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Age-Friendly Cities and Communities

A Literature Review

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Contents

Executive Summary	2
Background	2
Summary of Literature	5
Age-friendly Communities – A Review of Literature	9
Introduction	9
Ageing in place.....	9
The growth of age-friendly cities	11
The WHO’s Age-friendly Cities Program.....	14
Developing an age-friendly community	15
Good practice in designing an age-friendly city.....	17
Examples of good practice in developing age-friendly environments	25
The challenges of developing age-friendly initiatives	29
The process of becoming age-friendly	38
What next for the age-friendly movement?	43
Conclusion	44
Appendix 1: International Examples of Age-friendly Initiatives.....	45
Appendix 2: Age-Friendly & Related Initiatives in Australia	53
References.....	61

Executive Summary

Background

This report summarises the current literature on the development of age-friendly cities and communities around the world. The review was undertaken by the University of South Australia on behalf of the City of Unley to help inform its *Age Friendly Strategy*. The purpose of the review was to examine key literature relating to age-friendly cities and communities, to provide examples of best practice in implementation and to identify challenges that cities have encountered in developing age-friendly initiatives.

The research examined literature in peer-reviewed journals, documents from the World Health Organisation (WHO), reports of age-friendly initiatives in Australia and overseas and other grey literature relevant to age-friendly environments. The information presented here aims to distil best practice in the development of age-friendly cities initiatives, outline some of the challenges encountered and make suggestions for how the City of Unley, and other councils in South Australia, can effectively work towards becoming more age-friendly.

Age-friendly Communities in South Australia

Between 2011 and 2012 Dr Alexandre Kalache of the World Health Organisation took up the position as Thinker in Residence in South Australia. His report *The Longevity Revolution* outlined his vision for South Australia to become an age-friendly community. The State Government responded by publishing *South Australia's Communities for All: Our Age-friendly Future* which was produced in conjunction with Dr Kalache. The guidelines "will optimise efforts towards a sustainable and prosperous future where older people are at the forefront of our thinking, planning and design, policies and programs" (Government of South Australia, 2012, p 2). *South Australia's Communities for All: Our Age-friendly Future* consists of three guides: *Age-friendly South Australia – Guidelines for State Government*, *Age-friendly Neighbourhoods – Guidelines and Toolkit for Local Government* and *Age-friendly Living Guidelines for Residential Development*. Each of these guidelines mirrors the WHO's Age-friendly Cities Guide and Checklist and outlines respective practices that can be implemented locally. It is anticipated that this initiative "will build on existing innovation and collaborative approaches to active ageing that have been developed across various areas of local and state governments" (Government of South Australia, 2012, p 2).

In May 2014, the South Australian Government released *Prosperity through Longevity: South Australia's Ageing Plan – Our Vision 2014-2019*. This plan emphasises the value of older South Australians in all elements of the community, including families, the economy

and culture and is underpinned by a rights-based approach to ensure that older people are able to exercise personal choice in how they live their lives. The South Australian Government's vision is "to bring the community together to create an all-ages-friendly state" (South Australia Office for the Ageing, 2014a, p 5).

The City of Unley

Based on the latest census data, 22.2% of the City of Unley population is aged 60 or older, and over 30% of residents live in lone person households. The City of Unley is developing its new *Age Friendly Strategy* to replace the existing Ageing Strategy which expires in 2014. The new *Age Friendly Strategy* will focus on creating an Age-friendly City by supporting and encouraging positive and active ageing, where the city is accessible for everyone, promotes health and wellbeing and provides opportunities for connection and inclusion.

The City of Unley's new *Age Friendly Strategy* will incorporate the values, principles and definitions of the WHO's Age Friendly Cities and Communities initiative. To ensure that strategies are developed that meet the changing needs of the population as they grow older, consideration will also be given to:

- Addressing the predicted increase in the use of health care services;
- Preventing or mitigating loneliness which is considered a critical factor in maintaining wellbeing;
- Improving engagement with the elderly community to ensure they have the opportunity to have a say in Council's direction and be heard and considered in matters that interest and/or impact them; and
- Improving access to services, community facilities and the City's public realm to increase connectivity, inclusion and improved mobility.

The City of Unley is considered to be a leader in the local government sector for its ongoing commitment to creating a thriving, vibrant and liveable city that provides a high quality of life for all generations as they age. In 2012 the City of Unley was formally recognised as a member of the World Health Organisation's Global Network of Age-friendly Cities and Communities (GNAFCC). The GNAFCC initiative is aimed at developing urban centres around the world which are better places to live for the ageing population. This includes addressing both the environmental and social factors that contribute to positive, active and healthy ageing. The City of Unley is currently the only South Australian Council to receive this membership and one of only a handful in Australia. This achievement followed the City of Unley's active participation in, and commitment to, the 2011/12 Thinker in Residence program, featuring Dr Alexandre Kalache.

Rather than being a Council specific plan, the *Age Friendly Strategy* will be undertaken with a whole of City approach. In order to achieve this, a new *Age Friendly Alliance* will be established, consisting of key industry partners representing various interest and specialist groups within the area of ageing. This new Alliance will have a primary role in the development of the new *Age Friendly Strategy*. The Alliance will include key social, health care, aged care, education and transport agencies as well as research partners, all of whom have a key stake in age-friendly outcomes within the City of Unley. The selected partners will also have a primary role in providing services to support positive and active ageing and a key role in implementing the resulting actions and recommendations within the strategy.

University of South Australia

The University of South Australia (UniSA) is a globally-focused, locally-engaged institution that continues to be ranked among the top three per cent of more than 10,000 universities worldwide. With more than 33,000 students hailing from more than 100 countries, and in excess of 2,500 full-time equivalent staff drawn from 75 nations, we are the largest university in South Australia and offer programs designed with strong professional emphases, and in close consultation with industry.

Since its inception, UniSA has been committed to the value and relevance of the humanities and social sciences in helping society to set directions and solve problems. Through Strategic Research Partnerships we engage in collaborative research at the highest level, networking with the community, government and industry in a way that is making significant change for the better.

UniSA is committed to responding to one of the most pressing global challenges facing society – the ageing of the population. We are harnessing our significant research expertise and experience in this field and connecting researchers across disciplines to maximise the impact of our work in the communities that we serve. The university is the key research partner of the City of Unley and is working to develop its *Age Friendly Strategy* and plan for its implementation.

Summary of Literature

The ageing of the population is one of the most significant demographic trends in recent years. It is predicted that, globally, the proportion of people aged over 60 will double by 2050 to 22%, and a similar trend is expected to be seen in Australia. Far from being a negative development, the definition of what it means to be old is undergoing transformation as advances in health and technology revolutionise our lives. Never before in the history of human evolution have we lived for longer and in better health and it is predicted that this trend will continue. This, together with the increasing number of people who are living in urban areas, led to the WHO developing its Active Ageing framework to promote the principles of healthy and active ageing. Active ageing is “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002, p 12) and works across a number of domains, including health, participation, security and lifelong learning.

The needs of older people have changed

The perspective of active ageing maintains that older people can continue to live healthy, productive and fulfilling lives well into old age. Research in Australia and the US has also identified that people wish to remain living in their own homes and communities as they age. Ageing in place is therefore fundamental to active ageing as it enables older people to remain physically and socially connected to their communities. However, many urban environments were not created with an older population in mind. Instead, the large numbers of children being born after WWII led to the suburban sprawl reaching far out from urban centres. This has created multiple barriers for the older population who find that their homes, and their communities, are no longer suited to their changing needs. Barriers to ageing in place operate at multiple levels and can be related to the physical environment, infrastructure, services or social support systems. These may impact on people’s mobility or limit their social activities, their place of residence may become unsuitable or access to services and support may be restricted. Therefore, the design of communities and environments that support ageing in place can help to alleviate or minimise many of these barriers.

Policies and programs have become outdated

While the experience of growing older is changing, policies relating to ageing, development and planning have been slow to keep pace. Many existing policies, programs and models of funding are based on outdated notions of what it means to be old. As increasing numbers of older people wish to continue living in their existing communities, ageing policy needs to shift

from a focus on individual responsibility to one where the wider social and community context of ageing is considered. The traditional model of service provision, where older people are placed into institutional care, will no longer suffice for the growing numbers of older people who will enjoy good health for the majority of their later years. Attention therefore needs to be given to a broader policy framework that integrates aged service provision with elements of urban planning and development, neighbourhood infrastructure and the social and physical elements of communities. With growing numbers of older people living in community settings, a multi-disciplinary approach will be required that considers the impact of the environment and community infrastructure on older people and engages cross-sector collaboration to support people to age independently and healthily in their communities for as long as possible. In recent years, this has seen the emergence of the concept of 'age-friendly cities' which emphasises the role of communities in facilitating successful ageing in place.

The age-friendly cities and communities movement

The concept of an 'age-friendly' or 'elder-friendly' city has its roots in urban development frameworks that gained prominence during the 1990s and 2000's. These models included 'healthy cities', 'liveable cities', 'lifetime neighbourhoods', combined with concepts of universal design, accessibility and sustainability. The common theme in many of these initiatives is that the physical and social infrastructure has a considerable impact on the lives of older people. Poorly planned environments can have negative consequences for vulnerable populations but also for any person where the physical or social infrastructure is not fit for purpose. An age-friendly city is one that has appropriate housing, transport, physical infrastructure and social and civic frameworks that enable people to maintain participation in the community as they grow old. Being age-friendly also means that a community has reviewed and adapted its physical and social infrastructure to help older people age in place. However, it is not just older people who benefit. Active ageing is a lifelong process and younger people, together with those with limited mobility, disabilities or young families, will all benefit from communities that have accessible, safe and healthy environments.

An age-friendly city encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities (WHO, 2007a, p 1).

The WHO Age-friendly Cities project

While age-friendly development initially began as a planning response to the ageing population, it has more recently been adopted by the WHO as a way of bringing its Active Ageing Framework to life. In 2005, the WHO launched its Age-friendly Cities project in collaboration with 33 cities in developed and developing nations around the world. The project used a collaborative approach to gather information from older people, their carers and service providers to better understand the barriers and enablers that impact on the ability of cities to be age-friendly. Central to the research was to identify how the determinants of active ageing – a city's landscape, buildings, transportation system and housing – contribute to the mobility, health behaviours, social participation and self-determination of older people (Plouffe & Kalache, 2010). The result was the production of the *Global Age-friendly Cities: A Guide* and the *Checklist of Essential Features of Age-friendly Cities* to assist cities and communities to self-assess against a range of criteria across eight key domains:

- Outdoor spaces and buildings;
- Transportation;
- Housing;
- Social participation;
- Respect and social inclusion;
- Civic participation and employment;
- Communication and information; and
- Community and health services.

Since the launch of the Global Age-friendly Cities project, a number of cities and communities around the world have developed local age-friendly initiatives based on the WHO's approach. In keeping with the consultative process undertaken to develop the Guidelines, local projects are required to adopt a bottom-up participatory approach which actively involves older people in identifying and analysing the elements of their community that enable or challenge the city to be age-friendly (WHO, 2007a). In 2010, the WHO launched the Global Network of Age-friendly Cities and Communities, which now has over 200 cities in over 26 countries as formal partners in the project. Each city that becomes a member of the global network makes a five-year commitment to focus on developing an action plan to create age-friendly city initiatives based on a process of continuous improvement and the involvement of older people (WHO website).

Key elements of developing an age-friendly city

With the growing number of age-friendly initiatives being established, a body of good practice is becoming evident. Outside of the WHO framework and research protocol there is no universal agreed approach to developing an age-friendly city, however the literature yielded some useful perspectives. The essential elements of developing an age-friendly city have therefore been identified as:

- The ongoing engagement and involvement of older people
- A collaborative approach that engages multiple stakeholders
- Strong local leadership, driven by a key organisation
- A broad perspective to ensure initiatives are widely integrated into the community
- The presence of sound research evidence and evaluation processes

Challenges encountered on the path to age-friendliness

The development of age-friendly cities and communities has not been all smooth sailing, and the literature review found that several initiatives have reported encountering a number of challenges on the road to age-friendliness. These include:

- The engagement and management of stakeholders
- Limitations of the research method
- Issues relating to funding and sustainability
- Leadership and political support
- Demonstrating impact
- A narrow policy perspective

As the number of age-friendly cities and communities grow, so too does the evidence to support the adoption of age-friendly initiatives. The concept of age-friendly environments is extending to a range of domains including age-friendly workplaces, age-friendly businesses, age-friendly town centres, age-friendly colleges and universities – the list is growing. Applying an age-friendly lens to any element of society means that its features will be friendly for all ages. The age-friendly concept helps us to design communities that will not only support adults in the later years, but will support people of all ages and abilities. In other words, it will help us move towards creating communities that are equitable for all.

Age-friendly Communities – A Review of Literature

Introduction

The world's population is ageing at unprecedented levels. Globally, the proportion of people aged 60 years or older is predicted to double from 11% in 2006 to 22% by 2050 (Plouffe & Kalache, 2010). In Australia, it is estimated there will be an increase of those aged over 65 from over 2.4 million in 2011 to 5.8 million in 2031. South Australia is ageing at a faster rate than other mainland states; in 2011, 22.3% of the population was aged over 60 years, compared to a national average of 19.6% (Kalache, 2013).

This demographic change has significant ramifications for policy makers and professionals and is one of the global forces influencing the policy agenda of many countries (Everingham et al., 2010). Population ageing is often viewed negatively, with old age being associated with images of decline and frailty. However, the view of what it means to be old is being transformed as the cumulative effects of improvements in health, greater life expectancy and human development over the past century create opportunities that previous generations could not have ever imagined. Not only are we living longer and in better health in our older years, more and more of us are living in cities; in 2007, over half of the world's population resided in urban areas, and by 2030 it is predicted that three in five people will be a city resident of a (WHO, 2007a). These dual factors of increasing urbanisation and population ageing led to the World Health Organisation (WHO) launching its Active Ageing framework in 2002 to inform discussion around the principles of healthy and active ageing. The WHO defines active ageing as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002, p 12). The framework was initially applied to the domains of health, participation and security, with a fourth domain (lifelong learning) added more recently (Kalache, 2013). One of the priorities of the Active Ageing framework is to ensure that cities contain the structures and services required to support older residents to enable them to manage the social and physical changes that are associated with ageing (WHO, 2007a).

Ageing in place

Research undertaken by AARP in the United States showed that the majority of older people wished to remain in their own homes, if not their existing communities, for as long possible (AARP, 2010). Similarly an Australian study of dwelling use by older people also found that older people had a strong desire to remain in their own homes for as long as possible, for a variety of reasons (Judd et al., 2010). A study of baby boomers in South Australia revealed

that over half of both metropolitan and country respondents indicated they expected to remain in the same home at age 70, with over 70% expressing that they were 'very happy' with the area in which they lived (Edwards, 2012). This demonstrates the desire for people to age in place, that is, to continue to live in the location of their choice, even when their independence may be challenged by declining competence (Emlet & Moceris, 2012).

Many urban environments in the Western world were developed during the post-WWII period when the rapid increase in birth rates created demand for neighbourhoods that catered for the needs of young families with children. The baby boom precipitated the suburban sprawl, where neighbourhoods are dispersed over a large geographic area (Ball & Lawler, 2014). As cities grew, neighbourhoods were built further and further from city centres, necessitating increasing reliance on cars for day-to-day household tasks such as grocery shopping, visits to health and medical practitioners and to participate in community activities. These suburban environments are now proving increasingly unsuited to the needs of an ageing population and, instead, are creating barriers for successful ageing in place.

Barriers to ageing in place can operate at multiple levels and be related to the physical environment, infrastructure, services or social support systems. Poorly designed infrastructure and a lack of community-based services can prevent older people from maintaining health and independence (Keyes, et al., 2014). Older people may find that they are unable to change housing type without leaving the community or are prevented from being mobile once they no longer drive (Ball & Lawler, 2014). In addition, older people may experience barriers that isolate and limit their activities (Lui et al., 2009). Older people tend to spend a lot of time in their homes and immediate neighbourhoods which means they are more susceptible to changes to the environment or problems that their residence may pose. These can include urban hazards such as traffic congestion, access to public toilets or resting places, pedestrian safety, or the physical layout of homes which may limit their mobility or increase their risk of falls (Buffel et al., 2012; Golant, 2014).

The combined impact of global demographic change and growing urbanisation, together with discussions around active ageing and ageing in place, has influenced the conversation about age-friendly cities (Buffel et al., 2014; Golant, 2014; Lui, et al., 2009). There is a growing realisation that changes are needed to ensure communities can meet the needs of the increasing numbers of older people. Many existing policies, programs and models of funding for older people are based on outdated notions of what it means to be old (Ball & Lawler, 2014) and current social policy and individual expectations are often based on a view of the 'typical' life course that is no longer relevant (Kalache, 2013). This is slowly changing, with ageing policy in Australia and other western nations moving from a focus on

issues of the dependence and frailty of older people towards those that support active ageing and ageing in place, as well as on the prevention or delay of placing older people into institutional care (Warburton et al., 2011; Scharlach & Lehning, 2013). These policy changes are often driven by the rationale that supporting older people to live in the community for as long as possible is both economically and socially beneficial and that providing care within the home is less expensive than in residential facilities, thus reducing governments' financial responsibilities (Judd et al., 2010; Golant, 2014; Lui et al., 2009; Scharlach & Lehning, 2013).

However, despite the influence of the physical and social contexts of neighbourhoods on older people's ability to age in place, most public policy and service provision for older people tends to emphasise individual responsibility, rather than considering the wider societal contexts and communities in which older people live (Scharlach & Lehning, 2013; Clark & Glicksman, 2012). Policy relating to older people is strongly focused towards service provision rather than having a broader view that considers the changing needs of people in later life (Parliament of Victoria, 2012). At the same time, health care spending continues to increase, yet investment in neighbourhood infrastructure that can promote healthy living has decreased (Ball & Lawler, 2014). The growing numbers of older people in the community will mean that traditional services for older people will no longer be sufficient. What is required is a multi-disciplinary approach that enables collaborative community planning and development that improves the physical and social environments to support peoples' ability to remain independent and healthy in their communities for as long as possible (Clark & Glicksman, 2012; Keyes et al., 2014; Lui et al., 2009). This has been happening in recent years, with initiatives such as the WHO's Age-friendly Cities program placing emphasis on the role of communities in facilitating successful ageing in place.

The growth of age-friendly cities

The origins of the age-friendly cities and communities movement has been traced to models of urban development that emerged during the 1990s and early 2000s with concepts around universal design, accessibility, healthy cities, liveable communities, sustainable cities, lifetime neighbourhoods and ageing in place (Buffel, et al., 2012; Plouffe & Kalache, 2010). At the same time, the policy initiatives launched by the WHO such as the Active Ageing Framework, led to renewed interest in the impact of urban environments on older people. There has been a growing trend towards elder friendly community development in recent years, particularly in the US (Plouffe & Kalache, 2010) and a number of initiatives have been developed around age-friendly philosophies. Some models focus on the physical infrastructure of communities and the built environment, such as the AdvantAge Initiative

and the National Association of Area Agencies on Aging (N4a) in the United States. Others concentrate on the promotion of social inclusion and participation, such as the Lifetime Neighbourhoods model in the UK (Lui et al., 2009). Many of these initiatives have a close overlap with the themes of an age-friendly community, meaning that they are communities that can be friendly for all ages (Fitzgerald & Caro, 2014). While there is no universally accepted definition of what constitutes an age-friendly city, the various initiatives share the principle that the physical and social environment has an impact on the lives of older people (Menec et al., 2011). The notion of age-friendliness is also linked to a wider debate about rights and citizenship. The concept of 'rights to the city' is an important consideration and asserts that all residents have the right to participate in decision-making about the production and use of space in a city, as well as full access to public space in a city (Buffel et al., 2014).

An age-friendly community promotes healthy ageing through the existence of appropriate housing, transportation options and neighbourhoods where older people can maintain an active and healthy lifestyle (Ball & Lawler, 2014). Fundamental to the age-friendly concept is that multiple elements of the natural, built and social urban environment impact on older people in terms of enabling them to remain active, productive and engaged within their community for as long as possible (Plouffe & Kalache, 2010; Fitzgerald & Caro, 2014; Scharlach & Lehning, 2013; Menec et al., 2011). Age-friendly communities share several characteristics including enabling individuals to continue to be engaged in activities and interests, ensuring those with disabilities have the support they need to have their basic health and social needs met, and facilitating older people to develop new sources of fulfilment and engagement (Lehning, 2014). Health and wellbeing in later life is closely related to the environment in which one resides, with the physical components of communities having a significant impact on older peoples' mobility, independence and quality of life and their ability to age actively (Plouffe & Kalache, 2011; Ozanne et al., 2014; Fitzgerald & Caro, 2014). Older people also need adequate systems and support such as housing, health and social care services (Fitzgerald & Caro, 2014). Making a community more age-friendly therefore involves adapting both physical and social environments to enable older people to meet their requirements while continuing to live in the locality with which they are familiar. Modifications may include the creation of opportunities for social interaction, land use design that facilitates social contact and reduces dependence on cars, affordable and accessible housing that enables older people to remain in familiar neighbourhoods and a variety of transportation and mobility options (Scharlach & Lehning, 2013).

According to the WHO:

An age-friendly city encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities (WHO, 2007a, p 1).

The concept of age-friendly cities and communities has been identified as a way of addressing the needs of a growing older population and has become central to the notion of ageing in place (Emler & Moceris, 2012; Kalache, 2013). It has also contributed to raising awareness about the importance of planning and managing urban environments to address the challenge of population ageing (Buffel et al., 2012; Lui et al., 2009). Age-friendly initiatives have also been credited with shifting the focus away from issues relating to individual outcomes around health and long-term residential care to the recognition that the social and physical environment, such as neighbourhood design, infrastructure and conceptions of place, have a significant impact on older people (Glicksman et al., 2014; Ozanne, et al., 2014; Smith et al., 2013; Neal et al., 2014). Furthermore, active ageing is a lifelong process and, as a result, the development of an age-friendly city also benefits other groups, such as younger people and people with disabilities (WHO, 2007a; Fitzgerald & Caro, 2014; Menec et al., 2014). In the discussion of age-friendly communities, it is also important to note that the whole experience of growing older is changing. Not only are people living longer, they are also healthier than previous generations and are reinventing what it means to be 'old'. The baby boomer population, who are currently reaching retirement age, have been at the forefront of considerable economic, social and cultural change and it is expected that they will continue to do so. Not only will the baby boomers redefine what it means to experience old age, they will also redefine what it means to be retired and are likely to continue to have active roles in their families and their communities (Kalache, 2013). It is therefore important that this group is actively involved in the creation of communities that cater to the needs of an ageing population. The WHO's Age-friendly Cities framework facilitates this by utilising a collaborative approach that engages older people, their carers and service providers to identify age-friendly features and barriers of a community.

The WHO's Age-friendly Cities Program

The WHO's Age-friendly City Project was developed by Alexandre Kalache (former Adelaide Thinker in Residence) and Louise Plouffe of the WHO and launched at the 18th IAGG World Congress of Gerontology and Geriatrics in Rio de Janeiro, Brazil in June 2005. Between September 2006 and April 2007, 33 cities from all continents participated in a WHO research project to explore the elements that make up an age-friendly city with each city conducting focus groups with older people, their carers and service providers (WHO, 2007a). From the extensive information obtained from the research, the WHO produced the *Global Age-friendly Cities: A Guide* and the *Checklist of Essential Features of Age-friendly Cities* to assist cities and communities to self-assess against a range of criteria across eight key domains. These are (WHO, 2007a):

- *Outdoor spaces and buildings*: the outside environment significantly impacts on the mobility, independence and quality of life of older people and affects their ability to age in place.
- *Transportation*: accessible and affordable transportation enables older people to move around a city and influences social and civic participation and access to community and health services.
- *Housing*: appropriate and affordable housing influences the independence and quality of life of older people and enables them to age safely within the community.
- *Social Participation*: having opportunities to participate in leisure, social, cultural and spiritual activities in the community, and within the family, allows older people to exercise their competence, enjoy respect and esteem and to build and maintain relationships.
- *Respect and Social Inclusion*: creating environments where older people are respected, recognised and included in the community and the family.
- *Civic Participation and Employment*: ensuring older people have the opportunities to continue to contribute to their communities through paid work or volunteering and to be engaged in the political process.
- *Communication and Information*: supporting older people to stay connected with events and people and have ready access to relevant information in a variety of forms.
- *Community Support and Health Services*: having access to health and support services that are affordable, of good quality and appropriate is vital for older people to maintain health and independence in the community.

In developing an age-friendly city, the WHO advocates a bottom-up participatory approach to enable older people to identify the issues that most affect them and to exercise influence over policy. This approach has been recommended by the United Nations as a way of 'empowering older people to contribute to society and to participate in decision-making processes' (WHO, 2007a). Therefore, the WHO expects that communities that participate in the Age-friendly Cities Project will involve older people as partners at all stages, from assessing their city's strengths and gaps, to the development, implementation and monitoring of initiatives, as well as acting as advocates and advisors on age-friendly issues. Since the launch of the WHO guidelines, the WHO model of age-friendly cities has been applied by city, state and municipal governments and civil society organisations in several countries (Plouffe & Kalache, 2011). In 2010, the WHO launched the Global Network of Age-friendly Cities and Communities to support cities and communities that want to develop age-friendly initiatives. The network now has over 200 cities in 26 countries across all continents that are formal partners in the project. Each city that becomes a member of the global network makes a five-year commitment to focus on developing an action plan to create age-friendly city initiatives based on a process of continuous improvement and the involvement of older people (WHO website). In some locations, the WHO age-friendly initiative has been taken up by individual communities. However several countries, such as Canada and Ireland, have taken a much wider perspective and adopted a whole of country approach (See Appendix 1).

Developing an age-friendly community

The Vancouver Protocol

Establishing an age-friendly city requires a comprehensive assessment of the various elements that make up a city's physical and social infrastructure. The WHO focus group research utilises a standardised method to assess the age-friendliness of communities and identify issues that need to be addressed. This protocol was ratified at a workshop of participating cities in Vancouver in 2006 and subsequently became known as the 'Vancouver Protocol' (Plouffe & Kalache, 2010). The Vancouver Protocol is underpinned by a rigorous qualitative research method that ensures the research and data analysis meets scientific and ethical standards. This utilises a bottom-up participatory approach that starts with the lived experience of older people to identify the age-friendly features of a community and where improvements can be made. The views of older people are then combined with the knowledge and expertise of service providers to develop a comprehensive picture of a community's age-friendliness and become the starting point for action. The approach also involves developing a community profile that outlines the context of the community and

identifies the key geographic, demographic, social and economic features of the community (WHO, 2007b). Many of the members of the WHO Global Network of Age-friendly Cities and Communities have used the Vancouver Protocol to review their age-friendliness, while others (including Ireland, Quebec and New York City) have adapted the research protocol to fit their own requirements.

Undertaking the focus group research is just the start of the move towards becoming more age-friendly. Cities that join the WHO’s Global Network of Age-friendly Cities and Communities are required to commit to a five-year cycle of continually assessing and improving their age-friendliness over four stages (see Figure 1):

- Stage 1: Planning (Year 1-2)
- Stage 2: Implementation (Year 3-5)
- Stage 3: Progress evaluation (end of year 5)
- Stage 4: Continual improvement

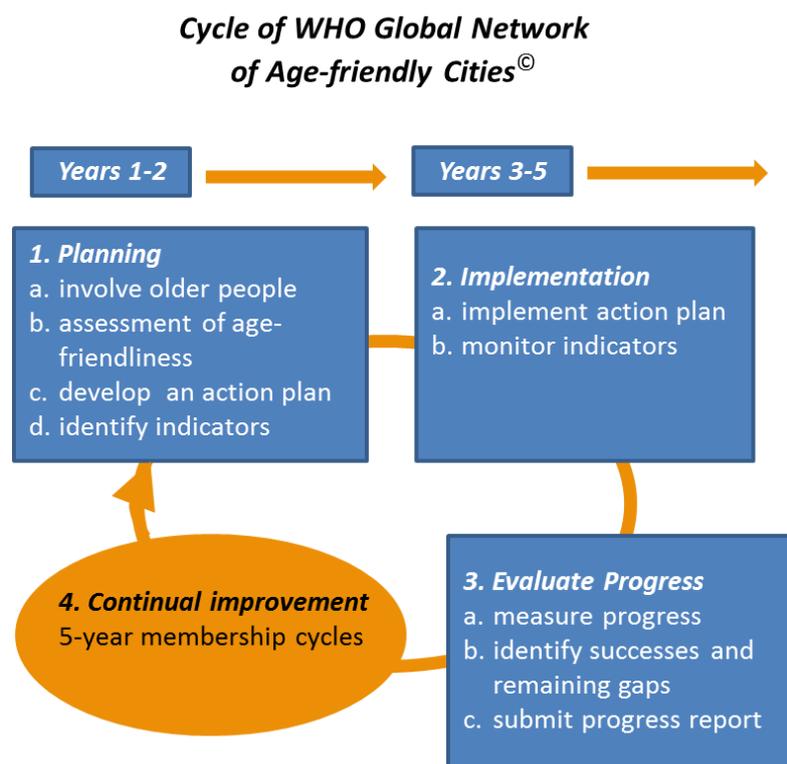


Figure 1: WHO Global Network of Age-friendly Cities Planning Framework

Good practice in designing an age-friendly city

With a growing number of cities and communities adopting an age-friendly approach, there is increasing evidence of good practice. Although this is not universal, there are some innovative practices emerging which demonstrate how a multi-disciplinary approach to developing an age-friendly city can work (Ball & Lawler, 2014). It should be noted that the WHO age-friendly framework is designed to act as a guide and not as a prescriptive recipe for success. The sheer diversity of cities and communities around the world mean that local initiatives need to adapt the framework to suit their own particular circumstances. For example, recognising the need for guidelines that support age-friendly initiatives in rural areas, Canada has developed the Age Friendly Rural and Remote Communities Guide based upon the WHO Age-friendly Cities framework (Menec et al., 2011).

The literature review has found examples of what has been seen to work well in developing their age-friendly strategies, in addition to where challenges have been encountered. The essential elements of developing an age-friendly city have been identified as:

- The involvement of older people
- A collaborative approach
- Local leadership
- An integrated perspective
- Robust monitoring and evaluation

Involvement of Older People

The lived experience

Older people are rarely given much consideration in the planning and development of neighbourhoods and communities (Buffel et al., 2014; Alley et al., 2007). The WHO Age-friendly Cities framework emphasises the importance of ensuring that older people are consulted throughout the development and implementation of initiatives and are involved as partners at all stages of the project. The WHO guidelines emphasise that, in assessing a city's strengths and gaps, older people can draw on their own experiences, provide suggestions for change and be involved in enhancing the city's age-friendly features. Enabling older people to have a central role in defining and activating the key age-friendly elements of their communities ensures that older peoples' perceptions and experiences are used as a starting point for developing age-friendly initiatives (Lui et al., 2009; Everingham et al., 2010). The 'lived experiences' of older residents can then be used to guide the self-assessment for a city and act as a tool for community advocacy (Plouffe & Kalache, 2010).

Older people have a range of skills and knowledge which they can bring to the establishment of age-friendly initiatives and should be considered as key actors in urban development (Buffel et al., 2012). This bottom-up approach ensures that essential information about a community can be gathered, and then analysed, by decision-makers to help develop age-friendly initiatives. It also ensures that older people continue to play a central role in monitoring the progress of the city's age-friendly initiatives and acting as advocates and advisers (WHO, 2007a).

Consult and engage widely

It is important to remember that older people are not a homogenous group and are very diverse in terms of cultural background, socio-economic status, attitudes, health and functional abilities (Buffel et al., 2012; Menec et al., 2011). In developing an understanding of a city's age-friendliness, it is necessary to consult with a wide cross-section of a city's older population. In addition to engaging older people from a diverse range of backgrounds, it is also important that the views of younger people such as baby boomers, for whom older age is approaching, are also considered (Emlet & Mocerri, 2012). There are a variety of ways in which older people have been involved in developing age-friendly initiatives. Lui et al. (2009) found that some communities have undertaken extensive research on older people and consulted and engaged widely through focus groups, meetings, interviews or surveys. Others have taken this further and involved older people as active participants by supporting them to lead and facilitate community development activities.

A Collaborative Approach

Engage a range of stakeholders

As well as involving older people in the identification and development of age-friendly initiatives, a bottom-up approach facilitates a collaborative process that engages a range of stakeholders across multiple disciplines. The responsibility for supporting people to age in place lies with a number of entities including planning departments, ageing services, transportation agencies and health departments (Lehning, 2014). An ageing population needs a multi-sector, cross-disciplinary approach that sees professionals from the ageing field collaborating with colleagues in other disciplines (Clark & Glicksman, 2012). The development of age-friendly initiatives therefore requires partnership with a variety of stakeholders from different sectors such as service providers, the voluntary sector, private sector organisations, carers, citizens' groups, as well as older people themselves, working in collaboration with local government leaders (Lui, et al., 2009; Keyes et al., 2014, Everingham et al., 2011; Warburton, et al., 2011; Lehning, 2014). Collaborative

approaches are seen as an important way of identifying the common themes of various stakeholders, as well as aligning the vision of an age-friendly city with the strategic priorities of other partners. This enables the various partners to share resources, leverage funding and progress initiatives as well as consider the needs of a wide cross section of the community (Keyes et al., 2014; Menec et al., 2014).

Building elder-friendly communities requires a more integrated perspective that coordinates health, housing, and transportation services and bridges the gap between social services and the built environments. Creating policies that encourage elder-friendly community planning and development requires a paradigm shift, integrating the aging network with the disability network, bringing planners and service providers together, and opening and sustaining dialogues between public agencies and private businesses. (Alley et al., 2007, p 10)

Form a local advisory group

The research found that the coordination of age-friendly initiatives by a local advisory group is often pivotal to the success of the project as it helps to guide and inform the project, maintain commitment of the various partners, represent the views of a variety of stakeholders, and disseminate information (Menec et al., 2014; Keyes et al., 2014; Garon et al., 2014). In Canada the Public Health Agency, which is leading the age-friendly agenda across the country, considers the establishment of a local advisory committee as one of the key milestones for local initiatives (Menec et al., 2014). Menec et al. studied a number of age-friendly initiatives in Manitoba, Canada, and found that the more successful projects were those that had local committees with diverse membership, including local elected members, older people, seniors' organisations, local government employees, non-profit organisations and business. Projects were also more successful if the committees were well-organised, met regularly and had a clear understanding of their role (Menec et al., 2014). In Ireland, a central feature of the Age Friendly Cities and Counties Programme is the formation of a County Alliance comprising representatives from various government agencies, older people, service providers and businesses (Ageing Well Network, 2012).

Local Leadership

A lead organisation is vital

The engagement of a wide variety of stakeholders requires strong leadership and coordination and it is important that age-friendly initiatives have a lead organisation that can engage stakeholders, undertake community assessments and provide continuity throughout the implementation of projects (Alley et al., 2007). A theme strongly repeated throughout the

research is that local government is ideally placed to take on a key leadership role in creating an age friendly framework and in coordinating the activities of a variety of stakeholders (Alley et al., 2007; Buffel et al., 2014; Lui, et al., 2009; Keyes et al., 2014; Lehning, 2014; Menec et al., 2014; Garon et al., 2014). The role of local government is seen to be unique due to its established involvement in strategic planning, transport management and coordinating health and social care services (Lui et al., 2009) and its responsibility for planning, regulation, coordination of services and infrastructure within communities (Everingham et al., 2010). In addition, creating an age-friendly community often means targeting a number of elements of the physical environment, which requires the involvement of local government to progress the necessary infrastructure enhancements (Scharlach et al., 2014). A recent parliamentary inquiry in Victoria highlights the importance of local government in responding to the ageing population in Australia, noting its wide scope and remit. The inquiry suggests that local government has a key role in supporting programs that connect local communities and has called upon the Victorian Government to support local government authorities to join the WHO Global Network of Age-friendly Cities (Parliament of Victoria, 2012). As Australian policy shifts towards the encouragement of local communities to become more involved in issues that impact on them, there is also a clear role for local government to build community capacity and support local initiatives (Warburton et al., 2011). In addition, the development of good personal relationships is vital to successful collaboration and local government can be a significant influencer in framing those relationships and modelling engagement (Everingham et al., 2011).

Examples of local government leadership

This literature review examined examples of existing age-friendly initiatives and found that projects were more likely to succeed where there was strong local government support. For example, a comparative study of Brussels and Manchester found that leadership and coordination by local authorities was a key factor in the progress of both cities' age-friendly initiatives (Buffel et al., 2014). The Irish Age-Friendly Counties Programme, while coordinated by County Managers, relies on the significant support of local authorities in partnership with a range of other stakeholders (Ageing Well Network, n.d.). A comparative analysis of two communities in Quebec found clear evidence of the importance of the support of local authorities in the success of age-friendly initiatives. In one community, where there was strong municipal leadership in the project steering committee and a collaborative approach to partnership, the project was able to occupy a strategic position in the municipal structure. In addition, the initiative's action plans were more fully integrated into the agenda of municipal services, the priorities of community organisations and the practices of health and social services. In contrast, the project structure of the other community mainly

consisted of civil society organisations, had limited involvement of other stakeholders and focused predominantly on social participation, rather than all of the WHO's recommended eight domains. This limited the project's reach and depth significantly and, as a result, was unable to influence, or gain support and endorsement from, the local municipality and, subsequently, the project was not sustainable (Garon, et al., 2014).

An Integrated Perspective

A broad view helps embed age-friendly practice

Another element of good practice in developing an effective age-friendly strategy is ensuring that an age-friendly perspective is integrated within multiple elements of a community's physical and social infrastructure. Engaging stakeholders from multiple disciplines and reviewing the age-friendly features of a community will address this to some extent. However, applying an age-friendly lens requires a more joined-up approach and includes considerations such as supporting local businesses to review their age-friendliness and encouraging partner organisations and the local council to ensure their policies, procedures and practices have an age-friendly perspective. The literature review identified several examples of initiatives that have adopted a broad, integrated approach to their age-friendliness. For example, when embarking on developing its age-friendly initiative, the New York Mayor's Office undertook an assessment of the age-friendliness of programs and services provided by government agencies in the city, held meetings with heads of key agencies and conducted seminars to promote active ageing and universal design. Age-Friendly New York has also established the Age-Friendly Business Initiative that provides education and information to businesses about how to support older people and encourage their patronage (City of New York, 2009). New York has also introduced the concept of 'Aging Improvement Districts' which focuses on harnessing the support of local people to work together with community leaders to implement solutions to issues that challenge particular neighbourhoods (Age-Friendly NYC, 2012). In Ireland, the Ageing Well Network sponsored the placement of planners in eight towns and two cities to work with local stakeholders to identify how their towns could become more age friendly. The Age Friendly Towns initiative informed the production of a guide for planners and identified three ways that age-friendliness could be embedded in policy: through key themes or values in the corporate plan; as a policy with supporting objectives in the development and area plan; and by using a checklist to assist with development and forward planning (Ireland's Age Friendly Cities and Counties Programme, 2013).

Collaboration across sectors and generations

Age-friendly initiatives claim to work best when a multi-disciplinary approach is taken. The Age-friendly Philadelphia utilised the United States EPA Aging Initiative which combines smart growth and active ageing. This approach integrates concepts from the fields of ageing and regional planning, which is vital for improving the physical and social environment for older people and necessitates collaboration between professionals who are not traditionally involved with ageing services (Glicksman et al., 2014). Age-friendly Philadelphia attributes its success to professionals from the ageing field collaborating with those from other sectors such as city planning, environmental advocacy and transportation policy whose work has an impact on older people.

Age-friendly Philadelphia has also embraced an intergenerational element with the establishment of GenPhilly, which is a peer-led network of young leaders, representing a variety of disciplines, who work towards creating age-friendly environments and incorporating knowledge about older people into their professional lives (Clark & Glicksman, 2012). Initiatives such as GenPhilly highlight the vital role that younger people have in helping to create age-friendly communities. Not only are younger people working in professions that support the older generation, they are also the older people of the future. This program recognises that younger people are central to the creation of environments that are good places to grow old in.

Another collaborative approach engages older people in projects that support younger people. In 2003, a partnership between the Intergenerational Center at Temple University and the Arizona Community Foundation piloted the Communities for All Ages (CFAA) initiative. This is a national model that promotes a 'vision, a lens and framework for creating communities that are good for growing up and growing older' (Brown & Henkin, 2014, p.63). The CFAA model brings together organisations representing a diverse range of people of all ages to engage them in initiatives that have a benefit for multiple populations, for example older people mentoring younger people which promotes healthy ageing as well as supporting educational outcomes for children. Outcomes from the CFAA model indicate that a community building approach that supports all generations can be of value to existing age-friendly initiatives, and help encourage younger people to invest in issues that impact on older residents (Brown & Henkin, 2014).

Research and Evaluation

Sound research is essential

The development of age-friendly cities initiatives relies on the use of a qualitative research process to capture, distil and disseminate the views of various stakeholders. The research strategy recommended by the WHO to review a community's age-friendliness uses robust methods to select, recruit and interview participants, analyse data, prepare a report of findings and report these to focus group participants. Cities that become a part of the WHO Age-friendly Cities Global Network also make a commitment to a cycle of continuous improvement over a five year period. To join the Network, cities and communities have to undertake the following:

- Establish ways to involve older people in all stages of the process and build partnerships with various groups including non-government organisations and academic institutions.
- Undertake a comprehensive baseline assessment of the age-friendliness of the community, considering each of the eight domains outlined in the WHO Age-friendly Cities Guidelines.
- Develop a three-year city-wide action plan based on the findings of the assessment. This plan should be linked with other policies and plans within the municipality to ensure age-friendliness is embedded as a core responsibility in all departments.
- Identify indicators to monitor progress against the action plan (WHO, website).

Partnerships with universities or research centres

The development of partnerships with universities or research bodies has been an essential feature of the success of age-friendly initiatives (Menec et al., 2014; Plouffe & Kalache 2011). Working with researchers can ensure the establishment of sound evaluation frameworks which help to demonstrate the impact and value of age-friendly initiatives (Glicksman et al., 2014). Collaboration with universities can facilitate access to resources to help undertake background research, such as the approach taken in Portland where students were involved with survey design, data collection and participatory workshops (Neal et al., 2014). In Canada, several provinces have developed partnerships with academics and universities who have been able to provide advice and expertise to communities to ensure a consistent approach is adopted, good practice is followed and evaluation frameworks developed (Plouffe & Kalache, 2011). In establishing age-friendly initiatives across Manitoba, Canada, a partnership between the University of Manitoba and the province's Seniors and Healthy Ageing Secretariat was vital in providing research support to enable many

communities to undertake their community consultations (Menec et al., 2014). Through the provision of a grant from the Social Sciences & Humanities Research Council of Canada, Manitoba has also been able to trial innovative research methods such as Photovoice (Plouffe et al. 2012). In New York, the age-friendly cities project was carried out by the New York Academy of Medicine in consultation with the Mayor's Office and several non-government organisations. This year-long research project used an extensive consultative approach to gather information including community forums, focus groups, one-on-one interviews, expert roundtables, and a feedback questionnaire (New York Academy of Medicine, 2008).

In the Age-friendly Philadelphia initiative, both policy/planning and research is undertaken by the same organisation – the Philadelphia Corporation on Ageing (PCA) which is the Area Agency on Aging for Philadelphia. Researchers utilise a 'dynamic research model' where policy and planning continually influence one another rather than policy being developed as a result of the research. As policy is influenced by a number of factors that can change, such as political changes, new government initiatives or funding, researchers need to be able to adapt the research to take into account the changing environment. Therefore, it is a model of 'planning and policy supported by research', rather than being research driven (Glicksman et al., 2014). In Portland, the Age-friendly Portland initiative was developed in partnership with the Institute of Aging at Portland State University. This project has developed into a university-city-community partnership that utilises research and long-term planning to create an age-friendly city (Neal et al., 2014). In the UK, the UK Urban Ageing consortium was established in 2012 as three-way partnership between Keele University, the Beth Johnson Foundation (a not for profit organisation) and the Valuing Older People team at Manchester City Council. The consortium utilises the expertise of the three partner organisations to progress learning about age-friendly cities and to advance research practice and debate about ageing in cities (UK Urban Ageing Consortium, 2013).

Involve older people as researchers

In some locations, older people have been engaged to undertake the background research for age-friendly initiatives. In Belgium, the Belgian Ageing Studies (BAS) is a participatory action research project that collects extensive data on older people, using older volunteers as researchers. The research measures the living conditions and quality of life of older people, and older people are both participants and actors in the research process. This project was initiated by the Belgian government which requires all local governments to develop a local senior policy plan for citizens aged 60 and over, based on the principle that older people should be involved in developing, executing and evaluating local policy. In each

location, the research is coordinated by a volunteer supervisor, supported by the BAS research team, whose role is to coordinate the steering group and recruit and train other volunteers to undertake the research process (De Donder et al., 2013). A similar approach was carried out by Kilkenny in Ireland as part of its age-friendly program. To conduct a baseline study of older people, the regional manager trained 27 older people as volunteer researchers who undertook face-to-face interviews in 500 homes across the county, receiving a small payment for each interview conducted (Walsh & Harvey, 2012).

Examples of good practice in developing age-friendly environments

Canada

Canada has been a key supporter of the Age-friendly Cities project, with the Public Health Agency identifying it as part of its federal public health agenda and providing funding to the WHO to undertake the research project (Plouffe & Kalache, 2011). The age-friendly community framework has now been adopted by many provinces in Canada as part of their public health model (Golant, 2014). Of the ten provinces in Canada, eight have implemented age-friendly initiatives, with over 560 communities adopting age-friendly principles – 316 of which are in Quebec (Plouffe & Kalache, 2011). In recognition of the fact that age-friendly features are also important to rural and remote communities, Canada launched an Age-Friendly Rural/Remote Communities project which was jointly sponsored by the federal and provincial governments. The roll-out of the project followed the same protocols as the WHO guidelines, utilising a consultative approach, and resulted in the production of a guide for developing age-friendly initiatives in rural areas (Menec et al., 2012).

The Canadian model utilises a standard set of criteria, or ‘milestones’ that the federal, provincial and municipal partners have agreed on. Communities that commit to being age-friendly must demonstrate that they are undertaking the following: (i) formally engaging municipal governments; (ii) involving older adults as integral members of community advisory groups; (iii) preparing and publicising action plans based on local assessment of baseline ‘age-friendliness’ in the eight WHO domains; and (iv) reporting publicly on progress in achieving their action plans. These milestones also form the basis of an age-friendly recognition program coordinated by the Public Health Agency (Plouffe & Kalache, 2011). For further information on Canada’s approach, see Appendix 1.

Ireland

Ireland has also adopted a whole of country approach with its Age-Friendly Cities and Counties Programme (AFCC). County Louth piloted the initiative, developing its Age Friendly

Strategy in 2008, with additional counties joining the program in 2009. The AFCC initiative is coordinated by the Ageing Well Network through funding received from Atlantic Philanthropies (Ageing Well Network, 2012). Ireland's AFCC is affiliated with the WHO Global Network of Age-friendly Cities and Communities and its overarching goal is that "every county in Ireland will be a great place in which to grow old" (Ageing Well Network, n.d.). The programme currently operates in 18 counties in Ireland, encompassing the country's four regions. Each initiative is tailored to address the specific needs and priorities of individual counties, however there are several common elements among them: the use of existing resources and minimal new expenditure; the adoption of a collaborative and person-centred approach; and being mindful of the sustainability of initiatives (Ageing Well Network, 2012). Each county initiative consists of a core infrastructure which includes:

- County Alliances, which are chaired by the County Manager and comprised of decision-makers from the key public, private and not for profit agencies. Members include the local authority, the Health and Safety Executive, police, Vocational Education Committee/University partners, the community and voluntary sector, carers groups and the three chairs of the county forums - Older People, Service Providers and Business of Ageing.
- Older People Forums, which are made up of representatives of local older people's organisations, as well as involving individuals via public forums.
- Service Provider Forums, which bring together all organisations that provide services to older people in the county.
- Business of Ageing Forums, which raise awareness amongst the business community about older people's needs, preferences and behaviours.
- The Consultation Process, which is extensive and held in each county to identify the key priorities for the local strategy.
- The County Strategy, which is developed by each County Alliance, with the support of the Regional Age-Friendly Counties Programme Manager, and outlines the programme's initiatives and targets (Ageing Well Network, 2012).

At the national level, a National Implementation Group brings together senior policy makers together with representatives from the Health and Safety Executive (HSE), the Gardai (police), Local Authority Managers and the Ageing Well Network to provide strategic support for the programme. There is also a National AFCC NGO Forum that enables individual not for profit organisations to utilise their collective voice to influence the program (Walsh & Harvey, 2012). Each County Alliance is responsible for ensuring the coordination of initiatives across agencies and managing the implementation of the Age Friendly Strategy,

and is embedded into the local infrastructure through the County Development Board (Ageing Well Network, 2012). It has been reported that, as a result of the Age-Friendly Cities initiative, several councils have seen a significant improvement in the coordination of services for older people between voluntary and statutory providers, as well as within statutory services “as a result of the neutral, level playing field established by the age friendly county structures” (Walsh & Harvey, 2012, p 9). For further information on Ireland’s approach to developing age-friendly communities, refer to Appendix 1.

New York

Age-friendly New York City was launched in July 2007 as a partnership between the New York City Mayor’s Office, the New York City Council and the New York Academy of Medicine (NYAM). Adapting the WHO model, the objective of the project was to assess the city from the perspective of older residents. In particular, the overarching question was “to what extent are the city’s services, settings, and structures inclusive of and accessible to older people with varying needs and capabilities?” (New York Academy of Medicine, 2008, p6). NYAM convened a steering committee of local policymakers, service providers, community leaders, researchers, and older residents to advise on the design and implementation of the assessment, the analysis, and the dissemination of results and to connect to other efforts addressing ageing in New York.

The information gathering process involved:

- Community forums with older adults facilitated by NYAM staff. Nearly 1500 people and their caregivers participated. Several forums were conducted in other languages, and others were translated;
- Focus Groups: six focus groups were held, in conjunction with community partners, to capture the views of under-represented groups such as migrants, isolated older adults and those living in poverty. NYAM also gauged the view of grandparents who had primary parenting responsibilities for grandchildren, people living with HIV, and formerly homeless people;
- Interviews: One-on-one interviews were conducted with older immigrants, predominantly in Spanish;
- Constituent Feedback Forms: At the community forums a questionnaire was provided to attendees to rate various aspects of their local community and their impact on the wellbeing of older residents. Forms were also available online and distributed to community organisations;
- Expert roundtables: The New York City Council and NYAM convened roundtable discussions on seven topics with local experts and key leaders, chaired by a

community leader, to identify the impact of these elements on older people. The topics were business, housing development, civic engagement, transportation and outdoor spaces, tenant rights, social services, and health;

- Data mapping: NYAM's Centre for Urban Epidemiologic Studies and the Columbia University Built Environment and Health Project created maps describing NYC older residents and the environments in which they live, providing a visual understanding of local communities;
- Request for Information: NYAM issued a 'request for information' to hear from stakeholders about the policy and regulatory changes needed to make the city more age-friendly;
- Self-assessment of city agencies: As part of the 'City for All Ages' project, the Mayor's Office requested all 22 city agencies to assess the age-friendliness of their agencies using a modified version of the WHO protocol;
- Secondary Research: NYAM conducted a literature review and studies about the needs, experiences and characteristics of older people in NYC and local, national and international ageing trends;
- Website: A project website was developed to share information and engage project partners (New York Academy of Medicine, 2008).

In 2010, the Age-Friendly NYC Commission was formed as a public-private partnership to leverage resources from the private sector to advance age-friendly initiatives. To date, progress has been in the three areas that older adults saw as a priority: age-friendly business; age-friendly schools, colleges and universities; and neighbourhood transformation through Ageing Improvement Districts (Age-Friendly NYC, 2012). For more information on Age-Friendly NYC, see Appendix 1.

Manchester

Manchester's approach to its ageing population precedes the WHO Age-friendly City programme. Its Valuing Older People (VOP) initiative was established in Manchester in 2003 which aimed to improve the quality of life of older people, particularly those living in disadvantaged areas (Manchester City Council, 2012). The VOP partnership is based in the Council's Chief Executive Department and works closely with a forum of older residents who hold the team accountable for their work, as well as partners from a range of agencies and community groups. The VOP team also includes research, program management and community development functions and its approach is characterised by:

- high level political and chief officer support;

- a central team developing capacity and expertise;
- a citizenship perspective on engagement rather than one based on the 'deficit model' of ageing - creating a community of interest in ageing issues across the city;
- a strong communication strategy focused on positive images;
- seeing older people as leaders, not passive participants in consultation events;
- community anchored approaches, building from the ground up;
- a learning city developing academic and expert partnerships; and
- encouraging external scrutiny and validation.

In 2009, the council published the Manchester Ageing Strategy (MAS) which was developed following extensive consultation with older people, council members and academics. The framework for MAS was similar to the WHO's age-friendly city framework with its focus on several domains (McGarry & Morris, 2011). In 2010, Manchester was the first UK city to be accepted into the Global Network of Age-friendly Cities and Communities.

The challenges of developing age-friendly initiatives

The cities and communities that have begun to establish age-friendly programs have been pioneers in many respects. Although the WHO Guidelines and Checklist offer a good starting point, it is largely up to local innovation and impetus to establish and maintain momentum. This has not been without its challenges, and the literature review found that several initiatives have reported encountering a number of challenges on the road to age-friendliness. These are broadly summarised as:

- The engagement and management of stakeholders;
- Limitations of the research method;
- Issues relating to funding and sustainability;
- Leadership and political support;
- Demonstrating impact; and
- A narrow policy perspective.

Engaging and Managing Stakeholders

Aligning priorities and raising awareness

As a central tenet of the age-friendly model, engaging a wide variety of stakeholders is a crucial element for any community wishing to become more age-friendly. Consulting widely is good practice, however adequately catering for the varying needs, priorities and views of disparate groups can also present challenges. Menec et al. (2014), discussing the evaluation of the Age-Friendly Manitoba Initiative in Canada, note that the engagement of stakeholders,

particularly the business sector, was found to be problematic due to the lack of awareness of and acceptance of the age-friendly concept. Clark and Glicksman (2012) report that the Age-friendly Philadelphia (AfP) initiative encountered challenges in trying to align the priorities amongst various stakeholders, both within and external to the ageing field. Conflicts sometimes arose when issues related to ageing clashed with the priorities of another organisation. In these instances, Clark and Glicksman state that “alliance building and public education have been the keys to helping organizations understand the AfP perspective” (2012, p 134).

Diversity and inclusiveness

Another challenge that relates to the involvement of a variety of stakeholders is that of inclusiveness and ensuring that the views of all elements of the community are considered. One of the criticisms of the WHO age-friendly model has been that it does not adequately address issues of diversity and social inclusion or explore issues specific to deprived communities (Lui et al., 2009; Smith et al., 2013). Scharlach and Lehning (2013) discuss the link between age-friendly communities and social inclusion in the US and indicate that concerns have been raised about the inclusiveness of existing initiatives, with some excluding minority groups and involving those who are relatively socially and economically advantaged. They note that, in light of the limited government support for age-friendly initiatives “a substantial amount of pre-existing social, political and economic capital may well be a prerequisite for developing ageing-friendly initiatives in the USA” (2013, p 128). Some question whether a universal checklist of actions is the most effective way of addressing the diversity and heterogeneity of their communities or of identifying how their programs are prioritised (Buffel et al., 2012). Neal et al. (2014) undertook primary research for the Age-Friendly Portland initiative which was part of the original WHO Age-friendly Cities project. They note that the Portland model was integrated within the planning framework of the city; however they have reservations about whether the interests of diverse populations, and issues relating to social inclusion, can be effectively addressed in planning that focuses predominantly on the built environment.

Limitations of the Research

Representative sample

Existing age-friendly initiatives have identified some limitations in the research process, predominantly linked to the recruitment of participants who represent the composition of the local community. The Age-friendly project in Western Australia, which was implemented in 27 local government areas, identified that the focus group research lacked representation

from various people including carers, Aboriginal and Indigenous people and people from the CaLD community. In addition, women greatly outnumbered men in the community consultations, and there was a low representation of service providers and marginalised people. Also cited as a concern was the suggestion that the methodology favoured those who were already engaged in the community and, as a result, the consultations can only be considered to be representative of those who participated, rather than the whole community (Government of Western Australia, n.d). This was also identified as an issue in Portland, where a short recruitment time-frame meant that participants were identified from just two sources, resulting in the involvement of people who tended to already be highly engaged and relatively well-educated (Neal & DeLa Torre, 2007). In New York, despite a year-long, comprehensive consultation process, the project did not have the resources to reach out to all groups in the city and the views of linguistic minorities were under-represented (New York Academy of Medicine, 2008).

Involve younger cohorts

The WHO research protocol stipulates that consultations should be undertaken with people aged over 60. However, the literature suggests that including the younger cohort of older people (i.e. those aged over 50) would produce additional useful information about what this group saw as their needs as they age (Emlet & Mocerri, 2011). This was identified as an issue in the Western Australian study, where it was felt that specifying an age limit of 60 years or older meant that the views of the 'soon to be seniors' were not captured (Government of Western Australia, n.d). It may therefore be useful for initiatives to consider holding focus groups for younger cohorts, aged between 50 and 60, to gauge their views about the age-friendly features of their communities. It should be noted that people in this age group are also often carers of older parents and may therefore offer useful insights from this perspective.

Funding and sustainability

Financial constraints need innovative solutions

Another challenge that has been identified in the literature is the issue of limited funding and resources for age-friendly initiatives. Financial constraints were a common concern for many age-friendly projects, often exacerbated by a difficult economic climate, which risked limiting the scope and reach of local projects. Fitzgerald and Caro (2014) point out that weak economic conditions can be a barrier to wider public support for age-friendly initiatives as governments are unlikely to fund future-oriented programs. They suggest to overcome this, the not for profit sector and non-government organisations may have a greater role to play in

the development of age-friendly projects, that projects may need to be smaller and may also need to rely on voluntary effort. Sykes and Robinson (2014) evaluated programs that had received an award from the US EPA promoting smart growth and active ageing. They found that the most significant barrier to such initiatives was the need for more funding to either implement programs or to fund staff. Ozanne et al. (2014) describing the development of an ageing growth plan in the outer suburbs of Melbourne, Victoria, note that reductions in operating budgets of the departments involved in the project, and the subsequent loss of key positions, meant that staff had limited time to support the initiative. Clark and Glicksman (2012) highlight that the budgetary limitations experienced by Age-friendly Philadelphia meant the project had minimal resources, particularly staff time. However, they also note that the partnerships developed through the initiative facilitated access to additional staff resources within other organisations that were able to support the project. The underlying principles of the Age Friendly Cities and Counties program in Ireland are that the local programme is embedded within existing resources and structures, it utilises existing resources and each local authority is committed to its sustainability (Ageing Well Network, 2012).

Sustainability is critical

Sustainability and attaining long-term funding has been a common concern for many of the current age-friendly initiatives. Governments usually do not have the economic resources to address all policy areas, therefore they have to prioritise their efforts. However, the long-term prospect of old age will not be sufficiently addressed by short-term projects that cannot be sustained or that are at risk of political uncertainty (Golant, 2014). Golant suggests that, to overcome this, research should examine what age-friendly models and funding options have the greatest longevity so that efforts can be prioritised. For long-term change to occur, funding issues need to be addressed (Menec et al., 2014). In the United States, many initiatives are funded by private or university sources and are therefore independent of the funding and service delivery systems of the existing ageing network (Scharlach & Lehning, 2013). Concerns have been raised about the lack of public funding and support for these initiatives and the impact on sustainability once funding ceases (Scharlach et al., 2014; Neal et al., 2014). Maintaining the momentum of age-friendly initiatives can be challenging, especially in the event of a change in leadership or funding disappearing (Fitzgerald & Caro, 2014). This reinforces the need to ensure that local initiatives emphasise that developing age-friendly communities supports people of all ages. Many features of an age-friendly community may be aimed at achieving other objectives, such as promoting sustainable environmental practices, but these can also improve the health and wellbeing of older people (Lehning, 2014).

Leadership and Political Support

Continuity and commitment

Having the right person to lead and champion the project is considered a critical element in the success of local initiatives (Menec, et al., 2014), as is ensuring that there is continuity of the project should a key person leave. The turnover of key staff, political administrators or elected officials has been identified as a concern for the continuity of many projects, which not only creates difficulties in maintaining the momentum of collaborative partnerships, but also in delays while new people are briefed and brought up to speed with initiatives (Everingham et al., 2011; Neal et al. 2014; Ball & Lawler, 2014). This can have more damaging consequences, particularly if changes in government results in a shift in priorities. Ozanne et al. (2014) note that a change in state government resulted in the abolition of the Age-Friendly Victoria State Plan, which had just been released. Golant (2014) suggests that age-friendly projects are often developed in communities where leaders have the motivation to drive them, rather than in communities where the greatest need exists. He suggests it would be more beneficial if there was a system that prioritised those locations where there was a greater need for age-friendly initiatives. “The presence of needy older residents should be the principal criterion for locating these age-friendly responses, and not the presence of resourceful leaders” (Golant, 2014, p 12).

Political will

The research identified that having adequate and appropriate political support for the age-friendly cities program is another key challenge for many communities. Gaining support from the political administration in local government, as well as at central levels of government, is viewed as central to the success of many programs (Everingham et al., 2011; Garon et al., 2014; Buffel et al., 2014). The support of local elected members has been found to be an important enabler of age-friendly community initiatives, therefore it is advisable to seek their involvement in the early stages of a project and continue to find opportunities for their ongoing involvement (Lehning, 2014; Walsh & Harvey, 2012). Tackling the elements that are relevant to creating an age-friendly community requires the coordination of a range of disciplines. As such, gaining the support of key political officials who can address issues, such as planning regulations, public transport routes or higher density housing, is critical (Fitzgerald & Caro, 2014).

Competing political priorities

At present, many communities undertaking age-friendly initiatives do so in relative isolation from bigger picture policies or strategies. Should political players change, policy interests

and priorities are likely to follow, placing age-friendly initiatives at risk (Fitzgerald & Caro, 2014). Comparing collaborative projects on ageing well rolled out in two communities in Queensland, Everingham et al. (2011) found that the political changes experienced in both locations, including council boundary adjustments, local government elections and staff turnover created significant challenges for the project. In addition, they note that competing political priorities meant that “ageing issues were not prioritised, and no real power or mandate was provided to advancing seniors’ interests” (Everingham et al., 2011, p 170). Warburton (2011), describing the same Queensland initiative, reports that in the community where the local council prioritised ageing issues, the project was more successful. Ozanne et al. (2014) also found that, in trying to get the ageing agenda at the forefront of regional development, it came up against competing demands with other population groups which were perceived to have a higher priority, particularly at the local government level. Ozanne et al. found “considerable and persistent institutional ageism both in the local government areas and in the regional management forums” which, they suggest, was evident in the low profile that ageing issues had in council debates and regional management forums (2014, p 161). In local areas that do not support an ageing agenda, it can be difficult to obtain the financial and human resources necessary to progress age-friendly initiatives and collaborative approaches (Garon et al., 2014; Warburton et al., 2011). Where children and youth are given higher priority, it may also be difficult to obtain the support of the wider community for age-friendly initiatives and it is therefore important to promote the principle that being age-friendly means designing a community for all ages (Menec et al., 2014).

Demonstrating Impact

Measuring outcomes

A further challenge for many of the existing age-friendly communities is ensuring that they are effectively measuring the effect of initiatives. To date, much of the monitoring and evaluation of initiatives has been predominantly focused on measuring progress against targets. As a result, there is a lack of robust evidence-based research to demonstrate the impact that age-friendly initiatives have on the lives of older people (Glicksman et al., 2014; Lui et al., 2009; Scharlach & Lehning, 2013; Smith et al., 2013). Even in Ireland, where the program has achieved much success in establishing structures for age-friendly initiatives in a number of counties, it has not been as successful at documenting and measuring its outcomes or identifying the key policy issues impacting on older people (Walsh & Harvey, 2012). While the age-friendly cities movement has been increasing in popularity around the world, it is still a relatively new development. As yet, there has not been a systematic evaluation of local age-friendly initiatives to determine their long-term impact (Plouffe &

Kalache, 2011). Complicating this is the variety of different age-friendly frameworks and guides being implemented and the large number of social and physical environmental features that need to be measured (Smith et al., 2013). It is important for local initiatives to establish a sound monitoring and evaluation framework from the outset to measure progress, identify the benefits for older people, provide evidence for innovative practice, differentiate them from alternative initiatives and justify funding (Fitzgerald & Caro, 2014; Menec et al., 2014; Ozanne et al., 2014; Golant, 2014).

Issues of scale and time

Another challenge that age-friendly initiatives have encountered relates to issues of scale and the timeframes required to effect real systems change (Menec et al., 2014; Golant, 2014; Scharlach et al., 2014). Longer-term structural and cultural change requires a significant commitment to be truly embedded and adequately address the needs of an ageing population. This can be challenging when communities are under pressure to implement programs that have more immediate, demonstrable outcomes, although smaller changes can be implemented quickly and potentially have an immediate impact on the lives of older people (Sykes and Robinson, 2014). While short-term projects are necessary to demonstrate to stakeholders that something is happening, age-friendly initiatives require long-term funding models (Golant, 2014) and the recognition that while larger projects will require much longer timeframes, this is ultimately necessary to achieve the full potential of age-friendly initiatives (Menec et al., 2014; Neal et al., 2014).

Narrow Policy Perspective

A macro policy approach

The mainstreaming of issues relating to an ageing population continues to present a significant challenge for social and public policy (Buffel et al., 2012). Although these are beginning to be addressed within a number of disciplines, progress is incremental and is not yet sufficient to challenge the pre-existing paradigms relating to land use, transportation, health care and supportive service delivery (Ball & Lawler, 2014). The challenges facing cities and communities by a rapidly ageing population cannot be addressed in isolation. The structural barriers that impact on older people and the elements of a community that influences peoples' quality of life, such as employment, access to social and health services, transport and housing are not limited to municipal boundaries and require a macro policy approach to address them (Kalache, 2013). Age-friendly initiatives are also often competing with broader issues of economic growth and development and, to become more integrated, may need to be more incorporated into a wider context of sustainable urban development

(Buffel et al., 2014). However, recognising that age-friendly features, such as building accessibility, overlap with other strategies, such as disability access, can create efficiencies in terms of resources and capacity (Menec et al., 2014).

Government mandate is needed

Successfully achieving age-friendly urban environments needs the cooperation of all levels of government and crosses a number of urban planning domains including building and land development, as well as broader policy areas such as transportation, economic development and public health (Warburton et al., 2011). Much of the discussion around ageing in the social and political context has focused on pension, health and care service reform. This, together with the prevailing view that the baby boomer generation has been successful at accumulating power and resources (often at the expense of younger generations), has prevented the public policy debate on ageing from moving forward (McGarry, 2012). While the Federal Government's 'National Strategy for an Ageing Australia' stresses the importance of building communities for all ages, much of the debate in the various levels of government focuses on narrow issues of architectural or town planning, rather than the wider social and cultural dimensions of age-friendly communities (Lui et al., 2009). For example, a project undertaken by Ozanne et al. (2014) to embed a broader perspective of age-friendliness in the growth corridors of Melbourne, Victoria, found that while the age-friendly communities model was a useful framework for the project, many state government agencies had a limited focus on health services and structural urban planning and ignored broader life-course planning. The authors note that Australia does not have clear federal or state government leadership in relation to age-friendly communities, unlike countries such as Canada or Ireland. They suggest that "responding to population aging in Australia from an aged-friendly community perspective is not yet sufficiently institutionalized into our planning and urban development models", particularly when compared against the well-established planning indicators that exist for children and families (Ozanne et al., 2014, p 161).

Broader systems change

While local initiatives can go some way towards creating communities that are fit for purpose for people of all ages, establishing age-friendly strategies without consideration of the wider political or structural framework can result in projects being very short-term. Scharlach and Lehning (2013) note that many of the age-friendly initiatives being implemented in the US have been established independently, by non-government organisations, without state or federal government involvement. They suggest that, without government participation, initiatives are unable to impact on public policy which has been one of the greatest obstacles to the wider implementation of the age-friendly program. Having a broad policy perspective

is important as the factors that impact on older people are not just confined to the local level but are also influenced by state or provincial governments (Plouffe & Kalache, 2011). Ball and Lawler (2014) suggest that if age-friendly communities remain as stand-alone initiatives, they will not be sustainable or gain momentum outside of their local areas. They call for 'creative disruption', where local age-friendly initiatives intentionally aim to reform government policies, programs and regulations that impact on older people, thus bringing about broader systems change. Governments are often best placed to lead and support the delivery of ageing programs and practices, as well as ensuring the physical and social infrastructure can support independent ageing (Everingham et al., 2010).

Where age-friendly initiatives are considered as part of a broader government framework, real progress can be made towards age-friendly communities. For example, both Ireland and Canada are rolling out age-friendly initiatives utilising national frameworks that empower local communities to identify and develop their own solutions to the needs of their ageing population. In Canada, the age-friendly communities initiative is being led by the federal Public Health Agency but driven by all levels of government. This is supported by the alignment of existing and new policy interventions at both provincial and municipal levels to increase the profile of the initiative, by embedding an age-friendly perspective into existing plans and priorities (Plouffe & Kalache, 2011). In Ireland, the development of the Age Friendly Cities and Counties Programme (AFCC) was undertaken by the Ageing Well Network with funding from a philanthropic organisation. Originally piloted in Louth, the programme has now been rolled out to eighteen counties across Ireland, with plans to have all counties signed up to the program. Using a twelve-step process, based on the WHO's Vancouver Protocol, AFCC uses a standard national framework that enables each county to develop its own initiative. At a national level, a National Implementation Group brings together senior policy makers from several government departments, local authority managers and the Ageing Well Network (Ageing Well Network, 2012) (See Appendix 1).

In Australia, several state governments have begun to adopt a broad approach to developing age-friendly communities. In Victoria, the lead has been taken by a partnership between the Victorian Council on the Ageing (COTA) and the Municipal Association of Victoria (MAV) – the local government representative body – who collaborated on the *Positive Ageing in Local Communities* project. More recently, the two organisations convened workshops with a number of councils to identify how they can be supported to utilise the WHO Age-friendly Guidelines and Checklist (Municipal Association of Victoria, 2009). A recent Victorian parliamentary inquiry has called for a greater state government-led response to age-friendly communities and the development of a governance framework that

coordinates a whole of government response to older people (Parliament of Victoria, 2012). In response, the government has acknowledged the importance of developing age-friendly communities and has agreed to appoint a Commissioner for Senior Victorians. Nevertheless, it stopped short of making a commitment to developing age-friendly communities, instead recognising “that building the capacity of local government to implement age-friendly principles benefits the whole community” (Parliament of Victoria, 2013, p 6). In March 2013, with funding from the Lord Mayor's Charitable Foundation, COTA Victoria launched an initiative for the state to become the first in Australia to be recognised as an age-friendly community by the WHO (COTA Victoria website). In Western Australia, the Department for Communities has funded 27 local governments to undertake community consultations, using the approach outlined in the Vancouver Protocol, and to develop age-friendly strategies (Government of Western Australia, n.d.). In South Australia, the state government has developed a range of guides to support the implementation of age-friendly initiatives and has recently released its Ageing Plan with a vision of creating an all-ages friendly state. However, to date, this has not been accompanied by wider structural reform or financial support for local governments to create age-friendly communities, both of which are sorely needed. Appendix 2 outlines some of the current age-friendly strategies and initiatives being undertaken by Australian State and Territory governments.

The process of becoming age-friendly

Much can be learnt from the experiences of cities and communities that have already established age-friendly initiatives. In developing its age-friendly strategy, the City of Unley has expressed a desire to model the approach taken in Kilkenny, Ireland. The following recommendations therefore combine the approach recommended by the WHO, together with best practice from country-wide initiatives such as Ireland and Canada, and cities such as New York and Manchester. These are aimed at Australian Local Governments that would like to implement age-friendly initiatives. The recommended steps are:

1. Obtain commitment from senior management and elected members
2. Identify a research partner
3. Establish a project Steering Group
4. Prepare a community profile
5. Review the community's age-friendliness
6. Analyse the results of the consultation and produce a draft report
7. Obtain feedback on the draft report
8. Establish an Age Friendly Alliance
9. Finalise the Age Friendly Strategy

10. Launch the strategy
11. Implement the strategy
12. Monitor and evaluate the Age Friendly Strategy

1. Obtain commitment from senior management and elected members

The first step in the development of an age-friendly initiative is to ensure that there is commitment from the senior management team and elected members of the local council. This senior level support is vital as much of the responsibility for the coordination and implementation of the age-friendly strategy rests with local government. It is therefore important that the intentions of the age-friendly initiative are communicated to council staff and elected members early in the planning stage. Council staff should also be involved in the Steering Group to guide the development and implementation of the project.

2. Identify a research partner

A research partner is an important element of the WHO's Age-friendly Cities framework. Having a dedicated organisation, such as a university research centre, to undertake the community consultation helps to ensure that the research methodology is robust. Some larger organisations may have an internal research team that can undertake the process. In this case, efforts must be made to ensure the research follows, as closely as possible, the WHO's Vancouver Protocol.

In the case of the City of Unley, a partnership has been formed with the University of South Australia. The university has a dedicated research team that will undertake the community consultation, collect the data, analyse the results and produce the City of Unley's draft Age Friendly Strategy for consideration. The university research team is working closely with the Community Services Team from the City of Unley and the council's CEO.

3. Establish a project Steering Group

The project Steering Group is responsible for the planning, development and implementation of the age-friendly initiative. Steering Group members should comprise:

- Key council staff, including a representative of the Chief Executive Officer
- Researchers
- Community representatives, including service providers and representatives of older people

The role of the Steering Group includes:

- Designing the consultation process
- Planning and facilitating focus groups
- Communicating with key stakeholders, including council staff, elected members and the wider community
- Reviewing the findings of the consultation and identifying priorities for the Age Friendly Strategy
- Implementing the Age Friendly Strategy and monitoring and evaluating both outcomes and process

The Steering Group should have overall responsibility for the project and should meet regularly to discuss progress. Each member of the Steering Group should have a strategic view of the overall objectives for the age-friendly initiative.

4. Prepare a community profile

A community profile helps to identify the composition of the older population of the community. This can be done using existing data sources such as Census data, the Health Atlas, council annual reports etc. The community profile should include:

- Location, size and any relevant geographical features of the community
- Demographic information, such as population size, age distribution of older people
- Social, ethnic and economic characteristics
- Employment and voluntary participation rates of older people
- Housing type and tenure
- Distribution of public, commercial and voluntary services

Ordinarily, the research team will compile the community profile however this could also be done by the council or Steering Group.

5. Review the community's age-friendliness

a) Undertake the community consultation

The community consultation consists of various elements including:

- A baseline survey to obtain general views from the community about existing age-friendly features
- Focus groups with older people aged 60+; informal caregivers of older people; and local service providers (including council staff)

- Consideration should also be given to consulting with people aged between 50 and 60 to gain feedback from those who are ‘soon to be older’

b) Review existing council policies and procedures

While consulting with the community is an essential feature of establishing an age-friendly strategy, the local council should also undertake a review of its existing policies and procedures through an ‘age-friendly lens’. Workshops can be held for staff to review the council’s policies and processes in line with the WHO’s eight domains. The South Australian Government’s *Age-friendly Neighbourhoods – Guidelines and Toolkit for Local Government* can also be used as a guide by council departments to explore the elements of their communities from an age-friendly perspective. Results from the internal exploration of issues relating to age-friendly features of the community can be incorporated into the analysis of the community consultations.

6. Analyse the results of the consultation and produce a draft report

Once the community consultation is completed, the results of surveys, focus groups and interviews will need to be compiled. Key themes will be identified at this point and presented in a draft report with recommendations for further action. This report will form the basis of the Age Friendly Strategy, and should include information from the community profile, local government employees and community consultations.

7. Obtain feedback on the draft report

Once the draft report has been compiled, it should be distributed widely to those involved in the consultation and other stakeholders. Feedback should be sought on the draft report, with the key priorities of each of the three stakeholder groups (older people, caregivers and service providers) identified for consideration in the Age Friendly Strategy.

8. Establish an Age Friendly Alliance

An Age Friendly Alliance is a group of key stakeholders, including older people and service providers, who work together to promote and advance age-friendly initiatives in the local community. The Age Friendly Alliance also has a crucial role to play in supporting the implementation of the Age Friendly Strategy and for monitoring any outcomes. The Age Friendly Alliance should be chaired by a senior member of the council, such as the CEO or Mayor. Alternatively, a respected leader of the community could chair the Alliance, with support from the CEO’s Office. This alignment with senior people in Council is important as it highlights that the council is taking its age-friendly responsibilities seriously.

Membership of the Age Friendly Alliance will vary from location to location and it is highly likely that appropriate individuals will be identified during the community consultation process. The Alliance should have clear terms of reference, hold regular meetings and be accountable to Council.

9. Finalise the Age Friendly Strategy

Once feedback has been received on the draft report, the Age Friendly Strategy can be prepared. This should detail each of the elements reviewed in the consultation process and identify actions that will be taken to address these. The Age-Friendly Strategy will then be tabled for approval by elected members of Council.

10. Launch the strategy

Once approved, the strategy can be formally launched. This can be done as a public event, involving the Mayor and CEO of the Council, along with Council and community leaders, stakeholder groups, consultation participants, the Steering Group and research team. Widely promoting the Age Friendly Strategy helps to give it credibility and signals the council's intention to act on the recommendations of the community.

11. Implement the strategy

The timeframe for the implementation of the Age Friendly Strategy is normally three years. Ideally, elements of the strategy will be aligned with key priorities from Council's strategic or business plans and individual staff should be made responsible for ensuring that actions are undertaken in the required timeframe. The Age Friendly Alliance will also play an important role in ensuring that the strategy is implemented.

12. Monitor and evaluate the Age Friendly Strategy

Over the period of the Age Friendly Strategy, regular monitoring, review and evaluation should take place. Evaluation should be undertaken using the baseline survey as a basis – measuring any improvements in the city's age-friendliness over the course of the project. Towards the end of the Strategy's timeframe, further consultation can be planned to identify how much progress has been made.

What next for the age-friendly movement?

While the age-friendly movement is still relatively new, the concept of placing people at the heart of community planning is growing in prominence. What is required now is rigorous research that identifies how age-friendly initiatives can create environments that support active ageing. This means not only evaluating the process of developing age-friendly projects, but also the outcomes of such projects. Further research should be undertaken to develop evaluation methodology that measures any changes in the physical and social environment. One way of doing this is ensuring that a baseline survey of a community is undertaken before commencing an age-friendly initiative, during the implementation phase, and again towards the completion of the final stages. Age-friendly initiatives need to ensure that a sound monitoring and evaluation framework is implemented that can measure progress, identify how the initiative is benefiting older people, and provide evidence to justify ongoing funding and resources.

The challenges of an ageing population cannot be addressed in isolation and will require a broad policy approach. The recent release of *Prosperity through Longevity: South Australia's Ageing Plan* is a good first step. However, if the Government is to realise its vision of becoming an all-ages friendly state, then further work will be needed to integrate the philosophy behind the age-friendly movement into the social and physical infrastructure of our communities. One way to do this is to adopt a state-wide approach, similar to that taken in Ireland, where a central body provides support for councils to develop age-friendly initiatives. The provision of financial assistance is an important component of ensuring our communities are age-friendly. Investment in the development of neighbourhoods that promote healthy living can be justified by realising the long-term cost benefits of creating communities where people can remain active and live in their own homes for longer, continue to participate in society through paid employment or voluntary work and where the physical infrastructure of neighbourhoods supports active ageing. This will also require a partnership approach with the involvement of stakeholders from a variety of sectors and disciplines, as well as older people themselves, working together to progress age-friendly programs at the local level.

A community that is 'age-prepared' is one that has assessed the services for its current older people and planned for the needs of its future older population (Alley et al., 2007). This requires a collaborative approach with engagement from a variety of stakeholders. A cross-disciplinary approach to developing age-friendly communities "promotes the importance of government policies that provide a high quality of life for individuals of all ages; a built environment that facilitates healthy lifestyles, safety and social connectedness; an aging

network that considers the effect of the environment on the well-being of consumers; universities that partner with the community to create cutting-edge research; and emerging leaders from all fields who incorporate older adults into their work” (Clark & Glicksman, 2012, p 124-5).

Conclusion

The age-friendly cities initiative is a growing movement that is making progress in engaging older people to participate in the process of enhancing the age-friendliness of their cities and communities. This literature review has identified a number of factors that contribute to the successful establishment of age-friendly initiatives and has also outlined the potential challenges that local communities face on the road to becoming friendlier for all ages. In establishing a local project to explore the creation of an age-friendly strategy, the WHO guide and checklist, together with the research protocol, form the bases for identifying the elements of a community that enhance and limit its age friendliness. The key elements include:

- The involvement of older people in identifying the features of their community that enhance and limit its age friendliness
- Collaborating with various partners and stakeholders to engage them in process of improving a community’s age friendliness
- Local leadership that establishes a clear vision and facilitates the engagement of a range of partners and stakeholders
- Ensuring an age-friendly perspective is integrated with other initiatives, strategies and policies
- Establishing sound research methods and an evaluation framework that reviews both the process and the long-term outcomes

While both urban and rural environments may share some common features, every country, state, province, municipality or council will differ in some respect from its neighbour. What works in one location may not necessarily translate to a community 100 kilometres away; however an initiative established in inner-suburban Adelaide may well be relevant to a community in another continent. It is therefore important that the knowledge base around age-friendly communities continues to grow and be shared with others. It is this collective knowledge that will help transform the age-friendly cities program from local, stand-alone projects to a truly global community movement.

Appendix 1: International Examples of Age-friendly Initiatives

Canada

Canadian Age Friendly Community Steps

The Public Health Agency of Canada lists the following steps for communities developing their age-friendly initiatives:

1. Establish an age-friendly Advisory Committee
 - Identify key stakeholders and partners
 - Gain commitment
 - Develop an advisory committee
2. Get a Council resolution passed
 - Launch the age-friendly initiative in the community
3. Develop an Action Plan
 - Assess the community
 - Organize the information
 - Share the information
 - Set goals and objectives for the action plan
 - Set priorities for the action plan
4. Publicise the Age-Friendly Community Action Plan
 - Implement the action plan
5. Measure activities and report publicly on the Action Plan
 - Develop milestone evaluation questions and support documentation

(Public Health Agency of Canada, 2012).

Quebec

Quebec was an original partner of the WHO's Age-friendly Cities project and the Age-Friendly Cities – Quebec Canada (AFC-QC) initiative is based on a “collaborative partnership embedded in a community building approach” (Garon et al., 2014, p74). AFC-QC consists of a research action model, including a structured evaluation process, and uses a participatory approach for both programming and research. The model comprises three steps: the social diagnostic, the development of an action plan; and the implementation of projects. Each cycle lasts several years, with the first two phases of the model taking up the initial 18 months (Garon et al., 2014).

The Quebec model is more demanding than the WHO guidelines, therefore having the municipal council drive the initiative is vital (Garon et al., 2014) (See Figure 2).

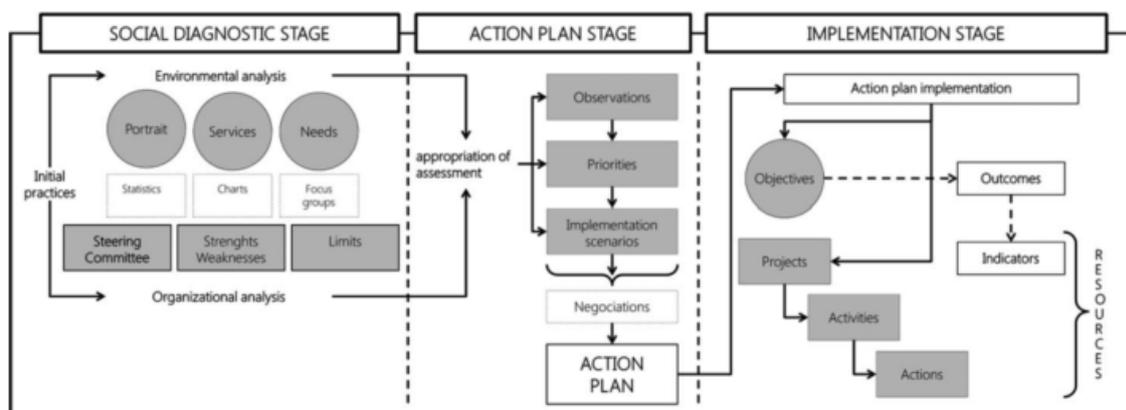


Figure 2: Age-friendly cities in Quebec pilot project model

Age-Friendly Communities Canada Hub

<http://afc-hub.ca/>

The Age-Friendly Communities Canada Hub is an initiative of the Canadian Association on Gerontology, in partnership with the Centre on Aging at University of Manitoba, the Gilbrea Centre for Studies in Aging at McMaster University, the Nova Scotia Centre on Aging at Mount Saint Vincent University, and a number of government and community partners. The Hub is funded by a Public Outreach Grant from the Social Sciences and Humanities Research Council of Canada.

United States

In the United States, a review by the Center for the Advanced Study of Aging Services at the University of California, Berkeley, identified 293 age-friendly initiatives being undertaken, the majority of which were following guidelines established by the US EPA Ageing Initiative, AARP or the WHO (Glicksman et al., 2014). Many of the US initiatives are led by local government agencies or philanthropic organisations (Scharlach et al., 2014), as well as by local Area Agencies on Ageing.

The AARP Network of Age-Friendly Communities

<http://www.aarpinternational.org/age-friendly-communities>

The AARP Network of Age-Friendly Communities was established in 2012 to support cities and communities across the US to better meet the needs of all residents as they age. Communities in the AARP network commit to a process of continual improvement and engagement to enhance active-ageing and quality of life for residents of all ages. The network is an affiliate of the World Health Organisation's (WHO) Global Network of Age-friendly Cities which developed a framework of assessment covering eight domains of city and community liveability (AARP website).

The goal of this program is to educate, encourage, promote, and recognise improvements that make cities, towns, and counties more age-friendly for their residents. This network will also enhance AARP's increasing focus on local level engagement and build on the significant work the Association has already achieved in the areas of promoting liveable communities.

National Area Agency on Aging (N4A) – Livable Communities

<http://www.n4a.org/>

The National Area Agency on Aging (N4A), in conjunction with several partner organisations has developed a guide for local leaders to help develop age-friendly communities. *A Blueprint for Action: Developing Livable Communities for All Ages* contains a number of tools resources and information about building local leadership and solving challenges relating to ageing and lists the steps required to develop local initiatives. It outlines six steps for focusing community energies, which are:

- Step One: Assemble a team of public and private leaders
- Step Two: Assess the community's aging-readiness
- Step Three: Take focused action
- Step Four: Promote success
- Step Five: Set a long-term course
- Step Six: Get resources

New York

<http://www.nyam.org/agefriendlynyc/>

Age-friendly New York City (NYC) has taken the concept of age-friendly cities to a much broader level and has established a number of related programs across the city. Current initiatives include:

Age Friendly Ambassadors: This scheme recruits local community members and provides them with training to help them connect older adults to local resources, speak about Age-friendly NYC and advocate on behalf of their neighbours.

Ageing Improvement Districts: This initiative brings together older people in a specific neighbourhood with the leaders and resources of local businesses, non-profit organisations, city officials, cultural, educational and religious institutions to consider ways that they can make low-cost improvements to their neighbourhood.

Age-friendly Business: The Age-Friendly Local Business Initiative is an educational outreach campaign that provides practical low cost or no cost advice to help businesses attract older customers.

Age Smart Employer Awards: This initiative recognises New York City employers who demonstrate commitment to having a multi-generational workplace.

Age-friendly Schools, Colleges and Universities: This initiative is supported by Columbia University and consists of a workgroup chaired by the Dean of the university's School of Public Health. The group has identified several principles of an age-friendly college or university and is working to support New York's educational institutions to help the city become a better place to grow old. The initiative has also developed a searchable directory for older people to find opportunities at NYC's educational institutions and is also developing materials for educational institutions to promote careers in ageing.

Age-friendly Technology: This initiative aims to reduce the social isolation of older people by helping them to gain access to, and knowledge of, technology.

Age-friendly Professions: This project aims to challenge peoples' perceptions on ageing by engaging prominent institutions and professional organisations across New York City to consider what their profession can do to become more age-friendly. Organisations that are currently working with Age-friendly NYC include:

- Age-friendly Libraries (in partnership with the New York Public Library);
- Age-friendly Architects (in partnership with the American Institute of Architects, New York Chapter);
- Age-friendly Pharmacists;
- Age-friendly Attorneys; and
- Age-friendly Cultural Institutions.

Disaster Preparedness and Response: The New York Academy of Medicine (NYAM) has launched this initiative to engage a number of stakeholders to work together to create improved formal and informal support for older people before, during, and after disasters and other emergency events, such as power outages and heat waves.

NYC's 59 Initiatives: In 2009, the Office of the Mayor and the New York City Council asked all city departments to identify how they can improve the way they integrate and provide services to older people. Out of this review came 59 initiatives to improve the quality of life of older people. Examples of the initiatives include:

- Safe Streets for Seniors – a pedestrian safety initiative;
- TimeBanks NYC – a time credit exchange program;
- Manhattan Cultural Guide for Seniors – which provides information on cultural activities for seniors, ticket discounts for older people and visitor assistance.

Ireland

<http://agefriendly.ie>

Ireland's Age-Friendly Cities and Counties Programme is a national initiative aimed at developing age-friendly programmes in all local authority areas in the country. Initially piloted in Louth, the programme has a national structure, with the flexibility to adapt to local circumstances. A National Integration Group supports the rollout of the programme and consists of members of four key government departments, a local authority county manager, the head of the Older People's Services from the Health and Safety Executive and the Executive Director of the Ageing Well Network (now Age-Friendly Ireland) (Connolly, 2012).

At the county level, agreement and support from the local authority is crucial. The County Manager chairs the Age-Friendly Alliance, which consists of senior decision makers from key public, private and not-for-profit organisations involved in providing services and support to older people. Each county also has three forums – Older People, Service Providers, and Business – that are represented on the Alliance.

- *Older People Forums:* are made up of representatives of local older people's organisations, as well as involving individuals via public forums.
- *Service Provider Forums:* bring together all organisations that provide services to older people in the county.
- *Business of Ageing Forums:* raise awareness amongst the business community about older people's needs, preferences and behaviours.

The Ten Step Approach

http://www.agefriendlycounties.com/about_us/the_ten_step_approach

Ireland's Age-Friendly Cities and Counties Programme has developed a ten step approach to becoming age-friendly which each county can replicate.

1. **Secure the approval of the Local Authority Management** to lead the programme in the initial phase: The commitment of the County Manager to the roll out of the AFCC Programme is the crucial starting point to becoming Age Friendly.
2. **Secure the agreement of the relevant managers:** Senior Managers of agencies such as the Local Authority, the HSE, An Garda Síochána, Third Level Institute, local Older People's organisations and bodies representing local businesses.
3. **Secure the consent of the political representatives** for the programme: Local politicians play a vital role in supporting and promoting the AFCC Programme and securing their buy-in from an early stage is essential.
4. **Create an Age Friendly County Alliance:** The Alliance comprises the heads of key public, private and voluntary organisations in the county, including the HSE, An Garda Síochána, and local Older Peoples' organisations, as well as representatives from the Older People's Forum, Service Providers Forum and Business of Ageing Forum.
5. **Conduct a Base-Line Study:** A base-line study is conducted at the start of the programme to elicit the views of older people and to assess the impact over time. The study combines an attitudinal survey with a quantitative survey of key factors profiling the position of older people in the area.
6. **Carry out an extensive Consultation with Older People:** In towns and villages across the county, consultation meetings bring together older people and other key stakeholders to discuss the matters that are most pertinent to them.
7. **Develop a draft AFCC Strategy:** The Alliance develops an Age Friendly County Strategy. This contains specific commitments by agencies, service providers and older people's organisations to implement agreed changes.
8. **Conduct a further consultation** to ensure the strategy reflects the priorities of those consulted and secure Alliance approval.
9. **Hold a public launch** of the initiative and the strategy: the launch of the Programme should maximise the opportunity to get information to the widest possible audience that the county is now an Age Friendly County.
10. **Move into Implementation Phase:** Solid foundations for the roll out of the AFCC Programme have been laid and it is now time to move into implementation phase.

(Ireland's Age Friendly Cities and Counties Programme – website).

The European Union

The EU has created the Action Group D4 on Age-Friendly Environments (AFEE) and is currently exploring the 'added value of an EU age-friendly environment'. AFEE is a joint project between the EU Department of Employment, Social Affairs and Inclusion and the WHO Regional Office for Europe (Fitzgerald & Caro, 2014).

AFE-INNOVNET: the AFE-INNOVNET thematic network on innovation for age-friendly environments (AFE) aims at mobilising an EU-wide community of local and regional authorities and other stakeholders to support the scaling-up of innovative solutions for age-friendly environments to support active and healthy ageing across Europe.

<http://www.afeinnovnet.eu/>

United Kingdom

UK Ageing Consortium

<http://www.bjf.org.uk/age-friendly/projects/uk-urban-ageing-consortium>

The *UK Ageing Consortium* is a partnership between the City of Manchester, Keele University, the University of Manchester and the Beth Johnson Foundation. The Consortium has launched the UK Age-friendly Cities Network which involves 12 member cities from the four UK nations. The World Health Organisation has recently recognised the Network as the UK programme affiliated to the Global Network of Age-friendly Cities and Communities (GNAFCC).

Manchester City Council – Valuing Older People

http://www.manchester.gov.uk/info/200091/older_people/6464/age-friendly_manchester

Manchester's approach to its ageing population precedes the WHO Age-friendly City programme. Its Valuing Older People (VOP) initiative was established in Manchester in 2003 which aimed to improve the quality of life of older people, particularly those living in disadvantaged areas (Manchester City Council, 2012). The VOP partnership is based in the Council's Chief Executive Department and works closely with a forum of older residents who hold the team accountable for their work, as well as partners from a range of agencies and community groups. The VOP team also includes research, program management and community development functions and its approach is characterised by:

- high level political and chief officer support

- a central team developing capacity and expertise
- a citizenship perspective on engagement rather than one based on the 'deficit model' of ageing - creating a community of interest in ageing issues across the city
- a strong positive images communication strategy
- seeing older people as leaders, not passive participants in consultation events
- community anchored approaches, building from the ground up
- a learning city developing academic and expert partnerships
- encouraging external scrutiny and validation

In 2009, the Council published the ten-year Manchester Ageing Strategy (MAS) which was developed following extensive consultation with older people, Council members and academics. The framework for MAS was similar to the WHO's age-friendly city framework with its focus on several domains (McGarry & Morris, 2011). In 2010, Manchester was the first UK city to be accepted into the Global Network of Age-friendly Cities and Communities.

More recently, Manchester has released its Age-friendly Manchester Plan 2014-2016, which builds on the MAS. This development plan set out how the city will develop its expertise, infrastructure and capacity to create an age-friendly city. The Valuing Older People initiative has been renamed Age-friendly Manchester and works with local areas to create neighbourhoods that are inclusive of older people, meet their diverse needs and have services shaped by them. Age-friendly Manchester consists of the Valuing Older People board which is made up of people aged over 50 years and works with the Age-friendly Manchester Team. The Board meet every six weeks, is constituted and has a variety of working groups that examines specific issues, such as transport and isolation. There is also an Older Person's Forum, involving older people across Manchester and Greater Manchester, which meets three times a year. The forum is a consultative body and also enables older people to voice their concerns directly to decision-makers. Age-friendly Manchester also provides small grants for projects that benefit older people living in the City of Manchester, particularly those that tackle social isolation and loneliness (Manchester City Council, website).

Appendix 2: Age-Friendly & Related Initiatives in Australia

During the literature review, a number of initiatives relevant to the development of age-friendly communities in Australia were identified and these are summarised below. Many of these have been driven by the respective state governments. Federally, no significant developments have been found that promote age-friendly initiatives. Rather, in recent years, the Federal Government has been focusing its efforts on the reform of age care provision.

Australian Capital Territory

The ACT Government through the Department of Disability, Housing and Community Services, and in partnership with the Ministerial Advisory Council on Ageing, undertook community consultation in 2009 to identify key issues relating to ageing in the the ACT. A Draft Strategic Plan for Positive Ageing was subsequently developed and community forums were held to gain feedback on the document.

Following the consultation, seven Strategic Priorities and Goals were identified:

1. Information & Communication
2. Health and Wellbeing
3. Respect, Valuing and Safety
4. Housing and Accommodation
5. Support Services
6. Transport and Mobility
7. Work and Retirement

The Draft Plan gained general support and it was suggested that Canberra should utilise the WHO Checklist and Guidelines for Age-friendly Cities (ACT Office for Ageing, 2009). This led to the production of the '*ACT Strategic Plan for Positive Ageing 2010-2014: Towards an Age-Friendly City*' (ACT Government, 2010). In June 2010, Canberra became a member of WHO's Global Network of Age-friendly Cities.

In 2011, '*A Baseline Survey of Canberra as an Age-Friendly City*' was published. This report presented the results of a survey of over 2000 ACT residents aged 60 years and older which was designed to identify positive and negative examples of infrastructure and practices aligned with the WHO's eight domains of age-friendly cities. The survey was developed by the Ageing Research Unit at the Australian National University's Centre for Mental Health Research, and measured older adults' views regarding living in the ACT, within each of the eight WHO Age-friendly City 'domains' (Centre for Mental Health Research, ANU, 2011).

Victoria

MAV/COTA Positive Ageing in Local Communities

The joint Municipal Association of Victoria (MAV) and Council on the Ageing, Victoria (COTA) *Positive Ageing in Local Communities* project was funded by the Office of Senior Victorians in the Department of Planning and Community Development and ran from 2005 - 2009. The *Positive Ageing in Local Communities* project was established within the context of the World Health Organisation Healthy Ageing approach and subsequent Commonwealth, State and Australian Local Government Association work on ageing (MAV/COTA, 2008).

Review of the Use of the WHO Guide and Checklist in Victoria

In 2009, the MAV released *The World Health Organisation Global Age-Friendly Cities Guide and Checklist: A review of their use by local government*. Building on the Positive Ageing initiative undertaken earlier, this project was designed to review emerging evidence on the value of the WHO Guide and Checklist for councils and older people and reviewed the use of the WHO Guide to Age-friendly Cities by councils across Victoria. Following the release of the draft report, MAV & COTA convened workshops with participating councils to reflect on the findings and discuss how Victorian councils can be supported to utilise the WHO resources to implement positive ageing initiatives (Municipal Association of Victoria, 2009).

Inquiry into Opportunities for Participation of Victorian Seniors

In August 2012, the Family and Community Development Committee of the Victorian Parliament released *Inquiry into Opportunities for Participation of Victorian Seniors* recommending actions for the Victorian Government in relation to the ageing population. In February 2013, the Victorian Coalition Government responded, agreeing to take forward some of the recommendations (Parliament of Victoria, 2013).

Improving Liveability for Older People Program

The 'Improving Liveability for Older People' program (ILOP) was funded in 17 local government areas in Victoria in 2012, and has used the resources from the WHO Global Age-friendly Cities initiative (Parliament of Victoria, 2013). This program aims to assist small towns with ageing populations in regional Victoria by building local government and community capacity to plan and deliver projects that will make a positive difference to the quality of life, social participation, health and wellbeing of older people. The program is coordinated by the Senior Program and Participation Unit, Ageing and Aged Care Branch, Department of Health (Regional Development Victoria, website).

Age Friendly Victoria

<http://www.agefriendlyvictoria.org.au/>

Council on the Ageing Victoria, in partnership with the Lord Mayor's Charitable Foundation, launched Age Friendly Victoria in 2013. This initiative is working with older people, community groups and councils in 20 locations in Victoria to help them achieve age-friendly changes in their communities. Utilising the capacity of older people, the project aims to train older people to audit, consult and report on their findings to their local community. Through a partnership approach, COTA plans to help older people develop networks with academics, government, business and the voluntary sector to bring about change. The goal of the project is to enable 20 local governments to become accredited as Age-Friendly by the World Health Organisation by June 2014 (Age Friendly Victoria, website).

New South Wales

Department of Premier & Cabinet, Division of Local Government – Planning for an Ageing Population

<http://www.dlg.nsw.gov.au/dlg/dlg/home/>

The Department provides a web portal to assist local government to address issues relating to the ageing of the population as part of the Integrated Planning and Reporting framework. The webpage was developed as part of the NSW Government's strategy, *Towards 2030: Planning For Our Changing Population*. Towards 2030 is a whole of government, five year strategy which sets out actions under five strategic outcomes:

1. Getting in early: planning for change
2. Improving prevention and early intervention
3. A productive, skilled and adaptable workforce
4. Facilitating participation in all areas of society
5. Providing quality care and support

The Division of Local Government, Department of Premier and Cabinet, is the lead agency for two actions in Towards 2030:

- Work collaboratively with local government on a new integrated planning process requiring councils to prepare long term strategic plans which include consideration of the changing population demographic
- Encourage social planning and community development initiatives at local government level to promote and support formal and informal community networks for all ages; and sustain intergenerational communities

Creating Age Friendly Communities – a workshop resource for local government

<http://cotansw.com.au/programs/liveable-communities/creating-age-friendly-communities/>

COTA NSW received funding from the NSW Government to produce a 'how-to' guide for local councils which provides a framework for running workshops about population ageing in local communities. To develop the resource, 24 workshops were run across the state: seven metropolitan and 17 rural councils participated. The workshop kit includes a session plan with an associated PowerPoint slide show, preparatory documents, example handouts, sample body outlines, and a DVD of the process in action. The resources are available from COTA NSW:

Age-Friendly Community Local Government Grants Scheme (AFCLGGS)

<http://www.lgnsw.org.au/member-services/grants/age-friendly-community-local-government-grants-scheme>

Under the NSW Ageing Strategy 2012, the NSW Office for Ageing in Family and Community Services administers the Age-Friendly Community Local Government Grants Scheme (AFCLGGS). The aim of the grants scheme is to support planning and responses to population ageing in the local government sector. A total of \$550,000 has been made available for a period of two years from 1 July 2012 to 30 June 2014. Grants are one-off allocations of up to \$25,000 for individual councils, or up to \$60,000 for projects by two or more councils (Local Government NSW website).

South Australia

South Australia's Communities for All

South Australia's Communities for All: Our Age-friendly Future was produced in conjunction with Dr Alexandre Kalache, following the publication of his Thinkers in Residence report. The document "responds to changing demographics and a growing awareness that the environments and communities in which we live significantly influence our health, wellbeing and happiness" (Government of South Australia, 2012).

Three guides have been produced – for State Government, Local Government and Residential Development – that mirror the WHO's Age-friendly Cities Guide and Checklist and outline respective practices that can be implemented locally.

Prosperity Through Longevity: South Australia's Ageing Plan – Our Vision 2014-2019

In May 2014, the South Australian Government released its ageing strategy and action plan. *Prosperity Through Longevity* emphasises the value of older South Australians in all elements of the community, including families, the economy and culture. The plan is underpinned by a rights-based approach to ensure that older people are able to exercise personal choice in how they live their lives. *Prosperity Through Longevity* was developed by the South Australian Office for the Ageing who worked with the Council on the Ageing, SA, to consult with older people and key agencies, bodies and NGO's working with older people to inform the plan.

The vision for the South Australian Government is “to bring the community together to create an all-ages-friendly state. To ensure South Australians have a fulfilling, active and enjoyable life at every age, gaining the maximum benefit from longevity linking personal wellbeing with social and economic productivity”. This will be done by:

- Developing dynamic and innovative state government policies and programs to enable increased participation and wellbeing of older people
- Valuing and enabling seniors as vital drivers of the state's social infrastructure and economy
- Providing opportunities for seniors that empower them to make informed decisions

The priorities of *Prosperity Through Longevity* are to:

- Acknowledge our population's wide diversity
- Respond directly to the voices of older South Australians
- Recognise seniors as vital drivers of the state's social infrastructure and economy
- Uphold the right of seniors to safety, security and informed decision-making
- Promote the participation of seniors in civic life and support opportunities for lifelong learning and social and economic engagement
- Support good urban and regional planning for user friendly environments that benefit all ages
- Promote the value of intergenerational collaboration

(Government of South Australia, 2014).

Tasmania

Inclusive Ageing: Tasmania 2012 – 2014 Strategy

http://www.dpac.tas.gov.au/divisions/cdd/policy/our_policies/inclusive_ageing_tasmania_2012-2014_strategy

The Inclusive Ageing Tasmania 2012-2014 Strategy forms part of the overarching response of the Tasmanian Government to support a more socially inclusive society in the context of an ageing population. The key objective of the Strategy is to increase the capacity for all older people to be fully included in community life, particularly those who are socially excluded or at risk of becoming so.

The Tasmanian Government has committed to undertake six inter-related projects in seeking to benefit the lives of older Tasmanians. The projects reflect the priorities highlighted in the community consultation undertaken in 2011. The projects are:

1. Building evidence: a demographic profile;
2. Finding out: accessing the right information at the right time;
3. Supporting resourcefulness: living affordability;
4. Engaging in different ways: voluntary contributions;
5. Improving access: age-friendly communities; and
6. Contributing economically: workforce participation.

The Strategy also outlines how Tasmania plans to ensure the best possible outcomes for older people including working in partnership; engaging with a broad range of older people and building on strengths, existing work and relationships across the community. Goal 5 of the strategy - improving access: age-friendly communities - aims to increase the capacity for older Tasmanians to access services, facilities and social opportunities that exist in their community. Actions include:

1. Collaborate with Local Government to raise awareness of the core features of a World Health Organisation age-friendly city; and
2. Collaborate with Local Government to facilitate the development of a pilot project which reflects the core features of a World Health Organisation age-friendly city.

This project is scheduled to be commenced in January 2014 and be completed by end December 2014. The Department of Premier and Cabinet will take the lead in advancing the Strategy, with working groups established for each project comprised of people “with the skills, knowledge and experience specific to the targeted outcome”. Older people will also be represented and community engagement a central feature of each project (Tasmanian Government, 2012).

COTA Inclusive Ageing Project

<http://www.cotatas.org.au/inclusive-ageing-project/>

In 2013, COTA Tasmania released *Facing the Future – A Baseline Profile on Older Tasmanians* which provided a detailed analysis of the population profile of older people in Tasmania. The report was prepared in conjunction with the University of Tasmania, with funds provided by the Tasmanian Department of Premier and Cabinet. The aim of the report is to use the data to shape the future directions for population ageing in Tasmania. The profile also formed the basis for Tasmania's ageing strategy, *Inclusive Ageing: Tasmania 2012-2014 Strategy*.

This project was the first in a series of five research projects to be delivered by COTA as part of the Tasmanian government's *Inclusive Ageing Strategy* (COTA Tasmania, 2013).

Western Australia

Age-Friendly Communities – A Western Australian Approach

<http://www.communities.wa.gov.au/communities-in-focus/seniors/Pages/Age-Friendly-WA-.aspx>

Between 2008 and 2011, the WA Department for Communities provided funding to assist councils to develop age-friendly initiatives by facilitating local workshops and data gathering. Twenty seven local government areas participated in the program, receiving grants of \$8,000 each (WA Department of Local Government and Communities website).

Each project used a reference group to coordinate the initiative, oversee the data collection and review the draft reports. Each local government also had responsibility for promoting and coordinating local research projects and meeting the financial costs for things such as venue hire and refreshments. The council was also required to disseminate the findings of the project within their community and identify ways of addressing any issues raised (Government of Western Australia, n.d.).

In 2012, the WA Department for Communities released *Age-Friendly Communities – A Western Australian Approach*. This toolkit is aimed at local government and builds on the approach used in the WHO Age-friendly Cities projects, incorporating the eight dimensions of the WHO Checklist. The toolkit outlines possible discussion questions for focus group participants (older residents, carers and service providers) and provides guidelines for holding discussions about age friendly communities (Government of Western Australia, 2012).

An Age-friendly WA: The Seniors Strategic Planning Framework 2012–2017

In 2012, the Department for Communities hosted a forum on Age-friendly communities which brought together people from local and state government, community organisations, service providers and academia who were interested in working towards an Age-friendly WA. In 2012, the WA Government also released its planning framework, An Age-friendly WA: The Seniors Strategic Planning Framework 2012–2017. This framework reflects the WHO guidelines and was developed following community consultations undertaken by the Senior Ministerial Advisory Council, discussions with community leaders and the findings from the Seniors Wellbeing Indicators, 2012 and the 2011 Profile of WA Seniors. The framework is designed to help government agencies and their community and business partners to plan and develop policies and programs to create age-friendly communities (Government of Western Australia, n.d.).

WA Age-Friendly Communities Network

<http://www.communities.wa.gov.au/communities-in-focus/seniors/Pages/Age-Friendly-Communities-Network-%28AFCN%29.aspx>

In July 2013, the Council on the Ageing (COTA), in partnership with the Western Australian Local Government Association, the Department of Local Government and Communities and the City of Melville hosted a forum for local government. The forum explored the concept of establishing an Age-Friendly Communities Network in WA to share information and ideas and promote the growth of age-friendly communities in WA. A working group is currently developing a charter for the network and exploring funding opportunities (WA Department of Local Government and Communities website).

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