THREE

Urban ageing

Introduction

The previous chapter reviewed the last 40 years of empirical literature related to our understanding of the relationship between the older person and their environment. While this yielded a breadth of knowledge, there remain some substantial shortfalls within empirical knowledge that require urgent focus, particularly set against a context of other trends, in particular population ageing and urbanisation.

The focus of this chapter is on examining ageing in urban environments and what this means for the person–environmental fit. The first section of the chapter briefly examines trends in both population ageing and urbanisation. The next section discusses factors present in urban spaces that might support and hinder ageing, and what is currently known about older people ageing in urban centres. Critically, the chapter raises the question of the current 'optimality' of urban neighbourhoods to support the health and well-being of those ageing in urban centres.

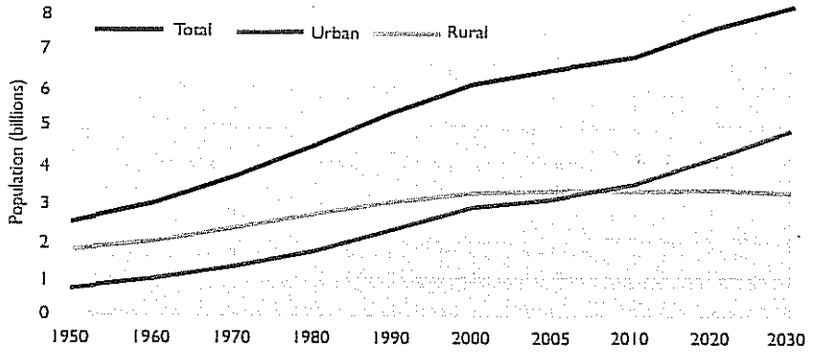
Trends in urban ageing

> Population ageing and urbanization are two global trends that together comprise major forces shaping the 21st century. (WHO, 2007, p 6)

Trends in population ageing and urbanisation make the understanding of urban ageing highly relevant to the agenda on sustainable development. Urban development has been described as 'one of the most powerful of the forces which are shaping the geography of the contemporary world' (Clark, 2000, p 15); transforming the lifestyles of almost half of the world's population. A recent report by the United Nations Population Fund (UNFPA, 2007) predicted that by 2008, for the first time in history, more than half of the world's population – 3.3 billion people – would live in urban areas, and by 2030 this figure is expected to be almost five billion (see Figure 3.1).

In Europe, almost 75% of the population already live in urban areas (for example, 80% in the UK, 77% in France and Spain, 73% in Germany and 68% in Italy). Canada and the US have similar percentages of the population living in urban areas, 81% and 79% (2008 figures).[1] There has also been a rise in megacities – cities with a population of 10 million or more – and this is expected to rise

Figure 3.1: World population, total, urban and rural, 1950–2030



Source: Printed with permission: 'World population, total, urban and rural, 1950–2030', *OECD Environmental Outlook to 2030* (OECD, 2008, www.oecd.org/environment/outlookto2030)

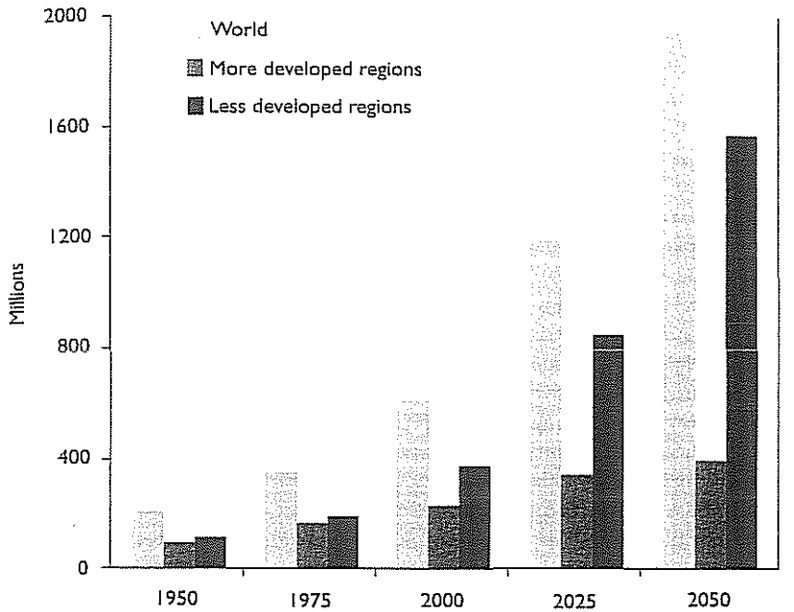
further in the coming years. The United Nations predicts that by 2015, 23 cities will be defined as megacities, of which most will be in the developing world (UNFPA, 2007); and by 2030, three out of every five people will live in urban areas (WHO, 2007).

Population ageing represents a significant trend shaping urban areas. One out of every 10 persons is now 60 years old or above (UN, 2003) and this is projected to increase in the proceeding years; with the proportion of the global population aged 60 and above more than doubling from 11% in 2006 to 22% in 2050 (WHO, 2007). In countries of the Organisation for Economic Co-operation and Development (2007), the percentage of the population aged 65 and over has grown in comparison with those under the age of 65 (see OECD, 2007, population pyramids for 2000 and 2050). For G7 countries, from 2008 to 2060, the share of people aged 65 years and over is projected to rise from 17.1% to 30.0%, with those aged 80 years and over projected to triple from 21.8 million to 61.4 million in the EU27 countries (Eurostat, 2008).

More older people than ever before are found to live in urban areas and this is expected to increase in the coming years (UN, 2003; Rodwin and Gusmano, 2006). Figure 3.2 illustrates the growth in the numbers of those aged 60 and over living in urban areas across more developed and less developed countries. Less developed regions will see the greatest growth in those aged 60 and over in urban areas. The World Health Organization (WHO, 2007) suggests that in developing countries, the percentage of older people residing in cities matches that of younger people, at around 80%.

Life expectancy is an important contributing factor to the increasing numbers of older people; in most countries, life expectancy at birth is continuing to rise. According to population projections for the UK, life expectancy at birth for those born in 2006 is projected to be 88.1 years for males and 91.5 years for females.

Figure 3.2: Population aged 60 and over living in urban areas: world and developing regions, 1950–2050



Source: Printed with permission: Population Division of the Department of Economics and Social Affairs of the United Nations: *World Population Ageing 1950–2050* (United Nations, 2002, Sales No E.2. XIII.3)

For those aged 65 in 2006, males are projected to live for another 20.6 years and females another 23.1 years. In addition, a greater number are reaching later life: for those born in the UK in 2006, 91% of males and 94% of females have a chance of reaching age 65 (Office for National Statistics [ONS] figures using 2006 base; Interim Life Tables 2005–07). Similar trends exist in other Western countries (Eurostat, 2008).

Understanding trends in healthy life expectancy (HLE) and disability-free life expectancy (DFLE) has implications for urban areas. Trends reveal that DFLE tends to be lower than HLE or years spent in good or not good health. In the UK (using 2004–06 figures), males can expect to live in good or fairly good health (HLE) for 68.2 years at birth and 12.8 years at age 65, for females this is 70.4 and 14.5 years. However, DFLE for males at birth is on average 62.4 years and at age 65, 10.1 years; similarly for females 63.9 years and 10.6 years (Smith et al, 2008, using ONS 2004–06 figures). Trends for those at birth show a greater gain in life spent free from disability than projections for those currently aged 65, particularly for females (Smith et al, 2008). Healthy life expectancy shows similar trends among most European countries (Eurostat, 2007).

Given trends in demographic ageing, including HLE and DFLE, and increased urbanisation, academics, health professionals, city planners, architects and policy makers should think more strategically about how each can contribute to improving the experience of ageing in urban cities. The next section examines some of the factors that have been found to both contribute to and hinder ageing well.

Understanding urban ageing?

The literature overwhelmingly supports the optimality of ageing in place, such that ageing in place enables greater physical mastery over the environment, despite possible declines in function, and fosters social and autobiographical continuity. This is supported by a policy agenda that favours ageing in place. According to Evans (1999, p 250), 'it seems reasonable to suspect that the human organism is sensitive to and partially dependent on certain dimensions of the physical environs for its well-being and healthy development'. And that the environment can create or hinder opportunities for ageing well (Phillips et al, 2005). A growing literature on neighbourhood effects links aspects of the environment to life chances, and is a social determinant in health inequalities and well-being (Atkinson and Kintrea, 2001; Marmot and Wilkinson, 2005; Stafford and McCarthy, 2005). Thus, better understanding of the conditions present in urban neighbourhoods that foster or hinder ageing well is worth consideration.

Urban environments, in particular large metropolitan centres, have been found to offer older people extremes:

> High levels of congestion, pollution, and crime in world cities, as well as social polarization and the high cost of housing, may undermine quality of life for older people. Yet these cities offer greater access to public transportation, pharmacies and stores, world-class medical centres, museums, parks, concert halls, colleges and universities, libraries, and theatres. (Rodwin et al, 2006, p 6)

The extremes present in urban centres can be seen to both foster and hinder ageing well. Factors that support and that hinder ageing well are discussed in more detail later.

Factors that foster ageing well

Given the population density of city centres, access to services and amenities tend to be supported and sustained, keeping people committed and engaged in their local community (Power and Mumford, 1999). Availability and access to services (for example, health and social care, post offices, libraries) have been found to be a key factor in ageing well and reports of quality of life (Godfrey et al, 2004), both supporting independence and people's feelings of social connectedness. As

highlighted in Chapter One, neighbourhoods that are able to satisfy people's needs for basic living and pleasure are also more likely to encourage place attachment.

There is evidence of greater diversity and choice in urban living for older people when compared with rural living (Laws, 1993; Gitlin, 2007). Cities now present spaces and places that can support differing lifestyle choices (Savage et al, 2002), although this is typically for those who can 'elect', through financial means, to have such lifestyles (Phillipson, 2006). Some of the community and housing options on offer range from 'new urbanism' or utopian ideals of living to purpose-built age-segregated complexes. To illustrate, the town of Celebration built by the Walt Disney Company in Florida in the US (Frantz and Collins, 1999) and Poundbury in Dorset, England, adopt many of the principles of what is referred to as new urbanism. Despite the emphasis on 'new', the principles adopted have their roots in the turn of the last century. Emphasis is placed on how the built environment fosters community cohesion, creating more pedestrianised places and communal areas – with the idea that if you get people out of their cars and onto the streets and pavements they are more likely to have the opportunity to stop and talk with their neighbours.

There has also been a rise in housing specifically designed to meet the health and social care needs and/or active lifestyle choices of older people. Retirement villages aim to offer a lifestyle choice of ageing in place in a supportive, secure and independent environment. These villages have been found to play an important role in the promotion of health and well-being and help to address the shortage of suitable homes for later life (Croucher, 2006). However, there has been some criticism that studies of the effectiveness of these types of housing rely heavily on expressions of residents' satisfaction rather than more robust quality-of-life measures (Croucher et al, 2006). Retirement villages have also been criticised for being exclusionary, promoting unrealistic images of ageing and creating tensions between those who are 'fit' and those who are 'frail' (Bernard et al, 2007).

Globalisation is also argued to have had an enormous impact on urban places and ageing. Giddens (1990) defines globalisation as the intensification of worldwide social interactions that work to link distant places in a way that each impacts on the other. According to Phillipson (2007), globalisation has transformed urban spaces by creating greater diversity in the social, cultural and economic spheres; this has given rise to new types of movement in later life, which enable the construction of new and multiple spaces, communities and lifestyles. For some, globalisation has enabled greater opportunity: 'Older people in developed countries become aware of the possibilities of travel, migration, and the potential benefits of global tourism' (Phillipson, 2006, p 48). For those able to adapt and respond to the changes of globalisation, possibly through health and financial capacity, well-being in later life is likely to be maximised. However, for others, globalisation might present greater risks (Phillipson, 2006, 2007).

Recently, there has been growing interest in what makes places 'good' and 'optimal' places to age. The World Health Organization, working with 35 cities in

22 countries, has developed guidance on 'global age-friendly cities'. It describes an age-friendly city as encouraging:

> active ageing by optimizing opportunity 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, 2007, p 1)

The World Health Organization has developed a checklist of essential features of an age-friendly city, which covers aspects of the built environment, service provision and participation (WHO, 2007). Some of the specific features of an age-friendly city are a pleasant and clean environment, adequate public toilets, safe pedestrian crossings, places to rest (benches) and access to green spaces.

The document (WHO, 2007) sets out eight areas that make an environment enabling:

- *housing* (for example, appropriate design, modifications, maintenance, enabling ageing in place, housing options, choice);
- *social participation* (for example, accessibility to events and activities, facilities and settings, fostering community integration, addressing isolation);
- *respect and social inclusion* (for example, respectful and inclusive services, addressing public images of ageing, promoting integration and family interaction, economic inclusion);
- *civic participation and employment* (for example, volunteering options, training, employment options);
- *communication and information* (for example, access to customer-friendly technology, a one-stop information centre);
- *community support and health services* (for example, service accessibility, professionals who are respectful and address needs appropriately, support to live at home);
- *outdoor spaces and buildings* (for example, a clean environment, green spaces, safe pedestrian crossings, adequate public toilets);
- *transportation* (for example, affordable, reliable, frequent, routes that go where older people need to go – hospitals, shopping centres, parks, accessible vehicles).

There has been some criticism of the methodological approach (for example, the ability of older people to drive key age-friendly themes), the appropriateness of the checklist for developing countries/cities and the empirical evidence behind it (Tinker and Biggs, 2008). Specifically, there is a lack of evidence on the impact of 'age-friendly' checklists on the experience and process of ageing. However, despite these criticisms, the global age-friendly guidance has been significant as far

as a conscious-raising exercise about the need to consider the built environment in the process of ageing.

Factors that hinder ageing well

Empirical evidence has also revealed a number of risks associated with ageing well in urban places. For some, the environment has been found to present a greater or lesser amount of what has been labelled 'daily hassles'. According to Phillips et al (2005), daily hassles include neighbourhood problems such as overcrowding, noise, air pollution and congestion. Hassles that relate to managing and traversing the environment, such as 'negotiating hilly and/or uneven terrain and worries about being able to sit down whilst out shopping' (Godfrey et al, 2004), in addition to access to and provision of public toilets, have been found to make many city centres difficult to manage (Phillips et al, 2005; WHO, 2007) and work to reduce social inclusion. Equally, the level of perceived environmental press(es), such as the physical demands of an area – fear of crime, access to high-quality services and aesthetic appearance – have been found to affect older people (La Gory et al, 1985; Brown, 1995).

Globalisation, as previously discussed, has had a significant impact on urban areas and the experience of ageing. While the previous section highlighted the opportunities this offered some older people, a critical view of the impact of globalisation is that it is working to reconstruct ageing as a risk factor. According to Phillipson (2006), in the 1990s ageing moved from being a national burden on economies to being a worldwide problem, and responsibility for financial care moved from institutions to individuals and families. And while some people have been able to adapt to the changes brought about by globalisation and capitalise on opportunities, for others it is a destabilising force and there are worries that it is generating new social divisions: 'between those able to choose residential locations consistent with their biographies and life histories, and those who experience rejection or marginalisation from their locality' (Phillipson, 2007, p 321).

Evidence has also shown that there has been a rise in the geographical disparity and polarisation of neighbourhoods in many Western countries (EC, 1997; Gordon and Townsend, 2000; Lee, 2000; Lupton and Power, 2002; Power, 2009), with poorer neighbourhoods becoming more acute and concentrated (Lupton and Power, 2002). Massey (1996, p 395) has suggested that we are living in an *age of extremes*, where from the 1970s, 'the promise of mass social mobility evaporated and inequality returned with a vengeance, ushering in a new era in which the privileges of the rich and the disadvantages of the poor were compounded increasingly through geographic means'. Similarly, Wacquant (2008) in *Urban outcasts* takes a new and critical perspective of the construction of exclusion and poverty in current Western countries. He suggests that urban centres are heading towards increased *advanced marginality*, where the social and political structures in society are not enabling the reintegration of populations cast out in particular territories, creating a rise and spread of urban marginality. This presents a significant

concern given the growth of urban areas and the demographic profile taking place internationally.

Deprived urban inner-city areas are typically described as having the following characteristics (Hatfield, 1997; SEU, 1998; Gordon and Townsend, 2000; Langlois and Kitchen, 2001; Johnson et al, 2005):

- high unemployment;
- lack of community spirit;
- low educational attainment;
- litter/poor general appearance;
- drug problems;
- unsupervised youngsters;
- poor public transport;
- vandalism/threatening behaviour;
- poor/lack of shops;
- high crime and feeling unsafe;
- low income and poverty;
- a high percentage of overcrowding;
- poor housing stock;
- a high percentage of benefit claims/government transfers/social programmes;
- high rates of morbidity and mortality;
- a high population turnover.

Understanding the characteristics of neighbourhoods is important because geography or where people live has been found to influence their life chances (for example, education, health, life expectancy; Marmot and Wilkinson, 2005) and risk of social exclusion (Lupton and Power, 2002). According to Lupton and Power (2002, p 140), '[p]oor neighbourhoods are, in a sense, a barometer for social exclusion'. The exclusion of individuals from society presents a particular concern as it:

> involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities available to the majority of people in a society, whether in economic, social, cultural or political arenas. It *affects both the quality of life of individuals* and the *equity* and *cohesion of society as a whole.* (Levitas et al, 2007, p 9, author's emphasis)

Thus, neighbourhoods with such characteristics are likely to present their residents with numerous risks to daily life. For older people, deprived areas are likely to present additional challenges and barriers to ageing well.

The study of older people living in deprived urban areas has not typically received the attention afforded other age cohorts (Phillipson and Scharf, 2004).

However, there are some studies that have sought to examine older people living in these types of neighbourhoods (Townsend, 1957; Corcoran, 2002; Scharf et al, 2002a, 2002b, 2005). Peter Townsend's (1957) seminal book *The family life of old people* was one of the first to capture the situation of older people living in poverty in Bethnal Green in the East End of London. Interviews with over 200 older people who lived there produced a rich dataset on the impact of poverty on family life, living arrangements and health.

However, little is known about the experience of older people living in contemporary inner-city areas and its impact on quality of life. One of the few studies to shed light on this was carried out by Scharf et al (2002a, 2002b, 2003a, 2005), who examined the social exclusion and quality of life of people aged 65 and over living in three urban cities in England. The study surveyed over 600 people living in nine of the most deprived electoral wards in England; in-depth interviews were also conducted with approximately 140 people. The data produced an account of the daily life of older people living in neighbourhoods characterised by multiple risks. Of the sample, 45% were found to be in poverty, which was defined as lacking two or more socially perceived necessities.[2] Poverty had a significant impact on people's self-reported quality of life, with 66% of those in poverty reporting a poor or very poor quality of life, compared with 34% not in poverty. Of the sample, 40% reported being a victim of at least one type of crime (for example, property or personal theft) in the previous two years. Being a victim of crime had a statistically significant impact on reports of both quality of life and neighbourhood satisfaction: 57% reported a poor quality of life and 56% reported dissatisfaction with the neighbourhood. For people who had had no experience of crime, these figures were 43% and 44% respectively.

Building on the work of Scharf et al (2004), Barnes et al (2006) analysed the degree and characteristics of social exclusion using the English Longitudinal Study of Ageing (ELSA). Social exclusion was measured across seven domains:

- social relationships (contact with family and friends);
- cultural activities (cinema and theatre);
- civic activities (voting and volunteering);
- access to basic services (such as health, social care and shops);
- neighbourhood exclusion (fear of crime);
- financial products (bank account, savings);
- material consumption (household amenities, holiday).

Findings revealed that those living in the most deprived area had a greater risk of experiencing multidimensional exclusion and having higher rates of exclusion across each of the measures. As noted earlier, Lupton and Power (2002, p 140) suggest that '[p]oor neighbourhoods are, in a sense, a barometer for social exclusion'.

Enabling urban environments

The previous subsections aimed to highlight factors that foster and hinder urban ageing. These factors might become even more significant when length of residence and time spent in a neighbourhood are considered. The evidence around area effects can be argued to disproportionately affect those who spend more of their day within their neighbourhood, such as those who are retired from paid work. Findings from Baltes and Baltes (1990) revealed that older people spend the majority of their time (between 70% and 90%) within their immediate home environment.

Although there is a lack of literature on people living in deprived areas and time spent in the neighbourhood, it would be reasonable to assume that those with less financial resources living in these types of places have less opportunity to escape on a daily or weekly basis. Given this, the quality of environment surrounding the individual might be particularly important to maintaining well-being. For some, deprived areas might present greater challenges to notions of ageing well – such as fear of crime and antisocial behaviour, high population turnover and poor access to services and amenities. It is reasonable to assume that ageing – successfully, well or optimally – requires an enabling environment where residents feel secure and supported. But with a rise in unsupportive environments, for example deprived inner-city areas, this challenges the optimality of the ageing in place agenda.

Over 25 years ago, Lawton (1982, p 33) claimed that the physical environment of older people had 'been typically ignored or at best implicitly assumed'. To a certain extent this situation has changed in recent years. There has been a breadth of research aiming to better understand older people's relationship with their home and objects within the home. However, there has been some criticism and call for a focus on other aspects, such as the neighbourhood. Within environmental gerontology, the neighbourhood has not been as well studied as the home environment (Scheidt and Windley, 2006); given gaps in knowledge it is important that we move quickly to understanding the impact of deprived inner-city neighbourhoods on ageing well not least to look at mitigating against any harmful factors but also to look at the opportunities presented in such neighbourhoods.

Conclusion

Over the last half-century there have been important changes in both the growth of urban areas and the demographic profile cross-nationally. The developed (and developing) worlds have increasingly become urbanised and with a greater proportion of older people living within these centres, as stated by the World Health Organization (WHO, 2007), population ageing and urbanisation are major forces shaping the 21st century.

Urbanised areas present both benefits and risks to ageing. Population density supports the provision of and access to services (for example, hospitals) and

amenities (for example, theatre, museums), which are important for maintaining well-being and critical for building attachment to place and people. Equally, big cities are also associated with high levels of congestion, crime, and social and geographical polarisation.

Globalisation has been argued to have a significant impact on urban ageing. For some, it has generated enormous opportunities, creating a greater diversity of social, cultural and economic spheres and the possibility for older people to have new lifestyles and occupy new spaces through global tourism. However, for those unable to adapt and take up the opportunities of globalisation (for example, through lack of financial resources or poor health), this has presented greater risks for ageing.

Increases in the number of marginalised inner-city neighbourhoods have raised particular concerns given the growth of urban ageing. Characteristics of such neighbourhoods present particular risks for older people – specifically, poor access to services, poor infrastructure (for example, uneven pavements, poor lighting), crime, poor housing and antisocial behaviour. There are concerns that such environments go against notions of optimal ageing (House of Lords Science and Technology Committee, 2005) and challenge the agenda around ageing in place. Such neighbourhoods also go against factors found to be critical for creating 'age-friendly' communities (WHO, 2007).

Shortfalls in knowledge that were highlighted in Chapter One, coupled with a growth in geographical polarisation and demographic shifts, should raise concerns among academics, policy makers and planners as to the preparedness of society to meet the needs and aspirations of an ageing population. There is an urgent need to better understand the relationship between place and ageing in environments that present multiple daily risks; specifically, what factors underline the desire for or rejection of ageing in place in these types of neighbourhoods, and what is the impact on quality of life? These issues have important implications for understanding and supporting urban ageing, neighbourhood sustainability and addressing the social exclusion agenda. The next three chapters aim to readdress shortfalls in knowledge by presenting and examining new empirical evidence on the experiences of older people living in five deprived inner-city neighbourhoods across two countries.

Notes

[1] Data from Global Health Facts: urban population (% of total population living in urban areas) 2008 figures; www.globalhealthfacts.org/topic.jsp?i=85, last accessed May 2009.

[2] For more information on 'socially perceived necessities', see Gordon et al (2000).