

Towards Lifetime Neighbourhoods:
Designing sustainable communities for all
A discussion paper

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Note to readers – ILC-UK and Communities and Local Government Roundtable discussion, 2007.

This paper is informed by a joint ILC-UK and Communities and Local Government-hosted roundtable discussion in London in June 2007. The event was co-chaired by Baroness Greengross, Chief Executive, ILC-UK and Baroness Andrews, Parliamentary Under Secretary of State, Communities and Local Government and was attended by representatives from health, social care, planning, government and the private sector. The author would like to offer his considerable thanks and acknowledgements to all those who took part or who have worked to promote the concept of 'lifetime neighbourhoods.'

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Section 1: Foreword



Baroness Andrews OBE



Baroness Greengross OBE

Many of us are aware that we live in an ageing society. But, as commentators have observed, the impact of these changes is often narrowly framed within a specialist, welfare, health or social care-based perspective. It is unusual for us to consider how neighbourhoods should respond to older people's experiences in the wider, 'day-to-day' built environment, for example, the use of public transport, access to shops, amenities and leisure space, their perception of security, neighbourhood and place, and the desire to congregate, socialize and participate.

The Joseph Rowntree Foundation and Habinteg Housing Association have done much in the last 15 years to further our awareness of the issue of Lifetime Homes. These are 'normal', mainstream houses that meet several key criteria on design, providing us with an easily-adaptable, accessible home environment in which we have a good chance of managing the onset of disability and continuing with our lives.

This has led many commentators to suggest that if we can build Lifetime Homes, surely we can also build 'lifetime neighbourhoods'? Just as Lifetime Homes provide a high standard of mainstream housing suitable for all, could not better planned 'lifetime neighbourhoods' benefit all generations, even if most of us only notice our need for accessible, inclusive design later in life?

This paper was produced as part of the development work behind the forthcoming National Strategy for Housing in an Ageing Society. We would like to thank all those who took part in the roundtable discussion for their enthusiasm and commitment.

**Baroness Andrews OBE,
Communities and Local Government**

**Baroness Greengross OBE,
Chief Executive, ILC-UK**

Section 2: Executive summary

- **Lifetime neighbourhoods are those which offer everyone the best possible chance of health, wellbeing, and social, economic and civic engagement regardless of age.** They provide the built environment, infrastructure, housing, services and shared social space that allow us to pursue our own ambitions for a high quality of life. They do not exclude us as we age, nor as we become frail or disabled.
- **The concept of Lifetime Neighbourhoods is not a new one, but has yet to make a significant impact on planning and neighbourhood design.** The concept has originated over the last decade through work by the Joseph Rowntree Foundation, Habinteg Housing Association and other commentators. Yet all too often important opportunities for development and regeneration go ahead with little consideration of age in their planning, creating neighbourhoods that will fail many residents in future.
- **Most features of lifetime neighbourhoods will benefit all generations.** For example, limited public transport will impede access to amenities at all ages. However it may be particularly damaging to older people who are most reliant on it.
- **Older people play a major social, economic and civic role alongside other generations.** Lifetime neighbourhoods will reap an 'age dividend' of improved health, inclusion and participation. Those that do not risk a downward spiral of ill health, disability and dependency in older populations. Given that we now have more people aged 65+ than we do aged 0-16, planning for lifetime neighbourhoods will help us work towards truly sustainable communities.
- **Older people are not just beneficiaries of Lifetime Neighbourhoods, *they also have a key role to play in their creation.*** Our desire to participate does not decrease with age. Consultation is essential in identifying best practice and challenging negative design. In addition, the act of consultation and engagement itself will confer greater self-esteem, satisfaction and wellbeing.
- **Sustainable planning of the human environment is interdependent with the development of healthier and wealthier communities.** The World Health Organisation assertion that '*health equals wealth*' is widely recognised across different sectors, yet is still to make significant inroads into the realities of day-to-day planning.

- **Cross-sectoral engagement in planning is essential for lifetime neighbourhoods.** Planners must engage with service providers to ensure the built environment offers 'age-proofed' communities. For example, by including provision for accessible local amenities such as civic and community centres, shops, and the transport, street environment and aesthetic environment that will encourage older people to participate.
- **Urban and rural areas will present different challenges.** For example, urban areas may more frequently suffer poor access to space, low social cohesion and intergenerational conflict. Rural areas may have difficulty in providing access to services over more dispersed residential areas, for example, public transport and shops.
- **Better representation of the issues of Lifetime Neighbourhoods and an ageing population must be made in local and regional strategies.** Regional Housing and Planning Boards must ensure that statutory guidance, for example the Regional Spatial Strategy, makes a strong priority of the needs of an ageing population. In addition, supporting non-statutory guidance should reinforce and expand on best practice, for example, via the Regional Housing Strategy. Local Authorities should be obliged and encouraged to ensure the concerns of population ageing are strongly represented in planning policy, for example the Local Development Framework and the Local Area Agreement, linked to the longer-term and wider ranging aims of the Sustainable Community Strategy.
- **Planners must be ready to seize strategic opportunities to plan for an ageing population as and when they occur, whether for new communities or existing ones.** This should involve better and more imaginative uses of mechanisms such as Section 106 Agreements. A 2004 Study by the Royal Town Planning Institute was unable to find any examples of Agreements that were aimed at providing an 'age-proofed' community resources or amenities.
- **Intellectual leadership is needed to explore the issue of lifetime neighbourhoods.** Planning for tomorrow raises significant issues we must continue to investigate. For example, how can neighbourhoods minimise inter-generational conflict and yet still provide integrated neighbourhoods for all to enjoy?

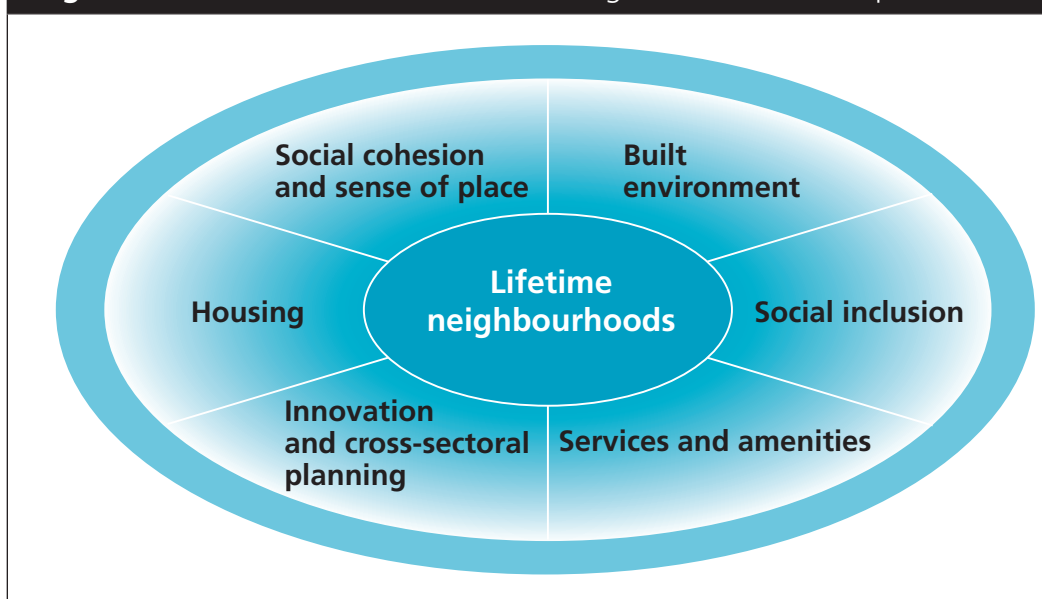
Section 3: What are 'lifetime neighbourhoods'?

The concept of 'lifetime neighbourhoods' is not necessarily an entirely new one. Many best practice examples of planning and development around the country reflect a significant awareness of the need to provide inclusive, well-designed living environments for all ages. However, the concept is yet to feature extensively in government guidance or make a significant impact on mainstream planning practice.

It is helpful to first consider the definition of Lifetimes Homes, a concept pioneered by the Joseph Rowntree Foundation and the Habinteg Housing Association.¹ The standard identifies 16 key features that help to ensure an accessible, easily adaptable, age-friendly home. If planned from the outset, these can be incorporated into all new mainstream housing as standard, providing a high-quality home environment which enables residents to remain at home for as long as possible, regardless of their physical abilities.

In a similar vein, a lifetime neighbourhood would provide all residents with the best possible chance of health, wellbeing and social inclusion, particularly as they grow older. This would require an accessible and pleasant built environment in which residents of all ages are not unnecessarily excluded by age, physical or cognitive ability, and remain able to work, socialise and participate for as long as possible. The World Health Organisation has recently published a study on age-friendly cities.² Together with studies done by other commentators, it can be used to establish the main themes that make up the concept of 'lifetime neighbourhoods.'

Figure 1: Central themes to the 'lifetime neighbourhoods' concept



¹ See www.jrf.org.uk/ and www.habinteg.org.uk/

² WHO 2007.

It is important to note that lifetime neighbourhoods should be viewed as sustainable communities that offer a good quality of life to all generations. More specifically, they should aim to be:

- Accessible and inclusive
- Aesthetically pleasing and safe (in terms of both traffic and crime), and easy and pleasant to access; and
- A community that offers plenty of services, facilities and open space.³

Furthermore, we can add that lifetime neighbourhoods are likely to foster:

- A strong social and civic fabric, including volunteering, informal networks, and a culture of consultation and user empowerment amongst decision-makers; and
- A strong local identity and sense of place.

These definitions come at key juncture for housing and planning in the UK, given the recent announcement in the 2006 Housing Green Paper of a target of 3 million new homes by 2020.⁴ However it is also important to note that the concept of lifetime neighbourhoods should be of equal relevance to planners managing existing communities, in which the majority of us will still be living for decades to come.

Some of the characteristics of lifetime neighbourhoods will already be present in our communities, and may be linked to a strong civic, economic, historical and cultural legacy. Other will require careful innovation and planning. Some aspects of sustainable communities, such as social cohesion, sense of place, volunteering and varied and accessible amenities are also likely to evolve organically where people are provided with high quality, inclusive neighbourhoods. It is useful to observe, therefore, that older people are not just beneficiaries of lifetime neighbourhoods, they also have a key role to play in their creation. Yet all too often, older people report a sense of exclusion in their day-to-day interaction with their communities.⁵ In the context of an ageing population, it is crucial that we offer inclusive, 'age-proofed' environments that minimise the impact of disability on independence and desire to participate in society.

³ Hall & Imrie, 1999

⁴ Communities and Local Government, 2007

⁵ Sinclair D, Swan A and Pearson A, 2007

Section 4: How would lifetime neighbourhoods contribute to a sustainable future?

‘At the heart of sustainable development is the simple idea of ensuring a better quality of life for everyone, now and for future generations.’

Planning Policy Statement 1: Delivering Sustainable Development Communities and Local Government (2005).

4.a An ageing population

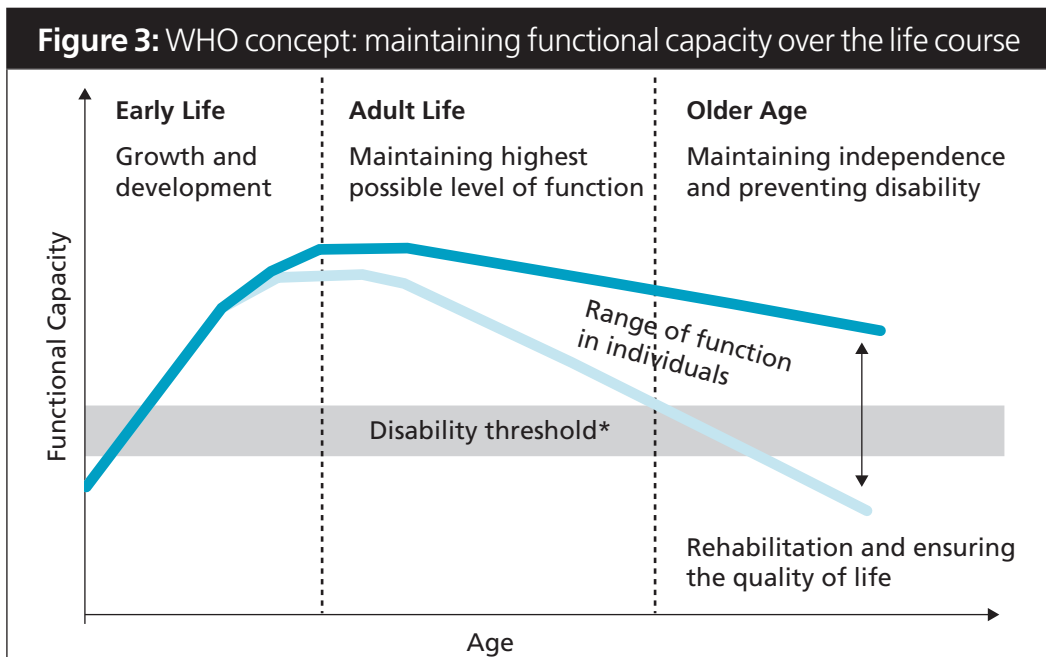
The UK has an ageing population. This is a seismic demographic shift in common with other societies around the world. Fig. 2 below shows that the numbers of older people will grow significantly in future, and that relative growth will be highest in older cohorts; for example, the 65+ are forecast to grow by 43 per cent from 2006 to 2031, but this rises to 76 per cent for the 75+.

Figure 2: Growth of older cohorts, England, 2006 to 2031 (millions)							
Age	2006	2011	2016	2021	2026	2031	% Growth '06-'31
60–74	8.3	9.3	9.8	10.4	11.0	11.8	43%
75+	4.7	5.0	5.5	6.3	7.5	8.2	76%

Source: ONS 2007.

The majority of older people live in good health. But as the range of individual functioning tends to widen with age, demographic changes mean that more people will live with chronic illnesses and disabilities in future. For example, people aged 40 need twice as much light as those aged 20 to achieve the same quality of vision.⁶

⁶ Campbell S, 2005



Source: Kalache and Kickbusch, 1997.

The relationship between age and disability is explored in Figure 3. Some individuals will enjoy good health and high functional capacity until very late in life. Others will be less fortunate, and chronic conditions, ill health or frailty may start to interfere with our ability to negotiate our way around our homes and neighbourhoods.

In an ageing society, disability is likely to become more prevalent as older cohorts grow. For example, the Department of Health estimates that the numbers of older people registered blind or partially-sighted will rise from 798,000 to 1,178,000 between 2008 to 2025, an increase of 380,000.⁷ We should also anticipate rising levels of other long-term conditions such as arthritis, heart disease, strokes, diabetes, incontinence, osteoporosis, dementia, depression, and general loss of balance, strength and agility, many of which will interact to cause multiple co-morbidities and general frailty.

As is implicit in Figure 3, a story of considerable diversity and variation in the circumstances of older people lies behind the numbers. In many ways older populations are more diverse than other ages. A good evidence base and a high level of consultation are needed to ensure our built environment and services match the needs of older people from all walks of life in different localities.

⁷ POPPI, 2006.

4.b The importance of social inclusion in an ageing society

Independence alone is not enough if we want to improve the quality of life of older people and tackle exclusion. Everyone, including older people, has the right to participate and continue throughout their lives having meaningful relationships and roles. Older people's vital role and responsibility to help build social capital will become ever more apparent as our society ages.

A Sure Start to Later Life – Communities and Local Government (2006).

A person's desire to participate in society is unlikely to change with age, even if disability may intervene. It is exactly in later life when exercise, activities and social participation offer some of the greatest benefits in terms of keeping people independent. We now understand that our social and economic circumstances have an enormous influence on our health:

Societies that enable all citizens to play a full and useful role in the social, economic and cultural life of their society will be healthier than those where people face insecurity, exclusion and isolation.
(World Health Organisation, 2003)

The World Health Organisation has also stated that health should be 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.⁸ It is in keeping with this philosophy that we should consider how lifetime neighbourhoods could not only lessen the impact of disability and ill-health, but promote good health, overall wellbeing and social, economic and civic capital. If we fail to do so, we risk a downward spiral into ill-health and dependency, and cause both demand for health and social care services as well as a premature withdrawal from society.

The built environment is usually not created with older people in mind. It is not therefore surprising to learn that one million older people report feeling trapped in their own homes⁹ and approximately one third of older people leave their homes on average only twice a week.¹⁰

⁸ WHO, 2006

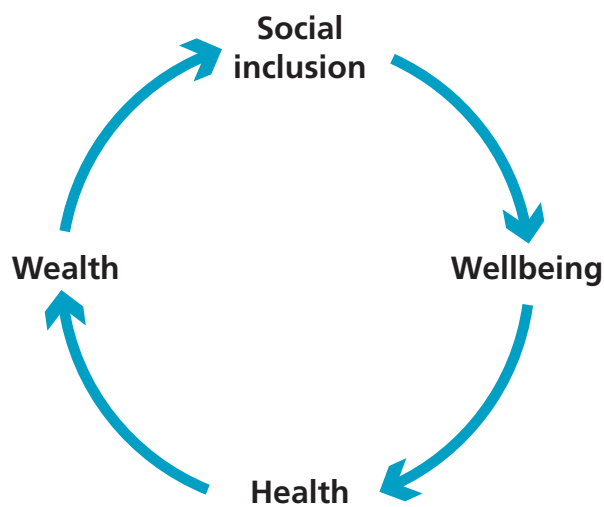
⁹ Ipsos MORI, 2000

¹⁰ Sinclair D, Swan A and Pearson A, 2007

4.c Lifetime neighbourhoods are prosperous neighbourhoods

This vision of growing exclusion and isolation is one we can ill afford. It has been widely maintained by leading observers, including the European Commission and the World Health Organisation, that 'health equals wealth'. In the context of lifetime neighbourhoods, we can envisage social inclusion, wellbeing, health and wealth as linked together in a 'virtuous cycle':

Figure 4: Lifetime neighbourhoods: a virtuous cycle of social inclusion?



Older people represent a significant economic and social resource through late-life working, volunteering, caring, and civic duties. This will become ever more apparent as younger cohorts remain largely static against the growth of older cohorts in the next few decades. Neighbourhoods that promote social inclusion for older people therefore stand to benefit from an 'age dividend' via enhanced participation. Those that do not risk the loss of social and economic capital, and a greater demand for health and social care services from exacerbated ill-health and dependency.

Key facts: The social and economic contribution of older people

- Approximately five million people over 50 take part in unpaid voluntary work,¹¹ described by Government as ‘the glue that binds society together’.¹²
- The 50+ are the source of over half of unpaid care. Unpaid care is worth £87bn per year in the UK – more than the total budget of the NHS.¹³
- The 50+ account for almost half of all consumer spending, or £175 billion a year.¹⁴
- Around 500,000 people over 65 remain in the UK work force. The over-50s are currently estimated to create 25 per cent of the UK’s economic wealth. Studies have estimated that 1 million more older people who are not currently in paid work could be, adding up to £30 billion to annual economic output.¹⁵
- Older people support younger parents to participate in the labour market.¹⁶
- Working in later life will also become more widespread, through both choice and necessity. A study by Prudential estimated that 14 per cent of over 65s (1.4 million people) work part-time or full time, and the number is rising.¹⁷

¹¹ Meadows P and Cook W, 2004

¹² Hansard, 2001

¹³ Carers UK, 2007

¹⁴ Verdict, 2001

¹⁵ Meadows P, Cook W, 2004

¹⁶ Dench & Ogg, 2002

¹⁷ Prudential, 2006.

Section 5. How can we plan for lifetime neighbourhoods?

An ageing population poses major questions as to how our communities can offer health, wellbeing and social inclusion for people of all ages in villages, towns and cities across the country. But how, then, are we to move forwards? How would lifetime neighbourhoods look different to those we see today? Some conclusions are obvious, such as more considerate environments which incorporate disabled access as standard and do not impose assumptions on users as to their physical capacity.

At this point it is worth revisiting the concept of planning, which has been defined as ‘the creation of place and the mediation of space’.¹⁸ Planning is therefore tasked with managing the adaptation and growth of our communities to suit our changing needs in a sustainable fashion. It has been commented that:

*The design and development of buildings and the built environment have the capacity to facilitate or to hinder people’s movement and mobility, and particular designs... are infused with powers of demarcation and exclusion.*¹⁹

In the context of an ageing population, it is clear that the built environment will pose significant problems to those whom it is expected to serve. This will include issues of physical access for those with disabilities, but planning for lifetime neighbourhoods will go further in requiring the consideration of much wider concepts of spatial design, access to amenities, cross-sectoral participation in planning services, the encouragement of social and civic participation and a culture of consultation and empowerment between citizens and decision-makers.

In Figure 5 we can see that issues related to community and the built environment dominate the comprehensive top ten concerns of older people. Some of these concerns are more directly relevant, such as crime and security and access to transport, others are more indirectly relevant or part of a wider picture, for example independence and family values.

¹⁸ RTPJ, 2004

¹⁹ Hall and Imrie, 1999.

Figure 5: Older people’s ‘top ten concerns now’, 2005	
Issue	Ranking
Independence	1
Access to healthcare	2
Family values	3
Physical health	4
Price and availability of fuel	5
Crime & security	6
Access to good public transport	7
Changes in climate and environment	8
Price and quality of food	9
Social cohesion in your area	10

Source: Age Concern Research Services, Lifeforce Survey, 2005.

5.a The built environment

Ensuring better physical access for those with disabilities is a more straightforward concept for planning lifetime neighbourhoods. This could be through better provision of level access to buildings and public spaces, automatic doors, handrails, good lighting, pavement and road maintenance, appropriate outdoor seating arrangements and provision of public toilets. These will both directly enable access and reduce fear of accidents, and embarrassment.

In particular, good street design and ongoing maintenance has been found to be crucial to older people’s ability and confidence in going outside.²⁰ Difficulty walking and fear of falling are some of the major concerns of the frail elderly.²¹

²⁰ Sinclair D, Swan A and Pearson A, 2007

²¹ Burton E, Mitchell L, 2006

Case Study: Pavements and kerbs – the high cost of preventable falls

The NHS spends nearly £1bn a year on treating injuries caused by falls, many of which involve older people tripping on damaged or uneven pavements.

A survey by Help the Aged found that 2.5m people over 65 had recently fallen on defective kerbs or flagstones, half of whom then needed medical attention. The research found 56 per cent go out of their way to avoid routes that may have faulty or damaged pavements. That amounts to a restriction on movement for 5.5m older people. Nearly 1m said they would lead more active lives if they could go out without fear of tripping.

The Local Government Association warned that funding for street maintenance was falling behind, needing a boost of £200m a year just to maintain services at their current levels and keep up with inflation.

(Source: Help the Aged, 2007).

The provision of benches is also critical for access. Many older people cannot go up or down steep gradients, or walk longer than 10 minutes without a rest.²²

As with many inclusive features, better design could be advantageous for all. For example, older people often have to use the toilet more frequently than younger age groups.^{23 24} Poor provision is not just a nuisance to them, but it may also act as a barrier to other groups, for example parents with young children.

5.b Appropriate housing

This paper was not written to provide an in-depth analysis of the issues surrounding appropriate housing. Instead, it is intended to provide a useful context to the forthcoming *National Strategy on Housing in an Ageing Society*. However, it should be noted that a high quality housing market for older people is clearly vital to the success of lifetime neighbourhoods. This includes a housing market offering a wide choice of different specialist, sheltered and mainstream housing options, and innovative, cross-sectoral programmes to promote maintenance, adaptations and decent housing for the majority of older people who wish to remain living at home. For more information, please refer to the *National Strategy* and the ILC-UK publication *Building our Futures: Meeting the Housing Needs of an Ageing Population*.

²² Burton E, Mitchell L, 2006

²³ Burton E, Mitchell L, 2006

²⁴ Help the Aged 2007

5.c Access to services

As older people may become progressively less able to get out and about, population ageing poses serious issues as to the spatial planning of our towns and communities.

As has been noted above, lifetime neighbourhoods must go beyond the more straightforward issues of physical access if they are to provide appropriate communities for people of all ages. Access to services, amenities and public space is essential to social inclusion, but tends to become harder for older people due to increasing frailty and declining access to private transport. The link between access to service and age can be seen in Fig. 6.

Figure 6: Percentage of people reporting problems accessing key amenities by age group – England 2004–5					
Age of household reference person	Corner Shop	Supermarket	Post Office	Doctor	Local Hospital
16–44	1	1	1	2	6
45–64	1	2	2	2	7
65–74	3	2	3	3	10
75+	7	8	7	7	17

Source: Survey of English Housing 2004/5

Accessing services are an important aspect of day-to-day activities for older people. Older people report the value and need of a wide variety of local services beyond the ‘essentials’ such as a GP, chemist, and shops.²⁵

Planners should consider the impact of new developments and regeneration projects on the sustainability of local amenities. For example large new shopping developments may inadvertently contribute to ‘food deserts’ where local, more accessible amenities are no longer viable. These will affect quality of life for all local residents, but be particularly problematic for older people.

There is often an implicit assumption in planning that older people need less space than other generations, whether space in the home or access to recreational space in the community. This ignores the reality of life-long interest in activities, hobbies, exercise, and social networks and community engagement. Again, accessible outdoor and indoor areas for older people to congregate and socialise will be vital to the formation and maintenance of social networks.

²⁵ Croucher, K (2007)

Access to good public transport is important for all ages but has particular relevance to older people who may rely on it to visit amenities that are outside walking range. Some 17 per cent of older people are dependent on public transport, having no access to their own private transport, for example, a car.²⁶ This was identified by the Government paper '*A Sure Start to Later Life*' as being an especially problematic issue in rural areas. Poor transport risks undermining the effectiveness of all amenities and services, and should be a major consideration in planning and managing lifetime neighbourhoods. Planners should take care in rearranging public transport services and work to close service gaps.

5.d Social cohesion, aesthetic design and sense of place

All generations will benefit from communities that offer a strong sense of place. This will, however, be of particular benefit to residents as they age. People have a general expectation of how different areas within the built environment appear and what the roles of the buildings, services and space they contain are. As such, a clear spatial hierarchy²⁷ of neighbourhood, including a clear designation of main streets, town centres, residential areas, services areas, recreational and work space, assists in navigation and interpretation of the built environment as well as making it more pleasant.²⁸

For example, landmark buildings can add important aesthetic qualities and create a focus to different areas, and also double as useful waypoints for older people. The commissioning of new buildings, both public and private, should provide an opportunity to maintain, enhance or build new distinctive and visible landmarks in keeping with the character of the community.

An aesthetically pleasing neighbourhood environment not only offers good value to all residents, but will help reassure older people who may otherwise be reluctant to leave their homes. Together with fear of accidents, a perception of crime and intimidation is one of the major concerns of older people when accessing the built environment.²⁹ These perceptions should be tackled, for example, via improved maintenance, street management, plantings and litter and graffiti removal.³⁰

Studies have shown that whilst all residents suffer from fear of crime in deprived areas, older people may well suffer the most.³¹

²⁶ Communities and Local Government, 2006

²⁷ For more information on street hierarchy see the Derwenthorpe Case Study

²⁸ Burton E, Mitchell L, 2006

²⁹ ACRS, 2005

³⁰ Sinclair D, Swan A and Pearson A, 2007

³¹ Although studies also show they are less likely to be victims of crime than other ages

The 2006 Communities and Local Government evaluation of the National Street Warden's Programme pointed to the useful role that wardens can play in different communities. However, this was found to be largely dependent on the programmes being innovative, well-targeted in their activities and effectively integrated into existing services.³²

Case Study: Derwenthorpe, York – Joseph Rowntree Housing Trust & PRP Architects

Joseph Rowntree Housing Trust has teamed with PRP Architects to propose a development of 540 homes on a 21 hectare site in York. The innovative design envisages a new community incorporating many best practice features that benefit residents of all ages.

For example, all 540 dwellings are to be built to eco-friendly and lifetime homes standards, and will offer a mix of tenures with 135 to rent, 81 for part-ownership, and the rest on sale at various prices. The design does not segregate neighbourhoods by tenure.

Universal access to space and facilities is built-in from the start. All homes come with their own private garden, and small, accessible play areas for children are dotted around residential zones. Overall, Derwenthorpe plans to keep 18 acres of green space for residents, including ponds, trees and wildlife areas.

The estate is built around a clear concept of street hierarchy, with car and bus access down broader main streets, and smaller, progressively pedestrianised residential roads behind them. In accordance with general public expectation, services and amenities are grouped in focal centres designed to match up with transport networks. Streets are navigable, but vary enough to provide an enhanced sense of place. Traffic calming measures, benches and street paving are designed to help the visually impaired or frail residents feel safe walking around their neighbourhoods. 'Landmark' buildings create a focal point to key spaces within the development, and a small square marks the heart of the new community.

³² Communities and Local Government, 2006 b.

Sustainability features strongly in the design. The architects have been careful to protect many of the original features of the site, for example, by retaining many of the original hedgerows and allocating green space to protect ancient ridge and furrow fields. Space has been left for additional community facilities to be added at a later date, and a community fund will be established to provide services that benefit residents. Furthermore, the estate will feature a designated car-sharing point, regular bus routes and new cycle routes that connect into the wider local network.

The Joseph Rowntree Housing Trust intends to manage the estate after completion, but envisages all residents sharing in community decision-making. Furthermore, the project has been run with an 'open book' policy, allowing the public dissemination of the lessons learnt during the development process.

For more information, visit www.jrf.org.uk

5.e Social capital

The built environment should support older people's desire to congregate and create informal and formal social networks. Participation in educational and leisure activities is hugely popular amongst older people and plays a key role in the wellbeing of those on the lowest incomes. A survey by Help the Aged found that when older people in poor health on low incomes had to give up activities, they often replaced them with new community-based activities that allowed them to interact with others.³³

The ability to participate in communal activities is partly dependent on the availability of shared indoor and outdoor space, for example local parks, social clubs and function rooms. Planners should be careful to prioritise the availability of such space when strategic opportunities for development arise. Access and use of outdoor space can also be assisted through less obvious considerations in planning, such as designing for adverse climates and weather, eg tree screens and sun traps, and measures to reduce wind and rain attack in areas where older people live or wish to traverse or congregate.

Furthermore, volunteering is an important part of the social fabric of a lifetime neighbourhood. Many care and advice services form a critical part of older wellbeing, and additionally offer meaningful and enjoyable activities for older people who wish to participate.

³³ Sinclair D, Swan A and Pearson A, 2007

Peabody Trust: The Sundial Centre, Tower Hamlets, London

Sundial is a community centre offering an integrated mix of health, day care, sheltered housing, social and educational services in a comfortable and informal atmosphere.

It is funded jointly by the Peabody Trust, London Catalyst and the London Borough of Tower Hamlets Adult, Health and Wellbeing, while the Link Age Plus Centre is funded by Department of Work and Pensions.

The Centre is located at the heart of a diverse community and aims to tackle isolation and promote good health by involving the local community in decision making, and by facilitating access to the services that local residents need.

Sundial works with a wide range of local organisations to deliver a diverse programme all under one roof. Resources include:

- Advice services and a Link Age Plus Network Centre.
- A drop in resource centre dedicated to meeting the needs of the local community aged 25 and over with an emphasis on services for people 50 and over.
- A range of social events, classes and activities such as theatre trips, Eid Celebrations, art, fitness, Tai Chi, line dancing, all run in conjunction with local partners.
- Health care resources, such as a community dentist, holistic therapists, hearing aid and chiropodists services.
- Care services, including day-care for people over 65 referred by the local Borough, and personal care services, like assisted bathing and hairdressing.
- Integrated services for both day-care services and the resource centre services.
- Intergenerational work with older people, local primary/secondary schools are in the forefront of Sundials work.

The centre also encourages user-led activities and volunteering opportunities, such as becoming involved in the users management committee or leading on a volunteer group such as the Arthritis Support Group.

For more information, www.peabody.org.uk

5.f Cross-sectoral engagement and planning

The challenges of an ageing population require intelligent, community-based, integrated services in local government, transport, health and social care that respond effectively to the needs of the vulnerable. Where services can act early, and provide care that is tailored to the individual, they will offer the best chance of independence and quality of life to those who need them. Innovation and new service arrangements in health and social care have been the subject of considerable government attention over the last decade, resulting in a number of initiatives such as the Single Assessment Process and the recent Department of Health White Paper, *Our Health, Our Care, Our Say* (2006).

A suite of pioneering initiatives is also underway via the Department of Health's Partnerships for Older People Projects (POPP), and the Department of Work and Pensions' Link Age Plus Programme.³⁴ The POPP schemes tend to be relatively small, community-based pilot projects exploring new models of preventative, person-centred care, where older people are empowered to manage their changing needs and to remain as independent as possible. The intention is to shift the focus away from intensive and institutionalised care towards an earlier and better targeted allocation of services, preventing or delaying the onset of ill-health and enabling well-being and engagement.

The *Link Age Plus* Programme is also running a number of pilots across the country. These are designed to explore better models of partnership between government, services and voluntary organizations.

Although this paper has not been written to comment extensively on these issues, it should be noted that planners must engage with service providers if they are to ensure the necessary access to high-quality resources within the built environment of each neighbourhood. Healthcare providers should engage more closely with planners, local authorities and volunteer groups to ensure preventative initiatives reduce demand for acute services, for example by ensuring affordable exercise classes are available for older people, or by promoting the availability of maintenance and adaptations that are likely to reduce falls. Unfortunately, it is often these preventative services which rank as the lowest priority for spending.

³⁴ For more information, please visit www.dh.gov.uk/ and www.dwp.gov.uk/opportunity_age/linkage/

Case Study: Upstream Model, Devon

As part of the ongoing DWP-funded Partnerships for Older People Projects, a cross-sectoral alliance of the voluntary sector, Devon PCT and Devon County Council have joined forces to promote active ageing in later life. The *Upstream* project uses leisure and activity-based community groups to further social engagement, wellbeing and health promotion among hard-to-reach older people. The intention is to lift vulnerable and often isolated older people from an imminent downward spiral of ill-health, depression and social withdrawal.

Members are recruited by health and social care professionals, as well as by families, friends and even self-referral. Many have multiple disabilities and sensory impairments associated with age, and tend to report feeling isolated, often as a result of a variable factors such as geography, health, finance, and bereavement.

A group of paid mentors, often existing members of the community, assist the groups in getting started. They also provide the organisation framework necessary to attract funding and negotiate assistance from other community groups. Members are trained and encouraged, however, to take on the running of the groups themselves as much as is possible, so reinforcing independence, engagement and wellbeing. Mentors do provide long-term monitoring and assistance where appropriate.

For more information see the ILC-UK Report, *Unlocking Capacity in the Community*, at www.ilcuk.org.uk

Furthermore, planners and service providers should engage with a variety of existing services in the public, voluntary and private sector to explore avenues for innovative cooperation. Chemists, post-offices, milkmen and schools already provide useful services for older people that could be enhanced and extended. Some shops and garages remain open 24 hours a day. For example, many schools already provide meal services and offer out-of-school-hours access to space for activities. Where these services are under threat, the full impact of closure on older people should be factored into thinking, particularly in rural areas.

5.g Intergenerational or shared site usage

Development sites can offer shared or multi-generational usage, but planning must be both tactful and imaginative. For example, specialist housing can be built close to health and social care services, but public and private space must be carefully delineated. Similar challenges might arise, for example, for a shared site featuring older people's housing and a school or youth club. Where housing has been provided alongside shared community resources, it may be advantageous to allow public access from the moment residents move in, so managing expectations.

Farming for Health – a sustainable partnership of business, community and care

Around 700 farms across the Netherlands take part in a joint project sponsored by the Dutch Ministries of Agriculture and Health. The scheme aims to both diversify rural economies and boost wellbeing in vulnerable groups by providing care facilities in a stimulating farming environment.

The schemes offer care, accommodation, therapy and rehabilitation to a variety of vulnerable people at different life stages. However some 40-50 farms have specialised in providing day care and sheltered accommodation to older people, typically catering for small groups of 6-8. The farmers receive some basic training in care and must learn to supervise their care community effectively, but the strong emphasis is on maintaining a genuine working farm environment, with more advanced care needs provided by visiting specialists. Participants are under no obligation to work, but are encouraged to help with a wide variety of day-to-day tasks appropriate to their level of physical and mental functioning.

Studies point to significant benefits for participants, including improved self-esteem, social skills, social inclusion, physical health, wellbeing and sense of purpose.

5.i Information technology

Information technology offers an exciting avenue to increase the accessibility of public services for all ages. Nonetheless, it is worth noting a clear gradient of inequality of access to IT by age. Some 90 per cent of the richest quintile in the 52-59 age group own a computer, compared to 48 per cent of the poorest. This falls to 41 per cent and 8 per cent respectively in the 75s and over.³⁵ Internet usage is popular amongst older people, but it should be remembered that it is not yet an adequate substitute for local and accessible services for all ages.

Innovation should include new and emerging assistive technologies that have the potential to revolutionise the way we interact with public services. For example, housing environments can already be made safer with alarm systems and pervasive technology, assisting both recipient and care giver in the burden of care. Older people could have unnecessary or difficult journeys reduced through IT-based telecommunications. Fear of crime, consistently reported as a highly influential factor in older people's quality of life and wellbeing, could be reduced through house-based and portable alarm systems, given that isolation and vulnerability may be drivers of this fear, rather than direct experience of crime. Assistive IT-based technology could also encourage social networking and choice-based activities such as journeys to hobby clubs and leisure facilities.

³⁵ ELSA 2004.

Section 6: What does this mean for the planning process?

There is no such thing as a failsafe planning 'recipe' for lifetime neighbourhoods, although the core components should be relevant considerations for all areas. It must be stated that older populations are, and will continue to be, extremely diverse. Experience of old age will vary from region to region, from neighbourhood to neighbourhood. Strong evidence and ongoing consultation is the best method for establishing local priorities.

What is clear, however, is that planners must be ready to seize strategic opportunities to plan for an ageing population as and when they occur, whether for new communities or existing ones.

It is clear that issues of lifetime neighbourhoods and the impact of population ageing must therefore be well represented in local and regional strategic planning processes and documents, for example in Regional Spatial Strategies and Local Development Frameworks.

Local authorities have many levers through which to affect the development of the built environment, not least via Section 106 Agreements. As a 2004 study by the Royal Town Planning Institute failed to find any examples of Agreements being used to provide facilities for older people, *it is likely that this avenue is still considerably under-exploited*.³⁶ In addition, the study recommended Supplementary Planning Guidance as the most viable mechanism by which Local Authorities can oblige development control to reflect the urgency of the issue.

Given the high competition for development sites, planners will need a reliable and comprehensive evidence base upon which to justify policies, for example the ringfencing of space or budget allocations against other important (and most likely vocal) development plans.

6.a Consulting older people

At the heart of better planning is the principle of consultation. What may work in one area may prove unpopular in another. It is only through the engagement of older people that we can discover how neighbourhoods may be overtly or indirectly contributing to social exclusion. For example, the concept of 'regeneration' may pay little attention to the needs of older generations, instead opting for new services and spaces designed for younger people, for example bars and clubs that create intimidating 'no-go' areas in the evening.

³⁶ RTPI 2004

Older people themselves, and indeed all those who will make use of communal spaces, should be involved in the planning and designing from the start and at subsequent stages. Furthermore, given the links between self-esteem, self-determination and wellbeing,³⁷ *the act of consultation itself is one mechanism for the promotion of self-esteem, confidence, overall wellbeing and social inclusion.* Initiatives and programmes such as Better Government for Older People should be adapted to tie in more directly to planning consultations and regeneration. It is worth noting that where people's views are disregarded, consultation may in fact prove alienating. Engagement must therefore be part of a genuine attempt to negotiate and compromise in usage and character of space.

Case study: Older people's advocacy in the built environment – the Newcastle Elders Council.

The Newcastle Elders Council undertook a large consultation to assess the 'older person friendliness' of Newcastle City Centre between 2003-2004.

In recognition of the importance of the centre for older people as a destination for shopping, going out and other activities, the study commissioned older people themselves to survey the city's streets, buildings and amenities using a designated survey format.

Many of the findings reflected broad concerns shared by older people in towns and cities around the country. For example, the closure of information points, poor access to public lavatories, lack of public seating, re-routing or withdrawal of public transport, inaccessible shops, inadequate sign posting, and intergenerational conflict in use of public space.

However the group also commended many features of existing spaces and amenities, for example the wealth and variety of shops in the city centre, libraries, galleries, theatres and cinemas, some of which had made significant efforts to improve accessibility and attract older consumers. Advice and information services for older people, such as the citizens advice bureau, were noted as extremely useful. The group also noted their appreciation of inclusive design and free entrance for older people in the visitors' centres of several local museums and galleries.

The group liaised with Newcastle City Council to promote awareness of the concerns raised by the study. Several outcomes were agreed upon, including a longer crossing time at a busy pelican crossings and corrected and updated maps showing local amenities. However, a number of issues remain under negotiation.

For more information, visit www.elderscouncil.org.uk

³⁷ WHO 2003

6.b Prioritising by inequalities

All people are likely to encounter progressively complex obstacles to social inclusion and wellbeing as they age. However, barriers will be worse for the most deprived amongst us, for two main reasons. Firstly, lower socio-economic groups show considerably higher levels of physical impairment. Secondly, they will be least able to afford the services, care and products they might otherwise choose to minimise dependency.

Key facts: Inequalities in physical impairment by wealth

Eighteen per cent of the poorest quintile of men aged 65-74 are judged to show physical impairment in everyday physical tasks* compared to just 4 per cent of the richest quintile. At the same age, 30 per cent of the poorest quintile of women show physical impairment, compared to 7 per cent of the richest.

*Impairment measured by Standard Physical Performance Battery test (SPPB), which includes gait speed, chair stands and balance tests.

Source: English Longitudinal Study on Ageing 2006.

Planners can use data on inequalities in health and socio-economic status to prioritise resources for those who will need them the most. This can be assisted through the Communities and Local Government *Indices of Multiple Deprivation* (2004), which rank localities at the super-output area level by income, employment, health deprivation and disability, education, skills and training, barriers to housing and services, crime and the living environment.

6.c Cross sectoral involvement

As is noted above in part 5, cross sectoral involvement offers clear and self-explanatory benefits to both service providers and planners, and should be a standard feature in all planning of the built environment.

Numerous avenues exist that allow better cross-sectoral input into planning strategy, although it is noted that Local Development Frameworks are possibly the most promising, especially if linked to the planning 'bedrock' of the Sustainable Communities Strategy. The potential is also there for the harmonisation of a raft of supporting strategies such as the Transport Strategy and the Older Persons' Housing Strategy to create a fully coherent strategic framework working towards lifetime neighbourhoods.

It should be added that both planners and service providers will continue to be hampered in the planning of new developments if funding streams are not made more compatible. As funding sources remain separate for, say, social care, nursing care and housing, management often reverts to organisational 'silos'.

6.d Better use of data

Planners will need support and assistance if they are to plan effectively. Much of the data are already available, but it is possible that planners may find it difficult to make full use of it for a variety of reasons.

Local authorities will need to ensure that planning officers are given the relevant support they need in gathering and interpreting data. As the RTPI recommended, 'accurate, and up to date information is needed to make sure that decisions are based on reliable evidence, not myths'.³⁸

As has been mentioned above, cross sectoral involvement is key to the sustainable planning of lifetime neighbourhoods. Furthermore, service providers and planners can exchange information to mutual benefit, with planners as the local 'custodians' of demographics.³⁹

³⁸ RTPI 2004

³⁹ RTPI 2004

Section 7: Conclusion

In summary, several key concepts emerge that are central to the issue of lifetime neighbourhoods.

- Lifetime neighbourhoods have a vital role to play in promoting ‘active ageing’ and meeting the challenges of an ageing population. They involve the creation of multi-generational space where the needs of all ages are catered for with a considered, negotiated balance.
- Lifetime neighbourhoods should also constitute a preventative investment in good health for future generations. Pleasant, sustainable living environments should improve wellbeing and quality of life at all ages, aiming to reduce the inequalities in morbidity and mortality that divide our society.
- Ensuring **access** is a dominant theme in lifetime neighbourhoods. Our desire to congregate and participate does not change with age, but our ability (or perception of our ability) to do so does. Lifetime neighbourhoods are those which arrange their services, built environment and public spaces in such a way so as to facilitate access by those with reduced physical abilities. They provide both a built environment and an *attitudinal* environment in which people of all ages feel both comfortable and informed when taking part.
- The concept of **access** includes the critical need for the consultation and engagement of older people. Only through consultation can the diverse circumstances of local older people be effectively audited and taken into account by planners and service providers.
- **Innovation** is necessary if we are to provide the imaginative, responsive and sustainable services at the heart of lifetime neighbourhoods. There is no reason why a diverse range of existing but possibly non-traditional businesses, organisations and societies could not be engaged with to arrange new models of care and public services.
- **Planning and service providers must cooperate** to deliver the environment needed for lifetime neighbourhoods. A long-term, strategic vision must guide the use of development opportunities for new spaces, buildings and resources *as they occur*. Imaginative use of the planning system, such as Section 106 Agreements, offer enormous potential for meeting local needs. Without effective partnerships, however, many opportunities may well be lost.

Section 8: Further reading

Government guidance

Planning Policy Statement 1: Delivering Sustainable Development.

Communities and Local Government

www.communities.gov.uk/

A Sure Start to Later Life.

Social Exclusion Unit – Communities and Local Government

www.communities.gov.uk/

Opportunity Age – Meeting the Challenges of the 21st Century.

Department of Work and Pensions (2005)

www.dwp.gov.uk/opportunity_age/

Other

Building our Futures: Meeting the housing needs of an ageing population.

International Longevity Centre UK

www.ilcuk.org.uk

Planning for an ageing population.

Royal Town Planning Association

www.rtpi.org.uk.

Social Inclusion and Older People – a Call to Action

Help the Aged

Global Age-friendly Cities: A guide.

World Health Organisation

www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

The Social Determinants of Health: The Solid Facts – Second Edition.

World Health Organisation

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