night, may not be options in high-crime areas that are also coincident with these areas. The poorest areas of the city are therefore most at risk from the effects of high temperatures within cities.

*(cited in House of Commons, Environmental Audit Committee 2018, para 74)*

But older people living in cities are vulnerable in ways other than the effects of extreme heat or cold as well. Harper (2019, 401) notes that one of the most severe long-term effects of climate change will be rising sea levels. Dawson (2017, 125) highlights that close to 2 billion people, 38 per cent of humanity, currently live in densely populated coastal areas that are highly prone to devastating floods. He writes: “Tropical storms and cyclones currently affect 1.4 billion people each year, 24 per cent of the world’s contemporary urbanized population”. Dawson also notes the exposure to rising sea levels of many of the world’s most powerful global cities, including the USA, New York, Chicago, Boston, Miami, and Washington, DC. He (2017, 127) concludes that:

Coastal cities face a future of ongoing systemic crisis as a result of climate change. These crises are likely to unfold as a slow cascade of rising mortality rates punctuated by spectacular disasters. As population numbers soar in these cities, increasing numbers of people are likely to be abandoned to their own devices, left exposed by the non-existent or fraying infrastructures that buffer people from disasters.

Older people’s vulnerability to the effects of climate change has been further increased by the sheer pace of urbanisation in many – especially low-income – countries. Many cities in low and medium-income countries have grown at break-neck speed without corresponding investment in infrastructure such as housing and public health. High-income countries have themselves undergone cuts to vital social infrastructure (community centres, libraries), as a result of economic austerity imposed following the 2008 financial crash (Yarker 2022). In the Global South, one-third to half of the urban population live in informal settlements. Help Age International (2015, 9) notes how

in many low- and middle-income countries, poor people live in the riskiest urban environments – for example – on floodplains or other areas at high risk of flooding or unstable slopes:

People living in informal settlements are among those that are particularly vulnerable to climate shocks due to being located on dangerous sites . . . living in poor quality housing and lacking protective infrastructure. These populations are very vulnerable to any increases in the frequency or intensity of storms, floods or heatwaves, and to increased risk of disease, constraints on water supplies or rises in food prices.

Davis ([2006] 2017) reinforces this argument by observing that in many low-income countries the only land available to the poor tends to be located in the most disaster-prone areas of cities:

Often urban squatters live in the midst of toxic landfills or industrial waste dumps, on the verges of railways and electricity lines, or in low-lying, flood-prone land . . . Since few slums have functional sanitary infrastructure, illnesses related to water supply, waste disposal, and garbage kills thousands of people around the world everyday.

As this last point would suggest, developing truly “age-friendly cities”, will be a major challenge given the vulnerability of older people to diverse environmental threats. Among these, polluted air is one of the most important worldwide, albeit one of the least discussed in respect of restricting both life expectancy and healthy life expectancy.

### **Everyday life in toxic cities**

Polluted air is a major killer across the globe, with hundreds and millions of people living and breathing in cities permanently clouded by airborne toxic events. Wallace-Wells (2021, 39) suggests that in 2021 estimates of *annual* deaths from outdoor and indoor pollution were in excess of 10 million or 20,000 people a day: “In China, more than a million people . . . die each year from pollution. In Africa another million. In London . . . [around] 9,500, about 20 per cent of the city’s total deaths” (see also Gardiner 2019). In 2019, 1.67 million people in India died of air pollution (Marya and Patel 2021). Elsewhere, Wallace-Wells (2021, 41) comments that: “Globally, air pollution cuts life expectancy by almost two years. The average inhabitant of Delhi [a member of the Global Network of Age-Friendly Cities and Communities] would live 9.7 years longer if it were not for air pollution”. Residents in Lahore (Pakistan) lose an average of 5.3 years of life due to air pollution (Baloch 2021).

Gottlieb and Ng's (2017, 77) comparative study of the urban environment of Los Angeles, Hong Kong, and China notes that in the city of Los Angeles:

air-pollution-related health impacts cost \$22 billion annually, with more than two thousand premature deaths per year attributed to air pollution from vehicles . . . health [effects] identified for all adults include atherosclerosis, cognitive impairment, diabetes, heart and lung disease, and emphysema.<sup>3</sup>

Research in the USA in North Carolina by Rhew, Kravchenko, and Lyerly (2021) found elevated rates of death and hospitalisations for Alzheimer's disease, as well as non-Alzheimer's dementia and Parkinson's disease, in areas with high rates of pollution. Deaths from Alzheimer's disease were especially elevated, with 323 deaths per 100,000 population in the areas with higher pollution levels compared with 257 per 100,000 population in the areas with lower pollution.

A report by the European Environment Agency (2021) found that air pollution continues to:

drive a significant burden of premature death and disease in the 27 Member States: [in 2019] 307,000 premature deaths were attributed to chronic exposure to fine particulate matter; 40,000 attributed to chronic nitrogen dioxide exposure (with road traffic the main outdoor source); and 16,800 to acute ozone exposure (air pollutants produced from the action of sunlight on air contaminants from automobile exhausts and other sources).

The report also noted that:

The trends in ageing and urbanisation of the European population counteract some of the health gains associated with the reduction in ambient air pollution concentrations. An older population is more sensitive to air pollution and a higher rate of urbanisation typically means that more people are exposed to PM<sub>2.5</sub> [particulate matter] concentrations, which tend to be higher in cities.

But in fact, the research suggests that it is the damage from pollution early in life which then becomes manifest in old age. Gardiner (2019, 31), commenting on the implications of work from research in the USA, suggests that: "The effects of decades of breathing dirty air may not be apparent in the prime of life. It's later, as the damage snowballs and the body weakens, that the strokes, the heart attacks, the cancers do their worst".

Older people living in urban areas, in particular those characterised by high levels of deprivation, are especially vulnerable to the damaging effects associated with air pollution (Cruickshank 2021). Haq (2017, 10) argues

that the risks are especially high for individuals suffering from pre-existing medical conditions, such as chronic obstructive pulmonary disease:

In particular, a high association between levels of nitrogen dioxide and particulate matter and heart and lung disease in older people and hospitalization for community-acquired pneumonia exists, and long-term exposure to traffic-related air pollutants increases the risk of asthma hospitalization in older people.

A study in the USA by Clay and Muller (2019, 7–8) examined the impact of increases in air pollution over the period 2016–2018, concluding that these were driven by economic activity, wildfires, and decreases in enforcement actions. They concluded that:

About 80% of the burden of air pollution [was] borne by the elderly. While some deaths among the elderly are shifted by days or weeks, recent research suggests that the burden is ‘concentrated among the elderly with five to ten years of remaining life expectancy, followed by those with two to five years remaining’.

*(Deryugina et al. 2019, cited in Clay and Muller 2019)*

The evidence reviewed thus far highlights some of the challenges for building age-friendly cities in the shadow of “extreme cities”, threatened by the potential or reality of extreme heat or cold, floods, air pollution, or pandemics. The urban environment has become marked by increased instabilities or risks, these raising existential threats to older people (especially those in low-income communities) ageing in place. Indeed, for many, feelings of “trapped in place” may be a more accurate term given the pressures associated with climate change. This aspect is explored in the next section of this chapter, which assesses some of the issues facing older people imperilled by the effects of climate change on the neighbourhoods in which they live.

### **Trapped in place: the challenge of extreme weather events**

All age groups are affected in different ways by the threats posed by extreme weather events and climate change more generally. But certain groups of older people – those with a disability of some kind, those with cognitive difficulties, and those living in low-income communities – may find themselves at particular risk during periods of crisis. And the evidence does suggest that a disproportionate number of older people are affected by the increasing number of extreme weather events: People 60 and over comprise around 12 per cent of the overall US population, yet they made up two-thirds of the estimated 1,800 people who died in Hurricane Katrina, and more than half of the 117

who succumbed to Hurricane Sandy. Typhoon Haiyan in the Philippines in 2013 killed an estimated 7,000 people, two-fifths of whom were older people, despite making up just 8 per cent of the local population. And the aftereffects of Hurricane Irma in Florida in 2017 are now known to have resulted in the deaths of an estimated 400 nursing home residents (Dosa et al. 2020).

The heavy toll on life among older people has already been noted for other weather events, notably in relation to extreme heat and cold. But the factors which turn “ageing in place” to being “trapped in place” are various, reflecting the economic and social vulnerabilities of certain groups of older people, the locations in which they live, their own health status, and the support provided by services responsible for their care. Here, we will summarise the dimensions as *social and environmental factors*; difficulties in the *evacuation process*; problems associated with *relocation and displacement*; and *absence of local planning and support*.

The first of these was highlighted in Klinenberg’s (2002) analysis of the Chicago heat wave, where the majority of those killed were aged 65 and over. In a major city in the richest society in the world, many victims succumbed to a solitary and lonely death:

Brick houses and apartment buildings baked like ovens, and indoor thermometers in high-rises topped 120 degrees even with windows open . . . Hundreds died alone behind locked doors and sealed windows that entombed them in suffocating private spaces where visitors came infrequently and the air was heavy and still.

(Klinenberg 2002, 15)

The conditions highlighted by Klinenberg (2002) suggested new forms of vulnerability appearing in urban environments. Among those he identified were the isolation of older people in areas of intense poverty affected by neighbourhood violence; deteriorating housing stock; and limited access to health and social care. The issue of violence in the city was given particular prominence in his analysis. Urban areas with high rates of violent crime created barriers to the mobility of their residents, and during the period of the Chicago heat wave, Chicago was one of the most dangerous cities in the USA in respect of neighbourhood violence. Faced with a violent and degraded environment, poor (mostly black) older people retreated to the familiarity of their homes. But in the context of the threat posed by extreme heat, this withdrawal (to buildings usually without air-conditioning) created significant dangers. Lives that were already barely tolerable – by the standards of a wealthy but hugely unequal society – came under renewed threat in the context of extreme weather (*see also Chapter 7*).

But, as Klinenberg’s (2002) analysis suggests, escaping from climate disasters itself poses difficulties for some groups of older people. Carr (2019) notes

that in the case of Hurricane Katrina, two-thirds of older people drowned or died from illnesses or injuries brought about by being trapped in their homes, surrounded by water. However, she goes on to suggest that: “The remaining one-third fell to injuries, infections, and other health conditions worsened by the difficult evacuation process. The physical wear-and-tear of evacuation can hasten the fatal effects of pre-existing health conditions like heart disease or weakened immune systems”. Many of those who stayed in their homes were among the poorest and elderly, trapped by a lack of access to transport and the collapse of local services.

But older people may also be powerless because services fail to protect them or prove an additional hazard: In the case of Hurricane Katrina, an estimated 100 residents died when they were trapped or abandoned in nursing homes or retirement centres (Dosa et al. 2007); in the 2003 heatwave in the UK, deaths in hospitals in southern England for those aged 75 and over increased by 36.5 per cent (House of Commons, Environmental Audit Committee 2018); in the case of France, nearly one-fifth of those who died were living in retirement homes (supposedly with their protection in mind), with inadequate air conditioning and poor building design contributing to their deaths (Ogg 2005).

Relocation and displacement of populations, following an extreme weather event, may also cause difficulties. Carr (2019) argues that:

Poor and socially isolated older people are least capable of evacuating. Some stay put because they have nowhere to go, and no one to help them move. People with cognitive impairments may not understand the severity of the risk posed by extreme weather events and may require help to make timely decisions.

*(see also Ayalon et al. 2021)*

The challenge of moving frail nursing home residents in a crisis was highlighted in research by Dosa et al. (2007) investigating experiences of evacuation following Hurricanes Katrina and Rita. They cite the following comments from two Administrative Directors (AD) of Nursing Homes: “I tell you that [evacuating] is one of the hardest decisions a person can make because you know if you evacuate, you’re going to lose some residents, but if you stay, you could lose everybody.” When asked to comment on the difficulty of evacuation, another Administrative Director commented:

When you start moving [the residents] out, it’s a tremendous burden, it’s very hard. They’re pulled and tugged. Their bodies are contorted into these buses. They’re so heavy. It’s not an easy thing to do to get these people on charter buses when they’re wheelchair bound. No one has any idea how much strength it takes to do that. And how much a toll it takes on the [frail] residents just to do that to them.

The notion of relocating to an area where the individual has no social ties and having to start over again may be challenging to many. Help Age International (2015) suggest that when older people are forced to move, migration and displacement in later life can be difficult, especially with the loss of significant social ties, and lack of rights and protection in unfamiliar new environments.

Finally, the problems confronting older people may be exacerbated by a lack of planning for the consequence of extreme weather events on vulnerable groups. The House of Commons, Environmental Audit Committee (2018, para 81), in its report on adapting to climate change, noted that: “The Committee on Climate Change found that the majority of local plans [in the UK] do not address overheating issues from climate change”. Elsewhere in the report, evidence from the Grantham Institute for Climate Change and the Environment argued that:

there is little evidence that the Government is increasing activities to communicate the rising risk of heat waves, or to monitor public awareness. No government department or agency has lead responsibility to communicate to the public about climate change impacts on extreme weather.

*(para 18)*

The consequences of this were born out in the UK during the summer of 2022. Across all five heat periods of 2022, adjusting for registration delays, the estimated total excess mortality (excluding COVID-19) in England was 2,803 in the most vulnerable group (those 65 plus), the highest since the introduction of the Heat Wave Plan for England in 2004 (ONS 2022).

In the case of the heat dome in British Columbia in June and July 2021, which led to the deaths of over 400 older people, inadequate government support compounded the risks for older people. According to the Canadian organisation Human Rights Watch (2021): “British Columbia does not have a heat action plan, and lack of access to cooling and targeted support for at-risk populations contributed to unnecessary suffering and possibly deaths”.

After Hurricane Katrina in 2005, both the Louisiana and the federal governments put stricter rules into effect requiring all nursing homes to have detailed emergency plans in place, including procedures for sheltering and evacuation. But Hurricane Ida, which hit the USA during September 2021, revealed the continuing inadequacy of these plans. To cite one example, over 800 residents of seven nursing homes owned by a real estate developer were transferred into a warehouse which he owned. According to one report:

Some elderly residents in the overcrowded facility were forced to sleep on wet mattresses as the [warehouse] flooded, and they were not provided adequate food or access to toilets . . . Health inspectors described residents

crying for help, with no staff answering, and sitting in soiled diapers, with a strong stench of urine and faeces throughout the building.

*(Khim and Strickler 2021)*

The evacuation into the warehouse resulted in the deaths of 15 residents. Khim and Strickler (2021) in their report on the disaster comment that:

All seven facilities had submitted documents to state authorities detailing their plans to evacuate to the warehouse and other emergency procedures. But under existing state and federal policies, those plans were only subject to a limited review by state officials to verify whether they contained all the required elements. State authorities say that officials are not required to approve the plans under state or federal law. Local officials must receive a copy of the plans but also do not approve them.

### **Climate change, urbanisation, and ageing: developing new strategies**

On the basis of the findings reviewed, climate change and extreme weather events are posing significant challenges to older people. *Ageing populations are converging with increasingly unstable weather systems but in the context of environments where infrastructure and support systems often prove unable to cope.* Yet the interaction between these different elements is still poorly understood. The importance of realising the implications of ageing populations has received limited discussion in debates on climate change (Curzon 2020), with the *COP 26 Glasgow Climate Pact* a noticeable example. But this is matched by what Dawson (2017, 7) views as the “invisibility” in the climate change literature on the contribution of cities to global warming:

climatology tends to assess the threat on a global scale and in a future tense, often in terms of how much the planet as a whole will warm by 2100, for instance . . . In seeking to record the overall fluctuations of a planetary environment, science ignores the specific places where most of us live – cities – which happen to be the sites of the most extreme transformation. This makes climate change seem distant and abstract, something that will happen in a remote future on a scale far removed from that of individual experience.

But the effects of climate change on urban environments are happening right now – certainly for those older people trapped in buildings without adequate air conditioning in urban heat islands, those living in accommodation with poor heating and insulation, or those subject to inhumane evacuation in times of disasters. Bringing together, then, the debate on ageing populations,

cities, and climate change is essential for developing a strategy, which can protect all groups within the population – but especially those vulnerable in terms of their health, location, financial position, or living environment. For older people, the goal should be to prevent those “ageing in place” from being “trapped in place” through the effects of extreme heat or cold, floods, polluted air, or related events.

A starting point for this must be recognition of the importance of action in the immediate neighbourhood context, both as a resource and as a risk factor in times of crisis. Hargrove, García, and Cagney (2021, 40) review a number of studies which “demonstrate how communities, particularly those that have experienced decades of disinvestment and economic hardship, turn to initiatives spearheaded by fellow community members in times of crisis, as they cannot always rely on formal support”. Local contexts, therefore, become extremely important for maintaining social networks and for establishing and sustaining the type of connections that are critical in times of need (see also Yarker 2022; Phillipson et al. 2021). However, as the experience of the Chicago heat wave demonstrated (Klinenberg 2002), the extent to which neighbourhoods may lack social cohesion is also likely to create challenges in supporting older people in times of crisis. Building on this point, Gusmano and Rodwin (2010, 46) emphasise the need “to identify neighbourhoods with a concentration of vulnerable older persons and to design interventions that improve housing conditions and promote neighbourhood cohesion and social interaction”.

Of fundamental importance, however, will be to follow Pillemer and Filiberto’s (2017, 18) injunction to “mobilize older people to address climate change”. The authors view the older population as a key group in the movement to address climate change and environmental sustainability. They describe a research programme which aimed to develop environmental volunteerism among people 60 and over, targeting those who did not have prior experience working on environmental issues. They concluded that:

The experience [from the programme] suggests that retirees can provide unique solutions to environmental problems and, in so doing, increase their own social integration, physical activity, and health. Researchers, practitioners, and policy-makers should work together to facilitate older people’s engagement in climate change action and civic engagement, making opportunities more easily available and appropriate for the older population.

*(Pillemer and Filiberto 2017, 20)*

In fact, there is strong evidence that older adults are in support of actions to combat climate change: A survey undertaken by the Policy Institute, King’s College, London (2021) found that baby boomers are slightly more likely to

agree, in comparison with younger generations, that climate change and other environmental issues were big enough issues to justify significant changes to people’s lifestyles; and there was a clear majority among baby boomers for being willing to change an aspect of their own lifestyles to reduce the impact of climate change. And it also the case that older people have formed an important group within the climate change movement, for example, in demonstrations in the UK associated with *Extinction Rebellion* (Adam 2021), and in the USA with the formation of *Elders Climate Action* and *Grey is Green*<sup>4</sup> (see further Chapter 8).

But a stronger case needs to be made for what Jones and Hiller (2021) refer to as an “ageing-related climate policy”. They point to the lack of policy coherence on ageing and climate change, citing the example of the UN Sustainable Development Goals (and targets) which mention older people on just three occasions. However, an ageing-related climate policy must be embedded in how we design, manage, and control urban life. Against this, the reality has been unrestrained development in the megacities of the world, the crisis of economic and population decline produced by de-industrialisation, and the stranglehold of the private sector on new housing. According to Davis (2010, 41):

Where urban forms are dictated by speculators and developers, bypassing democratic controls over planning and resources, the predictable social outcomes are extreme spatial segregation by income or ethnicity, as well as unsafe environments for children, the elderly and those with special needs; inner-city development is conceived as gentrification through eviction, destroying working-class urban culture in the process.

Yet, as Davis (2010, 42) also argues, an alternative vision of the city is possible, one which recognises the tensions and challenges represented by ageing, urbanisation, and climate change:

Most contemporary cities, in rich countries or poor, repress the potential environmental efficiencies inherent in human-settlement density. The ecological genius of the city remains a vast, largely hidden power. But there is no planetary shortage of ‘carrying capacity’ if we are willing to make democratic public space, rather than modular, private consumption, the engine of sustainable equality. Public affluence – represented by great urban parks, free museums, libraries and infinite possibilities for human interaction – represents an alternative route to a rich standard of life based on Earth-friendly sociality.

We will return to this argument in later chapters of this book, exploring the different ways in which ageing and urbanisation can be linked to develop new

approaches to growing older – these offering options which both improve the quality of life of older people and which offer sustainable paths for the future. Crucially, these will need to build upon a *co-production* basis where older people are centrally involved in both improving the quality of urban life and building defences against the threat of extreme weather events. As Cruickshank (2021) has reminded us:

With COVID-19 accelerating the social-economic divide, there has never been a more critical time to support community-centred research that upsills, empowers and listens to the residents to drive policy changes and affect positive action. Community champion roles and long-term funded partnerships between communities and local authorities can help to involve members of the communities facing the highest exposure and health impacts from [phenomena such as] air pollution. This meaningful engagement can help build trust with marginalised communities and is essential to allow us to fully understand and solve the dangers [arising from environmental threats].

## Conclusion

Much of the age-friendly movement has been based on a view that the majority of older people wish to age in place in the homes and neighbourhoods in which they may have lived for the majority of their lives. But ageing in place in a world of environmental instability brings significant challenges for older people, the communities in which they live, and public policy more generally. Climate change is becoming a dominant factor shaping everyday life – whether through the challenge of rising energy costs, coping with fluctuations of temperature, or floods and drought. Such developments are not, as we have argued, being born equally, their biggest impact invariably falling on the poorest communities, on those with long-term medical conditions, and on countries in the Global South. The UN Decade Healthy Ageing Report on Climate Change (WHO 2022, 3) notes that: “Climate change and rapid population ageing are occurring together. Their combined effects on the health and well-being of older people – those now and in the future – will have to be much better addressed by planners and policy-makers everywhere”.

Older people in cities will need to be at the forefront of both immediate emergency planning and the development of longer-term solutions. But the evidence suggests limited preparation or support may be available during periods of crisis associated with flooding, or those connected with intense heat or cold, or that older people – especially those living in the most vulnerable communities – are being brought into the debate about tackling climate change. Bringing together the inter-relationship between demographic change, urbanisation, and climate instability is now an urgent issue for

NGOs, planners, and older people alike. **Chapter 9** of this book illustrates some ways in which different groups – including older people themselves – can be involved in promoting positive changes to the environments in which they live.

## Notes

- 1 For further information on the impact of climate change, see climate bulletins from the Copernicus programme: Climate bulletins | Copernicus; also the National Centers for Environmental Information (NCEI) ([noaa.gov](https://www.noaa.gov)).
- 2 It is important to note that, as Otto and Harrington (2020) point out, in comparison with the situation in Europe, deaths arising from heatwaves in Africa usually go unreported, despite the fact we know that they are happening. They argue:  

We also know that exposure and vulnerability to extreme weather is often much higher in sub-Saharan Africa than Europe. Therefore, there is likely to be very large numbers of premature deaths from severe heat that have never been registered as such.
- 3 See Gardiner (2019, 197–213) for a discussion about the impact of legislation on air pollution in the city of Los Angeles.
- 4 See further: Elders Climate Action – We’re Taking Action on Climate Change. See also HelpAge briefing October 2021: A rising force for change: Older people and climate action.



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## PART 2

# Re-building urban communities for ageing populations



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# 7

## THE ROLE OF SOCIAL INFRASTRUCTURE AS CENTRES OF COMMUNITY LIFE IN SUPPORTING AGEING IN PLACE IN CITIES

### Introduction

The impact of “physical infrastructure” or the built environment on people’s ability to age in place is well-established, with a range of features of the urban landscape and built environment contributing to the “age-friendliness” of environments (Musselwhite 2021). Pedestrian-friendly neighbourhoods with well-maintained pavements, comfortable seating, adequate street lighting, clear signposting, and accessible public transport options provide illustrations of the role of the “physical infrastructure” in supporting people to age well in place. Following this, much of the debate about developing age-friendly cities and communities has centred around questions of how to adapt existing and design new urban spaces to support ageing populations (van Hoof et al. 2021).

This chapter is concerned with a particular type of infrastructure that is less well researched in relation to age-friendly communities, namely the role played by “social infrastructure” or the places and organisations that facilitate social interactions and connections (Yarker 2022). The argument of this chapter is that social infrastructure plays a vital yet under-appreciated role in the everyday lives of people, and while it is important for everyone, we argue that social infrastructure is especially critical in improving the experience of ageing in place. The chapter develops the case for applying an “*infrastructural lens*” to the question of how we can create age-friendly environments that support people to grow older in their own homes and communities. This allows us to think about the role of shared spaces and facilities in developing the social connections and networks that are critical to ageing well in place.

This chapter examines the meaning and value of social infrastructure for sustaining social and civic life; the role of different types of social infrastructure in supporting the experience of ageing in place; and the potential of social infrastructure to *include* as well as *exclude* particular groups of older people. The chapter concludes by discussing social infrastructure in the light of debates about developing age-friendly communities.

### The meaning and value of “social infrastructure”

Social infrastructure can be defined as the physical spaces and organisations that allow us to develop and maintain connections, form social networks, and be part of a community. It refers to the places that support the public character of cities and allow social relationships to flourish. Public institutions such as schools, libraries, playgrounds, museums, and sport fields are all examples of social infrastructure which support and empower communities. Community and voluntary organisations, faith-based organisations, and places of worship also operate as social infrastructure when they have an established physical space where people can come together and take part in social activities. So too are green spaces such as community gardens, parks, allotments, and other public spaces that invite people into the public realm. Commercial venues such as bookstores, cafés, barbershops, laundrettes, and markets can also be a critical part of the social infrastructure of a community, especially if they operate as places where people assemble and linger regardless of what they purchase (Klinenberg 2018; Latham and Layton 2019; Yarker 2022).

The types of spaces described as “social infrastructure” have often been conceptualised as “third places”, drawing on Oldenburg’s (1989) book *The Great Good Places*. Oldenburg (1989, 16) used the term “third place” to refer to “a great variety of public spaces that host the regular, voluntary, informal and happily anticipated gatherings of individuals beyond the realms of home and work”. He distinguished the *third place* (the informal public gathering place) from the *first place* (the home) and the *second place* (the workplace) and underscored “the significance of the tripod and the relative importance of its three legs” (Oldenburg 1989, 16) (*see also Chapter 3*). For Oldenburg (1996), third places such as cafés, barbershops, bookstores, and local post offices serve many functions and are vital for both individuals and the communities in which they live. They provide the anchors of community life and bring people together across social and generational divides.

Klinenberg (2018), in his study *Palaces for the People*, develops the argument that social infrastructure is vital for both personal and collective wellbeing because of its potential for social relationships to develop and communities to emerge. He further argued that social infrastructure and the conditions that shape public life in cities require significant investment, just as much as roads, airports, bridges, and other projects that usually fall under the category

of “physical infrastructure”. For Klinenberg (2018), investing in social infrastructure is necessary for nurturing public life, but also for addressing and preventing some of the most pressing challenges of contemporary urban life, such as social inequality and combatting social isolation. Commenting on the value of social infrastructure, Klinenberg argues (2018, 5):

When social infrastructure is robust it fosters contact, mutual support, and collaboration among friends and neighbors; when degraded, it inhibits social activity, leaving families and individuals to fend for themselves. Social infrastructure is crucially important, because local, face-to-face interactions – at the school, the playground, and the corner diner – are the building blocks of all public life. People forge bonds in places that have healthy social infrastructures – not because they set out to build community, but because when people engage in sustained, recurrent interaction, particularly while doing things they enjoy, relationships will inevitably grow.

The value of social infrastructure was demonstrated in Klinenberg’s (2002) analysis of the 1995 Chicago heatwave which during one month killed over 700 people, three-quarters of whom were aged 65 or more years. For a period in July, high humidity and ozone levels created the equivalent of a tropical environment in the city – with disastrous effects on everyday life. As highlighted in **Chapter 6**:

Hundreds died alone behind locked doors and sealed windows that entombed them in suffocating private spaces where visitors came infrequently and the air was heavy and still. Among these victims, the bodies and belongings of roughly 170 people went unclaimed until the Public Administrator’s Office initiated an aggressive campaign to seek out relatives who had not noticed that a member of the family was missing. Even then, roughly one-third of the cases never moved beyond the public agency. The personal possessions of dozens of the heatwave victims . . . remain filed in cardboard boxes at the County Building to this day.

(Klinenberg 2002, 15)

Comparing two (demographically similar) low-income neighbourhoods, the author found that the differences in death rates could be attributed to the level of social infrastructure available in these neighbourhoods. In the area with *higher* mortality rates, social infrastructure had deteriorated resulting in few shared spaces or amenities to support collective life. Residents in this neighbourhood “were vulnerable not just because they were Black and poor [and older] but also because their neighbourhood had been abandoned [by employers, shops, organisations, and residents]” (Klinenberg 2018, 5). In the area with *lower* death rates, however, the more extensive social infrastructure

had encouraged interaction and mutual support during the heatwave and helped ensure that the most precarious members of the community were looked after. Klinenberg (2018) argued that when residents have more opportunities to meet each other, interact, and become familiar with their neighbours, they are more likely to check on one another during a crisis and offer and receive help and support when needed. He concluded that the sociability supported by the social infrastructure can save lives – an issue that has become increasingly critical in the context of climate change and global warming (*see Chapter 6*).

The COVID-19 pandemic has further illustrated the vital role of social infrastructure in supporting vulnerable groups within communities, often through providing key services and assistance for people in need (Lewis et al. 2023). The next section examines the value of social infrastructure for older people in supporting ageing in place, through both creating a sense of independence and autonomy and developing social relationships and roles in the places in which they live.

### **The role of social infrastructure in supporting ageing in place**

While the sociality supported by social infrastructure affects everyone, it is especially important for children, older people, and those whose reduced mobility or limited resources bind them to the places where they live. Social infrastructure is especially significant for older people for a number of reasons: First, the greater time spent at home and in the locality, making shared neighbourhood spaces especially important for socialising; second, long periods of residence resulting in cumulative memories of shared spaces (Peace 2022); third, the importance of neighbourhoods as sources of mutual support in later life (Seifert and König 2019); and fourth, the role of community spaces and attachment to place or what Rowles (1983) termed *social insideness* (*see Chapter 3*) in preserving a sense of identity and independence in old age (Rowles 1983; Rubinstein and Parmelee 1992).

Yarker (2022) highlights the critical role of social infrastructure in promoting the development and maintenance of social connections as we grow older. She considers the different types of social interactions older people might have in these spaces, from fleeting signs of acknowledgement and recognising familiar faces to in-depth conversations. Drawing on a range of literatures from sociology, human geography, and social gerontology, the author argues that there is a need to ensure there is a diversity of spaces within neighbourhoods where social interaction can occur, these increasing social connectedness as well as enhancing connection to place.

The next part of this chapter distinguishes four types of social infrastructure (adapted from Yarker 2022 and Jeffres et al. 2009): public services and institutions; organised social activity; green and public spaces; and

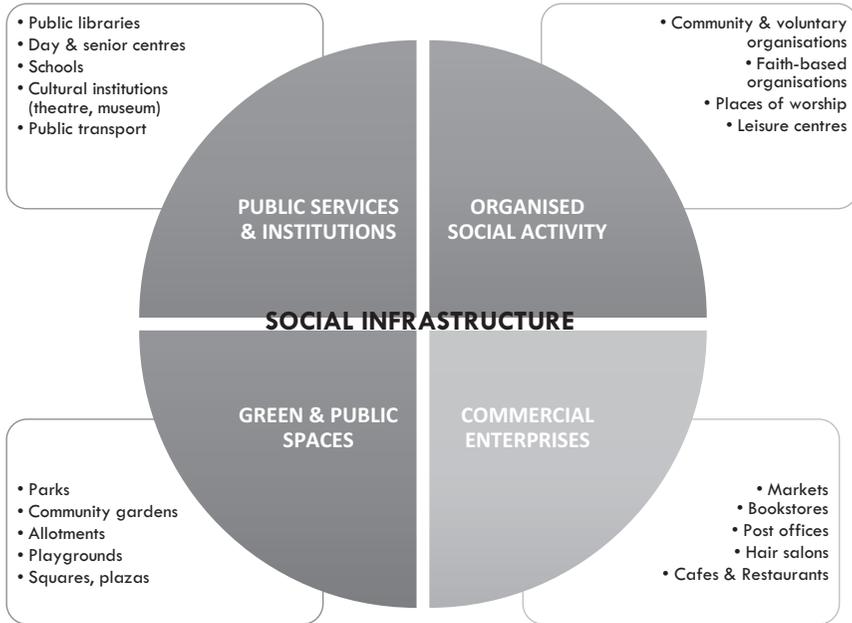


FIGURE 7.1 A typology of social infrastructure

commercial enterprises (*see* Figure 7.1). It provides examples of how shared spaces and facilities may generate the social connections and support that are critical for people to age well in place in cities.

### ***Public services and public institutions***

#### ***Public libraries***

As public institutions, libraries are open and accessible community spaces where people from all age groups come together, share ideas, and develop connections. For Klinenberg (2018), libraries are among the most critical forms of social infrastructure, but also one of the most undervalued. They have the potential to draw in a diversity of social, cultural, and age groups from across the community, and often act as a place of refuge for vulnerable populations, such as homeless people, people with mental health issues, recent immigrants, and some younger and older people (Morgan et al. 2016). More than just books and computers, libraries are essential community hubs that serve as centres of learning, community builders, partners in the provision of social services, and major players in creating liveable and age-friendly communities. Indeed, as Morgan et al. (2016, 2035) argue in their

study about libraries as partners for population health: “public libraries are dynamic, socially responsive institutions, a nexus of diversity, and a lifeline for the most vulnerable among us”.

Libraries can play a vital role in supporting older people to age well in place in a variety of ways. They are hubs for companionship and group activities, providing opportunities for participation in book clubs, crafts, discussion groups, film, art classes, and learning digital skills. Such activities are critical in preventing and alleviating loneliness and provide a space for people to come together across social, cultural, and generational lines. While older persons may also be able to participate in some of these activities in day or senior centres (see further in the next section), libraries may be the main community space where they can interact with other age groups. Public libraries also often organise activities to meet the needs of specific groups within the ageing population, including events to celebrate Black History Month or LGBT History Month, dementia-friendly library initiatives, mobile library services for those who are home-bound, and visual impairment reading groups (Sloan and Vincent 2009; Arts Council England 2017; Shared Intelligence 2017). In many of these activities, older volunteers play an active role in setting up, organising, and supporting such events.

Libraries may also provide direct assistance in helping people to age well in place. In the USA, for instance, some libraries assist older people with finding affordable housing, providing meals, offering accessible transportation to and from events, organising activities for those who speak languages other than English, and helping with re-entering the workforce (McNulty 2017). Examples from the UK include libraries that provide information events focusing on preventing falls, services aimed at reducing hospital admissions, and initiatives that match housebound older people to local volunteers who teach them how to use tablet computers for web-browsing, email, e-book reading, online grocery shopping, and other functions. Such services can be vital in supporting independent living and preventing or reducing loneliness (Arts Council England 2017; Shared Intelligence 2017). Libraries in the UK played an important role in the 2022/2023 energy crisis, providing “warm spaces”, often supported by advice and support of different kinds (Libraries Connected 2022).

Libraries also play a pivotal role in providing care for older people, whether directly through the services they provide or by working in partnership with local care providers and other agencies. A study exploring perceptions of public libraries in Africa, and in particular Ghana, Kenya, Tanzania, Zimbabwe, Ethiopia and Uganda, highlighted the role of librarians in providing health information and signposting individuals and communities to relevant services (Elbert, Fuegi, and Lipeikaite 2012). Similarly, Morgan et al. (2016) discuss the potential of libraries as “health hubs” in the USA, with library staff playing a central role as “trusted community sentinels” in engaging and

referring people to appropriate services. Libraries have also proven to be essential sites for conveying information and supporting people during pandemics such as COVID-19, through the activities and opportunities they provide for distance learning, as shown in a study about the role of libraries in China during the pandemic (Xin 2022).

Finally, public libraries have the capacity to become a tool for social change and activism. They can act as an environment where people become active agents in identifying the most pressing problems and needs of a community and in developing appropriate solutions and tailored services, for example, on tackling pollution, poverty, poor quality housing, loneliness, discrimination, and racism. Exploring the role of library services for indigenous people in Latin America, Civallero (2021) stresses the importance of open, diverse, and inclusive libraries that support local identity and community-building, while promoting critical thinking from a clear political perspective to encourage communities to empower themselves and to identify issues and solutions from a local perspective. The role of libraries in supporting older people from minority groups has been underexplored, but the potential for maintaining and disseminating minority languages, oral and written traditions, and cultural expressions is clear. Ageing-in-place policies should therefore include a focus on investing in public libraries as a vital form of social infrastructure with the potential to encourage encounter and dialogue among different cultures and identities.

The aforementioned examples demonstrate the vital role and potential of public libraries as social infrastructure in supporting people to age well in place. However, at a time when local budget cuts are commonplace, public libraries in many countries have suffered severe budget cuts, forcing them to cut down on qualified personnel and opening hours, and leading in some cases to the closure of local libraries (Lison, Huysman, and Mount 2016). In the UK, to take one example, public expenditure cuts led to the closure of nearly 800 libraries between 2010 and 2019, and the funding for libraries further decreased by nearly £20m (25%) in the period between 2019/2020 and 2021/2022 (CIPFA 2022). This has significantly impacted local communities and their capacity to respond to the needs of marginalised and vulnerable groups of residents. It is therefore crucial that governments support and invest in public libraries, in both a political and economic sense, in order to realise their full potential in supporting people to age in place.

### *Day and senior centres*

Day and senior centres are another form of social infrastructure that has been shown to play a crucial role in supporting people to age well in place. As community-based services that provide care and recreation facilities, they provide valuable spaces for social interaction for vulnerable groups and those

most at risk of social isolation (Yarker 2022). A study of day centres for older people in south-east England (Orellana, Manthorpe, and Tinker 2021) found that most participants were widowed, divorced or single, and two-thirds lived alone. The average age was 83.3 years (range 68–101 years), and all participants reported having health conditions or disabilities affecting their daily life. The reasons for attending a day centre are mainly related to experiences of loss – through bereavement, loss of existing social networks, loss of mobility, or declining health – as well as a desire for something different in life. People who attended highly valued the centres' congregative nature, the togetherness, and the continuity they offered (Orellana, Manthorpe, and Tinker 2021).

In Canada and the USA, senior centre participation was found to generate a range of benefits for older adults, including improved independence and physical and mental health, lower caregiver burden, and socialisation (Kadowaki and Mahmood 2018). However, despite their potential, the challenges for the future of day and senior centres should also be recognised. These include the need to meet the needs of heterogeneous ageing populations including ethnic minority older people, the importance of reducing the stigma attached to senior centre participation, and the need to identify new funding opportunities in the context of financial pressures on local authorities (Yarker 2022).

### *Public transport*

Access to adequate public transport is an integral part of creating age-friendly communities that support people to age in place (WHO 2007). For some older adults, travel and mobility are strongly dependent on the provision, quality, accessibility, and affordability of public transport services (Shrestha et al. 2017). People living with some form of physical impairment or mobility issue often rely on public transport to be able to lead independent lives and meet their everyday needs. Exploring the role of public transport as a form of social infrastructure, Yarker (2022) stresses the potential of travel and mobility in addressing older people's social and practical needs. For example, some use public transport to meet social needs such as travelling to a park or community centre to meet friends and be around other people, while others use it to attend medical appointments and do grocery shopping. For Muselwhite and Haddad (2018), travel is also connected to important social and affective needs, such as being able to realise a sense of autonomy, control, and freedom while preserving a sense of self and identity.

Research in the UK has shown that older people from particular ethnic minority communities often use public transport to travel significant distances outside of their local area to visit specialist food markets and retailers, faith-based organisations, and parks (Yarker 2022). Yarker (2020) found

that such spaces were not only important in practical terms, such as being able to access culturally specific food products, but that they were also crucial in providing opportunities for maintaining social relationships with people who share the same ethnic, cultural, or religious background to themselves.

However, public transport is not only important for maintaining social connections but also for providing a means by which to access other forms of social infrastructure. All forms of public transport have the potential to expand the social world of older people by providing opportunities to meet with friends, family members, and neighbours. Moreover, public and community transport also provides a space for casual and fleeting interactions with the potential to enhance what Soenen (2006) calls a “light” form of community with others. Such relationships are not only important to the individual in offering a sense of belonging but also contributing to an inclusive atmosphere within cities. **Chapter 10** introduces the term “*mobility justice*” (Sheller 2018) to highlight the importance of transport and movement within urban areas and the inequalities experienced by different groups of older people.

### ***Organised social activity***

A second category of social infrastructure (see **Figure 7.1**) concerns community and voluntary organisations, faith-based organisations, places of worship, and leisure centres. Together, they provide anchors of community and civic life not only through the opportunities they bring for social interaction but also because of their potential to generate what Finlay et al. (2019) term a “social surplus”: collective feelings of civic pride, acceptance of diversity and trust, a sense of togetherness within a locality, as well opportunities for engagement and volunteering (Latham and Layton 2019). Such forms of social infrastructure may be especially vital in supporting older people to age well in place through their role in providing care, support, stimulation, and a sense of belonging.

#### *Community and voluntary organisations*

Community and voluntary organisations provide significant opportunities for older people to volunteer and have a voice in shaping their communities. Social participation represents a key dimension of an age-friendly city, with many age-friendly programmes, such as those in Akita (Japan), Bilbao (Spain), Guadalajara (Mexico), Manchester (UK), Oslo (Norway), Portland (USA), and Quebec (Canada), driving projects to encourage older people’s participation in voluntary activities (Rémillard-Boilard, Buffel, and Phillipson 2021). These include opportunities to take an active part in organisations aimed at improving the liveability and sociability of neighbourhoods, with

older people contributing to the creation of communities that foster a sense of belonging.

In the UK, the role of the voluntary sector has become increasingly formalised through shifts in government policy, with local authorities encouraged to work in partnership with voluntary organisations to develop services that serve the local community. Indeed, the voluntary sector has increasingly evolved to becoming a “shadow state” (Wolch 1989), meaning that an increasing number of services previously provided by the welfare state have become the remit of diverse kinds of community organisations. In practice, much of the newly formalised provision and coordination of care has centred on older adults. Therefore, in addition to becoming important sites of care and support, community and voluntary organisations have also become part of the critical social infrastructure supporting people to age in place (Yarker 2022).

Community and voluntary organisations played a key role in delivering community services and care during the pandemic and will continue to play a vital role in addressing the needs of diverse groups in the post-COVID-19 recovery (British Academy 2021a and b). However, many of these organisations were already in financially precarious positions before the pandemic, with limited capacity to assume extra roles (Lewis et al. 2023). This has been compounded by cuts affecting community centres, leisure centres, and libraries – the loss of which was already having a detrimental impact on those reliant upon their locality for sociality and support. Research in the UK has shown that pre-pandemic financial pressures on local authorities have been especially high in more deprived neighbourhoods, leading to a greater loss of services and social infrastructure in these areas (Marmot et al. 2020). This suggests that older people living in areas of intense deprivation have not only been disadvantaged in terms of accessing support during the lockdown but that they are likely to be further disadvantaged and excluded from social support networks during any post-COVID-19 recovery.

### ***Faith-based organisations and places of worship***

As with community and voluntary bodies, faith-based organisations and places of worship such as churches, mosques, synagogues, and temples can also be seen as key parts of our neighbourhood social infrastructure (Yarker 2022). For older adults attending places of worship, these often operate as “social connectors”, providing opportunities to develop supportive relationships as well as opportunities for volunteering and to become more involved with communities. Examining the links between religiosity and health in later life, Zimmer et al. (2016) found that several mechanisms appear to be consistent across cultures and countries, including the central role of places of worship in providing social support, offering opportunities for

social interaction, and bringing the community together to celebrate events or mourn losses.

Faith-based organisations also play important roles in providing services to older migrants and refugees, ranging from healthcare services to providing food and shelter, language classes, and support services offering legal advice and information. Such activities can be important in facilitating the types of social connections that are important to create a sense of belonging and “home” while ageing in place (Buffel 2017). While the role of faith-based organisations and spaces has been underexplored in age-friendly work (Fields et al. 2016), they could play an important part in ensuring that such work has a closer engagement with people from ethnic minority and other groups who may be underserved by existing community centres and facilities.

### *Green and public spaces*

There is compelling evidence for the importance of green spaces, such as parks, allotments, and community gardens in supporting people to age well in place, through their benefits for health and physical activity (Dennis et al. 2020; Astell-Burt et al. 2022). Green infrastructure improves quality of life by providing spaces for rest, relaxation, as well as lowering temperatures during heat waves (European Environment Agency 2022). They also improve the “walkability” of neighbourhoods, encouraging physical activity, which, in turn, has been shown to promote wellbeing (Musselwhite 2021). Green spaces have the potential to prevent and reduce feelings of loneliness through the opportunities they provide for volunteering while connecting with nature and to develop and maintain social ties (Lindley et al. 2020). Although such social connections are often based initially on weak ties of association and fleeting interactions, Yarker (2022, 38) argues they can nonetheless “be the starting point for greater community cohesion and can help to sustain the age-friendliness of neighbourhoods”.

What are the features of an “age-friendly” green urban space? Research has identified various features that make green spaces accessible, safe, and welcoming to older adults, or people of any age, to visit (e.g., Sugiyama, Thompson, and Alves 2009; Veitch et al. 2022). Accessibility is a key element: Ensuring access to a park within comfortable walking distance, or through the proximity of bus routes, bike racks, designated accessible parking or pick up/drop off areas, and appropriate signage, is all vital in creating inclusive green spaces. The safety dimension of green spaces is also crucial, especially night-time safety, absence of crime, and accessible, walkable paths to the open space. There is also the “pleasantness” factor of green infrastructure, referring to opportunities to have a chat with others, the variety of activities to engage in (such as community garden plots, walking paths) or to watch (such as trees and plants, and birdlife), as well as the presence

of facilities such as benches, toilets, and shelter. Such “spaces to stop and dwell along the route” are among the most cited facilities by older adults when asked about their needs in the public environment (Musselwhite 2021, 51). Finally, the participation of older adults in the design and management of green spaces has been found to promote a sense of ownership and social inclusion and is likely to increase usage (Gilroy 2021; van Hoof et al. 2021).

However, while the COVID-19 pandemic has shown how important green spaces are for people’s wellbeing, it has also been highlighted that not everyone has the same level of access. Evidence from across Europe shows that green space is more available in higher-income areas as compared to lower-income ones (European Environment Agency 2022). Similar disparities have been reported in major urban areas of Australia (Astell-Burt et al. 2014), China (Song et al. 2021), the USA (Wen et al. 2013), and South Africa (Venter et al. 2020). In England, funding for parks and open spaces has declined with almost £330m in real terms (i.e., 25%) between 2010/11 and 2020/21, with the most deprived areas experiencing the deepest cuts (Martinsson, Gayle, and McIntyre 2022). Communities with a higher proportion of racially and ethnically minoritised groups also have less access to high-quality green spaces (WHO 2016; Rigolon 2016; De Sousa Silva et al. 2018). Research in England, for instance, has shown that people from Black, Asian, or minority ethnic backgrounds are more than twice as likely as a White person to live in areas that are most deprived of green space (Zylva, Gordon-Smith, and Childs 2020).

The unequal distribution of green spaces further exacerbates health inequalities when those who are already at greater risk of health problems and exclusion also have poorer access to the spaces that could be beneficial to their health and social inclusion. Paradoxically, those groups of older people who would benefit the most from green spaces to age in place are often those with the least access. Such inequalities are exacerbated by the housing market: Areas with plentiful green space often trigger processes of gentrification, with rising house prices attracting more high-end real estate developments, potentially forcing older residents who can no longer afford to live in such areas to move out (*see also Chapter 4*). A more equal provision of green spaces should therefore not only be a central part of urban planning and housing policies, but it should also be a priority focus in developing age-friendly policies that support ageing in place within a framework of environmental justice (Lindley et al. 2020).

### ***Commercial enterprises***

Markets, hairdressers, beauty salons, post offices, banks, cafés, pubs, and restaurants are a vital part of the social infrastructure of neighbourhoods, which help people to age well in place. Drawing on the concept of “commercial

friendships” (Stone 1954), Rosenbaum (2016) argues that commercial spaces can be essential in sustaining supportive relationships, particularly among those who have recently lost their usual support networks, for example, through retiring from the workplace or through death or illness of a spouse. The relationships formed with both staff and other customers in frequently visited commercial settings can serve as a surrogate for lost support networks. Yarker (2022) further highlights the central role of shopkeepers and traders in making their venue a welcoming place for older people to visit while creating the conditions for social interactions and networks of support to develop. For example, some traders help older customers from and to their cars with shopping and provide informal seating areas, hot drinks, and meaningful small talk. Others check up on customers who have been unwell or suffered a bereavement and signpost people to relevant services or support groups.

Research has also highlighted the importance of commercial venues for community health and for health promotion interventions aimed at supporting ageing in place. Many neighbourhoods have barbershops and beauty and hair salons, for example, which can be helpful in reaching out to people who may not engage with statutory services or community organisations (Linnan, D’Angelo, and Harrington 2014). A study of hairdresser salons and barbershops in Japan and Thailand (Makabe et al. 2020) found that many barbers and stylists, in Japan especially, already provide a range of health promotion-related services and that some shop owners in both countries were willing to strengthen the collaboration with healthcare professionals. The authors point to the role of barbershops and hair salons in serving as information exchange platforms for community health promotion and in increasing knowledge about certain health conditions. They suggest that this can partly be attributed to the unique and trusting relationships that customers develop with staff, which makes them comfortable to talk about health issues (Makabe et al. 2020).

A study in Belgium, which focused on the development of early intervention programmes for frail older adults, demonstrated the crucial role of “non-care professionals” in detecting, supporting, and signposting frail older people to relevant services (Duppen et al. 2019). In particular, the authors pointed at the role of pharmacists, postal workers, shopkeepers, restaurant and pub owners, florists, and hairdressers, which they described as vital “antenna professionals” given that they are often the first point of contact with frail older people, some of whom may be socially isolated. The interviews conducted with a diverse group of “antenna professionals” showed the role they played in identifying early signs of both physical frailty and cognitive frailty by listening to and talking with their older customers. Some participants had signposted their older customers to social services, while others had promoted a range of community-based non-profit organisations. Many identified the need, however, for a central hotline or contact point in

the community that they could promote among older adults in need of support (Duppen et al. 2019).

Thijssen et al. (2021) conducted a review of how community-based dementia-friendly initiatives influence the quality of life of people with dementia and their caregivers. They point at the role of local neighbourhood supermarkets, where staff know how to respond and offer respectful services to people with dementia, and Alzheimer Cafés, where anyone can attend and learn more about dementia and its implications. Another example comes from Melville, Australia, where some café owners have dedicated staff and seating to welcome people living with dementia, their carers and families who can come together for a monthly catch-up. All staff at these cafés are trained in dementia awareness and provide an inclusive atmosphere, responsive to the needs of both people diagnosed with dementia along with their carers (WHO 2018). Thijssen et al. (2021, 11) report various outcomes of such initiatives for people with dementia and caregivers, suggesting these are

in line with the purpose of with the purpose of a DFC (Dementia Friendly Community) namely, to be a place where people with dementia and their caregivers feel understood, respected, have access to support and feel confident that they can contribute, participate, and engage in community life.

The aforementioned examples demonstrate how different types of social infrastructure can support people to age in place, through creating a sense of belonging and connectedness as well as through providing sources of formal and informal support and opportunities to be actively engaged in their community. But while social infrastructure has the potential to contribute to social inclusion for some groups, it can also exclude others; the next section will further explore this issue.

### **Social infrastructure: the potential for social inclusion and exclusion**

The critical role of social infrastructure in promoting *social inclusion* in later life has been shown in studies focusing on how shared spaces may provide a sense of safety and belonging for older people with minoritised and marginalised identities. For example, in a study exploring experiences of loneliness in later life in Manchester in the UK (Cotterell 2022), gay older men highlighted how vital it was for them to have affordable access to a welcoming, supportive, and safe community space where they could meet older people with a shared sexual identity. Some participants had experienced a lifetime of discrimination and rejection and referred to such social groups as their “family”, reflecting the critical role of such community spaces not only to maintain a sense of identity but also for bonding social connections. The findings

also showed that when gay older men lose access to such community groups or spaces (e.g., because of their disappearance due to austerity measures or a change in personal circumstances or resources), they may become especially vulnerable to loneliness (Cotterell 2022).

Studies focusing on experiences of place and community among ageing migrants and ethnic minority communities (*see also Chapter 5*) have further highlighted the role of different types of social infrastructures, such as mosques, churches, temples, and other places of worship as well as religious and community organisations in promoting a sense of home and belonging (Ahmed, Buffel, and Phillipson 2021). Research into the use of markets by older people from ethnic minority groups (Yarker 2020) found that being able to interact with other people who share a similar cultural identity to themselves was particularly important for maintaining a sense of belonging in later life. Older women from the South Asian community in particular referred to the role of markets as important spaces for socialising and to visit with family and friends, highlighting the importance of these spaces for both bonding social relationships as well as fleeting interactions. The participants in this study felt that the sociability was just as important as being able to purchase culturally specific products, and many were prepared to travel quite some distance from their homes to visit these places.

However, while the social infrastructure in our communities can support ageing in place and create a sense of belonging for some people, it can also work to *exclude* some groups. **Chapter 4** has already highlighted how urban development and gentrification can change the social infrastructure of a place, impacting the lives of older people who use those spaces. On the one hand, urban regeneration and gentrification can bring benefits to older people living in low-income neighbourhoods as it may result in increased investment in infrastructure, new amenities and improved access to health and care services. On the other hand, studies have also shown that gentrification can have negative consequences for existing social infrastructure and often results in the *disinvestment* of social infrastructures that are important to older people (Buffel and Phillipson 2019). Moreover, the social infrastructure developed in a gentrifying neighbourhood is often ill-suited to the needs of older people as gentrification tends to meet the needs of incoming groups at the expense of long-term residents. Cultural displacement, or the feeling that new amenities and services are “not for them”, is therefore a common sentiment identified in studies on gentrification (*see Chapter 4*). Lewis et al. (2022, 523) argue that:

Social infrastructure must be understood as a foundational component of urban regeneration planning, ensuring new spaces foster social connections for all generations and support older residents’ sense of local identity, belonging and inclusion amidst dramatic material transformation.

Social infrastructure provides an important lens through which to analyse the impact of urban regeneration processes, shedding light both on the functional and affective dimensions of ageing in place. In neighbourhoods undergoing redevelopment, both dimensions are vital to consider, in order to understand how best to support older people's ability to age in place.

In order to maximise the potential of social infrastructure for social *inclusion*, we argue that there is a need for a *diversity* of community spaces and types of infrastructures, which reflect the assortment of needs and identities within the older population. This is important because different kinds of social infrastructure, such as libraries, green spaces, community, and equality organisations, support the development of different types and levels of social connections. Strong social ties and bonding capital are important for preventing and reducing social isolation in later life, but we also need to recognise the value of weak social ties or bridging capital in creating connections across groups of social difference and in creating a sense of familiarity among residents in a neighbourhood. Social infrastructure has a vital role to play in creating spaces for social change and in developing age-friendly environments that promote the full participation of older people in all aspects of society: social, cultural, economic, and spiritual.

### **Conclusion: the critical role of social infrastructure in developing age-friendly communities**

This chapter has shown that social infrastructure is vital in supporting people to age well in place. Parks, libraries, hairdressers, post offices, community organisations, and senior centres provide the anchors of community life and bring people together across social and generational dividing lines. They are hubs for companionship, provide opportunities for social and civic participation, can act as a vehicle for social change and activism, strengthen people's place attachment and sense of inclusion, and can play a vital role in providing care for residents. Indeed, such "local opportunity structures . . . have been found to promote health either directly or indirectly through the possibilities they provide for people to live healthy lives" (Macintyre and Ellaway 2000, 342). The role of social infrastructure has proven to be especially vital in supporting vulnerable older people in crisis situations. Klinenberg's (2018) study showed how the sociability and connectedness supported by social infrastructure in neighbourhoods can save lives during heatwaves with extreme temperatures, while the COVID-19 pandemic highlighted the dynamic role of community organisations in responding to urgent needs and delivering services to the most vulnerable groups. The current cost-of-living crisis will only reinforce the critical role of social infrastructure, with those living in poor-quality housing, saving on energy and bills, and disconnected from the

internet becoming especially reliant on the support and sociability provided by public libraries and community hubs.

However, the chapter also emphasised the highly unequal distribution of social infrastructure, with low-income neighbourhoods particularly disadvantaged in terms of community resources and access to “local opportunity structures”. Indeed, we identified there is a paradox when it comes to access to social infrastructure in that those people who would benefit the most from third spaces to age well in place are often the ones with the least access. Such inequalities have been further compounded by public funding cuts to social infrastructure in the form of community centres, libraries, and voluntary organisations – the loss of which was already having a detrimental impact on those older people who are reliant upon their locality for social networks, sociality, and support (Buffel et al. 2021; Yarker 2022). These trends contributed to greater precarity in later life for vulnerable groups of older adults, reinforced by widening economic and social inequalities (Grenier, Phillipson, and Settersten 2020). Commenting on the impact of the loss of social infrastructure and third places for older adults in the USA, Finlay et al. (2019, 102225) argue:

residents are losing access to key services, goods, amenities, and recreational leisure facilities; and spaces to socialize, connect, play, and care for one another. The loss of protective factors and resilience mechanisms, including buffers against stress, loneliness, inactivity, and alienation (Oldenburg 1999), may be particularly harmful to groups who rely on third places including older adults, children, the chronically ill, and socioeconomically marginalized. . . . Klinenberg (2018) observes that diminished social infrastructure can exacerbate societal perils including isolation, crime, addiction, socio-political polarization, inequality, and even climate change.

The effects of austerity have been unevenly distributed within countries and within cities. However, the increasing pressure on public services has been most keenly felt in those neighbourhoods and local authorities that were already exposed through economic decline and deindustrialisation (Marmot et al. 2020; Osnos 2021). The COVID-19 pandemic further amplified the challenges of providing collective support to marginalised urban populations, given a context of increasing inequality and austerity. Many of the organisations that developed or partnered on age-friendly initiatives were already in a precarious position before the pandemic. Although some organisations received crisis funding, questions remain as to how much of this funding was allocated to age-friendly community work, especially work that centred on marginalised groups, and whether such funding will be sustained in years to come (Greenfield and Buffel 2022). Investing in social infrastructure

and community-based services and organisations, which are providing vital social, psychological, and practical support to marginalised and vulnerable groups, is a key task. **Chapters 9** and **10** address these issues in further detail in developing models of co-production and linked social infrastructure to support the goal of ageing in place.

# 8

## ENACTING “AGENCY” THROUGH PLACE-MAKING AND ACTIVISM

### Older people as local agents of urban change

#### Introduction

Previous chapters have reviewed some of the challenges and opportunities of urban living for ageing populations. The focus has been primarily on understanding the impact of social changes affecting urban environments on the lives of diverse groups of older people. As highlighted in **Chapter 1**, however, person–environment relationships are a two-way process: Older people are shaped to varying degrees by exchanges with the environment; conversely, these exchanges affect the environment itself. Following this interactive model, “individual” and “neighbourhood” cannot be studied as “fixed entities” but are continuously being reconstituted in everyday interaction (Dannefer 1999). In making use of, having social contacts within, and giving meaning to their immediate social environment, older people are (re)-constructing and shaping their neighbourhood. Nevertheless, Hand et al. (2020, 565) argue that “Within research on ageing in neighbourhoods, older adults are often positioned as impacted by neighbourhood features; their impact on neighbourhoods is less often considered”. Indeed, most studies in the field of urban ageing have focused on how urban environments support or pose barriers to participation and wellbeing, while the ways in which older people shape, influence, and transform their neighbourhood remain under-researched.

This chapter examines this last issue by focusing on the role of older residents as local agents of urban change. It will explore how older people enact agency by engaging in the development and production of urban space, thereby radically shifting the narrative on ageing in place as one which predominantly views older adults as recipients or adaptive users of

social resources and support. Instead, we propose to use a “right to the city” framework to deepen our understanding of how older adults shape their individual and collective experience of ageing in place. The concept of “the right to the city” is closely associated with the work of Lefebvre (1991) and has become a keyword for analysing the struggles over the shape of the city and access to public space – or, in Harvey’s terms (2009, 315), the right to “make and remake our cities and ourselves” under circumstances in which private capital is dominating the urban process. Commenting on Lefebvre’s work, Purcell (2003, 577–578) argues that “the right to the city” implies two main rights for its inhabitants. The first is to *appropriate* urban space, the right to “full and complete usage” of the city. The second concerns the right to *participate* centrally in decision-making surrounding the production of urban space (see further Buffel, Phillipson, and Scharf 2012, 2018; Joy 2021; Menezes et al. 2021).

Drawing on these perspectives, this chapter discusses a variety of ways in which older people enact “agency”, defined here as responding to the changes in their locality by *appropriating*, *participating*, or *taking proactive action* in their neighbourhoods to create and sustain environments that meet their needs. Such acts of neighbourhood-related agency can be placed on a continuum with increasing levels of decision-making agency and include being present and inviting everyday social interactions; engaging in place-making practices; advocating on social issues; driving social change and action; and participating in neighbourhood governance and urban planning. Following a discussion of these strategies, we examine how digital media can support older people in their efforts to influence urban planning strategies and shape their neighbourhoods. The final section of the chapter focuses on some of the main barriers experienced by older people to enact agency and discusses the impact of ageism, power relations, and the struggle for equal rights to the city. In conclusion, we argue for a community participation approach to urban planning, one which facilitates the active involvement of people of all ages including older adults with diverse identities, capabilities, needs, and aspirations.

## Acts of neighbourhood-related agency

### *Being present and inviting everyday social interactions*

One way in which older people enact “agency” is by engaging in “everyday actions in somewhat routine, taken-for-granted ways” that contribute to both “a personal sense of belonging in the neighbourhood and a collective sense of connectedness” (Hand et al. 2020, 571). This is reflected in the time older people spend in their neighbourhoods, walking, casually chatting with neighbours, attending organised activities, and visiting shops, parks, and other

public spaces. It refers to the role of older residents in initiating and engaging in “natural neighbourhood networks” (Gardner 2011, 263) or the informal, often spontaneous everyday encounters with people in the neighbourhood across age groups (*see also Chapters 3 and 4*). Although such encounters are often referred to as “fleeting” everyday social interactions or “weak” social ties, their role in providing residents with a sense of belonging and wellbeing should not be underestimated (Buffel et al. 2012). “The strength of weak ties” (Granovetter 1973) is that they often serve as “bridging social ties”; relations in a network which may be the only connection between two persons or groups, offering the potential to bring people together across society’s dividing lines. Moreover, weak ties can provide a sense of “familiarity” and “continuity” in the face of neighbourhood change (Yarker 2022).

Lager, Van Hoven, and Huigen (2013, 58) illustrated this aspect in their study of a former working-class neighbourhood in the process of urban renewal in the Netherlands. While urban renewal processes had drastically changed the outlook of the area (local shops had disappeared and high-rise flats and family homes were built), the study found that older residents played an important role in keeping up “familiar ways of street life in order to retain the *social value* of the street” (58, emphasis added). Sitting on the front porch, for example, was identified as a way of reproducing the street as a social meeting place and stressed as important for older residents’ wellbeing and sense of continuity of community. The authors suggest that:

Social practices such as these were not just remnants from the past which respondents held onto in the face of change, but they created a social atmosphere in the neighbourhood . . . that shaped the social interactions of *all* residents in the area, connecting incoming and younger groups with longstanding populations.

(Lager, Van Hoven, and Huigen 2013, 58)

Sitting on the front porch can be seen here as an act of *appropriating* urban space, and while it is linked primarily to older residents’ desire for social interaction, it also contributes to the collective (re-)creation of a sense of community in the context of urban change.

Similar findings have been reported in a study by Lewis (2016) who explored how understandings of community and belonging had shifted in relation to rapid deindustrialisation and subsequent waves of redevelopment in East Manchester in the UK. Drawing on ethnographic research, the study showed how older residents played a role in “regenerating” community in two social spaces which were under threat of closure as a result of redevelopments in the area – a coffee morning and a marketplace. In these settings, older residents were found to contribute to a sense of community, paradoxically, by *sharing narratives* about the *loss* of social ties, thereby collectively

making sense of urban change, and in doing so, *strengthening social ties and connectedness* (Lewis 2016). Such findings suggest that older adults should not be seen as “passive victims” of urban change (*see further Chapter 4*); rather, they can actively negotiate the process and contribute to neighbourhood changes by creating and restoring a sense of community and belonging for themselves and other residents (Buffel et al. 2013).

### *Engaging in place-making practices*

Another, related, response to urban change is to engage in place-making practices. The concept of “place-making” can be understood not just as an act of building or fixing up the neighbourhood, but as a whole process that fosters the creation of vital public space that generates a sense of belonging. It refers to the process whereby residents participate in creating and transforming the spaces they inhabit, with the goal of strengthening the connection between people and places they share (Project for Public Spaces 2022). The next two sections will discuss a range of place-making practices and strategies employed by older residents to mitigate the negative impact of gentrification and preserve a sense of belonging in the context of rapid urban change. We will show that there are both gender and ethnic dimensions to these practices and that the appropriation of shared spaces is of particular importance for those with marginalised and minoritised identities.

### *Gendered place-making practices*

Several studies have shown that the responses to urban change and place-making practices are gendered in later life, with older women playing a particularly active role in sustaining local social relationships and community life. Indeed, gerontologists have suggested that older women not only act as “kin-keepers”, but that they may act as “neighbourhood-keepers” as well, vigilant about the changing fortunes of the localities in which they have invested much of their lives (Phillipson and Scharf 2005). This may explain why older women often express particular concern about the changes affecting their neighbourhood. It may also explain why many women are so keen to contribute and “invest” in their community. This “investment” has several dimensions, with gender interacting with age and class. A study in a neighbourhood undergoing an urban renewal in the Netherlands, for example, showed how a sense of working-class belonging was negotiated and practised in everyday places and interactions, with older women playing a central role in providing care and support to members of the community. Such place-making practices, the authors suggest, may reflect a strategy to maintain a sense of identity and continuity within a changing environment (Lager, Van Hoven, and Huigen 2013).

Buffel and Phillipson (2019), in their study of a gentrified area in Manchester in the UK, also found that there was a gender dimension to the place-making practices of older residents. Older women tended to socialise in the context of activities for older people organised by a local voluntary group while older men – especially those from working-class occupations – were more likely to visit public houses. For many men, the local pub was seen as the only place left where they could meet former workmates without having to commit to membership of a group – an issue that was commonly seen as “more of a female thing”, as one 81-year-old man explained. The pub was also seen as a less expensive alternative for those working-class men who felt unable to afford the more expensive eating places which were now common in the area. It was the place where men sustained friendships, exchanged information, and shared stories about how the neighbourhood had changed. For older men living on their own, the pub seemed to operate as a “home away from home”, providing a sense of “social connectedness”; a sense of possession as in “*my* local”; and a way of reinforcing feelings of community in the context of changes affecting their neighbourhood.

Older women, in contrast, highlighted the importance of a community-based care group in the area. This group, which comprised women from different social backgrounds, engages older people in a variety of place-making practices through services and activities, such as coffee mornings, exercise classes, and individual visits to people in their own homes. For many of the female interviewees in this study, the care group played a central role in their life: Some took on a voluntary role, organised group activities, or reached out to isolated people in the community; others attended the group’s social events. The group was a point of contact for women living alone who did not have family living nearby or whose neighbours could not always be called upon for help (Buffel and Phillipson 2019). Chapter 4 highlights how urban development and gentrification often coincide with a *disinvestment* in the places that are important to older residents, while new amenities and services tend to meet the needs of incoming groups. The findings presented here show how important the availability of shared social spaces is to enact “agency” in later life, allowing women and men to *appropriate* and *participate* in their neighbourhood through a range of place-making practices.

Despite the evidence on gendered place-making practices, gender often remains a neglected focus for theory and practice on shaping, co-creating, and re-claiming cities. As Beebejaun has argued (2017, 323), “dominant perspectives within the right to the city literature pay little attention to how ‘rights’ are gendered”. Perspectives from feminist urbanism bring a focus on how place-making practices are not neutral and how neighbourhoods have been shaped by patriarchal power relations and values. Fenster (2005), for example, showed how the agency and rights to the city become restricted for women in public spaces, thereby limiting feelings of belonging. Wainwright

(2021) argues that much of the architecture in cities has been built for the 6-ft-tall ideal man, failing to account for the diverse needs and desires of women, as well as children, older people, people with disabilities – “anyone, in fact who falls outside the statuesque ideal”. Kern (2021, 34), in her book *Feminist City*, reinforces this point:

All forms of urban planning draw on a cluster of assumptions about the typical ‘urban citizen’: their daily travel plans, needs, desires, and values. Shockingly, this citizen is a man. A breadwinning husband and father, able bodied, heterosexual, white, and cis-gender. This has meant that though cities have a lot of advantages relative to the suburbs, they’re certainly not built with the aim of making women’s ‘double-shifts’ of paid and unpaid work easier to manage.

Wainwright’s article highlights the work of the Matrix Feminist Design Co-operative based in London, which advocated for a new approach to urban planning. “Through lived experience” they wrote in their manifesto in 1981, “women have a different perspective of their environment from the men who created it”. Over 40 years on, the surviving (now older) members of Matrix are involved in a range of practices which aim to carve out spaces for more excluded, marginal voices. This includes an arts exhibition centred around the struggles for greater rights to the city and socio-spatial justice for minoritised people, presenting projects, campaigns, and architectural practices by feminist design collectives that work for and with different groups of women.

#### *Ethnic and racial place-making and the creation of spaces of belonging*

Research has also shown there is an ethnic and racial dimension to older people’s place-making practices, which interacts with gender, age, and class. Versey et al. (2019) highlighted several strategies employed by Black older residents to resist gentrification and preserve a sense of belonging to Old Harlem, a neighbourhood undergoing community change in New York City in the USA. Black older residents in the area expressed the importance of solidarity, activism, and their role in reclaiming and transforming exclusionary spaces into public places of belonging. The authors termed these practices as “Black place-making”, “to reflect the ways that Black people have created sites of cultural relevance, endurance, belonging, and resistance in spite of segregation, redlining, disinvestment, and neglect” (Hunter 2016 cited in Versey et al. 2019, 14). Versey et al. (2019) argue that the notion of “place-making” has the potential to extend knowledge about how neighbourhoods function as places for how people see themselves in a larger context (e.g., place identity). Black placemaking practices can be understood, then, as a way for older residents to connect with a larger community, feel welcomed

and appreciated, and create spaces of inclusion and belonging. In the absence of being welcomed elsewhere, Versey et al. (2019, 14) argue that Black place-making practices provide Black older residents with “an opportunity to carve out places where they satisfy the need to belong”.

Croff, Hedmann, and Barnes (2021) identified similar place-making practices among Black older adults ageing in place in gentrified areas of Portland, Oregon. In response to cultural and physical displacement and a weakened sense of social cohesion, Black older residents in this study reported how they contributed to local social change, improving the sense of belonging of all age groups and generations in the area. As family dynamics had changed, and gentrification had displaced members of their family, participants mentioned the importance of developing community-based, non-kin relationships across generations, which could provide mutual support and could “become part of our extended family”, as one Black older resident put it (Croff, Hedmann, and Barnes 2021, 8). Indeed, developing spaces that are inclusive of all age groups, while ensuring the participation of older residents with minoritised identities as actors in place-making should be a central priority in developing “age-friendly” initiatives in the context of gentrification (Buffel, Handler, and Phillipson 2018). This is especially important given that “gentrification may increase the invisibility of ageing adults by contributing to indirect and direct processes that erase people and places of significance” (Versey et al. 2019, 14) (*see also Chapter 4*).

#### *Inclusive communities of belonging*

Older people also enact agency in shaping the broader urban networks and communities of which they are part. This is especially important among people from minoritised communities who have a shared identity or experience but who are not geographically concentrated in the same neighbourhood. Wilkinson, Lang, and Yarker (2022) use the term “dispersed communities” to refer to people from LGBTQ+ communities, deaf communities, people with learning difficulties, those who share the same faith, and those who identify as refugee and asylum-seeker – all of whom often have to travel away from their neighbourhood to meet up, get the support they need and ensure their social, cultural, and/or religious meets are met (*see also Bonetree 2022*).

Wilkinson, Lang, and Yarker (2022) highlight a range of grassroots initiatives as well as community projects, which offered opportunities for dispersed communities to enact agency and help create safe community spaces that foster a sense of shared identity and belonging. One example was the Derek Jarman Pocket Park project in Manchester in the UK where LGBTQ+ older volunteers, in partnership with a local art gallery and supported by community organisations, took the lead in creating a green shared space inspired by the gay rights activist, artist, and gardener Derek Jarman (*see*



**FIGURE 8.1** The Derek Jarman Pocket Park: a green shared space developed with and for older members of the LGBTQ+ community in Manchester

*Source:* Photograph by Andrew Brooks. Courtesy Manchester Art Gallery.

Figure 8.1). The “green-fingered” group of volunteers worked together with landscape architects and garden designers to co-produce the design for the garden, which included several innovative urban solutions to tackle the effects of climate change such as sustainable planters. The Pocket Park gave older members of the LGBTQ+ community a place where they could nurture a sense of belonging at a time in their lives when there were fewer opportunities to do so, especially relevant in post-COVID times (Wilkinson, Lang, and Yarker 2022). Indeed, the co-creation and appropriation of the garden as an “inclusive space of belonging” can be seen as a way of reclaiming “rights to the city” for a group that has historically been excluded from public space and place-making. **Chapter 9** explains this issue and explores a range of community practices and interventions that are aimed at increasing older people’s agency and participation in shaping the places in which they age.

### ***Advocating on social issues***

Another way of enacting agency can be found among groups of older people campaigning on social issues of various kinds. Among these are groups championing policies and actions aimed at reducing the negative effects of climate change (*see also Chapter 6*). While older people are often portrayed

as either the “victims” of climate change – “a vulnerable population” experiencing “excess morbidity and mortality” (Watts et al. 2021, 129) – or as those to “blame” for the climate crisis (Haq 2017), there is a clear need for a counternarrative which also recognises the role of ageing populations in driving climate action. As Pillemer, Nolte, and Cope (2022, 2) argue:

viewing older individuals only as passive victims of environmental threats is an overly narrow and limiting perspective. Equally critical to efforts to combat climate change is understanding and promoting opportunities for older people to act on their own behalf and that of others. . . . Older adults around the world can be active participants rather than passive actors when it comes to climate change, by mobilizing in large numbers to address local environmental problems through civic environmentalism. The life experience of older people can be brought to bear in action to prevent climate change and mitigate its effects.

In the Elders Climate Action (ECA) group in the USA, for example, climate activists have come together with the aim to create more just and sustainable futures for current and future generations, with older members leading on actions to reduce carbon emission, build a green economy, create awareness around air pollution, and protect and restore biodiversity. The group grounds its efforts to reduce greenhouse gas emissions on principles of equity and of social, racial, environmental, and climate justice by supporting solutions that protect all (Elders Climate Action, National Priorities 2022). For Bill McKibben, one of the members of the group, the answer to climate change is collective organisation. He argues:

Many of the people in these [older] generations witnessed broad cultural and political change in their early years, and now, conscious of their kids and their grandkids, they may be emerging from the primes of their lives with the skills and the resources to help make big change again. And so some of us are planning an organization called Third Act, an effort to mobilize older Americans in defence of environmental sanity and economic and racial fairness. We need a working, equitable society, both because it will do less damage and because it will be better able to cope with the damage that’s no longer preventable. If you’re part of this demographic, I hope you’ll figure out a way to help with this new venture.

*(in The New Yorker 2021).*

Another example can be found in Thailand where the Foundation for Older Person’s Development – a network of Thai grassroots NGOs working with and for disadvantaged older people – has been supporting academic research on the impact of air pollution in urban areas, with older people sharing

stories of their day-to-day lives and demanding action from government to reduce emissions of “fine-particulate matter” (PM2.5), tiny droplets in the air which are associated with many serious diseases (see Chapter 6). In Chile, older volunteers participate in training sessions to become “environmental ambassadors” in a programme supported by the National Service for Older People, while older people in Bangladesh, Cambodia, and Vietnam have been converting plant waste into soil enhancer (biochar) – capturing carbon that would otherwise be released into the atmosphere (Help Age International 2021, 5). In Switzerland, Senior Women for Climate Protection Switzerland have laid giant Band-Aids on the last piece of glacier ice connecting the swiftly melting Scex Rouge and Tsanfleuron Glaciers, to protest the Swiss government’s inaction on the growing climate emergency and its impacts on human health. The group is challenging the Swiss government in the European Court of Human Rights, citing the responsibility of states to take care of their people, especially vulnerable groups including older people, from the climate crisis and its health impacts (Greenpeace International 2022).

As active members of their community, respected leaders, and holders of historical knowledge, some older people are playing an active role in driving innovative climate actions at the community level. There are many examples of climate activists and scientists, often pioneers of the environmental movement, who are continuing to work into older age. Kenyan environmental activist Wangari Maathai continued her tireless campaigning and political work to protect the environment and biodiversity until her death aged 71; Ken Saro-Wiwa, a member of the Ogoni people in Nigeria and environmental activist who challenged the multinational petroleum industry, was executed for his campaigning work aged 54; and the leader of the Chipko movement, Sunderlal Bahuguna, was 74 years old when he was arrested for opposing the Tehri Dam in India, following a lifetime of environmental activism.

The achievements of these and many other older environmental activists and scientists, pioneers of their age, form the foundation of the environmental movement as it exists today – and the potential for older people to continue to strengthen the movement is clear.

*(Help Age International 2021, 6; see also Pillemer and Filiberto 2017)*

### ***Driving social change and action***

A further response to neighbourhood or environmental change is to engage in social action at a community level with the aim to improve the quality of life in the neighbourhood. This strategy comprises a broad range of activities such as participating in collective litter picks, supporting informal social control through Neighbourhood Watch Schemes, participating in protests to “Reclaim the Streets”, and advocating for shared ideals of community

ownership and public spaces. In this context, Buffel and Phillipson (2019, 12) found that some older residents played an active role in fighting neighbourhood re-developments as a result of gentrification through activism and protest groups. For example, an 84-year-old retired male bookbinder who had lived most of his life in South Manchester in the UK reported how he led a public demonstration against plans to replace his local bookshop with “another bar or bistro” – a battle that he and around 800 other protesters won, with the plans to demolish the book shop being dismissed. A 64-year-old woman who had lived in the neighbourhood since she was born explained how she contributed, as part of an action group with other older residents, to improving the user-friendliness of public spaces and playgrounds for children in the area. Their commitment to campaign on issues that were not “older people specific” partly reflected the length of time they had spent in the locality, which had resulted in a strong sense of collective identity.

Salles (2020) conducted an ethnography with older people living in a tower block in a council estate in Hulme, an inner-city neighbourhood in Manchester within walking distance from the city’s main universities. Older people in the area had set up a campaign group, *Block the Block*, to voice their opposition to plans to demolish a vacant pub to replace it with a 13-storey student accommodation block. The community-led group has been active in running demonstrations, advocating for age-friendly social action and mobilising community support for older people and vulnerable groups in the neighbourhood (see Figure 8.2.). Some older members of the group also participated



FIGURE 8.2 The Block the Block campaign led by older people in Hulme, Manchester

Source: Photograph by Joana Salles.

in creative writing group sessions, using the power of poems to achieve small changes in the community, as demonstrated in Tina's poem *Benches*. After three years of campaigning to get a local bench installed in her neighbourhood, Tina decided to write a poem to stress her community's need for benches. A week after reading the poem to the councillors, she won the fight and a bench got installed. Writing creatively for social change had opened up a door for an alternative dialogue between residents and local authorities. Additionally, through the platform provided by the writing group, Tina was using her voice to act for the voiceless (Salles 2020, 25):

We need benches not fences,  
 It's relentless how friendless we feel without a bench  
 It's the people that sit on the benches that matter to me  
 It's benches not fences, we need to break the silent spaces  
 Acknowledge our existence

Lager, Van Hoven, and Huigen (2013), in the context of working-class neighbourhoods undergoing an urban renewal in the Netherlands, found that older residents were active in grass-roots initiatives such as tenants associations and action groups, in which issues related to the liveability of the neighbourhood could be raised. Working-class older residents in the study had a strong preference for bottom-up approaches to community change because top-down administrative and political structures were seen as representing the authorities and middle-class culture. There was a strong sentiment among participants that the municipality, housing associations, and service providers were not sufficiently attuned to the needs of older adults and people with disabilities. Therefore, some participants advocated for improved accessibility of buildings and public spaces for people with disabilities and more tailored community services to suit the needs of older people. Other residents who lived in a senior flat had started organising their own social activities, such as traditional board games evenings and coffee mornings, while others still were organising support for older adults in their local community centre, such as helping each other with filling in tax forms and organising information evenings to share experiences about how to use a walker.

Contributing to social change and action was also a major theme in a study by Cho and Kim (2016), which focused on older residents living in Jangsu Village in South Korea – a low-income neighbourhood in the centre of Seoul with urban renewal plans to develop the area into high-density and high-rise apartments. The majority of residents in the area were long-term squatters, almost 65% were 60 years and over, and most residents used to be street peddlers, market vendors, and unskilled labourers. An important strategy for older residents in resisting the plans for the area was to join forces with a group called the Alternative Regeneration Research Team (ARTT),

composed of architects, civic activists, and urban researchers which aimed to enable residents to continue living in the area by improving the living conditions, repairing housing, and reusing existing buildings. The ARRT set up a social enterprise named “*Dongne Moksu*” (literally meaning, “village carpenter”), with subsidies from the district government, which recruited older workers to carry out housing repairs and renovations in the area. The study showed how older residents became both “providers of goods and services, as well as beneficiaries and clients, simultaneously” (Cho and Kim 2016, 112). They actively contributed to social change in the area by renovating houses, setting up a cooperative dining room, a café, a village museum, and a community centre which provided older people, especially women, with community space equipped with cooking facilities and a large common room (see **Figure 8.3.**). Older residents also played a role in transforming small pieces of previously neglected land into gardening spaces and contributed to organising flea markets, community festivals, social gatherings, and cultural classes for older residents and children.

These examples demonstrate the vital role of older adults in strengthening community solidarity and in driving social action which bolsters the neighbourhood’s political capacity to draw various forms of resources into the area. The potential contributions of older residents to initiating community change by participating in neighbourhood governance and planning will be further explored in the next section.

### ***Participating in neighbourhood governance and planning***

A final way of enacting environment-related agency is to participate in neighbourhood governance and decision-making processes relevant to the development of the locality. This is perhaps the most powerful way in which older people can execute their “right to the city” (Lefebvre [1968] 1996). A creative process that enables genuine collaboration between older residents and local actors (e.g., planners, architects, developers, and government) has considerable potential to promote the rights of people to contribute to, and benefit from, all parts of their environment. When done well, such a process prioritises the needs of residents over creating commodity value and ensures the engagement of residents who are currently excluded in the production of urban spaces. There are several urban practices, ranging from the physical design of public spaces to social programmes, in which older people define how local spaces and resources are used, reclaiming their right to the city. **Chapter 9** discusses a number of such practices which prioritise the co-production of older people in developing neighbourhoods that support people to age in place.

The ways in which older residents can get their voices heard and influence urban planning processes differ from city to city. Some cities have limited



**FIGURE 8.3** A village museum set up by and for older people to re-create a sense of community in the face of urban regeneration in Jangsu Village in Seoul, South Korea

*Source:* From: *Creative Ageing Cities*, Ed. 1 by Chong and Cho (Eds), p. 110, Copyright 2018 by Routledge. Photographers: Kim and Cho. Reproduced by permission of Taylor & Francis Group.

opportunities for older people to be involved in urban planning and governance, others have strong grassroots organisations working with people of all ages that influence local decisions, while others still have “older people specific” mechanisms allowing them to voice concerns and influence planning decisions. Examples include the “Senior Advisory Council” in Brussels, the “Older People’s Board” in Manchester, “Senior Councils” in Oslo, and the “Age-friendly Steering Committee” in Québec. All these older people-led initiatives have made the case for an age-friendly lens in urban planning and regeneration projects (*see further Chapter 9*). In Manchester, for example, older residents have informed the redesign of a local park to ensure optimal use by vulnerable groups, including the location of features, public toilets and benches, the design of pathways, and the development of a community space (Buffel 2019). In Québec, older people contributed to the development of safe and accessible walking routes to promote walking, while in Brussels, older people advised on the design of new social meeting places which were built across the city to promote intergenerational encounters (Rémillard-Boilard, Buffel, and Phillipson 2021).

The case study of Jangsu Village in Seoul provides further insights into what can be achieved when older people are involved centrally in neighbourhood planning and governance (Cho and Kim 2016). The authors found that older residents expressed their opinions in “alley gatherings”, which had become regular neighbourhood events with “alley correspondents” who represented the voices of each alley in the neighbourhood committee. They also participated in meetings to develop the master plan and the operational schemes of the neighbourhood regeneration project, which increasingly began to focus on “the appropriation of the existing [neighbourhood] spaces to meet the needs of older residents in a cost-effective way” (Cho and Kim 2016, 111). Many of the changes made were linked to improving the neighbourhood infrastructure, such as streetlights, anti-slip pavements, street benches, community spaces for collective dining and gathering, and the creation of spaces for gardening and farming. The next section examines how older people can use digital technology in their efforts to influence urban planning strategies.

### **Enacting agency through digital technology**

While the role of digital technologies in enabling people to age in place and facilitating independence in later life has been well-established (Ollevier et al. 2020; Marston and Musselwhite 2021; Marston et al. 2022), there is more limited research that has examined how older adults make use of technology to advance their rights to the city and influence the neighbourhood of which they are part. This may, in part, be due to the absence of technology as a domain in the original WHO (2007) framework for developing age-friendly

cities (Marston and van Hoof 2019) (see Chapter 2), but it may also be linked to the persisting dominance of a biomedical view of ageing in much of the literature on *gerotechnology* aimed at “finding new solutions in the provision of care and treatment of older people” (Rodeschini 2011, 521). By focusing on how older people use technology in shaping their neighbourhoods, however, we may be able to contribute to a much-needed reframing of the role of digital technologies in creating age-friendly cities and communities (Marston, Shore, and White 2020). As Reuter, Liddle, and Scharf (2020, 2–3) have argued: “In increasingly digitalised cities and communities, there is a fundamental need to reconsider what ‘urban citizenship’ entails and to reframe the potential role to be played by older adults as ‘digital citizens’ in shaping age-friendly cities and communities”.

Following this, we propose a shift from technology as a *solution* towards a focus on the *digital civic contributions* of older adults in creating age-friendly cities (Reuter, Liddle, and Scharf 2020), redirecting attention to what we have termed “neighbourhood-related agency” in this chapter. This last point aligns with Clarke et al.’s (2016) work, which shows how digital media can support older people in their efforts to influence the urban planning strategies of local councils to include “alternative visions” of the age-friendly city of the future. Others have pointed out that older people are increasingly participating in and contributing to digital spaces by creating their own content, in the form of videos, blogs, and radio/audio broadcasts, often motivated by a desire to be “an advocate for older people” (Brewer and Piper 2016, 10). For example, findings from participatory research on older adults’ digital citizenship in an age-friendly city in the North of England highlighted how digital audio can promote bottom-up engagement with age-friendly topics in public spaces. Acknowledging a more active role of older adults in online spaces, the authors conclude, has the potential to challenge ageism in relation to digitalisation and expand the diversity of voices to be heard in age-friendly urban planning (Reuter, Liddle, and Scharf 2020).

Older people are also increasingly involved in community radio stations, which play a role in advocating for age-friendly issues. The Later Life Audio and Radio Co-operative in England, for example, is a network of older content creators and age-inclusive radio stations, which promotes talk-based content created by older adults (see Figure 8.4.). The co-operative, which is led by older adults, “aims to promote an age-friendly approach to achieving dialogue and engagement in later life” (Reuter and Liddle 2020, 2). By enabling older adults to access and to speak for themselves in digital spaces, the Later Life Audio and Radio Co-operative sets an example of how technology can be used to challenge ageist stereotypes, advocate for intergenerational cohesion, and promote community engagement around age-friendly issues among a broader audience (Reuter and Liddle 2020).



**FIGURE 8.4** The Later Life Audio and Radio Co-operative, a community radio where older people play a leading role in advocating age-friendly issues

*Source:* Photograph reproduced with permission of Newcastle University; Photographer: Daniel Parry.

### **Ageism, power relations, and the struggle for equal rights**

The importance of initiatives which offer a counter-narrative to the dominant discourse of ageing as a period of decline has only increased in the past years. Indeed, the COVID-19 pandemic has been a stark reminder of the extent to which ageism, including age-based discrimination and stigmatisation of older adults, is entrenched in policies, institutions, communities, and the media, and ultimately, in society’s collective response to crises such as COVID-19 (Ayalon et al. 2021). The pandemic has also highlighted that the digital divide is a persistent challenge that urgently needs to be addressed (Litchfield, Shukla, and Greenfield 2021). In the UK, an estimated 5 million people over the age of 55 have no online access (Centre for Ageing Better 2018), with older women, those in poor health, and those in poorer financial circumstances the least likely to have internet access (Matthews, Nazroo, and Marshall 2019). Those who are disproportionately affected by the digital divide are also at a higher risk of exclusion from civic participatory activities (Reuter and Liddle 2020) and experience a range of barriers preventing them from creating an environment that meets their needs (Buffel 2017).

Thus, older people's agency and participation cannot be discussed without considering power relations, social inequalities, and the struggle for equal rights. The extent to which older people are able, have the opportunity, and the resources to actively shape and (re)construct their environment is unequally distributed across the population and geographic locations (Phillipson and Grenier 2021). Central to theorising neighbourhood-related agency is the position of older people in society, and the recognition that agency is always mediated through a relationship of power and dominance. It also requires a thorough understanding of how ageism and age discrimination intersect with other forms of oppression enabled by patriarchy, racism, classism, homophobia, and ableism (Nazroo 2017; Ayalon and Tesch-Römer 2018; Greenfield and Buffel 2022; Yeh 2022). Understanding how these operate and accumulate into later life to constrain or limit one's possible (inter)actions and choices will be crucial for community interventions aimed at enhancing neighbourhood-related agency. One way forward is to co-produce such community practices in collaboration with older people experiencing different forms of exclusion and discrimination. **Chapter 9** discusses several examples of such projects.

## Conclusion

In this chapter, we have examined the various ways in which older people enact agency and shape their neighbourhood, using a "rights to the city" framework. In particular, we highlighted the range of strategies employed by older people in appropriating, participating, or taking proactive action in their neighbourhoods to create and sustain environments that meet their needs. In doing so, we recognise that older adults are not just affected by the changes shaping their urban neighbourhoods, but that they are involved in actively negotiating the process and act as critical agents of change themselves. The findings presented in this chapter suggest a more nuanced picture than one which portrays older people as "stuck in place" within changing urban environments. Even in areas undergoing rapid social change, older people respond in a variety of ways when trying to influence the environment in which they live. Environment-related agency was found at various scales, from the individual to the collective, within micro settings such as one's street as well as towards the larger neighbourhood, city or society as a whole (see also Hand et al. 2020). For example, some older people play a role in reclaiming social spaces and contribute to a sense of community, while others are involved in fighting gentrification, advocating for climate change, or influencing urban planning decisions. The point here is that cities can use this power of older people and work collaboratively with different groups in developing strategies that address ageing issues from both a life course and an urban perspective. Indeed, we argue for a community participation

approach to urban planning, one which facilitates the active involvement of people of all ages including older adults with diverse identities, capabilities, needs, and aspirations. The core concepts that underpin such an approach are *voice, control and co-production*, leading to people having a greater say in their lives; *equity*, leading to a reduction in inequalities, and *social connectedness*, leading to healthier more cohesive communities (Phillipson et al. 2021). **Chapter 9** presents a number of community-centred interventions that illustrate this approach.

# 9

## TOWARDS A COLLABORATIVE URBANISM

### Building collective organisations for later life

#### Introduction

A central argument of this book has concerned the importance of embedding debates around the development of age-friendly cities with changes affecting urban environments and the nature of city life. Supporting people to age in place, as argued in **Chapter 2**, has been a consistent theme in public policy in the period since at least the 1990s. But, as also argued in various chapters, concern with the conditions in which ageing takes place has been less apparent. People grow old in a variety of circumstances and contexts, with these subject to economic and social changes which may create substantial difficulties for their health and well-being. Policies to support improved quality of life in cities are well-established, illustrated by the *WHO Healthy Cities programme* (Green 2013), and the *Global Network of Age-Friendly Cities and Communities*. But these and related initiatives have themselves had to contend with radical alterations to the fabric of urban environments, with a resulting challenge to the development and maintenance of social connections and relationships within cities.

This chapter provides a summary – developed from previous chapters – of the various issues confronting urban populations, together with their implications for older people, and assesses the potential of programmes which can empower and support groups within the older population, highlighting in particular developments, such as the Village model, Naturally Occurring Retirement Communities (NORCs), and Co-Housing. Reflecting on these initiatives, the chapter examines the possibilities for developing new approaches to ageing in place, drawing on the collective resources of older people, transforming as a result the urban environments in which they are themselves key actors.

## Challenges to ageing in place

As has been argued in various chapters of this book (see especially **Chapters 3 and 4**), the goal of supporting people to age well within their homes and neighbourhoods has been tested by the complex ways in which urban environments change over time. Sennett (2020, 24) highlight the emergence of what he terms “Brittle Cities”:

As their use changes, buildings are now destroyed rather than adapted. The average lifespan of new public housing in Britain is now forty years; the average life-span of new skyscrapers in New York is thirty-five years. In the United States, people flee decaying suburbs rather than invest in them; in Britain and continental Europe, as in America, renewing the inner-city most often means displacing the people who lived there before.

And Dawson (2017, 6) highlights the emergence (see further **Chapter 6**) of “extreme cities”, referring to: “an urban space of stark economic inequality, the defining urban characteristic of our time, and one of the greatest threats to the sustainability of urban existence”.

Graham (2016, 197) examines the new inequalities associated with the building of luxury tower blocks in cities, the use of these as second homes by wealthy elites, and the associated decline of affordable housing. Commenting on the impact of these trends in New York (but with similarities across many other cities), he argues that the growth of luxury towers:

are only the most visible sign of a much broader shift. This has involved the loosening of social obligations or regulations in housing and planning; the withdrawal of long-standing rent controls; the eviction of lower-income tenants; . . . and the deepening power of finance and real estate capital over urban planning.

More generally, we can also see the way in which population ageing has run parallel with the loss of access to resources, which are an essential part of maintaining the quality of life in the environments in which people live – what has been termed “the urban commons” (Standing 2019). Harvey (2012, 67) argues that the revival in interest in the idea of the commons reflects: “the seemingly profound impacts of the recent wave of privatizations, enclosures, policing, and surveillance upon the quality of urban life in general, and in particular on the potential to build . . . new social relations (a new commons)”. Such developments, as highlighted in **Chapter 2**, raise significant concerns for the evolution of cities as places which can support different groups within the older population – those living alone, those with limited incomes, and those, more generally, who feel their control over and right to

the city is being threatened. Atkinson (2020, 226) argues that to ask *who the city is for* and *how it is run* is to ask about the place of “its middle class and low-income citizens who feel outmoded, undone, displaced and ill at ease at the rapid scale of changes. They have been pushed to the margins of the new institutional, geographical and financial centres of the city”. But if this is the case among large sections of the population (excepting wealthy elites and those in gated communities), it is especially the case among many of those ageing in place in areas of multiple deprivation, gentrifying neighbourhoods, and those subject to urban regeneration (Lewis et al. 2022).

Older people, it can be argued, live inside urban environments that are becoming progressively more unequal, and where, as Stein (2019, 40) suggests, the forces of property present cities with two options: gentrification on the one side or disinvestment on the other. But ageing populations within cities (or ageing neighbourhoods) suggest another alternative is possible: communities which re-invent themselves in providing collective solutions to the issues which confront people ageing in place, in some cases done in partnership with statutory services, municipal authorities, not-for-profits, and voluntary organisations. However, to be successful, this kind of work will need to be clear about the importance of confronting the networks which drive decision-making within cities. Therborn (2017, 10) argues that: “All built environments in human settlements are manifestations of the power relations among the inhabitants”. Moore (2016, 323) observes in relation to London that most building and redevelopment:

is determined by the power of networks, the overlapping schemata of politics, institutions, developers, architects, consultancies, fixers, academics, and marketing . . . Access is privileged. Interests conflict. Success comes to those who can navigate these structures.

Such observations are important in thinking about the tasks which confront age-friendly cities and communities, namely the extent to which they need to work within the political and social networks which drive the (re) development of cities and the neighbourhoods within them. Typically, forums associated with Senior Councils representing older people or their equivalent are linked to municipal authorities (see **Chapter 2**), with limited influence on organisations beyond (Menezes et al. 2021). But the question is: *How can groups within the older population influence decisions made at a level outside their immediate neighbourhood but which may have a direct or indirect influence on the circumstances in which ageing takes place?*

Part of the response must concern striving to insert a different set of values into those which typically drive debates about how cities should develop. Kern’s (2022, 81) vision is helpful here, asking: “how could we create or re-purpose spaces, especially urban spaces, in ways that open up a wide range

of possibilities for sustaining and practicing the kind of relationships that we think will support us across the life course”. This argument is consistent with the need to recognise the importance of ensuring that different types of social infrastructure (see Chapter 7) exist to sustain daily life within communities, across all age groups, and for people at different points of transition in their lives. It also follows that confronting the networks of power within cities will require collective responses to the issues which confront older people as individuals. Relevant here is what Dannefer and Huang (2017) have termed “collective agency” – or the pursuit of collectively shared objectives – as a response to the politics of individualism associated with austerity and cuts to the welfare state. The implications of this view must be that we need to conceptualise and recognise areas of practice – actual and emergent – that can promote solidarity at the neighbourhood and wider urban levels, but which can also influence decisions within power networks within cities. The next section of this chapter summarises some of the general arguments for this approach before providing some specific examples of work involving older people.

### Building collective organisations

One response to the changes discussed in this chapter concerns the need to identify new ways of linking the individual to collective organisations within urban environments, with the aim of countering the undermining of social support within communities. Such an approach might start with what Wright (2010) has termed an “emancipatory social science”, one that seeks to generate scientific knowledge relevant to the collective project of challenging various forms of human oppression. Wright (2010, 10) argues that: “the word *emancipatory* identifies a central moral purpose in the production of knowledge – the elimination of oppression and the conditions for human flourishing” (see also Estes and DiCarlo 2019). Among the tasks, Wright (2010, 10) identifies for fulfilling the mission of an emancipatory social science are as follows: First, identifying the ways in which “existing social institutions and social structures systematically impose harms on people”; second, “developing credible alternatives to existing social structures that would eliminate, or at least significantly mitigate, the harms identified in the diagnosis and critique”.

The challenge is how to both exert leverage and influence on institutions charged with providing support while fostering innovative forms of collective organisation, which can create and control new spaces and places of ageing. A potential way forward, following Cooper (2014, 9), is that of identifying and promoting what she describes as “*everyday utopias*” [emphasis added], these defined as “networks and spaces that perform regular daily life . . . in a radically different fashion”. Cooper suggests that: “everyday utopias are fruitful places from which to think differently and imaginatively about

concepts [such as property, care, markets, work, and equality] . . . in counter normative ways”. And she argues that they work “by creating the change they wish to encounter, building new ways of experiencing social and political life”. Analysing a number of different types of schemes (radical schools, local exchange trading schemes), she argues that these are not “expressions of an ideal self-sufficient life” but are “more akin to hot-spots of innovative practice . . . engaged in the work of ‘civil repair’”. Similarly, Segal (2018, 200), in her overview of utopian approaches, draws on the work of feminist writers Gibson-Graham to point out that: “market transitions are never completely hegemonic when the overall economy consists of a variety of transactions”. Segal (2018, 200) argues that:

this is what feminists have always highlighted in revealing the variety and extent of unpaid care work . . . [as well as] other alternative economic practices, from gift giving and volunteering, to barter and theft, alongside the occupation of public spaces, both for play and socializing, as well as nurturing a politics of defiance.

These examples raise questions about how to foster social solidarity between individuals and within communities, with the aim of generating different forms of collective action. One response is the idea of building what Wright (2010) and Neamtan (2005) have termed a “social economy”: “economic activity [that is] rooted in the voluntary association of people in civil society and . . . based on the capacity to organize people for collective action of various sorts” (Wright 2010, 193). The approach developed by Wright and others underlines the need to examine the scope and relevance of alternative social and economic practices and their potential contribution to developing new approaches to support people ageing in place. A range of possibilities do exist or are emerging among groups of older people, including co-housing groups, the “Village” movement; environmental action groups; and the development of co-production and co-research. The examples that have begun to develop offer valuable ways forward for supporting new approaches to ageing in place. Taken together, they suggest alternative ways of “*thinking about*” and “*practising*” ageing: areas of innovation that can feed back into a different type of urban ageing. The next section of this chapter examines three areas of work which reflect different types of collective organisation, all of which have the potential to empower people ageing in place within their communities.

### **Collective organisations to support ageing in place**

This section of the chapter will examine three areas of activity which highlight different ways of strengthening community support to assist

ageing in place, all of which are characterised by the direct engagement of older people themselves: The *Village model*, *Naturally Occurring Retirement Communities (NORCs)*, and *Co-Housing*. The first two have mainly been developed in the USA and represent different types of place-based models for organising support and services in later life.

### *The Village model*

The Village model has been defined as: “Self-governing, grassroots community-based organizations, developed with the sole purpose of enabling people to remain in their communities as they age” (Scharlach and Lehning 2013, 119). The concept was first developed in 2001 in the Beacon Hill neighbourhood of Boston by older residents who wanted to remain living in their neighbourhood for as long as possible. The original intention of Beacon Hill, as well as the national *Village to Village Network* which supports Villages around the USA, was for Villages to be grassroots social and support groups rather than formal or clinical service organisations. Lehning, Scharlach, and Davitt (2017, 234) summarise the work of Boston Village as follows:

[It] aims to address the multiple needs of older adults, encourage mutual assistance and honor individual choice. [The Village] offers access to vetted discount providers, volunteer-provided services and support, and social and cultural activities. Members provide financial resources through their dues, donations and human resources through their leadership of [the Village].

By 2023, over 250 villages had been established in the USA, with a further 100 in development (Village to Village Network 2022). Villages charge a membership fee for joining, typically an annual fee of around \$600 for an individual and \$900 for a household (2021 figures). The movement brings together older residents living in a neighbourhood who wish to remain in their homes, drawing on the benefits of collective organisation to arrange support, services, and activities. Graham, Scharlach, and Wolf (2014, 91S) note that to achieve this:

Village staff and volunteers provide services such as transportation, companionship, handyman support, technology assistance, and health care advocacy . . . Villages promote social engagement by organising social events, parties, group activities. They also offer opportunities for civil engagement through member-to-member volunteering.

What are the benefits of the Village model for promoting ageing in place? A significant dimension concerns the value of bringing people together in

a locality and drawing on their experiences and resources to improve the lives of both the individuals concerned and the community as a whole. Scharlach et al.'s research (2014, 191) highlights the extent to which Villages can assist with promoting age-friendliness in the wider community. They found that:

More than one-third of the Villages were engaged in some kind of efforts to make their community more age-friendly, including specific enhancements to the physical and social environment of potential benefit to Village members as well as to other community members.

Bringing people together can result in important practical benefits, such as increasing the purchasing power of members of the Village. Scharlach et al. (2014, 192) in their survey reported that:

Nearly 40% of villages [in their study] had negotiated with external service providers to serve the members at a discount . . . [it seems likely that this] purchasing power might enable them to negotiate for better quality services at a lower cost, with potential secondary impacts on the quality of goods and services available to other older people living in the area.

But questions have also been raised about the limitations of the Village model in terms of the under-representation of minority groups and the pressure of relatively high membership fees in restricting access to more financially secure groups. Research by Goff et al. (2020) in the UK which attempted to implement the Village approach, working in two low-income communities, found funding issues to be a significant obstacle to developing the model, as were difficulties in recruiting volunteers for some of the projects. Graham, Scharlach, and Wolf (2014, 96S), reflecting on findings from their research, found that though

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

Despite these concerns, it is clear that the Village model has considerable potential in supporting people to age in place, harnessing the collective power of people living within a community. There are particular organisational

benefits of note such as bulk purchasing of essential goods, health and social care advocacy, coordinating assistance with transportation and technology support, and organising access to vetted service providers. Nonetheless, the reliance on volunteer availability and engagement is a potential limitation of this model, as is the limited success in recruiting underrepresented groups (Davitt et al. 2017).

### *Naturally Occurring Retirement Communities*

The other significant ageing-in-place model developed in the USA is that coming under the heading of Naturally Occurring Retirement Communities (NORCs). A NORC is a neighbourhood or building complex that was not originally designed for older adults but has eventually come to comprise a large proportion of people 60 or more. The NORC movement has its roots in the 1980s in New York, where population density in high-rise apartment buildings or complexes created the conditions for many of the early NORCs to evolve. The NORC model subsequently expanded throughout New York City and New York State through the 1990s and 2000s (Jiaxuan et al. 2022). Greenfield (2013) notes that building on this success, The Jewish Federation of North America – representing a worldwide network of social service and educational organisations – initiated a legislative advocacy campaign to expand NORC programmes across the USA. NORCs can now be found across a range of geographical contexts in the USA, including rural, suburban, and urban residential neighbourhoods.

An additional feature of NORCs in the USA has been the development of Supportive Service Programmes as an integral part of the NORC, initiatives that bring older adults and health and community services together to offer programmes and activities to foster ageing in place. As a result, and in contrast to Villages, NORCs are often closely enmeshed with health and social services, with a roster of paid staff. Le Fave, Szanton, and Gitlin (2021, 340) comment that:

Although older adult members often serve in leadership roles and make decisions regarding services and design of the program, provision of care is usually led by a social worker or another professional . . . NORCs generally serve a lower-income, higher need population than Villages. Their services often include . . . meal delivery, assistance with co-ordinating benefits and social services, and other elements not seen in Village programs.

Funding for NORC-Supportive Service Programmes is generally from a mix of public and private contributions, which can include donations from charities, relevant government departments, private companies, community

stakeholders, and residents and partners. Greenfield and Fedor (2015) suggest that in addition to providing services of various kinds, NORC programmes are also designed to facilitate community activities whereby older residents can strengthen relationships with each other, as a way of facilitating neighbourliness and “mutual help”. To this end, NORCs have also been active in developing areas, such as civic engagement and empowerment, and strengthening social relationships. The former includes assuming volunteer roles within the NORC programme; the latter, social clubs, education classes, and craft and hobby groups.

NORCs represent an important development in responding to the needs of what may be “unplanned” communities of older adults – in neighbourhoods, tower blocks, or housing estates. NORC programmes bring together service providers, older adults, and other community partners to foster strong networks of support and activities within communities.

However, the experience of NORC programmes highlights a mixture of benefits and problems which underline the range of challenges in supporting people ageing in place:

First, an important benefit of organised support at a community level was highlighted in the COVID-19 pandemic, where in the case of New York the existing NORC infrastructure, relationships, and trust between staff and residents allowed them to avoid the tragic outcomes witnessed in many nursing homes across New York State.

*(Interboro and Gold 2021; see also National Institute on Ageing and NORC Innovation Centre 2022)*

Second, although research remains limited, there is some evidence that NORCs can increase the ability to age in place, with Elbert and Neufeld (2010) reporting one study suggesting that a move to long-term care homes was 45% less likely for NORC members than non-members. Other studies report the decreased likelihood of visits to accident and emergency centres, hospital admissions, and injurious falls among residents (cited in National Institute on Ageing and NORC Innovation Centre 2022).

Third, Jiaxuan et al. (2022) argue that a significant benefit of NORC-Supportive Service Programmes is to help older adults connect with their community and develop social networks. They conclude:

NORC-Supportive Service Programmes have the potential to serve as a mechanism by which social capital can be generated, since they can simultaneously serve as means by which members of the larger community may work collaboratively with older adults to enhance community life and function.

But the challenges facing NORCs also highlight some of the difficulties of providing effective support and engagement of people ageing in place. First, NORC-Supportive Service Programmes have developed with a strong focus on leadership roles for health and social service professionals. However, this may compromise the extent to which older people themselves assume leadership positions within NORCs. Parniak et al. (2022), in a review of the NORC research literature, concluded that:

only a few . . . articles presented older adult participants in leadership roles in the operation of NORC programs, characterized through volunteer roles, sitting on decision-making councils, and other such roles to drive development of their NORC program”. And Vladeck, one of the pioneers in developing the NORC approach, has expressed concern about how “residents are often only consulted about their immediate needs.

*(cited in Interboro and Gold 2021)*

Second, funding cuts to NORC-Supportive Service Programmes have been a consistent challenge since their conception, with reductions in USA Federal and State-level grants raising questions about the sustainability of programmes supporting NORCs (Greenfield 2013). Vladeck and Altman (2015, 22) make the point that: “Large-scale adoption of models such as NORC-Supportive Service Programmes (and other age-friendly models) requires a public vision to place-based programs that transform communities into supportive places for all older adults”. Yet with budgets remaining essentially flat, they remain doubtful whether there will be the: “financial investment necessary to realize this vision” (Vladeck and Altman 2015, 22). Third, as with Villages, questions have been raised about the extent to which NORCs recruit from a diverse range of older people, including minority groups and those with long-term conditions. Davitt et al. (2017, 12), in a survey of NORCs in New York as well as a national sample, found programmes indicating that they struggled with recruiting frailer or more isolated older adults in the community: “Limited funding and staff resources played a role in NORC programs ability to do more extensive outreach, engage homebound or less mobile elders, and to provide transportation to their activities”. NORC programmes, according to Davitt et al. (2017), while more ethnically diverse than Villages, also faced challenges in recruiting minority groups, given staffing problems and difficulties in offering translation services to older community members with limited English proficiency.

Both Villages and NORCs offer different approaches to the challenge of supporting people who wish to age in place within their community. In the

context of the USA (but applicable to many other countries), Mahmood et al. (2022, 72) suggest that:

Villages and NORC-Supportive Service Programmes models add a critical piece missing in fragmented public health care systems by incorporating older adults' access to health care services and supports . . . These two models also demonstrate how partnerships between local government, regional health authorities, and third sector organizations could help provide coordinated services and support to older residents.

The next section discusses another example of collective action to support ageing in place, that is, that of co-housing – intentional communities developed and governed by residents through collective and consensual-based decision-making.

### *Co-housing*

While Villages and NORCs illustrate attempts to organise services in existing neighbourhoods, the co-housing model purposely creates new communities with shared services to meet the needs of families of all ages, including older adults. Hammond (2018) points to a growing cohort of older people seeking to develop co-housing as a way of responding to the opportunities and challenges of ageing. He suggests that: “Older people’s co-housing uses the sharing of spaces, resources, activities, and knowledge as a way of increasing the agency of those who reside in co-housing communities and developing new relationships between the older individual and the cities they inhabit” (Hammond 2018). Arrigoitia and West (2021, 1673–1696) note that with its emphasis on mutual aid among residents:

co-housing has long been mooted as an alternative to the rather limited later life options of ageing in place in one’s familiar home, sheltered accommodation, extra-care, or residential and nursing home care . . . As such it promises to widen later-life housing options beyond the binary of ‘independent’ community dwelling and institutional provision.

Co-housing first emerged in Denmark in the 1970s and 1980s, spreading out to various European countries and North America, albeit with faster take-up in some countries than others (Pedersen 2015). Co-housing communities are usually resident-led and managed, with the explicit aim of generating social bonds between residents. Hammond (2018) suggests that the increasing interest in this type of development can be linked to the transitions of aspirational baby boomers into older age, who seek an alternative to living alone

while rejecting conventional forms of housing. He also notes that: “One of the key benefits of older people’s cohousing is the ability to be open about their own experiences of ageing, and, therefore, access mutual support in response to the changing physical capabilities and emotional experiences of growing older” (Hammond 2018). Arrigoitia and West (2021, 1691), in their ethnographic account of the UK’s first older women’s co-housing community (*New Ground*), found that:

the women pride themselves on their capacity to recognise and face up to the challenges of ageing and to support each other through this process. They see the route to a good old age through commitment to each other and community, and through learning from each other, as much, if not more, than through the more conventional prescription of diet and physical activity, although these are not entirely absent from their discourse and they often rely on one another for sharing knowledge and ‘tips’ about illnesses and recuperation.

Hammond (2018) suggests that in addition to their immediate interactions with neighbours (both inside and outside their communities), many co-housing groups seek to effect change on a wider city or societal level. He argues that these are often a response to a perceived social injustice or to demonstrate that alternative models of living are possible:

Examples of these include communities, such as LILAC [Low impact living affordable community] in Leeds, UK, whose mutual ownership model was developed in response to the increasingly unaffordable housing in the UK. Sharing is [also] often used as a means of achieving a higher level of environmental sustainability than is possible in an individual home . . . For older people, cohousing can offer a means of mitigating against predicted drops in state care provision through mutual support.

*(Hammond 2018)*

Co-housing has evolved into both intergenerational and exclusively senior forms, with advantages and disadvantages attached to each. Mahmood et al. (2022, 70), summarising research findings from the USA, suggest that while intergenerational housing facilitates bonding and solidarity across generations:

younger members are known to exclude older members with complex functional care requirements, framed through a deficit-focused lens . . . Nonetheless, the built-in social activities in intergenerational cohousing offer a higher possibility of informal interactions among different age groups compared to senior specific housing.

On the other hand, the latter can foster: “an inclusive environment for older adults to collectively reconcile with age-related losses, learn from diverse experiences of aging, and acknowledge, accept, and support members with wide-ranging abilities and needs” (Mahmood et al. 2022, 70).

The idea of “intentional communities” is attractive, and certainly, they have many of the characteristics – sharing, mutual aid, and collective support – which are essential for providing more effective foundations for ageing in place (Pedersen 2015). Yet the disadvantages of the model must also be noted. Co-housing remains a minority provision – for a variety of reasons. Difficulties in the development process are an important factor, with Hammond (2018) citing evidence that just one in ten co-housing groups ever progresses to the construction phase:

It is not uncommon for the cohousing development to exceed 10 years, with a DIY ethic, lack of property development expertise, and difficulties procuring land all cited as challenges for prospective co-housing groups. These issues are particularly pertinent for older people’s co-housing, where a prolonged development process might account for a significant portion of the individuals’ remaining years.

Such difficulties appear to be reinforced through ageist attitudes towards older people seeking new ways of living in later life. Arrigoitia and West (2021, 1678), in their description of *New Ground*, a UK co-housing scheme developed by a group of older women (which itself took 18 years from conception to people moving into the scheme) note that:

Developers and housing associations appeared unable to listen and work creatively with older people . . . and particularly older women. Local authorities tended to see the scheme as a potential drain on public care finances, rather than an example of improved co-care and healthier older living.

More generally, the time and resources to develop co-housing almost certainly make it an option restricted to people with high combinations of financial and social capital. In Denmark, where co-housing first developed, the evidence appears to be that it has evolved as:

enclaves for the relatively privileged . . . [with] co-housing based on owner-occupation . . . likely to contribute to the commodification of housing and land, which, in Denmark as elsewhere, is a root cause of social and spatial inequalities.

(Larsen 2019, 34)

### ***Compassionate communities***

We would also highlight the importance of linking the initiatives discussed with work coming under the heading of “*Compassionate Communities*”, these defined as:

A community of people who are passionate and committed to improving the experiences and well-being of individuals who are dealing with a serious health challenge, and those who are caregiving, dying, or grieving. Members of a Compassionate Community take an active role in supporting people affected by these experiences. This can be done through connecting people to helpful resources, raising awareness about life and end of life issues, and building supportive networks in the community.

*(cited in D’er et al. 2022, 626)*

Vanderstichelen et al. (2022, 1394) note how the Compassionate Communities approach has seen a rapid uptake with initiatives across both the Global North and South, and they make the important point that: “aging in place also requires thinking about dying in place. While there is some important literature on dying in place . . . the role of the community in achieving this outcome has not been fully explored”.

Indeed, following this last observation, it is certainly the case that there has been limited attention in age-friendly and ageing-in-place activities to thinking about the needs of those with a terminal illness, or those experiencing bereavement. D’er et al. (2022, 24), in a systematic review of what they termed “civic engagement” in supporting people facing serious illness and death, summarised a common feature of initiatives as:

engaging communities in providing a link between a person with palliative care needs and those in their community who are able to offer help. This differs from the common service-centered approach that primarily focuses on clinical contributions and treating illness. Rather, compassionate communities apply a salutogenic approach by trying to increase the overall wellbeing of people through health-promotion. Accordingly, in these initiatives, the community as the core of social interactions provides this social support for people confronted with illness, death, and loss.

We would argue for this approach, along with that of dementia-friendly communities discussed in **Chapter 3**, to be embedded in the three models discussed in this chapter and to be disseminated more widely in age-friendly communities and networks.

### How do we support ageing in place?

Ageing in place has emerged as a dominant theme in public policies directed towards older people for a variety of reasons: the shift from focusing on “*care for*” to “*care by*” the community – with an increased emphasis on the supportive role of family, friends, and neighbours (Means and Smith 2008); research emphasising the importance of the neighbourhood in contributing to the wellbeing of older adults (Lager 2015); and ideas about the significance of “place attachment” in contributing to people’s sense of self and identity (Rowles 1983). But although the idea or ideal of ageing in place became a dominant theme in research and policy, its implementation comes without systematic planning or resourcing. For sure, much is made of older people as “place-makers” – even when faced with rapid environmental changes associated with gentrification or neighbourhood disinvestment (*see Chapter 4*). Lager (2015, 6) notes how various studies highlight that older people are not necessarily “passive victims” of changing environments, but that they can “draw a sense of belonging from these places and experience safety and sociability”.

But this leaves open important questions about how older people respond to changes to their own needs and the neighbourhoods of which they are a part. Certainly, we need to challenge: “the pervasive ageism through which older people are seen as merely victims of neighbourhood change” (Finlay and Finn 2021, 1072). However, we still need to answer questions about what type of organisations and relationships need to be developed both to strengthen the ability of older people to effect change and to provide access to the diverse resources necessary to support ageing in place. What is important here is to go beyond seeing ageing in place as an issue solely focused around individuals or even individuals and their families. The starting point has to be viewing the different ways in which older adults maintain and develop connections within their communities: *How far do these promote effective ways of mobilising resources? To what extent are connections and networks socially inclusive? To what extent are they able to influence the broader economic and social processes influencing communities?*

The three examples discussed in this chapter – the Village model, NORCs, and Co-housing – provide different ways of addressing the first two questions but all develop relationships based around elements of sharing, mutual aid, and collective support. All draw on recognition that ageing in place is difficult to achieve “alone”; that it needs reciprocal contact and help or interdependence. This is an especially important insight given that single-households – across all age groups – are the fastest-growing demographic across all types of communities in many different countries. So, the issue of how best to “organise” ageing in place is an important one. It is of particular significance given the range of pressures on urban communities discussed in this book. In this context, organising often has to be carried out while

confronting and resisting pressures associated with the privatisation of public space, the disappearance of social infrastructure, and what Kelley, Dannefer, and Masarweh (2018, 58) view as “the potential [of older adults] to be erased or rendered invisible, in their own neighbourhoods”.

Despite the merits of the examples discussed in helping to increase the visibility of older adults in urban environments, their limitations are also significant: First, in respect of their “excluding” in some cases particular groups – minorities, people with long-term conditions, those in precarious financial circumstances. Second, problems of scale and limited influence over the larger-scale pressures bear down on neighbourhoods, these affecting the environment and services which collective organisations are able to deliver. Additional innovations and strategies are therefore necessary both to influence the environment in which organisations supporting ageing in place are operating and to ensure that groups are inclusive of the diversity of older adults. Three arguments will be developed to support this view: First, developing an anti-ageist approach to urban planning; second, developing co-production within communities; and third, developing new forms of collective organisation.

On the first of these, cities attempting to secure new forms of economic growth invariably invoke implicit or explicit forms of ageism in the groups that are seen as significant for their future, notably those defined as the “creative classes”, students, “young professionals”, and “wealthy elites” (Kern 2022). Attempts to brand cities as age-friendly may thus be at odds with the core groups that cities want to attract. Reflecting this point, Minton (2017, vi) argues that:

Increasingly, London and many other British, European and North American cities no longer serve people from a wide range of communities and income brackets, excluding them from expensive amenities and reasonably priced housing and forcing them into miserable conditions or out of the city altogether.

Kim and Cho (2018, 99), reflecting on their experience of the impact of urban regeneration on older people in a neighbourhood in Seoul, South Korea, suggest that an age-friendly community will require: “a paradigm shift in the public discourse on ageing and public space”. They conclude:

As ageing is a ‘normal’ life stage, a city is also a place of natural ageing and older urban dwellers. The advocacy for the active engagement of older people reflects the reality that the consideration of older urban dwellers has so far been absent in urban policies, which are predominantly centred on the working-age populace . . . Older residents’ desire to age-in-place can be seen as a positive factor to imagine urban development – one which is more sensitive towards the needs of older people and places more

emphasis on progressive transformation compared to large-scale urban development driven by property development.

Sharing urban planning strategies with different groups within the older population will be essential, with awareness of contrasting issues faced by different ethnic groups, those with particular physical and mental health needs, and those living in areas with higher levels of economic and social deprivation. At the same time, age-aware urban planning should not only focus on changes for current cohorts of older residents but also work towards longer-term neighbourhood change that can benefit successive cohorts of older residents. Therefore, there is an urgent need to reconnect urban planning to strategies that support resident-led work around the development of lifetime neighbourhoods and communities, as well as interventions that expand the range of social infrastructure supporting ageing in place. This will involve public and private sectors and voluntary and community organisations working together so that residents of all ages can articulate their needs and concerns and identify priorities for action and change within their neighbourhoods and the urban environment in which it is embedded.

Second, achieving the goal of influencing planning will require the active engagement of older people as key participants in urban development. This will require systematic attention to what is termed “coproduction” as a mechanism for affecting change and involving older adults more centrally in the decisions that shape their communities (Buffel 2015, 2018). This approach aims to put principles of “empowerment” and “participation” into practice, working “with” communities and offering residents greater control over their environment. It builds on a partnership between older people, their families, communities, statutory, and non-statutory organisations, who work together to jointly develop research and a shared understanding, as well as to design, develop, and deliver opportunities, projects, and solutions promoting social and political change. In this sense, coproduction methods are at the heart of developing age-friendly policies and initiatives: Among other stakeholders, older people are recognised as key actors in developing research and action to assist in planning or modifying the environments in which they live (*see also* Chapters 8 and 10). Smetcoren et al. (2018) explored these issues in their work in Brussels developing what they termed “active caring communities”. They reported how the professional workers interviewed in their research:

highlighted the need to promote a better understanding of how neighbourhood support networks can play a role in supporting older people to age in place and supporting what neighbours at present already contribute to the care needs of frail older people. According to some participants, when creating an age-friendly social environment, the focus *should not* be on

the development of new social networks, but rather on making existing networks visible and supporting and valorising them.

*(Smetcoren et al. 2018, 109)*

Recognising older people as actors in the social environment is essential to creating age-friendly communities. The fundamentally subjective nature of communities and the importance of negotiating one's local environment make empowerment and recognition of older residents paramount to achieving age-friendliness. This implies investment in working with older residents as key partners in designing policies, especially for vulnerable and isolated groups within the community. Methods of coproduction and co-research have been proven useful in engaging such groups and have gained ground in the development of health and welfare services. Information and communication technologies may also support the involvement of older residents in navigating and designing their environment.

The case for coproduction methods with older people in developing age-friendly cities and communities may be summarised as threefold: It represents a viable method of working with older residents and mobilising their expertise, skills, and knowledge to stimulate creative reform ideas and initiatives around the age-friendliness in their neighbourhood; it makes older people themselves central to the creation and development of policies and age-friendly initiatives; finally, coproduction offers a range of benefits to the different stakeholders involved, providing a forum for rich and meaningful social engagement and mutual learning and exchange.

At the same time, it is important to note that co-production is increasingly challenged by the inequalities within the older population and power differentials within and between groups. It is hard to recruit older people to engage in co-production, particularly when working with marginalised groups and deprived communities (Goff et al. 2020). It is often those already engaged in activity in their communities that take part in co-production. Therefore, such work can run the risk of creating a further divide between an already more "privileged" group of older people and their more disadvantaged peers. It is vital that power differences created through the co-produced work, as well as ethical challenges and cross-cutting issues of gender, class, race, and sexual orientation, are made explicit and reflected on across the process as it unfolds (Buffel 2018; Greenhalgh et al. 2016). Developing a co-production dimension to dementia-friendly communities is also a priority, with the need to involve people with dementia as chairs of meetings, contributing to steering groups, and supporting work on the design of their outdoor environment.

Finally, it will be important to continue to experiment and test and learn from new forms of collective organisation. All three examples discussed in this chapter have existed since the 1980s and 1990s, and fresh approaches are certainly needed given the various changes affecting urban environments.

Certainly, the point can be made that older people face what might be regarded as a more challenging environment given widening inequalities, the impact of COVID-19 in reducing life expectancy for some groups, and greater diversity among older adults in respect of economic, health, and social conditions. And, as has been argued at various points of this book, the urban context itself presents a major challenge for supporting ageing in place, with contrasting waves of gentrification and disinvestment de-stabilising many communities (Kern 2022). But all these developments are essentially arguments *for* strengthening collective organisations to underpin ageing in place. Ageing in place may be a preference for most older people – though many also migrate to another place or need a more supportive place later in life – but for those who stay there may be a considerable gap between their own needs and the support available within the community.

Golant (2014, 13) echoed this point in his comment that:

we must ask whether communities have acquired the structural capacity – that is, the resources and opportunities – to accommodate the needs and goals of their aging populations and to help improve their physical and psychological well-being. Alternatively, we may ask whether they have the resilience or adaptive capacities to address the needs and goals of their aging constituencies.

But the response to this must come at least from groups of older people themselves, re-shaping the meaning of ageing in place to drive forward changes to the urban environment in ways which can benefit all age groups. Recognising ageing as needing a collective and community response has benefits for all groups in terms of responses, such as the need to improve social infrastructure, strengthen cooperative forms of organisation, supporting intergenerational cohesion, and environmental action. *Such work involves a re-imagining of ageing in place as a broad social and community endeavour rather than an individual route into old age.*

## Conclusion

This chapter has reviewed a variety of ways in which ageing in urban societies can be a collaborative or collective activity. Essentially, the questions explored are: *How can the resources of the city best be used to benefit the lives of older people? And how can older people shape and develop those resources to support ageing in place?* Kim and Cho (2018, 113) highlight the issues concerned where they conclude from their assessment of older people's involvement in an urban regeneration project that: "Residents have been constructing a neighbourhood where ageing-in-place has become acknowledged as an indispensable part of urban life, with older people participating

in planning as ‘normal’ urban residents”. *This confirms that we need to make ageing in place a normal part of what happens in a city, to be planned for alongside the full range of cultural, economic and social activities.* In this way, ageing populations can play their part in re-purposing cities in the twenty-first century, drawing on the benefits of sharing and mutual aid which effective support for ageing in place must entail. Far from being an “invisible” group in the daily life of cities, our argument is for older people to have an equal share of the decisions and processes which bear upon the quality and organisation of daily life.

# 10

## AGEING POPULATIONS AND URBAN COMMUNITIES

### An agenda for change

#### **Introduction**

This book has set out to develop a series of arguments about how best to support people who wish to age in place, examined within the context of the development of the age-friendly movement. In doing this, the book has also stressed the importance of viewing ageing in place as part of a wider set of economic and social changes, these having significant effects on the experience of urban life in the twenty-first century. Failure to acknowledge these has been a major limitation of discussions about how best to achieve age-friendly environments, a theme which has been emphasised in a variety of ways across the different chapters. This final chapter explores the different arguments in the book, placing these under the broad headings of “structural issues” on the one side and “interventions” on the other side. The questions highlighted include the following: *How can the resources of the city best be used to benefit the lives of older people? How can older people shape and develop those resources to support ageing in place?* Given the pace of demographic and urban change, there is considerable urgency in finding answers to these questions, as part of an attempt to reshape public policy in response to pressures from demographic and social change.

#### **Age-friendly cities and urban change**

An important argument of this book has been that developing age-friendly communities, and supporting the policy of ageing in place, has run alongside a range of what might be termed “structural” pressures affecting the social life and political economy of urban communities. Wilson (2020, 109) reminds

us that: “Cities are fragile things. Without constant investment, renewal and civic-mindedness their fragmentation is extraordinarily swift”. This seems an apt summary of the impact of the forces affecting many cities from the twentieth into the twenty-first century, beset as they have been by widening levels of inequality, changes (in many cases) arising from de-industrialisation, the privatisation of physical and social infrastructure, and threats to the environment from climate change. The combined impact of these forces has been to undermine much of what makes living in cities a desirable quality, weakening the ameliorative effects of policy interventions supporting age-friendly cities.

Widening inequality has certainly been a defining characteristic of cities in the opening decades of the twenty-first century. Florida (2017, 107) asserts that: “The reality is that deep divides and worsening segregation have become a feature, not a bug, of great global cities. Indeed, despite the economic gains brought about by the back-to-the-city movement, concentrated urban poverty is increasing”. Indeed, rising social inequality has been a feature across the majority of cities in the Global North, marked by the expansion of gated communities and condominiums for the elite and the collapse in affordable housing for the majority. But Savage (2021, 234) makes the important point that we need to see: “Large cities [as] not just products but drivers of inequality” (*see further Chapter 9*). This highlights the problem that achieving security for people ageing in place was always likely to be threatened by instabilities arising from divergent life chances, unequal living standards, and social exclusion for minority groups and those living in low-income communities.

Such outcomes have been reinforced by the impact of austerity following the 2008 financial crisis, the resulting cuts to public services, and the drop in living standards. Alongside these developments, as highlighted in **Chapter 7**, has been the “hollowing out” of social infrastructure vital to maintaining daily life in older age, with the closure of libraries, day and community centres, and the decline of the high street, notably in towns and medium-sized cities. These trends were themselves part of the “privatisation of ageing” with the gradual erosion of collective institutions by market forces, or what Streeck (2016, 14) termed as the onset of an “under-institutionalized” society, one which failed to provide: “its members with effective protection and proven templates for social action and social existence” (Streeck 2016, 14).

The changes discussed certainly created an environment where the idea of “age-friendliness” was challenged in a variety of ways. A key aspect of the WHO model (*see Chapter 2*) was its emphasis on supporting the individual’s ability to move around and have control over the built environment. Yet access to public space was to become increasingly contested from the 1990s, as multinational corporations and overseas developers took ownership of large slices of both urban and rural areas. In England and Wales, Shrubsole

(2020) highlights the fact that private companies own around 6.6 million acres of land or roughly 18 per cent of the country. Christophers (2018) notes the sell-off of public land since the 1980s, with the proportion of local government land sold estimated to be around 60 per cent. Wilson (2020, 74), reviewing some of the struggles over attempts to privatise public space, suggests that this:

tell[s] us a lot about how cities have changed over recent decades. In many ways, societies have become more introverted, with private space taking priority over shared, civic space. The post-9/11 era has made security and surveillance a key feature of city centres, places where movement and activities are monitored. Across the planet, public spaces have in many cases been privatised, sanitised and regulated. Malls, shopping centres, financial districts are neither fully public nor private but somewhere in between.

These processes have had greater exclusionary effects for some groups in comparison with others, as the discussion in **Chapter 3** on the problems facing people with a disability, and people living with dementia, highlighted. Gleeson (2001, 258) argues that: “The modern city secures the needs of productive bodies, leaving the rest exposed to social and environmental risk”. This is especially true for older people who are vulnerable to falls, or have a hearing loss, and/or visual impairment. For these and other groups, cities may present significant barriers to mobility and negotiating urban space. However, rather than viewed simply in terms of “access”, people may also experience “being out of place” in disabling city environments shaped by powerful economic and political forces.

But, as reviewed in this book, cities are facing new challenges, these posing major issues for developing age-friendly cities and supporting ageing in place. As argued in **Chapter 6**, climate change is one of the most significant developments, one which did not appear in the original WHO model but which has now become a crucial concern to address. Vince (2022, 141–142) summarises the threats as follows:

More than 400 large cities [in the Global North and South] with a total population of 1.5 billion are at ‘high’ or ‘extreme’ risk because of a mix of life-shortening pollution, dwindling water supplies, deadly heatwaves, natural disasters and the climate emergency.

Emergency preparedness has become a key part of the age-friendly agenda, with older people, as highlighted in **Chapter 6**, often most at risk from the extreme weather conditions increasingly characteristic of life in the twenty-first century.

The developments summarised thus far underline the need for new approaches to developing age-friendly cities and communities over the coming decades. Urban environments, as we have seen, are experiencing the loss of places where people can come together, precisely at a point where there is insecurity and vulnerabilities both through the interaction between ageing populations on the one side and changes to the political economy of cities on the other. Beaumont (2020, 234) asks:

Do we feel at home in the cities we inhabit? . . . There are of course numerous ways in which ordinary people, especially the poor, and those from marginalized social groups, experience an almost permanent sense of displacement in the urban environments in which they live, even if the consolations of belonging to a particular, more or less organic, community can at times alleviate this fragile state of being. There are forms of exclusion – competing and overlapping in complex, shifting patterns – that determinately shape the everyday lives of individuals in cities, especially insofar as these are defined by gendered, racial and religious identities.

And one might add those relating to age and disability. As Finlay and Finn (2021, 1070) conclude: “Youthful and able populations are welcome nearly everywhere while deep old age is compartmentalised and relegated to senior centres, orchestral halls, retirement communities, nursing homes, and other ‘appropriate’ peripheral spaces”. However, accepting this observation also challenges us to develop interventions which mean that older people can reclaim control of the city – *control ceded as people move inexorably though the life course or experience changes to their minds and bodies which affect their movement through urban space*. The next section of this chapter – building on arguments developed in **Chapter 9** – summarises various “interventions” to support those ageing in place and further develop the concept of age-friendly cities and communities.

### **Transforming cities for ageing populations**

Although the preceding section presented a somewhat bleak picture of the urban environment experienced by older people, there is still much room for optimism for the future. Cities, with their extensive social and cultural resources, remain great places in which to grow older. They have the potential to transform daily life in later life – through access to advances in healthcare, the application of digital technology, transportation networks, and experiments in collective organisation for individual needs. But the changes need to be of different kinds and at different levels. In this concluding chapter, we explore a variety of interventions to set an agenda for change, beginning with issues around age-friendly cities and changes to urban space and concluding

with a research agenda for taking forward some of the arguments developed in this book.

### *Age-friendly cities and urban space*

The various pressures on urban environments suggest that age-friendly cities should be integrated with the wider struggles for urban space, reflected in the development of solidarity cities, fearless cities, rebel cities, and sanctuary cities (Dieterich 2022). Such activity *should also focus on re-thinking what urban space is for and in whose interests is it being maintained and developed*. As Kern (2021, XIV) suggests: “Cities have the chance to realign spaces and services to a wider set of values, including care, equity, collectivity, and sustainability”. This is an important rallying cry in the context of depredations arising from gentrification, the institutionalised racism and sexism affecting many groups, the blight of slums in the Global South, and the 2 million older people in the UK trapped in homes which endanger their health. Age-friendly interventions, and the values underpinning them, must respond to the highly unequal contexts in which older people live – confronting inequality and oppression becoming central pillars in building age-friendly cities.

Following this, there is a considerable scope for the age-friendly movement to contribute to a more equal geographical distribution of society’s wants and needs, such as access to health services, community support, good air quality, and inviting public spaces. Questions of accessibility, housing, transport equity, and walkability can all be seen as important matters relating to the distribution of spatial resources. However, the age-friendly approach has yet to develop policies, which can prevent or reduce the inequalities and injustices associated with urban living, especially as regards their impact on the neighbourhoods in which people may have spent the majority of their lives. Ensuring “spatial justice” (Soja 2010) for different groups of older people should therefore become a crucial part of the ageing-in-place debate, with strategies to enable communities to increase control over the conditions that shape their lives representing a key task for public policy.

Integral to the task of securing spatial justice is the need to create fairer and more inclusive cities, with policies explicitly targeted at increasing *equity* of access to necessities, resources, and decision-making, rather than exacerbating the disadvantages suffered by those facing different forms of exclusion or oppression. This would support *a critical approach to ageing in place* as proposed in **Chapter 1** of this book, one which aims to develop new approaches to challenging the impact of inequality and discrimination in everyday life. This reflects the way in which the urban environment perpetuates limited, medicalised understandings of later life, generated through the conscious and unconscious prejudices of those involved in designing buildings and public

spaces (such as architects, planners, and developers) (Hammond, Crompton, and White 2023). Experiences of spatial ageism intersect with other forms of oppression enabled by patriarchy, racism, classism, homophobia, and ableism (Greenfield and Buffel 2022), with the built environment reinforcing wider prejudices and forms of discrimination, limiting opportunities for marginalised members of society. Understanding how these operate and accumulate into later life to constrain or limit one's possible (inter)actions and choices will be crucial for developing interventions that are responsive to the diversity of older people and the places in which we age.

### *Developing a rights-based approach to ageing in place*

A key argument running through this book concerns the need for a stronger embedding of the age-friendly mission in a *rights*-based narrative of ageing, one that is centred on values of equality, community empowerment, and social justice. The concept of “the *right* to the city” has been suggested as offering a way forward in responding to the rise of inequalities and power relations affecting the experience of ageing in urban settings. It builds on the idea that all inhabitants should have an equal right in decisions around the development of cities and neighbourhoods, shifting power and control away from private capital and the market towards residents themselves. Ensuring older people's “*right* to the city” will be essential to achieving an age-friendly city, including the “right” to *appropriate* urban space; the “right” to *participate* in decision-making surrounding the production of urban space; and the “right” to *shape* strategies for urban planning and regeneration. The “right” to an adequate home and neighbourhood in which to age in place also includes protection against forced evictions and the arbitrary destruction or demolition of one's home; security of tenure; and equal and non-discriminatory access to adequate housing, services, facilities, and infrastructure. Such rights are of course important not just for older people but link together the interests of all generations, minorities, and marginalised groups – notably those of young people in cities struggling with high rents and the lack of affordable housing.

At the same time, recognition must also be given to the challenges faced by low-income and frail older adults and people with disabilities to age in place. In this context, Golant (2015) introduced the concept of “Ageing in the Right Place” to enable older adults with diverse needs to maintain autonomy in later life and continue to stay socially connected in the neighbourhoods in which they live. The *right* to ageing in the *right* place then may in some instances mean relocation to alternative housing arrangements especially tailored to match changing lifestyles and vulnerabilities. The discussion in **Chapter 9** of various models to support ageing in place is especially relevant in this regard.

***Extending housing options within communities***

Providing greater support for ageing in place will, as indicated earlier, inevitably require new approaches to the design and planning of homes and neighbourhoods (Hammond and Saunders 2021). Extending the range of options within communities will be a key starting point to extending age-friendly activity. To date, progress has been slow in increasing choice beyond specialist provision such as retirement villages (invariably restricted to the more affluent) and extra-care housing. The reality, however, is that the majority of older people will continue to prefer to live in communities with a mix of ages. Interest in a greater variety of housing options (such as cooperative housing, community land trusts, and house sharing) is likely to increase given the growth of single households and new cohorts moving into retirement. Meeting this demand – if the barriers identified in **Chapter 9** are to be overcome – will require a creative partnership between older people, housing associations, building companies, and other relevant groups. In many cases, groups of older people will themselves want to take control in developing new types of housing more directly tailored to their needs and the aspirations they bring to transforming daily life.

But an important constituency must also be brought into the discussion, namely developers responsible for the regeneration of urban areas and private housing builders responding to the demand for new housing or modifications to existing properties. There is limited evidence in the case of the former that issues connected with population ageing have featured in the design and rebuilding of cities across Europe. In terms of housing, developers and volume builders largely focus on families and single professionals, an approach which will almost certainly lead to increasingly age-segregated neighbourhoods. An alternative approach would be to encourage housing associations or similar organisations to support innovations in housing adaptations, retirement housing targeted at low-income groups and minority communities, co-housing, and similar schemes, as well as to encourage local and regional authorities to take on the development of new types of housing for later life. Collaboratively developing new, flexible, and sustainable housing and community-care models, which adequately integrate the opportunities provided by digital technologies and optimise their capacity to support communities, represents a key challenge in transforming cities for ageing populations.

***Mobility justice and developing age-friendly cities***

Ensuring what Sheller (2018) terms “mobility justice” must also be viewed as an essential part, alongside that of spatial justice, in building age-friendly communities. Sheller defines mobility justice as:

an overarching concept for thinking about how power and inequality inform the governance and control of movement, shaping patterns of

unequal mobility in the circulation of people, resources and information. We can think of mobility justice occurring at different scales, from micro-level embodied interpersonal relations, to meso-level issues of transportation justice and the “right to the city”, and macro-level transnational relations of travels and borders.

*(Sheller 2018, 14)*

Sheller applies the concept to a range of issues affecting migrants, refugees, workers, students, as well as older people, highlighting the extent to which: “unjust mobility regimes are . . . expressed in built environments, streets, borders, and cities that impair some kinds of movement whilst enabling others” (Sheller 2018, 54).

The issues raised by the term are especially relevant to the questions explored in **Chapter 3**, highlighting the challenges for people with disabilities in moving around urban areas, with barriers in using footpaths, accessing transport, and using shops and restaurants. There is an urgent need, as noted in **Chapter 3**, to re-design urban environments for populations with much higher levels of different kinds of impairment: 42% of adults of pensionable age have a disability of some kind, with 63% of people with a disability aged 65 and over reporting mobility impairment (Department for Work and Pensions 2022). At present, people reliant on using wheelchairs, mobility scooters, or walkers face formidable obstacles in manoeuvring through urban space, experiencing a form of “second class citizenship” in comparison with the “able-bodied” (Leahy 2021). In consequence, disabled adults make fewer trips outside their homes than those who are not disabled: In 2019, for example, older adults with a disability made 34% fewer trips than those without a disability (Department of Transport 2021). Adults with a disability are also more reliant on bus services (which have seen extensive cuts in many areas in the UK but in other countries as well) and taxis (expensive for those on low incomes).

Securing mobility through and around urban environments is an essential element in securing mobility justice – for those with or without disabilities. Peace (2022, 275) highlights the extent to which “local transport and walkable neighbourhoods support personal well-being”. She cites research in London demonstrating the centrality of bus travel for older citizens, commenting:

They use the bus for everyday activities – shopping and healthcare visits – and are able to . . . engage with others . . . The bus is part of the relational space, which enables people to feel a part of the public and not isolated or lonely.

*(Peace 2022, 275)*

Transport can be seen as a vital thread connecting different elements of the age-friendly city, including social participation, access to outdoor spaces,

leisure facilities, and libraries. But the discrimination which affects older people – whether through income or a disability or a combination of both – suggests “ageing in place” may be experienced as highly limiting for many of those affected.

Arising from this, we would support the need to apply the principles of mobility justice, as developed by Sheller (2018, 173), as making an important contribution to the debate about creating age-friendly environments. These principles include:

“Gender, sexual identity, and other markers of identity shall not be used as the basis for restricting mobility or exclusion from public space”.

“Universal design should be required in all public facilities to ensure accessibility to all people and especially access to all modes of public transportation and media”.

“Cities should ensure equitable provision of public transportation through a social benefit analysis based on population-level measures of social exclusion and minimum thresholds of accessibility . . . and should seek to reverse the historical subsidies and other preferential treatment given to private automobility”.

“Cities should preserve public space . . . and should not develop splintered infrastructures that systematically advantage some groups with superior levels of service and disadvantage others with inferior levels of service”.

*(Sheller 2018, 173)*

### ***Investing in social infrastructure and intergenerational spaces***

Investing in the social infrastructure of cities should also form a key part of an urban agenda which aims to support ageing in place. **Chapter 7** shows the vital yet under-appreciated role that libraries, parks, community organisations, markets, and cafés play in the everyday lives of people and their importance in developing the social connections and networks that are critical to age well in place. Against this, Laws (1997) highlighted what she termed the “spatiality of ageing”, exploring the degree to which spaces and places were age-graded, emphasising the ageism of space where “youth is everywhere”. Similarly, Holland et al. (2007, 39), in an observational study of an English urban town, concluded that: “A striking finding is the extent to which older people involved in this study as interviewees or through observation, either perceived themselves as excluded or actively excluded themselves from public space for large stretches of the time”.

Studies such as those by Holland et al. (2007) suggest that older men and women may experience difficulties “creating” space within cities. Global cities, it might be argued, raise tensions between a “hyper-mobile” minority and

those ageing in place; de-industrialising cities (with shrinking populations) create problems arising from the withdrawal of an economic base disrupting social networks; and gentrifying neighbourhoods may create various forms of social exclusion for older people, minoritised communities, and other social groups (see Chapter 4). The challenge here then is creating an urban environment that supports the autonomy of the ageing body and the equal rights of older people with others to a “share” of urban space. This issue will be especially important to implement at a local level, with a particular focus on promoting age inclusivity and creating spaces for intergenerational encounter. There is no shortage of ideas to consider in this respect: building multigenerational homes, developing lifetime neighbourhoods, reviving the high street with a greater focus on public amenities rather than traditional shopping, and encouraging multigenerational use of community spaces (RIBA 2013; Das et al. 2022). Achieving recognition of the needs of different generations within cities, and exploiting the potential of the city for groups of whatever age, will be central to implementing interventions to support ageing in place.

### ***Developing place-based partnerships across organisational boundaries***

Building synergies and partnerships across multiple stakeholders and sectors – professional, academic, governmental, and non-governmental organisations – will be crucial to develop new ways of researching and supporting ageing in place *for, with, and by* older people (Rémillard-Boilard, Buf-fel, and Phillipson 2021). The age-friendly cities and communities’ movement has a key role to play in breaking down silos between sectors and organisations by building on the assets and bringing together networks already present in cities, as well as creating new ones, in ways that benefit older people. Given the reality of economic austerity and competing demands for resources, strategic partnerships among public health professionals, local authorities, universities, housing providers, architects, community organisations, and older people may be especially crucial to achieving success. Hambleton (2020), in his book *Cities and Communities Beyond COVID-19*, develops the argument that the future development of cities will, to a large extent, depend on place-based collaborative leadership. The key challenge for post-COVID-19 strategy, the author argues, is “to recognise that we need to develop much more effective arrangements for anticipating and coping with complex threats – of whatever kind. . . . Enhancing place-based power and influence is critical, as it builds societal resilience” (Hambleton 2020, 166–167).

Coordination of services at the local level and innovative collaborations within and across organisations is essential – at every level – to maximise collective efforts and make the most of the limited resources available. Local community-based efforts, despite financial pressures, have been on the front

line in dealing with the COVID-19 crisis and have been found to be particularly well placed to meet the needs of diverse vulnerable groups (Lewis et al. 2023). Different types of support, such as advocacy, befriending, and counselling, will need to be strengthened. But given the extent of successive crises affecting communities, a broader range of activities at a neighbourhood level should be encouraged, including supporting the development of cooperative forms of organisation, low-cost home repair services, financial advice, reinventing “third spaces” (such as cafés and community centres), and facilitating community leadership (Goff et al. 2020).

### *Facilitating community-led developments and co-production*

As has been argued at different points of this book, facilitating grassroots organisations among older people should be an essential response to the various changes affecting urban environments. A key principle here is that of *co-production*, a collaborative partnership aimed at creating social and political change involving groups and individuals who are often excluded from decision-making. Co-producing knowledge about urban development, for example, can be seen as a way of giving voice and power to groups with limited power over their lives, while providing opportunities to collectively learn and reflect upon common experiences, challenges, and aspirations. Co-production with older people has a commitment to challenging the dominant discourse, which constructs ageing as an individualised “problem” associated with illness and decline (Estes 1979; James and Buffel 2022; Verté, De Witte, and De Donder 2007). As such, it represents a *critical approach to supporting ageing in place* (see Chapter 1), which promotes the importance of diversity and a commitment to valuing older people’s perspectives and lived experiences, together with an emphasis on the structural factors that lead to discrimination, oppression, and marginalisation in later life.

However, while co-production can be seen as a vehicle for participation and access to resources, an uncritical adoption of the approach must also be avoided. It may, for example, create unrealistic expectations about the ability of groups to influence urban planning and re-distribute resources. Alternatively, co-option of this approach by statutory bodies may also be used to divert responsibility for providing care on to community groups (as well as older people themselves) when services are being reduced during periods of financial restraint. At the same time, co-production may be an important tool in mobilising groups to challenge cuts to neighbourhood services, in developing new approaches to supporting people within the community, and in confronting systems of oppression such as ageism, homophobia, racism, and sexism, which scar daily life within neighbourhoods.

‘Enabling diverse voices and meaningful engagement of older people’ has been identified as a key component of the UN Decade of Healthy Ageing

(2021–2030). However, as argued in this book, opportunities for older people to participate and influence place-based policy and urban development remain limited, further isolating older people and their places from power and decision-making. Ageing-in-place researchers have an important role to play in identifying and showcasing co-production approaches that lead to greater equality in urban and public policy development processes that are more participatory, democratic, and bottom-up. These may include innovative models of collaborative knowledge generation, leadership, and capacity building as well as mechanisms to amplify and incorporate seldom-heard voices in decision-making (see further Greenfield et al. 2019). The ongoing development of and experimentation with creative approaches to co-production, both in research, design, and policy work, will be necessary to inspire new understandings and possibilities for involving older residents as key actors and leaders in developing community initiatives which support ageing in place. In developing such work, the emphasis must be on harnessing the strengths and commitment which older people bring to the ongoing work of supporting daily life within communities.

### ***Involving older people in designing smart, liveable, and resilient cities of the future***

Digital technology plays a crucial part in developing responses to ageing in place, driving health and safety interventions, helping people access healthcare and education and enabling people to connect with each other. Digital technology has also played an important role in supporting vulnerable groups in cities during the pandemic, for example, through supporting online shopping and providing opportunities for community groups to meet online and organise support for those in need. However, while the role of digital technologies in enabling people to age in place and facilitating independence in later life has been well-established (Ollevier et al. 2020; Marston and Muselwhite 2021), there is more limited attention to how older adults use technology to advance their rights to the city and influence the neighbourhood of which they are part. This may be linked, as argued in **Chapter 8**, to the persisting dominance of a biomedical view of ageing in much of the literature on *gerotechnology* aimed at “finding new solutions in the provision of care and treatment of older people” (Rodeschini 2011, 521). By focusing on how older people use technology in shaping their neighbourhoods, however, we may be able to contribute to a much-needed reframing of the role of digital technologies in creating age-friendly cities and communities (Marston, Shore, and White 2020).

Marston, Shore, and White (2020, 31) developed the “Concept of Age-Friendly Smart Ecologies” (CASE) offering a framework for cities “to take an agile approach and work together in a locality approach to adopt and

implement improvements . . . by employing innovative technologies”. “Smart city” initiatives such as electric vehicles, digital portals and apps, and artificial intelligence technology have great potential to support ageing in place through their focus on developing innovative technologies to improve and enhance independent living and quality of life. However, as Marston and van Hoof (2019) have pointed out the “smart” city and “age-friendly” projects have remained largely disconnected, with the risk of both movements being weakened by operating separately from each other. Encouraging links between different urban movements may encourage opportunities to expand the range of interventions to support ageing in place. For example, ideas from the smart and sustainable cities movement around increasing energy efficiency, supporting alternatives to cars and reducing pollution, should also be a central part of making cities inclusive for all age groups. Engagement with this type of work has the potential to produce further resources for the age-friendly movement and add to the sustainability of existing projects (Phillipson and Buffel 2020). It may also enhance a co-production approach, bringing together businesses, urban planners, policymakers, technologists, and older residents in designing and re-imagining the smart, liveable, sustainable, and age-friendly city of the future.

### *Developing Knowledge-to-Action hubs*

Finally, the creation of *Knowledge-to-Action hubs* – which bring together researchers, policymakers, and practitioners with the aim of delivering sustainable, innovative, and evidence-based interventions – would help drive innovation in transforming cities for ageing populations. This would involve creating collaborative spaces at local, regional, national, and international levels where research and innovation could be translated into actionable community interventions; research institutions could connect with community-based knowledge to test cutting-edge innovations and collect data to inform and share good practice; and new methodological approaches for evaluating age-friendly interventions could be developed in partnership with local and national organisations.

One way of facilitating the creation of such hubs would be to draw upon the resources of the various groups linked to the WHO Global Network of Age-Friendly Cities and Communities, including the AARP Network of Age-Friendly Communities, Age Platform Europe, the International Federation on Ageing, and the UK Network of Age-Friendly Cities. Combining and sharing the resources of these different organisations might provide a framework for developing innovative policy and practice to support ageing-in-place and age-friendly environments. Following on from this, there is an urgent need to create much stronger links between academic institutions and researchers investigating the relationship between ageing and the environment from

multidisciplinary perspectives. A way forward would be the development of an international network to advance research on ageing and urbanisation. This could support the piloting of new programmes; develop collaborations with researchers, policymakers, and practitioners across the Global North and South; encourage early career researchers to develop work on age-friendly issues; and support new forms of research-based co-production with older people themselves. A crucial role for such a network would be to assess and evaluate the effectiveness of age-friendly programmes in terms of improving the lives of different groups of older people and achieving community change. Such a network would also aim to make an important contribution to the need for models of intervention that can respond to the highly unequal contexts experienced by older people in all types of communities across the world, and the task of promoting spatial and mobility justice highlighted in this book.

## Conclusion

**Chapter 1** summarised the approach to be taken in the book, highlighting its aim to bring together theories and empirical research linking ageing and urbanisation. Subsequent chapters have focused on understanding the *experience of ageing* in place in contrasting urban settings; reviewing the various *forms of inequality* and *exclusion* affecting older populations; providing a critical perspective on *developing age-friendly communities*; emphasising the importance of *co-production of research, policy and practice*; and assessing *interventions and initiatives* aimed at supporting ageing well in place. An argument running through the various chapters has been the tension between forces such as the privatisation of public space, gentrification and urban regeneration, and the promotion of policies supporting age-friendly cities and ageing in place. The consequence for many groups of older people in cities has been an undermining of a “sense of place”, together with the loss of many of the facilities and resources (“*social infrastructure*”) essential for daily living.

In **Chapters 9** and **10**, we set out various responses built around developing collective forms of organisation among older people themselves, strengthening collaboration with key stakeholders, and giving priority to the rights of groups often at the margins of age-friendly debates – notably people with a disability, minoritised communities, and those living in areas of multiple deprivation. In all of these dimensions, co-production with older people taking the lead in debates around the future of *their* cities and neighbourhoods has been listed as a key theme for developing age-friendly work and supporting people to age in the right place. But a further aspect – one which we would argue should now be listed as an integral dimension to age-friendly work – must be ensuring that people’s access to social justice and their right

to the city are not progressively weakened as they move through the life course. At present, it would seem that at the point in life when people should gain as much as possible from the diverse resources of cities (environments which older people in different ways helped to build), their experience is often placed at the margins in decisions about the planning and development of urban life. But the twenty-first century will not only be the century of the city but that of ageing cities as well. We hope this book has provided arguments which different groups can use – not least older people themselves – in charting a new course for the changes affecting urban environments in the years ahead.

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