AGEING IN AN UNEQUAL WORLD
Implications for Age-Friendly Cities and Communities

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Abstract

The World Health Organisation (WHO) Age-Friendly Cities and Communities (AFC) agenda has become a key policy driver for delivering urban environments that support older people to age in place. The movement has led to positive interventions at a city and community level alongside evidence of effective partnership working. Despite this, there are challenges in terms of how best to address widening societal inequalities in old age, where access to the resources and supports to age well are often compromised. The aim of this paper is to explore the implications of these inequalities on the age-friendly cities and communities agenda with specific reference to the challenges and opportunities to ageing in place. In doing so we reflect on different forms of inequality that impact older people (spatial, social and political), and the role of intersectionality in understanding the multiple forms of disadvantage that impact the ageing process. We draw out some specific recommendations for moving forward with the AFC agenda which are important if coordinated approaches to addressing ageing in place are to be achieved: challenging ageing inequalities and place; supporting rights within the context of ageing and the city; co-production and AFC; and integrated working and AFC. Addressing these key areas are integral to ensuring that the supports are in place at a city and community level to provide the opportunities and structures to support older people to age in place.

Keywords: ageing in place, age-friendly cities and communities, inequality, place, intersectionality.

O ENVELHECIMENTO EM UM MUNDO DESIGUAL
Implicações para cidades e comunidades amigas do envelhecimento

Resumo

A agenda da Organização Mundial da Saúde (OMS) sobre cidades amigas do envelhecimento tornou-se um importante fator político para a criação de ambientes urbanos que apoiem pessoas idosas a envelhecerem no local. O movimento levou a intervenções positivas no nível municipal e comunitário, além de evidências de trabalhos eficazes em parceria. Apesar disso, existem desafios acerca da melhor maneira de lidar com as crescentes desigualdades sociais na velhice, onde o acesso aos recursos e apoios para o envelhecer é frequentemente comprometido. O objetivo deste artigo é explorar as implicações dessas desigualdades na agenda das cidades e comunidades amigas dos idosos, com referência específica aos desafios e oportunidades para o envelhecimento. Ao fazer isso, se reflete sobre as diferentes formas de desigualdade que afetam as pessoas mais velhas (espacial, social e política) e o papel da interseccionalidade na compreensão das múltiplas formas de desvantagem que afetam o processo de envelhecimento. Elabora-se algumas recomendações específicas para avançar com a AFC Agenda (é o atual sistema de classificação e pagamento do Serviço Nacional de Saúde do Reino Unido para os funcionários da saúde), que são importantes para alcançar abordagens coordenadas para lidar com o envelhecimento: desafiar as desigualdades e o lugar do envelhecimento; apoiar os direitos no contexto do envelhecimento e da cidade; coprodução e AFC; e trabalho integrado e AFC. A abordagem dessas áreas-chave é essencial para garantir que os apoios sejam implementados no nível da cidade e da comunidade, a fim de fornecer oportunidades e estruturas para apoiar os idosos a envelhecerem no local.

Palavras-chave: envelhecimento no local, cidades e comunidades amigas do envelhecimento, desigualdade, lugar, interseccionalidade.

Introduction

Ageing and urbanisation represent two significant global trends impacting the developing and developed world. In the Global North the percentage of those aged over 60 increased from 12% in 1950 to 23% in 2013 and is expected to reach 32% by 2050 (Buffel, 2018). In the Global South whilst proportions of older people are lower (9% in 2013) that upward curve will be more rapid with the percentage of the population aged over 60 reaching 19% in 2050 (United Nations, 2014a). By 2050 two thirds of the world's population will reside in urban areas and up to a quarter of those there will be older people with significant implications for the planning of our cities (United Nations, 2014b). At the same time, research has identified that health and wellbeing inequities in old age are profound, as a function of both current and lifelong exclusion from the place-based resources and supports to age well (Fulle-Iglesias, 2009; Dannefer, 2011; Terraneo, 2015). Thus, both ageing and urbanisation have raised urgent challenges in terms of how best to address inequalities such that people can lead healthier and longer lives.

In delivering urban environments that are supportive of older people, the age-friendly city movement has prompted interventions to address the social determinants of ageing well including housing, transport and outdoor spaces alongside efforts to support social participation, civic engagement and citizenship (Fitzgerald and Caro, 2014). Underpinning the age-friendly agenda is a focus on creating environments for active and successful ageing, supporting a high quality of life through enabling older people to make a positive contribution to their communities (Plouffe and Kalachi, 2010). The movement has acted as an important focal point for the development of guidelines and frameworks, for community advocacy and environmental audits and to foster the exchange of experience and mutual learning between cities and communities worldwide (Steels, 2015). In delivering successful age-friendly cities and communities it is recognised there is a need for political commitment, a participatory approach, coordination and collaboration across sectors, evidence informed planning, and monitoring and evaluation of impact (Buffel et al, 2016).

Whilst positive progress has been achieved in a number of areas, there is a need to critically evaluate the application of the age-friendly city movement at a time of rapid urbanisation and change particularly given growing inequalities in society. Research has identified disadvantage in old age resulting from disparities in access to basic supports within, across and between countries in the developing world, some of which are grounded in systemic inequities in race, economic position and gender (Ferraro and Shippey, 2009). Addressing these challenges has been recognised in UN Sustainable Development Goals which have identified equality as central to addressing sustainable

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cities and communities (UN, 2015) where there is a focus on reducing inequality within and among countries with an overall target to "ensure equal opportunity and reduce inequalities of outcome" and to "empower and promote the social, economic and political inclusion of all irrespective of age, sex, disability, race, ethnicity, origin, religion, or economic or other status". Addressing inequalities in old age is particularly important as changing economic, social and cultural contexts across the developing and developed world have raised opportunities and challenges for how we can support healthy and active ageing amongst older people living in urban environments (Woolrych et al, 2020).

The aim of this paper is to make a contribution to the debate on the role of age-friendly cities and communities and inequality by highlighting key issues regarding ageing and different forms of inequality; identifying potential shortcomings regarding the application of the age-friendly city model within the context of equality and equity; and proposing specific recommendations for moving forward with the age-friendly cities and communities agenda.

Ageing, Urban Environments and Inequality

As people age and their mobility reduces, living in urban environments (with a higher density of people) can bring about benefits to older adults in respect of living closer to necessities of daily living, having access to transport networks, and proximity to leisure and cultural services (Buffel and Phillipson, 2016). However, this assumes that the design, function and form of urban environments are age friendly and designed to support the everyday needs of older adults. Yet, urbanisation patterns in the developing world have led to unequal growth, reflected in health and social inequalities within and across urban areas in terms of housing, crime and employment (Szwarcwald et al, 2011). These inequalities disproportionately impact older adults at an individual, social and community level as coping with cognitive and physical challenges in later life require access to health services and amenities, safe and secure housing, opportunities for lifelong learning, and strong social and cultural supports (Buffel et al, 2013). Failing to provide a supportive urban environment can leave older adults in a vulnerable position and at risk of loneliness, isolation and social exclusion. Developing effective practices and policies to meet the varied physical, health and social needs of older people will be a key policy challenge for urban development over the coming decades.

Disadvantage in old age can stem from a broad range of inequalities including forms of spatial, political and political inequality. First, spatial inequality stems from inequalities across a range of outcomes as a result of where one lives. Place-based determinants e.g. access to green spaces, resources and support to age well have been known to impact quality of life outcomes in old age (Smith et al, 2004; Beard and Petitot, 2010; Bellis et al, 2012). Often, the quality of the urban realm for older adults has been compromised by processes of urban development (Burns et al, 2012). In rapidly developing countries, many cities are spreading outwards without services and amenities being provided; many older adults live in highly vulnerable locations; development has little regard for topography and ecological considerations which impact mobility in old age; investment in public spaces is restricted or under-provided in some areas; and the quality of the public realm does not always support the health and well-being of an ageing population (Woolrych et al, 2020). Globally, regeneration programmes over previous decades have brought about significant physical transformation of urban areas yet often failed to build the community, social and cultural capital necessary for sustainable communities within which to age (Woolrych et al, 2017). This has significantly impacted older adults; processes of gentrification and 'forced' urban change have displaced many seniors from urban areas, disrupting deeply rooted neighbourhood ties and the affective, symbolic

and psychological ties that people have to community (Atkinson and Wulff, 2011).

Second, social inequality results when unequal opportunities or rewards exist in a society for people of different social status or position. In framing old age, older people have all too often been symbolised as passive and dependent, failing to support the desire of older people to age actively. Indeed, a criticism of much of the ageing and social exclusion agenda is that it's overly focused on a deficit model of old age, identifying the 'needs' associated with old age rather than one framed as opportunity and fulfilment (Stephens, 2017). In addressing inequality of opportunity there has been a focus on combatting social disadvantage, facilitating social wellbeing, and enabling continuing contributions to the communities in which people live (Kendig and Browning, 2010). Yet being able to take advantage of those opportunities is often complex for older people, and research has identified the difficulties in older people negotiating access to those supports (Woolrych et al, 2019). For example, a community may seemingly be age-friendly when mapping assets and resources, but this does not translate into ease of everyday use for older people. Literature has identified the importance of social capital in old age including the importance of interpersonal relationships, a shared sense of identity, a shared understanding, shared norms, values, trust and cooperation (Gray, 2009). Research has also revealed inequalities in the ageing process across groups including gender, class, ethnicity, sexual orientation (Scharf and Keating, 2012; Gee et al, 2012) which impact living and working life e.g. women across the developing world often assume vulnerable and insecure livelihoods in old age (Vera-Sanso, 2012). Similar, social disadvantage in old age is often a result of events and factors which accumulate across the life course e.g. the causes of migrant poverty in old age are often rooted in multiple forms of exclusion experienced in earlier life (Lloyd-Sherlock, 2000; Gough and Adami, 2013; Kuh et al, 2013; Vlachantoni et al, 2017). O'Rand (2002) state that 'origins and destinations in the life course are linked by patterns of appreciation, depreciation and compensation of life course capital that are highly complex and interdependent with age'.

Third, political inequality is when certain individuals or groups have greater influence over political decision-making and benefit from unequal outcomes through those decisions, despite supposed procedural equality in the democratic process. Older adults often encounter discrimination societally, both in terms of service provision and in the sense of feeling respected and valued (Rippon et al, 2014). Netuveli and Bartley (2012) highlight how older adults' perceptions of their current position in the social hierarchy have strong effect on their perceived quality of life. Political representation is often undermined by lack of inclusion in the decision-making processes at a community and city level. This is reflected in older people's lack of meaningful involvement in the city making agenda. Handler (2014, p. 86) states that older people remain "marginalised in processes of urban development" as a result of "an 'underlying ageism' that characterizes much of urban planning processes where older people are easily represented as passive victims of urban change." In contemporary debates on city design, the lived experiences of older adults have been afforded less significance as commercial interests and the 'rebranding' of the city has been directed towards supporting a vibrant youth culture (Burns et al, 2011). As a result, older adults have reported a sense of disillusion with living in inner city urban areas with many experiencing a sense of 'lost community' (Buffel et al, 2013). The rebuilding of our cities should be seen as an opportunity to design inclusive urban environments which also support the right of older adults to age-in-place and provide the structures to enable political forms of representation.

There are also cross-cutting forms of inequality which stem from an inequality of treatment and rights e.g. in access to health, education, housing and social security which impact older people. This has consequential impacts on respect and agency in old age, for example, where retaining a sense of independence, choice and autonomy

in housing options continues to elude many older people (Haak et al, 2007). Other areas of exclusion have been largely understudied in the context of age-friendly cities and communities. For example, there has been a lack of work exploring how age-friendly cities and communities can support accessing appropriate, affordable and quality care, how there are inequities in access to social care across certain groups and the impact of place on older people 'as carers' (Thomas et al, 2015). Likewise, there are forms of income inequality in old age leaving many excluded from prosperity, resources and work as well as the material resources to access opportunities in old age which require closer consideration (Hubbard et al, 2014).

Healthy Ageing, Rights and Resilience in an Unequal World

In addressing health inequities in old age research has explored how age-friendly urban environments can promote healthy behaviours in old age (Sadana et al, 2016). Many older adults want to challenge the passive social role that society has bestowed upon them i.e. old age being synonymous with weakness and incapability. This is symptomatic of the deficit model of ageing which has often dominated and which conceptualises old age as a period of frailty, illness and old age, concerned with the absence of ill health, rather than the promotion of healthy and active ageing (Sixsmith et al, 2014). Increased global life expectancy should be seen as a significant success, yet there is little indication older adults are living more 'active, healthier' lives. Indeed, whilst global life expectancies continue to rise, there are differences in health status across and within countries including disparities in risk, disease and disability across the developing world (Hambleton et al, 2015). Cross-country evidence on the social determinants of health and older people have identified that differences in the health of older adults are strongly rooted in the accumulated disadvantage, discrimination and experience of underlying inequities including in health, education and living and working conditions (Sadana et al, 2016). Research is urgently needed to explore which health inequalities result from inequities i.e. differences in health outcomes that are 'unnecessary, avoidable, unfair or unjust' and require immediate action (Anand et al, 2004).

The implications for age-friendly cities is where this inequity cuts across the urban, social and cultural components of age-friendly urban environments. The urban environment has an important part to play in providing the affordances that enable older adults to lead healthier and more productive lives (Clarke and Nieuwenhuijsen, 2009). However, if the built environment is not designed equitably, it will present barriers to older adults engaging in activities that improve their health and well-being. This form of exclusion is rooted in a particular strand of social justice theory focused on conceptualising rights to the city (Attoh, 2011) based on: democracy, diversity and equality; participation (the right to access space) and appropriation (the right to occupy space). Current urban design often supports a form of 'architectural disability' (Goldsmith, 2012) where the design of buildings and places confront older adults with hazards and barriers (lack of accessibility, poor walkability) that make the built environment inconvenient, uncomfortable or unsafe. This can 'disable' (rather than enable) older adults, excluding them from participating in leisure, culture and work opportunities and compromising their 'rights' to the city.

For societies to adapt to the needs of older people there is a necessity to build communities that are resilient to the challenges of old age and provide the necessary supports to enable healthy ageing-in-place (Hardy et al, 2004). Urban environments need to be responsive to change, for example, by maintaining active ageing even when individuals are confronted with changing physical, mental and cognitive abilities. In a time of financial austerity and shrinking formal and informal care support networks (compounded by demographic change), society will need to look towards building

adaptation and inclusivity into community design, both through physical design features and natural supports, as settings for enhancing independence and well-being (Landorf et al, 2008). Building places which promote individual, social and community resilience will support participation in old age whilst providing the tools for older adults to meet their own personal 'environmental challenges'. However, there exists little empirical evidence capturing the place-based experiences of older adults and particularly how this cuts across different social, cultural and welfare systems. Important in this is exploring the intersections between healthy ageing, the family, and changing lifestyles to support ageing in place. For example, some countries in the developing world have a less well developed formal health and social care system (for example, homecare services and nursing homes) yet a collectivistic approach to old age i.e. strong cultural supports, filial piety, pre-eminent role of the family as caregiver (Bhat & Dhruvarajan, 2001). Across the developing world older adults are less likely to be living alone and more likely to be co-residing with family than older adults in the UK (ILC, 2013). However, these supposed traditional forms of family are being challenged (Krishnaswamy et al 2008). For example, increasing forms of mobilisation within the developing world and movement from rural to urban areas are challenging traditional forms of caregiving but there has been a lack of work exploring the implications of this on the age-friendly city. Further research is needed to explore the interplay between cultural attitudes to healthy ageing, informal and formal support systems and the role of place in the age-friendly agenda. This will help understand how cultural differences 'play out' within the context of community and impact on experiences of ageing-in-place and identify to what extent this influences what older people want in terms of place-based supports to live at home and in their communities. An environment that is supportive of older adults can create the conditions for active ageing, thereby potentially lessening the demand on formal care provision i.e. home care and institutionalisation.

Participation and Equality in Age-Friendly Cities

In developing age-friendly urban environments that support older adults, there has been much debate on the type and extent of citizen involvement, engagement and participation to ensure older adults are involved in the design and delivery of age-friendly environments (Rémillard-Boilard et al, 2017). The age-friendly movement recommends a "highly participatory approach that engages not only older people in a meaningful way throughout the process but also seeks alliances across government and key stakeholders across all sectors of society" (Warth, 2016, pp.39-40). This requires that the infrastructure for 'good governance' is in place characterised by inclusion and representation of all groups in urban society; accountability, integrity and transparency of local government actions; and a capacity to fulfil public responsibilities, with knowledge, skills, resources, and procedures that draw on partnerships.

Participatory forms of urban planning are at the centre of national political accord in a number of countries and many developing world countries have strong forms of citizen engagement at a grassroots level (Avritzer, 2009). Participatory planning (if undertaken effectively) can facilitate ties of mutual trust, the integration of different interests and facilitate the development of urban environments that support everyday living (Woolrych and Sixsmith, 2013). Although more sensitive forms of urban planning and development are starting to emerge, a top-down approach has dominated much of the design process, and there have been little practical consideration about how older adults can be involved in the decision making process i.e. from peripheral forms of participation to becoming active 'place makers' in the design and maintenance of community spaces (Vanmechelen et al, 2012). The participation agenda has been criticised for not including older adults in a process of co-production i.e. where older adults are actively involved in the design of services, using their skills, knowledge and

experiences, and allowing them to assume control, rather than being seen as passive recipients (Simpson, 2010). In challenging these exclusionary attitudes and practices, collaborative tools are needed to facilitate the positive contribution of older adults in the co-design of community spaces and to engage them as active 'place-makers' in the research process.

For age-friendly interventions to have some success, they need to be closely integrated into the institutional and delivery frameworks available within the community, city or region. Successful case studies of age-friendly cities and communities reflect a clear route to policy and practice, they often have a distinct strand within city government, or they cut across multiple policy areas in order to delivery holistic and integrated change (Garon et al, 2014). Partnership-working is also key, working towards interventions and solutions together rather than in silos. The more successful age-friendly movements have demonstrated political leadership on the one hand e.g. having support from key actors, decision-makers and policymakers whilst also being grounded in principles of co-production e.g. empowering older people themselves to drive civic and political agendas around ageing well (Garon et al, 2014; McGarry and Morris, 2011). It is not clear, yet, if that political buy-in and priority is top of the agenda within developing countries where ultimately it becomes a decision for many competing priorities and where access to shelter, basic sanitation and human welfare is compromised for many groups.

A further key ingredient of successful age-friendly cities is the close inclusion of older people themselves i.e. by empowering and involving older people in determining the agenda as 'local experts'. For example in some age-friendly cities such as Manchester (UK) older people have been involved as cultural champions, through older person's advisory boards, and older people's groups at a neighbourhood level and influence policy development across a range of sectors (McGarry, 2018). Central to the age-friendly city programme is the role of government in acting as the 'vehicle' for bringing about change, the success of which is dependent on first having city government buy in and secondly having the institutional structures in place to support the delivery of age-friendly cities (Steels, 2015). Moreover, whilst governments might indicate 'buy-in' and commitment, this needs to be followed through in terms of delivering change otherwise commitment might be deemed tokenistic and disingenuous. The operation of age-friendly cities and communities have often been thwarted by the lack of true integrated working e.g. where joined up services potentially deliver efficiency savings, but where individualised budgets and silo mentalities prevail (Greenfield, 2015). For example, an older person that cannot access a community centre may require interventions that cut across health and wellbeing, outdoor spaces, public transport and social programming involving multiple actors. Thus, whilst joined up working, political leadership from local government and strong institutional coordination are key ingredients of an age-friendly city, those communities that do not benefit from such strong institutional support are not afforded a framework for pursuing an age-friendly agenda.

Urban regeneration schemes, rapidly expanding cities in the developing world, gentrification and other competing neoliberal agendas have impacted on older people's attachment to the city (Simpson, 2010). For e.g. forced relocation from home and community can have a psychological, social and emotional impact on older adults who depend on their more immediate environment to access the resources that they need in old age (Fang et al, 2018). Here, there is increasing evidence that place identity, belonging and attachment in old age is disrupted when urban changes do not meet the everyday needs of older people (Woolrych et al, 2020). A narrative often focused on isolation, vulnerability and loss often fails to account for the positive contribution that older adults do make in city development. Older adults are not passive recipients of change or bystanders to changes that are happening within local communities.

Evidence suggests that older adults can and do adopt responsive/coping strategies to adapt to change and where the role of agency is an often neglected in the ageing discourse (Boneham and Sixsmith, 2006). For e.g. we know that older adults often adopt protective responses in times of adversity, they negotiate their built environment in unanticipated ways and they assume active roles within their community at times of transformation and change (Woolrych et al, 2019; Makita et al 2020). Age-friendly cities and communities need to create the opportunities for more citizen-led movements which enable a framework for positive change even when that coordination might be lacking at a government and formal institutional level. Here, for the age-friendly movement to be successful in developing world countries, there needs to be recognition of the forms of governance that have sprung up in informal communities in the developing world. These are often characterised by strong community institutions marked by the absence of public authorities but where intermediary institutions e.g. NGOs act as the link between municipality and community (Michelutti and Smith, 2014). Within this structure, the public authorities do not necessarily represent the vehicle for inclusive policies resulting in undermining the right to the city for vulnerable parts of the population and thereby increasing exclusion. The key question is what models of age-friendliness might look like within such environments, which support informal communities to bring about change and which build on local skills. This remains a significant gap in policy and practice.

A further neglected area in the age-friendly agenda has been the connection between the wider objectives of economic growth and the impact on older people (Walsh, 2015). For example, recessions and economic austerity have potential impacts on the delivery of age-friendly environments e.g. resources to support housing whilst driving changes in the delivery of health and social care. Cuts to services have been felt which have impacted on the quality of life of older people including on health and social care, homecare delivery, leisure services and the closure of local amenities which have disproportionately impacted more deprived and vulnerable communities (Curl and Kearns, 2015). At the same time there are broader questions that globalisation needs to tackle which critically consider the role of the state. Whilst less state intervention and stronger community involvement brings potential efficiencies, how are formal supports for older people provided in a way that delivers a high quality of care and how can participatory models of engagement and decision-making at a local level really come to the fore? Where the role of central state is prominent, what opportunities are there for grassroots organisations to develop in a way to support civic engagement of older people? Whilst promises of participatory budgeting and other forms of community asset transfer potentially provide opportunities for greater community involvement, civic engagement alongside older people is still plagued by accusations of excluding older people or tokenistic and disingenuous forms of participation (Barnes, 2005). Whilst older adults are often engaged in the process, their voice is often silenced by a competitive urban agenda focused on economic growth, where the interests of older adults are seen as marginal (Haldane et al, 2019). As a result older people are often not afforded the opportunities to get involved and leading to the design of urban environments that fail to consider the needs of older people (Simpson, 2010). This has compromised the 'rights' of older people, not just in terms of accessing urban spaces but in terms of participating in the making and remaking of the city re: as active and productive citizens within city spaces.

Intersectionality, Inequality and the Ageing Experience

As discussed, impacts of urban transformation and change are rarely experienced in a uniform way, creating inequalities across society by age, gender, ethnicity and place. Whilst the age-friendly movement has acted as a key policy driver for supporting older

people to remain in urban areas, global, regional and national inequalities have created spatial and social cleavages which have excluded many older adults from accessing the supports they need, compromising healthy ageing. Whilst the age-friendly movement has led to some positive impacts at a city and community level, it's impact on addressing these forms of inequality has been less well evidenced.

A significant limitation of the age-friendly agenda has been recognizing the considerable heterogeneity of the aging experience and how this impacts the inequalities that people experience (Liira et al, 2018). Research has often focused on old age in 'generic' terms, where 'being old' is determined by chronological indicators of being aged 60 and over without understanding the intersections between age, gender, race, class and sexuality (Sixsmith et al, 2016). There is a tendency here to label people together and assume behaviours are common across all older adults. Here, whilst there has been research exploring 'at risk' groups e.g. older people living alone, there are significant gaps in the literature as regards other areas of inequalities e.g. the oldest old (Centre for Ageing Better, 2017). Likewise, there has been little attempt to understand how the ageing experience understood by older adults living with a range of cognitive, sensory, mobility and frailty challenges and how this is compounded by place-based disadvantage e.g. where people do not have the physical, material or social resources to age well (Iliffe, 2007). There has been an assumption that what works in one case study context will necessarily work in another and whilst the framework of dimensions in the AFC movement offer important areas that need to be addressed, can come across as generic/one size fits all solutions. In reality, heterogeneity exists throughout the ageing process but also through the political, social and cultural inequalities endemic in a community or city.

Intersectionality offers a potential framework for interpreting, analysing and addressing the cumulative impacts of advantages and disadvantages over the life course and old age itself (Calasanti and Giles, 2018). Intersectionality refers to an analytic perspective and framework that understands individuals as situated in multiple social categories that intersect with structural barriers to cumulatively shape an individual's social identities, life experiences, and opportunities (Hankivsky and Cormier 2011; Sixsmith et al, 2019). According to the tenets of intersectionality, an individual's locale or position in society is situated through the interweaving of multiple positions, such as a person's gendered position, financial position, etc. and unique facets of positionality are consolidated by an individual's pronounced or assigned identities (Price, 2006; Anthias, 2012). Consequently, an individual's position (and their situation in relation to the social hierarchies) is often reinforced by subjective experience and shaped by interlocking identities in association with the physical and psychosocial environment which impact health and well-being (Collins and Bilge, 2020). Ultimately, varied positionalities in society establish inequitable social divisions in relation to older adults enabling some people to be in elevated positions of power compared to others (Anthias, 2012). Such inequities linked to both identity and positionality can contribute to poor health and well-being across different urban, social and cultural contexts (Healy, 2009; Hinze et al, 2012).

An intersectional analytical framework is particularly well-suited to examine inequalities as it takes into account interlocking social and cultural drivers of inequity such as gender, age, ethnicity, sexuality and socio-economic status. Another key principle of intersectionality in addressing inequality concerns the prioritization of minority experiential perspectives through the concept of 'centring in the margins' whereby marginalized older people's experiences are prioritized (Sixsmith et al, 2019). To achieve this understanding there is need to understand: 1) the ways in which vulnerable older groups see themselves (i.e. their identities) in the context of communities; 2) the locations of older people within broader societal structures (i.e. positionalities); and 3) the difficulties marginalised older adults face (i.e., oppressions) when negotiating

the organizational and policy landscape surrounding the delivery and management of age-friendly cities and communities. The importance of an intersectional approach has been highlighted in a number of studies. Cronin and King (2010) emphasised the disempowerment of lesbian, gay and bisexual (LGB) communities as experienced through the intersections of ageing, sexuality and socioeconomic status. Warner and Brown (2011) identified the different health trajectories of ageing adults according to ethnicity and gender.

Poorly articulated within intersectionality is the idea of place (particularly the urban, social and cultural components of place) and how they impact health and well-being, which can be conceptualized as a structural barrier creating a locus of experiences of inequity, power, and privilege. Places often act as settings where forms of inequalities, exclusion and marginalisation are experienced yet can also act as places where a sense of identity, belonging and attachment is developed (or challenged), and where opportunities are provided for social participation, civic engagement and community cohesion (Woolrych et al, 2015; Fang et al, 2018). Addressing the intersections between place and intersectionality will be crucial for understanding, interpreting and addressing inequalities in old age.

Discussion: Towards Age-Friendly Cities that Address Inequality

In situating the role of place in the age-friendly agenda, there is a need to address forms of inequality in the context of ageing. Significant progress has been made in the age-friendly agenda including across the various dimensions of the age-friendly framework. Whilst these have been important, they have often failed to address the forms of inequality that cut across these various dimensions and which impact issues of equity and equality in the contact of the age-friendly city.

In understanding and addressing inequality in the context of age-friendly cities we point towards specific recommendations for research, policy and practice:

Challenging Ageing Inequalities and Place: The ageing in place agenda has focused on how older adults can be support ageing in place through the provision of home and community-based supports to age well. However, there is a lack of research exploring inequalities across the ageing in place agenda. As a result, we know little about comparative experiences of place (between and across communities, cities, regions and international contexts) and what this means in terms of designing equitable urban environments and cities that are inclusive of different groups of older people. Importantly, interventions need to attend to the intersections between age, gender, ethnicity and sexuality (and other forms of group identity) to understand how disadvantages accumulate across the life course and in old age. This intersectionality (and the form it takes) needs to be contextualised across different urban, social and cultural settings. It is this intersectional place-based understanding that will enhance the knowledge base and quality of policy making in order to ensure age friendly communities and cities attend to inequities in the ageing process. In revealing these inequities, a key challenge for the age-friendly agenda will be translating this knowledge into effective interventions, strategies and evaluation mechanisms to address inequality.

Supporting Rights, Ageing and the City: Social justice frameworks within the context of the city have identified the importance of ensuring that urban environments support the right of people to participate in the city and be able to take advantage of the resources that urban environments offer. However, too often, those rights are compromised for vulnerable older adults. Similarly, a set of rights does not always translate into vulnerable populations having the opportunity and capability to exercise those rights. For example,

issues of power between institutions, people and society prevent those rights from being realised. So, whilst one might argue for a right to housing, a right to moving around public space and a right to be respected and valued in old age, there is often the lack of an institutional and operational framework to ensure that this is enforced. As a result, older adults are prevented from claiming their rights to the city undermining their ability to assume a sense of agency and citizenship as key components of the age-friendly city agenda. Work is needed to ensure that appropriate institutional structures and frameworks are in place which provide older adults with the opportunities to assume control of their rights within the context of age-friendly cities.

Co-Production and the Age-Friendly City: Age-friendly policy and practice has been limited in its real world impact on equality policy and practice and the development of effective interventions and solutions to support older adults to age-in-place. Collaborative working with older adults, policy makers and practitioners need to open up the dialogue space to enable the co-creation of design guidelines that support sense of place and the development of age friendly environments going forward. This requires the genuine involvement of older adults in the age-friendly agenda, ongoing collaborative dialogue and partnership-working. There is a need to recognise the forms of micro-governance and informal networks of support that already exist within informal communities in the developing world and which could bring significant skills and expertise to the age-friendly agenda. This is needed if we are seek to situate the voice of older adults in contemporary debates on ageing-in-place, the built environment and urban planning and design and to enhance the quality and sustainability of environments for older adults across different social and cultural contexts.

Integrated Working and the Age-Friendly City: Inequities in the ageing process are diverse and cut across health, social and community components of ageing well. Therefore, delivering transformational changes in the lives of older people require cross sectorial approaches in respect of interventions e.g. health and social care, housing, transport, and outdoor spaces linked together. Forms of integrated working have historically been difficult to achieve, impacting on coordinated approaches to ageing well. Partnership-working needs to be a fundamental part of the age-friendly agenda and these partnerships need to reflect the role of various government, policymakers, practitioner, voluntary and community groups in delivering change. Importantly, these partnerships need to reflect a strong desire to address inequities in access to supports to age well at a local level. Models of age-friendly working at a city level are important, but there is a need to understand how interventions and decisions can address inequalities at a local community level. This requires understanding the mechanisms through which positive impacts can be achieved and what interventions are needed to challenge disadvantage within and across the city. This will be crucial if the efforts of the age-friendly city are to have tangible impacts on the lives of older people living in communities.

Conclusion

Urbanisation and ageing have generated challenges in terms of how to support older adults to age well. Growing inequalities within society have impacted on health and wellbeing in old age, particularly amongst certain groups. Addressing political, social and spatial inequalities will be key to ensuring that older people are afforded the opportunities for ageing in place. Whilst the age-friendly cities and communities movement has achieved some success, addressing inequalities is perhaps its most significant challenge. Achieving this requires significant interventions at a community, city and international level to challenge forms of marginalisation and exclusion in old age, much of which is a result of cumulative disadvantage across the life course. This article has presented some of the key priorities and challenges around addressing inequality in old age and has established a series of recommendations for age-friendly cities and communities in supporting older people. Delivering a more inclusive and integrated approach to addressing inequality in old age is important if we are to deliver interventions which address the individual, social and community dimensions of ageing well whilst ensuring equity, fairness and social justice in the ageing process.

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