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Introduction — global demographic changes

The early part of the 21st century sees two notable milestones. For the first time in history, more people live now in urban than in rural areas. In 2010, urban areas were home to 3.5 billion people, or 50.5 percent of the world’s population. In the next four decades, all of the world’s population growth is expected to take place in urban areas, which will also draw in some of the rural population through rural to urban migration. Moreover, most of the expected urban growth will take place in developing countries, where the urban population is expected to double, from 2.6 billion in 2010 to 5.2 billion in 2050. In developed countries, the number of urban dwellers will grow more modestly, from 0.9 billion in 2010 to 1.1 billion in 2050. During the same period, the world’s rural population will decline by 0.6 billion (United Nations 2014: 26).

On the other hand we have the rapid ageing of humanity which is perhaps the most salient and dynamic aspect of modern demography. The world experienced only a modest increase in the share of people aged 60 and over during the past six decades, from 8% to 10%. But in the next four decades, this group is expected to rise to 22% of the total population — a jump from 800 million to 2 billion people. While this ageing trend started in the developed world, it is now a global phenomenon, and it is accelerating, especially in the developing world. In industrial countries, the share of those 60-plus has risen from 12% in 1950 to 22% today and is expected to reach 32% (418 million) by 2050. In developing countries, the share of those 60-plus has risen from 6% in 1950 to

9% today and is expected to reach 20% (1.6 billion) by 2050 (World Economic Forum 2012: 4).

These two closely related global trends already have and will have significant implications for human development in the twenty-first century. Population ageing and urbanization are the culmination of successful human development during last century. This is also a great personal gain because most older people see their greater life expectancy as ‘bonus years’, which they can live to the full for themselves, or which they can dedicate to the benefit of others (Leyen 2008: 11). Therefore, it should please us on the one hand, but also challenges us to do all in our power to enable people to live an independent and self-sufficient life for as long as possible in a state of well-being. Rising numbers of old people contrast with declining numbers of young people is an issue which will have an impact on economics and industry, as well as on design and architecture of modern world (Lehr 2008: 33). To tap the potential that older people represent for continued human development, cities must ensure their inclusion and full access to urban spaces, structures, and services (United Nations 2002).

But are we — our society, local authorities, economy, industry, environments where we lead our everyday life — ready for this increasing longevity, for these major changes to the population demographics, for the ageing of citizens? Yet the reality is that many groups within the older population feel largely excluded from the ambitious plans produced by cities competing in the global marketplace. Most cities will, in the next decade, have within or around their urban core one in four of their population aged 60 and over. In consequence, a significant challenge for all aspects of urban design, management and organization has become creating “age-friendly” cities (Buffel, Phillipson, Scharf 2012: 601). It is here and now that we need a ‘preventive environmental structure’ or ‘environment-based prevention’, a secure environment which preserves and fosters independence, in order to prevent neediness, dependence, decrepitude or even full-time care. We need, on the one hand, to identify and remove stumbling blocks and obstacles and, on the other, to motivate people towards activity and a health-conscious lifestyle (Lehr 2008: 39).

Theory suggests that urban environments can be used to foster more active and healthy ageing (Beard et al. 2012: 96). As a result of rapid population ageing, policy-makers and service providers are increasingly aware of the importance of providing ‘age-friendly’ services or products to older people. In recent years, there has been increased discussion of strategies and practices that ensure services and products meet the specific needs and life situations of older people. This so-called ‘senior friendly boom’ (Positive Ageing Foundation of Australia 2002) has spread through North America and Europe over the past decade. The idea of an ‘age-friendly cities and community’ is the latest incarnation of this trend in ageing policy and discourse. The building and maintenance of an age-

friendly environment is widely regarded as a core component of a positive approach to addressing the challenge of population ageing (Lui et al. 2009: 116).

An importance of physical and social environment

According to the World Health Organization (WHO) experts, and not only their opinion, the physical and social environments are key determinants of whether people can remain healthy, independent and autonomous long into their old age (Age Platform Europe, 2012). Of course there are many possible ways in which the urban environment may influence the health and well-being of older residents. The city's landscape, buildings, transportation system, and housing contribute to confident mobility, healthy behaviors, social participation, and self-determination, or, conversely, to fearful isolation, inactivity, and social exclusion. A wide range of opportunities for age-integrated as well as age-targeted social participation fosters strong social connections and personal empowerment. Empowerment and self-worth are reinforced by a culture that recognizes, respects, and includes older people (Plouffe, Kalache 2010: 738). Indeed, older people may be particularly vulnerable to the influence of urban characteristics. They may spend more time in their neighbourhoods; have increased biological, psychological, and cognitive vulnerability; have changing patterns of spatial use; and rely more on community sources of integration (Wight et al. 2009). Good street design, access to public transport and access to public buildings can make mobility easier. Interesting destinations and welcoming neighbourhood may encourage individuals to remain engaged with their local community and maintain supportive social networks. Such features may also encourage walking and other physical activities (Booth 2000) which not only reduce the risk of chronic disease, but may also exert protective effects by strengthening the physiological systems of older adults and reducing functional limitation (Beard et al. 2012: 93).

While older people generally express a desire to remain active and live independently in their own communities for as long as possible, an older person's ability to do so is determined not just by his/her functional capacity (i.e. his/her physical and mental health), but also by his/her environment and his/her ability to adapt to it (Lawton, Nahemow 1973). If an individual has lost some physical function, a city can provide the physical and social environment that allows him/her to remain — or prevents him/her from being — independent. For example, disabled access to public transport and public buildings can be used by even severely disabled older people to allow them to participate in social activities. A positive residential environment may also provide social resources

that buffer the impact of life stressors (Fitzpatrick, LaGory 2003), present readily accessible and affordable nutrition that makes it easier for older people to eat a healthy diet, or contain physical characteristics such as trees and parks that foster a sense of well-being and provide a recuperating environment that supports resilience. Prevailing cultural norms may steer residents to healthy, or in some cases unhealthy, behaviours and outcomes (Ostir et al. 2003).

Urban environments can also influence the social cohesion of local communities. Economically disadvantaged neighbourhoods have often been associated with higher levels of social disorder, lower social cohesion and less informal social control over problem behaviours (Sampson, Morenoff, Gannon-Rowley 2002). These, in turn, may impede the development of the social networks that can buffer individuals from the stressors they face on a daily basis.

So despite the constraints, the advantages — both existing and potential — of urban areas for older people may also be highlighted. On the first of these, the resources associated with urban communities bring opportunities for enriching many aspects of later life. Museums, libraries, parks and communal spaces may all be used to increase the quality of life in old age. Evidence also suggests that the proximity of amenities and services often creates “opportunity structures”, i.e. features of the physical and social environment which may promote health either directly or indirectly through the possibilities they provide for people to live healthy lives (Ross et al. 2001: 42).

Another dimension concerns the importance of the various attachments formed within urban neighbourhoods. At a more general level, rather than providing limited social support, urban environments may allow people to draw from a wider range of networks as compared with rural areas. Friendship networks, for instance, appear to be especially robust in urban communities and may provide an important support mechanism for those who are single or widowed (Phillipson 2007).

But we have to remember that enabling social environment is just as important as material conditions in determining well-being in later life. Unlike senior-friendly programs that focus narrowly on technical or architectural guidelines or design specifications, the recent discourse on age-friendly communities emphasises the critical role of quality of social relations like respect and inclusion in the enhancement of quality of life of older people. Echoing the recent development that treats the climate of inclusiveness as one of the most important aspects of age-friendly communities, many writings emphasised specifically the importance of public attitudes and perceptions in affecting the well-being of seniors. They regarded an age friendly community as not just a space with a range of services but also as a place that facilitates and honours the participation and contributions of older people. Consistent need to construct an environment where all social and physical facilities and services are integrated and mutually enhancing to support people to age well (Lui et al. 2009: 118).

Conscious challenges in ageing

We can say that in the past older people had been largely ‘invisible’ in discussions around the impact of urban change, an experience shared with disabled people and equivalent groups (Edwards 2009). Societal ageing was, and sometimes still is, seen only in terms of challenges posed to the age structure of the workforce, the sustainability of social protection schemes and the organisation and financing of services, including those of health care. This negative image does not do justice to the enormous cultural and professional resource represented by older people. Their vast contribution to society, often in a voluntary capacity, is too often overlooked and needs to be better recognised. A change of attitudes is needed if a true society of all ages is to be created (European Union 2009: 4).

But the upsurge of interest in the notion of age-friendly communities over the past decade has caused a paradigm shift in public discourse on ageing. Instead of conceiving older people as a social problem or burden, the new discourse constructs ageing as a positive process and emphasises the active roles older people continue to play in society (Biggs 2001: 10). This attitude can be an antidote to the conception of old age as an inevitable period of withdrawal from social roles and relationships. It also can redirect policy discussion from economic or welfare issues to matters of social inclusion, engagement and community development (Joseph Rowntree Foundation 2004).

The need to build urban communities able to increase opportunities for maintaining and enhancing the quality of life as people age is assuming greater urgency within social policy. On the one hand, promoting the well-being and contributions of older urban residents is considered to be a key factor in maintaining thriving cities (WHO 2007). On the other hand, supporting the inclusion and participation of older city-dwellers must be viewed as a crucial part of the agenda for sustainable urban development. However, implementing this agenda is likely to require radical interventions.

Older people (as all of us) need an environment that they can shape, thrive and live life to the full for as long as possible. The challenge for communities and councils is to be inclusive, to help older people stay healthy and active and to encourage their contribution to the community. Councils need to accept responsibility for investing in opportunities and services for older people; to see them as full citizens and a resource for society, rather than as dependent on it (Audit Commission UK 2013). Because of that we need a fundamental shift in the way we think about older people, from dependency and deficit towards independence and well-being. When they are asked, older people are clear about what independence means for them and what factors help them to maintain it. Older people value having choice and control over how they live their lives.

Interdependence is a central component of older people's well-being; to contribute to the life of the community and for that contribution to be valued and recognised (*ibid.*). They have absolutely no interest in environment which are made specially for their age group; what they want is the environment in which they can master its elements, which can be operated intuitively and which they also find pleasing. In other words, they do not want the environment which excludes them, which emphasises shortcomings or which may have a stigmatising effect.

But the most important is to conceptualize new social roles for older people which take account of their additional healthy and active years and which focus on the opportunities as well as the challenges of an ageing population. What is needed is new thinking, backed by evidence, that focuses on the 'demographic bounty' by promoting quality of life and well-being, valuing the contribution older people make in their communities, promoting their independence, and removing the barriers, whether legal, attitudinal or income related, which limit or inhibit the capacity of older people to live life to the full. Taking this approach will not only benefit older people but will bring benefits to our communities for people of all ages (Ageing Well Network 2012: 16).

Effective responses to the changing age profile of the population will share some key characteristics. They must be sustainable and adaptable to changing circumstances. They must be integrated across government, society and business. Conceptually, they will often draw upon insights from many disciplines. They must answer people's real needs, especially the desire of older people to exercise more choice in their lives. They must take account of generational differences (The Age Shift 2002: 6).

The majority of older people, particularly the 'young' old in their sixties and early seventies will be increasingly healthy and active. They will want to engage fully in social and economic activities and society will benefit greatly from their contribution. They will expect to be able to exercise choice over their lifestyles and their mix of work and leisure. Businesses, along with other social partners, will need to take account of these generational changes in attitudes and aspirations (*ibid.*: 12).

Therefore we should not underestimate the fact that older people have extensive knowledge and experience and have the time and energy and own funds, so that they can make a significant contribution to modern societies as citizens, volunteers, employees, family members and consumers. The public should appreciate and begin to benefit from this potential, both to improve the quality of life and dignity of older people, as well as to provide new opportunities for the entire population, not only at the local level.

These serious challenges must be weighed, understood, and in some cases adapted, because there are also enormous opportunities that must be seized. We will need to customize responses to different countries' social, economic, and

political systems and histories. Even so, some general elements of change stand out because of their broad applicability and pragmatic nature:

- **housing and the home**, including having a safe, comfortable home, keeping the house and garden in good order and the role of aids, adaptations and assistive technology;
- **neighbourhood**, being close to friends, shops and other amenities, in safe, well designed towns and streets;
- **social activities, social networks and keeping busy**, including social clubs and community groups, opportunities for learning, leisure and fun;
- **getting out and about**, whether by car, bus or other forms of transport, such as shared taxis or mobility scooters;
- **income**, including the availability of benefits advice and take-up campaigns to pay for new expenses, such as housing maintenance;
- **information**, from an independent source to help older people to navigate their way around the system and find out about the opportunities and services that are available; and
- **health and healthy living**, including access to NHS services and to advice on how to stay healthy and increase fitness (Audit Commission 2013: 6).

If we try to say it in just few words, the creating of age-friendly environments means adapting our everyday living environment to the needs of the ageing population in order to empower people to age in better physical and mental health, promote their social inclusion and active participation and help them maintain their autonomy and a good quality of life in their old age. They enable older workers to remain at work for longer, lower the pressure on traditional care and assistance and boost the economy through demand for innovative solutions (AGE Platform Europe 2012: 4—5).

Building “age-friendly” society — the most important stakeholders

It is obvious that identified demographic change does not only have an impact at a macro-level, but also at a micro-level, where local and regional authorities are essential players. Although there is considerable variation across national contexts, local government generally has a unique position in creating a sustainable environment for older people as it has long been involved in strategic planning (Lui et al. 2009: 119). In many countries, it is the role of regional and local authorities to create services adapted to the needs of their older population, such as offering accessible public transport, housing and infrastructure; facilitating access to employment and volunteering for older people; ensuring quality health and long-term

care services, fighting against discrimination, and promoting active citizenship and cross-generational initiatives. Therefore the issue of an ageing population has a strong impact at a local and regional level. This demographic trend indeed results in a profound shift in the structure of the population in our towns, cities and regions, thereby affecting policies and services. This presents both opportunities and challenges, which need to be identified and correctly understood in order to be addressed effectively (European Union 2009).

We should also highlight the value of cultivating and maintaining partnerships with multiple community stakeholders. This suggests the need for broad-based collaboration including service providers, voluntary organisations, the private sector, carers and citizens' groups as partners. For such diverse networks, age-friendly guidelines or toolkits often provide a starting point with some evidence-based criteria to consider. The community concerned then determines the relevance of these, their priorities and the best way to enhance the age-friendliness of their environment (Bronstein, McCallion, Kramer 2006).

The results of many studies show that senior citizens often choose to stay in the familiar environment of their local community, and the role of local and regional authorities is to accommodate this choice. These authorities provide various services that directly affect senior citizens, including accessible public transport, an urban environment adapted to their needs, health and long-term care services, and broader social inclusion activities. The integration and active participation of senior citizens in the local community also involves a significant contribution to the economic and general development of communities. This therefore promotes a mutually beneficial relationship between citizens of all ages and local and regional authorities (European Union 2009).

Thus strategic approaches must involve older people as partners from the start. A range of different means to involve them is needed, including those people whose voices are seldom heard. Strategies should address the range of issues that older people raise. They will need wide support from members, officers and partner agencies and will need to make real, sustainable changes to older people's lives. Evaluation is important in order to keep the strategy moving (Audit Commission, 2013: 11).

But engaging with older people requires a number of steps. These include making contact with older people using a range of routes, building capacity so that older people feel confident to operate as equal partners and finding ways to maintain commitment and enthusiasm over time. Keeping focused on activities that deliver concrete results for older people is important in building sustainability. A range of methods and approaches needs to be in place, some of which may build on social networks and events (*ibid.*: 10). Society as a whole, government departments and regulators all have a contribution to make. But local councils and their partners have a crucial role. By providing effective community leadership, the challenges of an ageing society can be turned into opportunities to

deliver richer and more vibrant communities with older people playing their full part (*ibid.*: 28).

Society has changed rapidly over recent years, and the ways in which local authorities respond to these new demands will have to adapt accordingly. Local stakeholders, town planners, public transport operators, public health organisations, social service providers, architects, social housing organisations, older citizens' groups, universities, etc. need to discuss the right response to the specific challenges faced by the ageing populations.

“Age-friendly” cities and communities in selected models

There are many different approaches to how favourable environments for older citizens may be sustained, ranging from emphasis on physical infrastructure on the one hand to the quality of social relations that promote participation on the other (Lui et al. 2009: 121). The global “age-friendly” perspective has been influential in raising awareness about the impact of population ageing, especially for the management and planning of urban environments (Burdett, Sudjic 2008). Therefore developing “age-friendly” cities and communities has become a significant issue for social policy. As has already been indicated, a number of factors have stimulated discussion around this topic, these including: first, the global impact of demographic change, with a wide range of housing and community needs emerging among those aged 60 and over; second, the policy goal of supporting people in their own homes for as long as possible — the idea of “ageing in place”; third, awareness of the impact of urban change on the lives of older people, notably in areas experiencing social and economic deprivation; and, fourth, debates about ‘good’ or ‘optimal’ places to age, these stimulated by the growth of retirement communities serving the needs of particular groups of older people (Buffel, Phillipson, Scharf 2012: 598).

Debates about securing optimum community environments for ageing populations emerged from a number of organizations during the 1990s. The theme of age-friendly communities arose from policy initiatives launched by the WHO. A precursor was the notion of “active ageing” developed during the United Nations’ Year of Older People in 1999 and elaborated by the European Union and the WHO. The idea of maintaining “active ageing” referred to the notion of older people’s “continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour market”. Achieving this was seen as requiring interventions at a number of levels, including maintaining effective supports within the physical and built environment. Here, the WHO acknowledged that: “Physical environments that

are age-friendly can make the difference between independence and dependence for all individuals but are of particular importance for those growing older". (Phillipson 2012: 2)

The possibility of creating age-friendly cities may be also linked with models of urban development produced during the 1990s and early 2000s, notably ideas around "sustainable" and "harmonious cities". The former raised questions about managing urban growth in a manner able to meet the needs of future as well as current generations (Smith 2009). The latter emphasized values such as "tolerance, fairness, social justice and good governance", these regarded as essential in achieving sustainable development in urban planning. Such themes were also influential in the elaboration of ideas associated with "lifetime homes" and "lifetime neighbourhoods", which emerged in the UK with acceptance of the need for policies to support population ageing at a community level. The key issue behind the "lifetime" concept was an understanding that effective 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 to shops and services (Buffel, Phillipson, Scharf 2012: 600).

With the growing interest in these issues, researchers and activists began to develop schemes of activities and thereby create models of "age-friendly" cities and communities. In this field worthy of special attention is work of a team of Australian researchers (Lui et al. 2009) who for the first time have made a comparison of a few international "age-friendly" models. The authors found that there are different approaches to how favourable environments for older citizens might be sustained, with models ranging from emphasis on the physical/social environment on the one hand, and from top-down to bottom-up governance on the other. Some models focus more on physical infrastructure and design, while others pay more attention towards social aspects of the environment, i.e. formal and informal relationships, participation and inclusion. With regard to governance processes, some approaches concentrate on empowering and involving older people as the main actors in enhancing neighbourhoods (Buffel, Phillipson, Scharf 2012: 600).

The vertical axis represents a continuum between an emphasis on physical infrastructure/services and a stress on quality of the social environment. Some models concentrate on the physical end of the vertical continuum. They examine in detail community infrastructure or resources as well as design specifications for various aspects of the built environment that address the needs of older people living in the community. Examples of these include housing, transportation services and home modification programs. In contrast, there are other approaches that pay relatively more attention to the importance of 'social quality' or the quality of social relations that promote inclusion, participation and personal development. The vertical axis thus illustrates the range of outcomes portrayed in the literature as defining an "age-friendly" community (Lui et al. 2009).

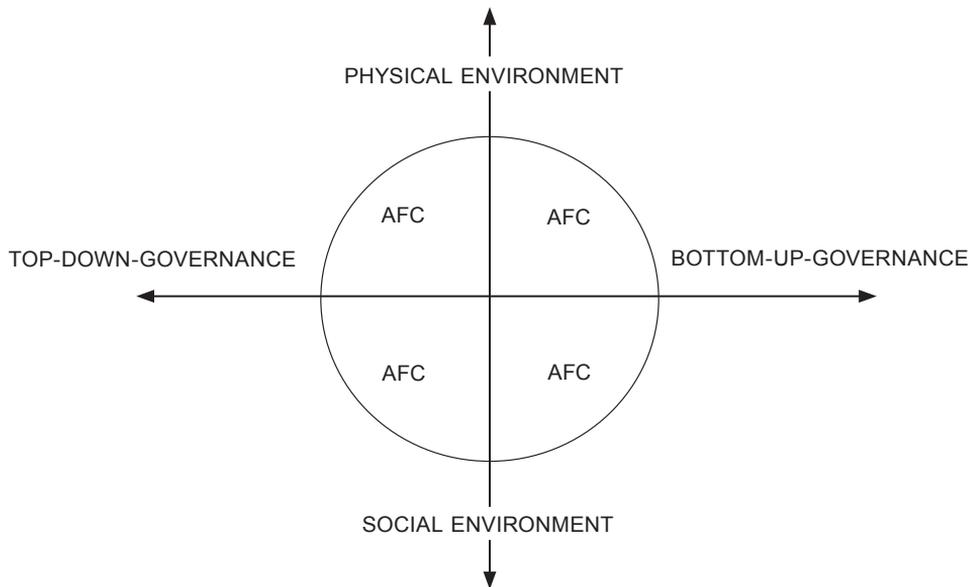


Figure 1. Dimensions of the age-friendly cities and community discourse

Source: Lui et al. (2009).

There is also much discussion in the literature of the governance processes associated with an “age-friendly” community. The horizontal axis, therefore, focuses on models of governance differing particularly with respect to the breadth of participation in defining and implementing “age-friendly” features of a community. On one end of the continuum, there are initiatives that concentrate on facilitating older people’s participation, empowering them and cultivating their capacity to enhance their neighbourhood and community. At the other end of this continuum are approaches defined by a focus on local authorities’ leadership and role in achieving predetermined guidelines for “age-friendliness” of a community. The horizontal axis represents a range of processes associated with an “age-friendly” community (ibid.: 117).

While some of the researches focus more on one of these dimensions than the other, it should be emphasised that none of the approaches reviewed is located at the extremes. Rather, the trend is to include elements of both the physical and social environment with an ideal of integrating these through appropriate policies, services and structures. Indeed, a common observation is that the built and social environments are contingent on each other and mutually reinforcing. Equally, existing models supported considerable community participation as well as stakeholder involvement in collaborating with local government leaders to build a community with “age-friendly” features as defined by older people and also informed by external evidence. Within the diversity of the literature, an emerging rhetoric of “age-friendly” communities is converging in the bottom

right quadrant of Figure 1, close to the intersection of the two axes (as marked in the diagram). The characteristics of this emerging ideal, identified in this review, are two-fold: an integrated physical and social environment, and a model of participatory, collaborative governance (ibid.: 118).

Table 1
Key features of an “age-friendly” cities and community identified by selected models

Age-friendly city (WHO)	Lifetime neighbourhood (Department for Communities and Local Government, UK)	Livable community (American Association of Retired Persons, USA)	Livable community (National Association of Area Agencies on Ageing, USA)	Elder-friendly community (University of Calgary, Canada)	Elder-friendly community (The Advan-dAge Initiative, USA)
Outdoor spaces and buildings	Built environment	Land use	Planning and zoning	—	—
Transportation	—	Transport and mobility	Transportation	Being mobile	Maximising independence
Housing	Housing	Housing	Housing	—	—
Communication and information	—	Cooperation and communication	—	Ready access to information and services	—
Social participation	Social cohesion and sense of place	—	—	Maintaining independence and involvement in activities	Promotes social and civic engagement
Respect and social inclusion	Social inclusion	—	Public safety	The importance of being valued and respected/Financial security and personal safety	Addresses basic needs
Civic participation and employment	—	Public education and involvement in community planning	Culture and lifelong learning	—	Promotes social and civic engagement
—	Innovation and cross-sectoral planning	Leadership	—	Community development work	—

Source: Lui et al. (2009).

The authors also suggested that while different models may take up different positions along the physical-social continuum, these differences are simply a matter of degree. Table 1 maps and compares key attributes or features of an “age-friendly” community as identified in selected models. While the models vary in specific features or themes covered, most of them cover a range of concerns that cut across both physical and social aspects of the environment. In most cases, features in the upper rows place more emphasis on physical infrastructure and lower ones are more oriented to the social environment (*ibid.*: 118).

As we can see above the “age-friendly” models are multisectoral and incorporate all aspects of the natural, built, and social urban environment. Typically, these initiatives identify the characteristics of the community that are salient for older persons’ well-being through individual interviews, focus groups, or surveys with older persons, as well as with caregivers, service providers, and expert groups. These features then serve as the basis to develop specific standards or criteria to guide community assessment and action. They all address needs related to health (e.g. accessible and affordable health and health care services and opportunities to stay active), participation (e.g. accessible public transportation, information services, recreational programs, social connections, volunteer opportunities, places to worship, and the need to be valued and respected), and security (e.g. home and community safety, transportation safety, financial security, and affordable housing and services) (Plouffe, Kalache 2010: 734).

From theory to practice

Because many of these characteristics can be readily modified by urban design or through different types of community development, numerous initiatives have been put in place to modify cities to become more supportive of older populations. While distinct in their emphases, these generally share the common goal of addressing needs related to health (accessible and affordable health and health care services, opportunities to be physically active and embrace healthy lifestyles); continuing education (models of lifelong learning that foster the acquisition of new skills, new knowledge); participation (access to relevant information, public transportation, recreational programmes, social connections, volunteer opportunities, places to worship, being valued and respected); and security (home and community safety, transportation safety, financial security, affordable housing and services) (Beard et al. 2012: 93).

But it can be said that the most famous model and most implemented into force by local initiators from all over the world was developed under the auspices of the WHO. It is also worth noting that term “age-friendly city” was first

coined by the WHO in 2005 when it launched the *Global Age-Friendly Cities Project*. In 33 cities around the world, focus groups with older people, caregivers, and service providers were formed to identify those factors that make urban environments age-friendly. Subsequent work by the WHO, based upon focus groups with older people, caregivers and service providers, produced a guide and checklist of action points focused on producing an 'ideal' city relevant to all age groups. This goal should be seen in the context of the twin forces of population ageing and urbanization, both now identified as among the most significant social trends affecting life in the twenty-first century (Burdett, Sudjic 2008).

Building on this work, in 2010 the WHO launched the Global Network of Age-Friendly Cities and Communities in an attempt to encourage implementation of policy recommendations from the 2006 project. Any city or community that is committed to creating inclusive and accessible urban environments to benefit their ageing populations is welcome to join. Cities and communities in the Network are of different sizes and are located in different parts of the world. Their efforts to become more age-friendly take place within very diverse cultural and socio-economic contexts. What all members of the Network do have in common is the desire and commitment to create physical and social urban environments that promote healthy and active ageing and a good quality of life for their older residents (WHO 2007: 9).

Formal participation in this network involves simple application procedures (filling in the online form available on the WHO website and sending the letter containing the declaration of accession by the rulers of the city / municipality). The next practical step is to carry out the process of continuous evaluation and improvement based on the guidelines developed. According to the assumptions and existing practices, this process involves about five years, during which four phases are executed sequentially: planning (including diagnosis and assessment prior to adapting the city to meet the needs of seniors; developing a detailed plan of action and a range of indicators of adaptation in specific areas); implementation (consisting of the gradual implementation of the plan developed, thus making concrete efforts to adapt the town to maximize the diagnosed needs and monitoring the level of pre-selected indicators), evaluation of progress (which has a detailed evaluation of completed projects and implemented changes serving to identify projects completed successfully, and items requiring further actions), and finally continuous improvement (assuming taking further projects in response to the ongoing changes and demands diagnosed).

As it was said before, to help current and prospective members in the implementation of this program, WHO prepared a special guide about AFC. It helps to see themselves from the perspective of older people, in order to identify where and how they can become more age-friendly. The checklist of core age-friendly features concluding each part applies to less developed as well as more developed cities. It is intended to provide a universal standard for an "age-friendly"

city. The age-friendly features checklist is not a system for ranking one city's age-friendliness against another's; rather, it is a tool for a city's self-assessment and a map to chart progress. No city is too far behind to make some significant improvements based on the checklist. Going beyond the checklist is possible, and indeed some cities already have features that exceed the core. These good practices provide ideas that other cities can adapt and adopt. Nevertheless, no city provides a 'gold standard' in every area. The checklists of age-friendly urban features are neither technical guidelines nor design specifications (WHO, 2007). Till now membership in the WHO Global Network of Age-friendly Cities spans across 21 countries with a total of 135 cities and communities signed up so far and many more enrolled in the process through the Network's ten affiliated programmes.

Conclusion

It has been an undeniable fact that a large part of our social structure and infrastructure (e.g. public buildings, public spaces, private residences, communications and transport, services and products available) is no longer appropriate nor adapted to the needs of the population that we've become. The challenge for governments, business and industry is to create a world that is friendly, accessible, affordable and barrier-free (Greengross 2008: 3).

This review of literature on "age-friendly" communities has demonstrated that a supportive context with positive social relations, engagement and inclusion is a core prerequisite for ageing well and that there is a global impetus to build an integrated and mutually enhancing environment for the well-being of older citizens. To meet the challenges of building an "age-friendly" community, policy-makers and planners are encouraged to take a proactive approach and to engage with multiple stakeholders as well as empowering older people themselves to create the conditions for active ageing (Liu et al. 2009: 120).

The diversity of groups within the older population is likely to mean that the process of developing "age-friendly" communities will involve reconciling conflicting interests and concerns. In consequence, rather than focusing on prescribed 'outcomes' for achieving "age-friendliness", there is a need for developing new models of community development which will work with the range of concerns within and between different age groups (Scharf et al. 2002). The WHO experts concluded it in the words:

It should be normal in an age-friendly city for the natural and built environment to anticipate users with different capacities instead of designing for the

mythical “average” (i.e. young) person. An age-friendly city emphasises enablement rather than disablement; it is friendly for all ages and not just “elder friendly”.

(WHO 2007)

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Życie dłużej w środowiskach miejskich —
modelowe ujęcia idei miast i społeczności przyjaznych seniorom

Streszczenie

Początek XXI wieku to wyjątkowy punkt w rozwoju ludzkości. Wyjątkowość tę determinują co najmniej dwa fakty, których oddziaływanie ma charakter globalny. Z jednej strony, po raz pierwszy w historii więcej ludzi żyje obecnie w miastach niż na obszarach wiejskich. Z drugiej strony mamy do czynienia z procesem starzenia się ludzkości. Starzenie się populacji i urbanizacja są zwińczeniem rozwoju człowieka, rodzą jednak określone i nieuniknione konsekwencje. Dlatego należy się zastanowić, czy my — nasze społeczeństwo, lokalne społeczności, gospodarka, infrastruktura i otoczenie — jesteśmy gotowi na ich przyjęcie?

W ostatnich latach nastąpił widoczny wzrost zainteresowania tworzeniem strategii i opracowywaniem planów służących minimalizacji przewidywanych negatywnych skutków wspomnianych procesów. Znaczną popularność zyskała idea miast i społeczności przyjaznych seniorom (*age-friendly cities and communities* — AFC) określająca zasady i dająca praktyczne wskazówki tworzenia miejskich środowisk (społecznych i fizycznych) odpowiadających narastającym potrzebom osób w podeszłym wieku.

Artykuł stanowi prezentację głównych założeń oraz modelowych ujęć idei AFC jako jednej z odpowiedzi na uwidaczniające się zapotrzebowanie tworzenia koncepcji zabezpieczających przyszłość współczesnych społeczeństw ze szczególnym uwzględnieniem lokalnej (miejskiej) perspektywy.

Słowa kluczowe: urbanizacja, starzenie się ludzkości, miasta i społeczności przyjazne seniorom