

Age-Friendly Futures Summit

Advancing, Leading and Creating for an age-friendly world

Advancing Age-Friendly Futures through research – Tuesday 25 March















Welcome.

Paul McGarry

Assistant Director of Public Service Reform and Head of the GM Ageing Hub, GMCA







for Age-friendly Cities





"Population ageing and urbanisation have in their different ways become the key social trends of the twenty-first century."

Prof Chris Phillipson 2010

Aim of the Age Friendly Futures Summit

"The summit aims to strengthen global, national and local commitments to Age-Friendly Cities and Communities — and subnational agencies - through the delivery of a specially curated series of in-person events, reaching over 200 national and international delegates over three days."

How we aim to do this:

Built around the themes of advancing, leading, and creating age-friendly regions, cities and communities, it will provide an opportunity for participants to discuss cutting-edge research, be inspired by practice and connect to each other.

Discussions and sub-themes will include local economic growth and equity, housing and health, neighbourhood well-being, and empowerment and participation.



Structure of the three days

The summit comprises a series of interconnected events, bringing together some of the latest thinking in Age-friendly research, policy and practice at the regional, national and international level from the last 15 years.

It will also draw attention to the future and how emerging challenges might be met. WHO Healthy Ageing Strategy.





Why Greater Manchester?

The first modern city?

A progressive city-region

A post-industrial city-region

Building the age-friendly programme

Questions we hope to collectively answer by the end of the three days

- What is our collective role in moving the age-friendly agenda forward?
- What are the **current gaps in knowledge** and urgent challenges?
- For each of us, what is our contribution and commitment to the global network? What can we achieve together that we can't achieve on our own?
- What is the call to action for the continued creation of city regions or major urban conurbations? How do we share this and advance age-friendly futures?









Reimaging age-friendly communities: Urban ageing and spatial justice

Tine Buffel & The Manchester Urban Ageing Research Group (MUARG)

Special thanks to all contributors to the book, 'Reimagining age-friendly communities'



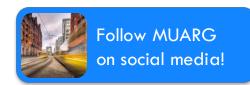


Overview

- Manchester Urban Ageing Research Group
- Background: Creating Age-friendly Cities & Communities (AFCC)
- Critiques of the AFCC approach
- A spatial justice lens to AFCC
- Key principles, critical questions and examples

Manchester Urban Ageing Research Group

- Create capacity for interdisciplinary research on ageing in urban environments
- Promote 'age-friendly' urban environments and reducing social exclusion in later life
- Advance co-production and collaborative research with older people, policy actors, practitioners, community organisations









Urban ageing



Population ageing and urbanization are two defining trends of the 21th century

We need to plan for an older and more urban future

Importance of home and neighbourhood in later life ~ Policy focus on 'Ageing in Place'

But older people are often erased from urban development and planning discourse

"Erasure [is] a social critique of the ways certain groups of people are simply 'unseen' in policy, research or institutional practices. It is a form of social exclusion so embedded in the cultural assumptions of a society that the absence of these groups is not even recognised" (Kelley et al., 2018, 56). `~

The age-friendly city approach

An "age-friendly city" is an inclusive and accessible community environment that optimizes opportunities for health, participation and security for all people, in order to enhance quality of life as people age.









The Global Network of Age-Friendly Cities and Communities

Rapid expansion of the network – mainly in global North

But in context of:

- Economic recession
- Contraction of welfare state
- Austerity policies
- Intensification of global competition and inequality

Over 1600 cities and communities in 53 countries worldwide in Dec 2024

Achievements of AFCC





Greater recognition in urban planning of implications of population ageing



Greater recognition of social infrastructure in creating AFCC



Changing the societal narrative around ageing and combatting ageism



Promoting new place-based partnerships, involving cross-sectorial working and central involvement of older people

Critiques of AFCC





Continued challenges with evaluation: Limited understanding of how and why initiatives work or don't work, for whom, and in which contexts



Risk of reinforcing rather than addressing inequities: Spatial, social, ethnic, racial, health, digital and organizational inequalities



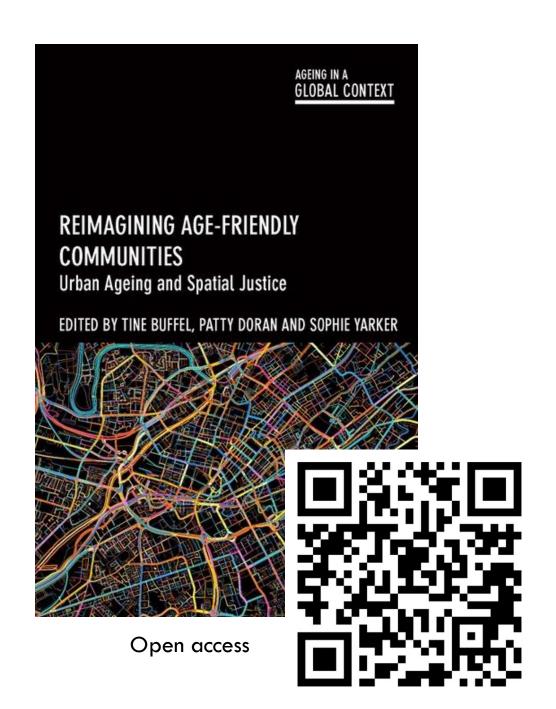
Limited engagement with urban change: AFCC have yet to respond effectively to impacts of gentrification, migration, displacement, increased housing precarity, climate change, privatization of public space



Too many tokenistic forms of 'participation' and 'co-production' — More radical approaches are needed supporting 'rights to the city' (Lefebvre, Harvey)

A spatial justice lens to AFCC

- Focuses on the fair distribution of resources and opportunities
- Critiques urban policies that perpetuate inequity and exclusion
- Recognises role of place and power in shaping access to resources and QoL
- Strengthens the democratic experience of cities by fostering 'rights to the city'

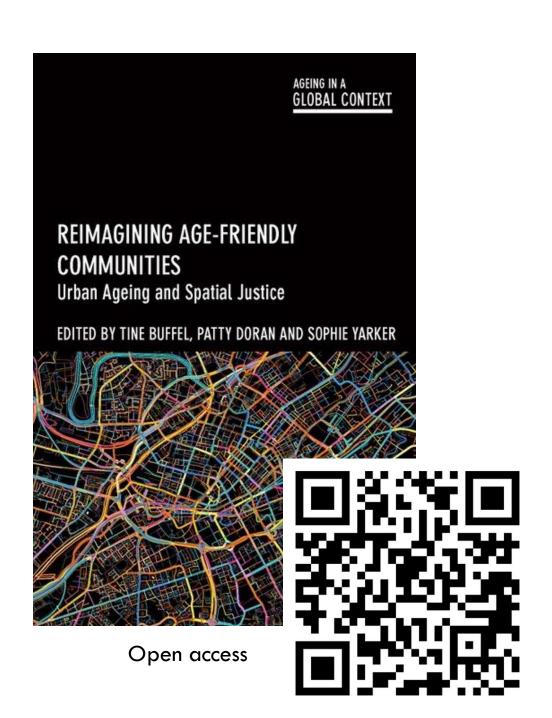


A spatial justice lens to AFCC

 Part I: Background to urban ageing and spatial justice

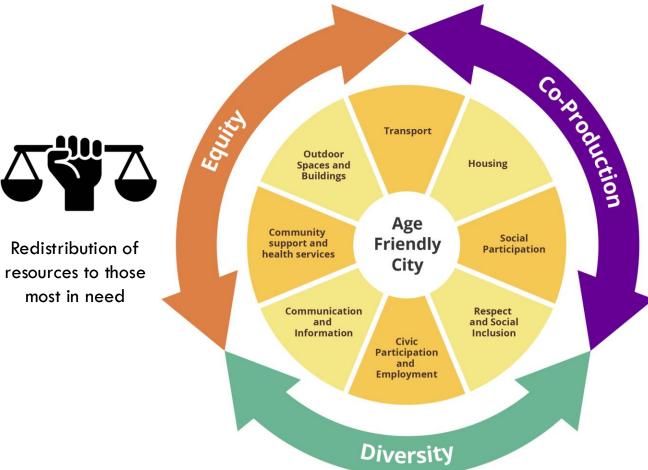
 Part II: Age-friendly interventions to promote spatial justice

Part III: Reimagining age-friendly communities



Key principles of spatial

justice





Genuine involvement of residents in decision-making

Recognition and respect for all identities and needs







Equity

- Who benefits most from AFCC initiatives, and who remains excluded?
- How can AFCC programmes address systemic inequities, such as poverty, racism, health disparities?
- How can resource distribution be restructured to prioritise the most marginalised older adults?
- Chapter 4. Paying attention to inequalities in later life: A priority for urban ageing research and policy
- Chapter 6. Developing age-friendly communities in areas of urban regeneration
- Chapter 8. Redesigning the age-friendly city: The role of architecture in addressing spatial ageism

Diversity

- How can AFCC initiatives better recognize, value and integrate diverse identities, needs and experiences of ageing populations?
- How can we collaborate with grassroots organisations, racially and ethnically minoritised groups, LGBTQ+ communities, women's organisations, faith-based groups, and disability rights campaigns,...to recognise and amplify their contributions to 'age-friendly' efforts (even if not labelled as such)?





Chapter 5. Lessons from Involving marginalised groups of older people in AFCC programmes

Chapter 9. The role of community and voluntary organisations in creating spatially just cities

Chapter 10. Ageing in the margins: Exploring experiences of precarity in urban environments



Co-production

How can AFCC work help secure older adults':

- Right to a share of urban space
- Right to participate in decision-making
- Right to shape strategies for urban planning

Chapter 7. Co-producing age-friendly community interventions: The village model Chapter 11. Dismantling and rebuilding praxis for AFCC: Towards an emancipatory approach

Prioritise spatial justice: Tackle inequities by redistributing resources and centring marginalised voices

Reimagining AFCC:

A call to action

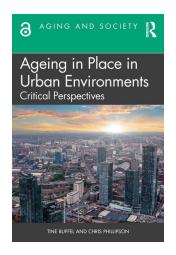
Embrace diversity: Recognise the unique identities and needs of diverse ageing populations while fostering shared spaces and solidarity

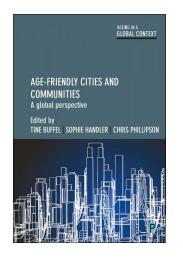
Commit to genuine co-production:

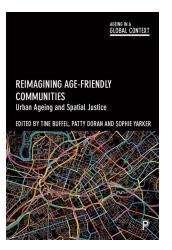
Collaborate with older adults and grassroots organisations to co-create inclusive, equitable urban futures

Challenge the status quo: Reframe ageing as an opportunity to build just and sustainable cities through collective action and innovation

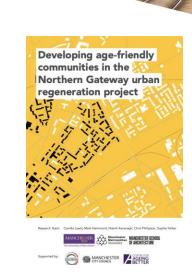
Relevant publications MUARG





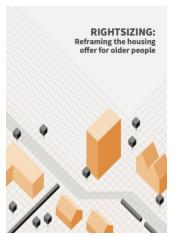




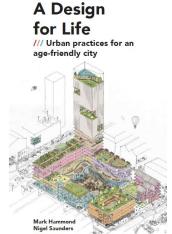












https://www.humanities.manchester.ac.uk/muarg/
for a full list of publications

Thank you



All co-researchers, Age-Friendly Manchester, Greater Manchester Ageing Hub, all members of the Manchester Urban Ageing Research Group, and contributors to the Reimagining AFC book

> LEVERHULME TRUST _____



Location and Equity in Ageing Positively: 3 challenges for Age Friendly Futures

- 1. Locating place in health
- 2. Designing for health **Equity**
- 3. Ageing Positively together

Prof. Stefan White

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Manchester School of Architecture

Manchester Metropolitan University

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25/03/25





MANCHESTER SCHOOL OF ARCHITECTURE

HEALTHYAGEING@



Challenge 1: Designing Urban Equity - Which hearts can desire?

Challenge 2: Locating place in health - Where is our place?

Challenge 3: Ageing Positively together What is it like to live around here?

Advancing: Constructive Research Approaches

Leading: Research implementations of place-focussed collaborative programmes

Creating: Urban planning and design for healthy age friendly neighbourhoods

1: Locating people in place

Theory: Equitable healthy urban planning

Place and Preference - Local Neighbourhood Identity (SIA)

Method: Citizen-led age-friendly planning

2: Designing for Urban Equity

Location and Equity in Ageing Positively - AIP programme Theory

Method: A positive, place-specific application of Diderichsen

3. Ageing Positively together

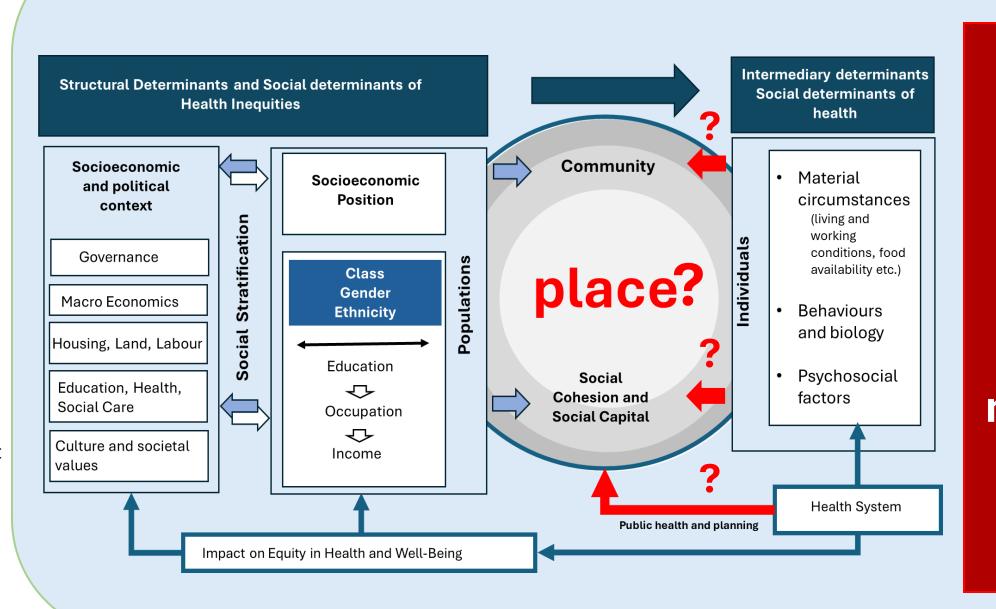
Capability theory - What is it like to live around here?

Method: People make places

Method: Outcomes are co-produced projects

LEAP: - Research challenges summary

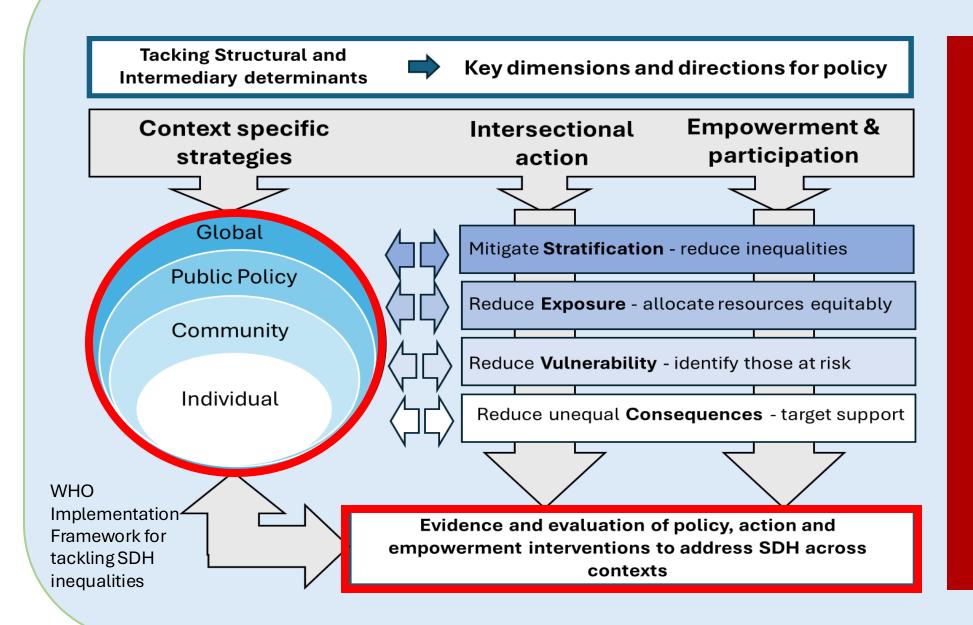
1: Locating Place in Health Where is our place?



Place is space people have made meaningful

Cresswell (2004)

2: Designing for Urban Equity Which hearts can desire?



'The right to the city is ... a right to change it after our heart's desire.

Harvey 2003

'I have volunteered for over 50 years ... the Ageing in **Place Pathfinder** is the first community programme that has actually listened to me'

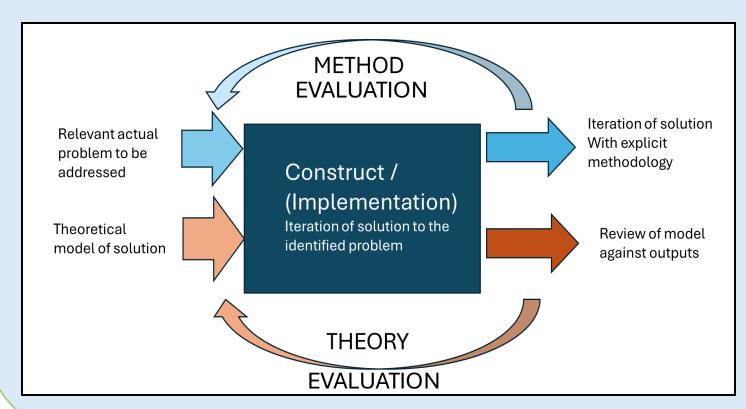
Mary 75

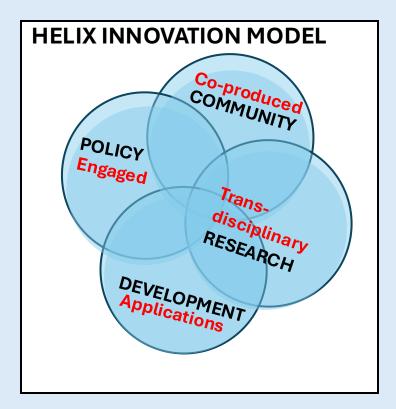


PLACE
Local
responses to
ageing in place
are developed
together with
the people
who live and
work there

Advancing: Constructive Research Approaches for age friendly cities

AFF themes	ADVANCING	LEADING	CREATING
Constructive research outputs	New models and theories, new programme designs integrating evaluation	New planning and participation processes, new data and lived experience gathering and synthesis	New physical and social urban interventions and evaluation processes
Architectural practices	Briefing, guidance and evaluation of principles	Curation and synthesis of expertise for actionable information	Creative response to clients and user's desires





Constructive research implies building an artifact to create knowledge

Dodig-Crnkovic, 2014

Leading: Designing and Implementing a series of place-focussed collaborative programmes



(2006-2013)Sharing the city

200+ Intergenerational collaborative projects



(2012)Old Moat in an AF **Manchester**

Ward in South **Manchester Anchor** Institution led

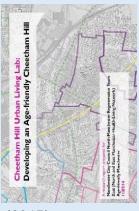
co-production

The Life Of The City (2014)

The Life of The City

Residential areas in the **City Centre**

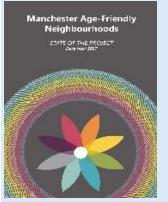
Research team led



(2015)AF Cheetham Hill

District Centre 5 Manchester across several Wards wards

Co-produced project



(2017 - 21)**Manchester AF** Neighbourhoods

Co-produced resident-led partnerships

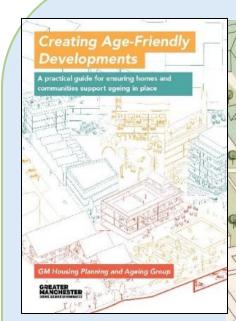
(2023-Ongoing) **Greater Manchester Ageing in Place Pathfinder**

10 Neighbourhoods across **GM**

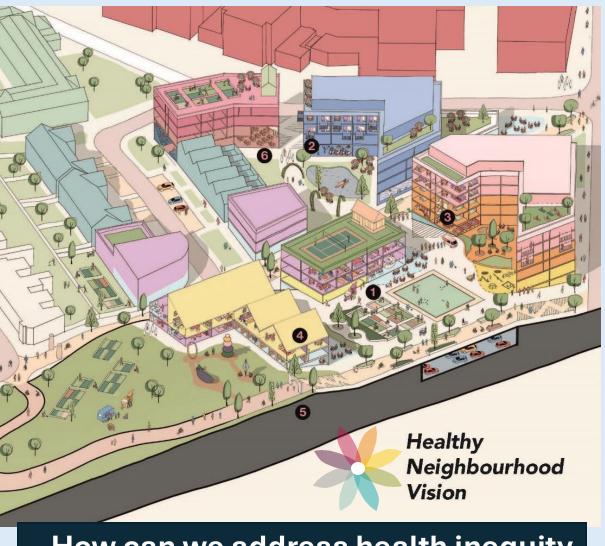
Variety of highly participatory approaches

"Our partnership with Manchester School of Architecture has helped position Greater Manchester as worldleaders when it comes to research on ageing" Andy Burnham Mayor of Greater Manchester

Creating: Urban planning and design for healthy and age friendly neighbourhoods







How can we address health inequity through place focussed working?

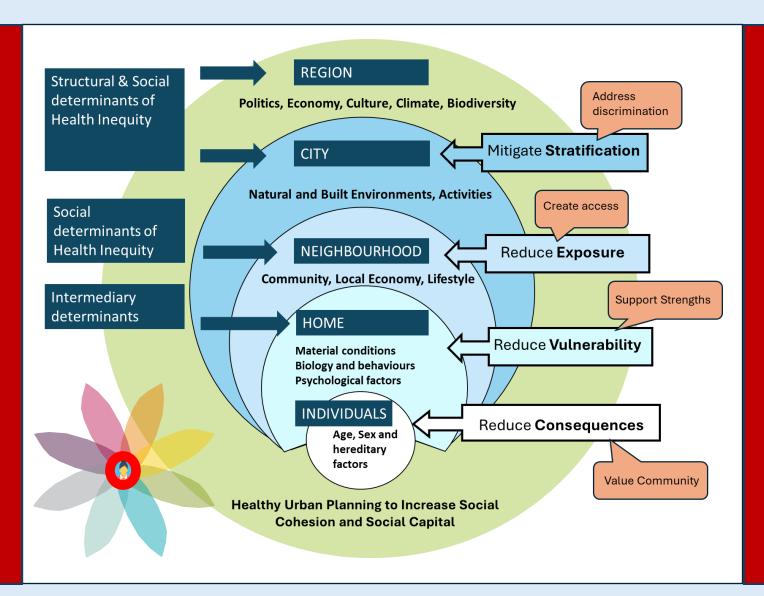
Healthy Neighbourhood Innovations

- 1. Place Health planning
- 2. Co-produced civic alliances
- 3. Integrated care model
- 4. Diverse and Flexible housing options
- 5. Connected Social infrastructure
- 6. Research,Development andEvaluation

Equitable healthy urban planning theory

'while we know much about health determinants, we know remarkably little about how planning affects those determinants'

Barton 2016



'They asked me, 'Ageing in place is everything isn't it? How can you do everything?' But we are achieving it, we are making connections ...I can see all the concrete things we have contributed'

AIP Abbey Hey, Gorton lead 2025

1: Locating people in place

Place and Preference - Local Neighbourhood Identity (SIA)



- Rightsizing not downsizing
- Found 5 distinct groups of older people (20m over 55)
- Preference to stay or move in later life determined by 'local Neighbourhood identity'
- Generated through relationships to place, people and resources

(Following PPP model Marichollio 2020 and SIA approach. In progress.)

people Size of each group (Aged 55+) as percentage of older 20m older

(2.6m)

(3.4m)

(3.6m)

17%

18%

13%



Striving and Disconnected



Stable and Discontent



Struggling and Embedded



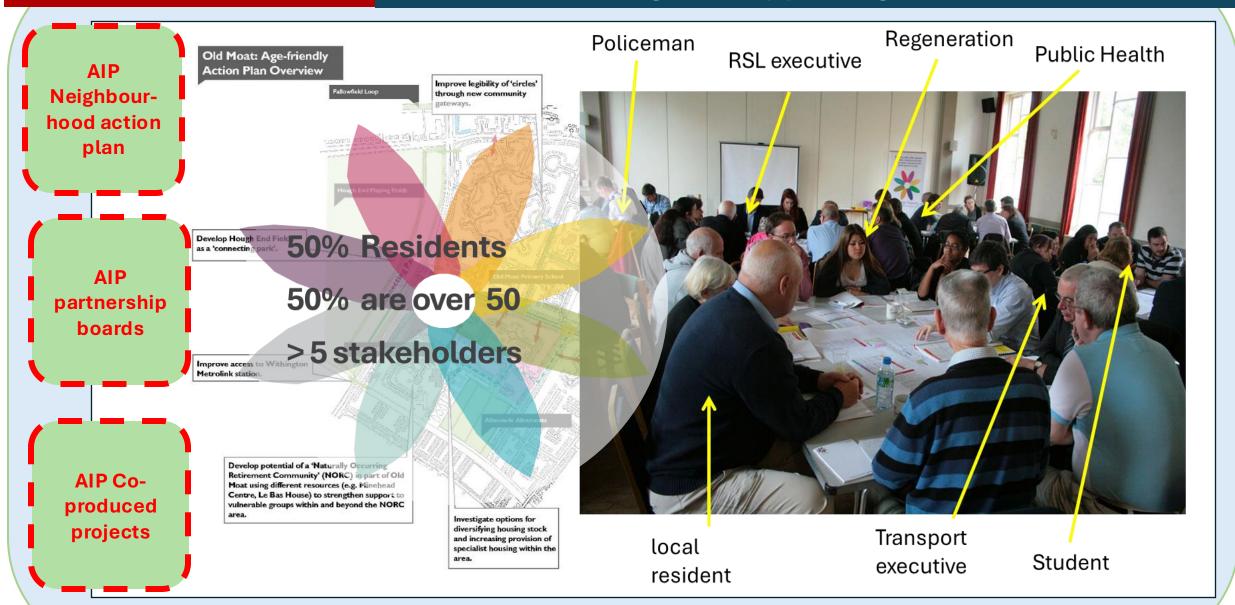
Aspiring and Changing

35% (7m)

G5 Established and Attached

1: Locating people in place

Method: Citizen-led age-friendly planning



2: Designing for Urban Equity Location and Equity in Ageing Positively - AIP programme Theory

A1 Contextual Strategies

A2 Intersectional action

A3 Empowered participation

POLICY

Local Authorities and organisations form working partnerships with older people **PLACE**

Local responses to ageing in place are developed together with the people who live and work there

PERSON

Housing, local services and social activities are made more inclusive for older people

I1 A

'Aims'

'Interventions'

'Outcomes'

Equity'

Ageing in Place reform group(s)

I₁B

Protocol for age inclusive culture

12 A

Ageing in place academy I₂B

Neighbourhood action plan

13 A

AIP partnership boards

I3 B

AIP Coproduced projects

Age inclusive culture established across the **GM** Ecosystem

> Address discrimination

Mitigate **Stratification**

Local responses routinely developed with older people

Create access

Reduce Exposure

Improved community

resources to support older residents

Support Strengths

Reduce **Vulnerability**

Older people experience greater spatial inclusion and less structural discrimination

Value Community

Reduce Consequences

REGION

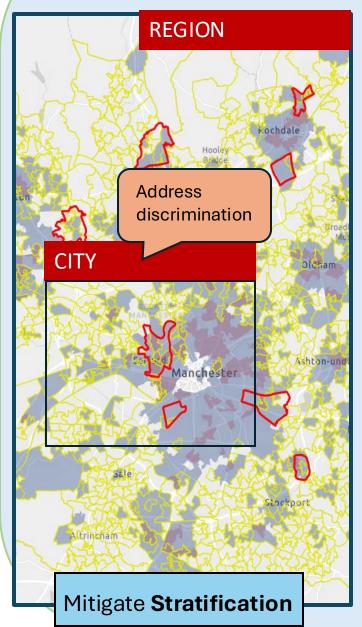
CITY

NEIGHBOURHOOD

HOME

INDIVIDUALS

2: Designing for Urban Equity A positive, place-specific application of Diderichsen?

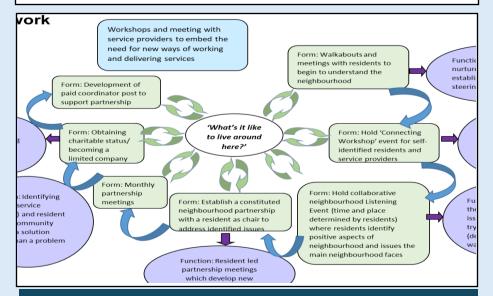


'as a Public Health team, we are eager to replicate ...the Pathfinder intelligence approach ... across the city to drive meaningful system change' **NEIGHBOURHOOD** Create access Reduce **Exposure**



C2 Beacon project

- •Overall crime rate down 50%
- •Unemployment down 71%
- Educational attainment up 100%
- •Child protection rates down 42%
- Post natal depression down 70%
- •Childhood asthma down 50%



WHO Collaborative Centre for Cultures and Environments of Health C2 TCD approach

AIP partnership boards

Resident-led multistakeholder partnerships planning to make their area more age-friendly

50% Residents
50% are over 50

> 5 stakeholders

C2 TCD method critically implemented in:

- Age Friendly Old Moat
- Manchester Age Friendly Neighbourhoods projects
- Arms-length approach tested in Ageing in Place Pathfinder
- Simple rules set and support
- Local delivery autonomy
- Shared purposes and peer relationships

'BEFORE'

'AFTER'

2025...

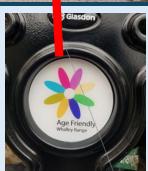






1. Bench removed due to asbo concerns from older residents

2. Seat top added to walls for older people waiting for bus 3. 'Age friendly' benches added after community planning



60+ benches in 8 neighbourhoods

Checklist of Essential Features of Age-friendly Cities

☐ Green spaces and outdoor seating are sufficient in number, well-maintained and safe.

3. Ageing Positively together

Method: Co-produced projects

Age Friendly Extra Care 170 apartments inc. Minehead court: 64 units for Shared Ownership, Affordable Rent



Westbrook Walk: 42 new affordable and age restricted homes

PERSON

Housing, local services and social activities are made more inclusive for older people

SOCIAL PARTICIPATION

- Social prescribing link with 3 GP's
- 2,300 used age friendly support services (2017)
- 15 older Digital Champions / 432 digital access training / 66 community dementia awareness
- Sheltered wardens

OUTDOOR SPACE AND BUILDINGS

- Dementia friendly signage
- Age Friendly Noticeboards and Benches
- Improved routes and traffic crossings
- Community Café and Treatment Room
- Age Friendly Walking group

SOUTHWAY HOUSING TRUST

Update: Now extended to Burnage and Abbey Hey, Gorton Age Friendly Neighbourhood programmes

LEAP- Research Challenge summary

LEAP	1. Designing for Equity	2. Locating place in health	3. Ageing Positively together
AFF themes	ADVANCING	LEADING	CREATING
Place challenge	Addressing spatial discrimination requires place-based interventions	Place specific working is necessary to enable healthy and age friendly peer to peer relationships	Place partnerships enable increased capacity and participation of different groups of older residents
Theory	LEAP Model to critique Ageing in Place	Ageing in Place / Healthy Neighbourhoods Programme theory	Evaluation of Interventions increasing Local Place identity, community and self-efficacy
Method	 Engaged research with different disciplines and sectors understand and agree aims interventions and outputs 	 Participatory planning mechanisms Synthesis of lived experience and population data 	 Place based community development approaches Place based data collection and analysis

Location and Equity in Ageing Po	sitively			
Challenge 1: Designing Urban Equity - Which hearts can desire?				
Challenge 2: Locating place in health - Where is our place?				
Challenge 3: Ageing Positively together What is it like to live around here?				
Advancing: Constructive Research Approaches				
Leading: Research implementations of place-focussed collaborative programmes				
Creating: Urban planning and design for healthy age friendly neighbourhoods				
1: Locating people in place	Theory: Equitable healthy urban planning			
	Place and Preference - Local Neighbourhood Identity (SIA)			
	Method: Citizen-led age-friendly planning			
2: Designing for Urban Equity	Location and Equity in Ageing Positively - AIP programme Theory			
	Method: A positive, place-specific application of Diderichsen			
3. Ageing Positively together	Capability theory - What is it like to live around here?			
	Method: People make places			
	Method: Outcomes are co-produced projects			





Lunch

12:30-13:15















Building Climate Resilient Age- Friendly Cities and Communities (AFCCs)





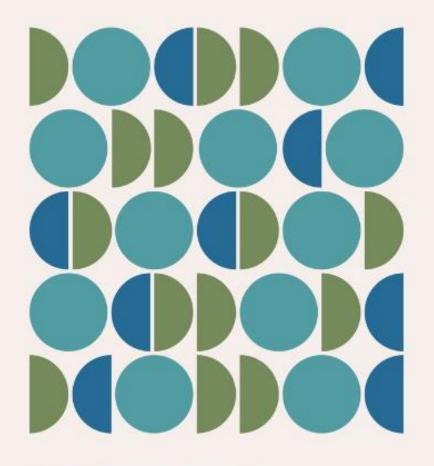






The Healthy Ageing Challenge

- Older people disproportionately affected by extreme weather excess mortality and displacement.
- Prevailing narrative of older people as passive, vulnerable, resistant.
- Reactive approach to ageing and climate change e.g. emergency response.
- Age-friendly cities and communities places where older people can live with security, dignity, and purpose, in response to climate-related challenges.
- Place matters! Ageing-in-place/ageing-in-the right place.





Creating Inclusive, Age-Friendly, and Climate Resilient Cities and Communities in the UK













Moving Forward > Addressing Gaps

- Build on the excellent work of the age-friendly cities and communities movement.
- Cross-sectoral interventions bringing together policymakers, practitioners, academics, communities across 'ageing' and 'climate change'.
- Strengthen the evidence base mapping those most impacted by climate change. Intersectionality of place.
- Involving older people in shaping age-friendly climate change policy and practice. Engagement with seldom heard groups.
- Embedding rights and environmental justice into AFCC frameworks.

Urban comprehensive policies for older adults: a challenge for an age-friendly world

Age-Friendly Futures Summit: Advancing, leading and creating city regions and communities for an age-friendly world (25-27 March 2025)



Beatriz Fernández (Associate Professor EHESS) beatriz.fernandez@ehess.fr

ENVERSMET

Scientific goals: This research project will undertake an in-depth examination of the socio-demographic shifts and aging in Paris and Madrid since 2000 to determine the intensity and geography of change, the emergent challenges resulting from aging, the effects of urban change on older adults and the (in)effectiveness of policy responses.

Calendar: 3-year project. 2024 – 2026

Funding: Agence Nationale de la Recherche

Budget : 200 000 €

Research team: 12 researchers (EHESS,

Sorbonne University, Marne-la-Vallée

University, Technical University of Madrid

Queens University, Canada)

SENIORSOLITUDE

Scientific goals: Through a collaboration with the city of Paris, this project aims to identify levers for public intervention to fight against social isolation among older adults. It aims to compare the Paris' policies with those of other large cities in the world (Sapporo,, Montreal and Toronto and Madrid). Working together with the city officials the aim is to raise awareness and guide policy decision-making

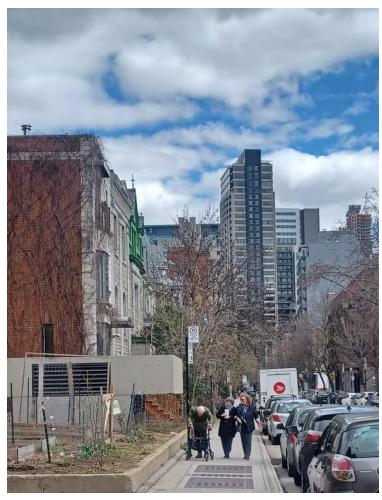
Calendar: 2-year project. 2025 – 2026 **Funding:** (AAP Paris Recherche 2024)

Budget : 200 000 €

Research team: 12 researchers (EHESS, Tohoku University, Technical University of

Madrid, Queens University, Canada)

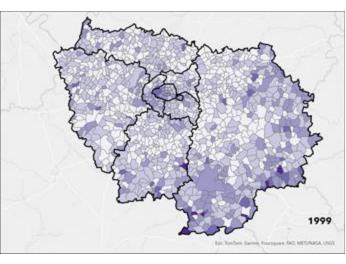
Aging in large capital cities, an oxymoron?



In public imaginary and planning discourse, large capital cities are equated with

- Population growth (Bretagnolle et al, 2019)
- Attractivity (Glaeser, 2011)
- Youthification (Moos et al, 2019)
- Creative classes (Florida, 2002)

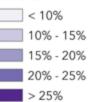
But, the examination of intra-urban change in Western European large cities shows more complex paths \Leftrightarrow central cities

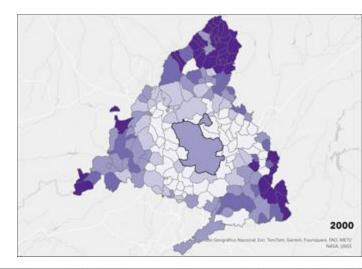


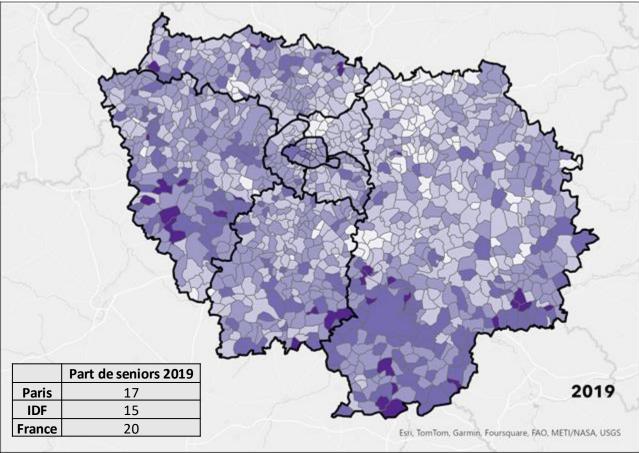
Share of older adults Ile-de-France & Comunidad Autonoma de Madrid (%)

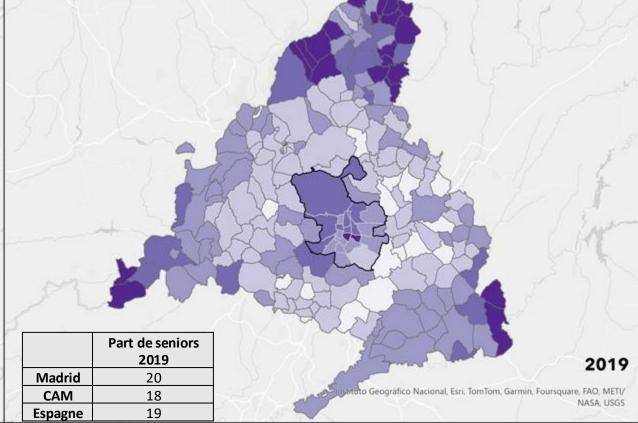
Légende

Part de personnes de plus de 65 ans











Aging in large capital cities, a priority?



Les points forts de l'attractivité parisienne



① Mise à jour le 20/08/2019

oc Partager

Paris classée capitale européenne de l'innovation, Paris capitale des startups, Paris au service de la formation et de l'insertion... Paris affirme son attractivité.



Capitale économique internationale

Grace à la politique volontariste monée par la Mairie, la ville enregistre des résultats économiques internationalement laisse personne au bord du chemin en investissant dans la formation pour celles et ceux rencontrant le plus de difficultés. fidèle en cela à sa vocation de ville inclusive.

Capitale au service de l'emploi

Capitale économique dynamique, Paris affiche de meilleures performances en termes d'emploi que la movenne nationale. Alors que le taux de chômade en France métropolitaine atteignair 8.8% au troisième trimestre 2018, ce taux se situait à 7.1% à Paris. en baisse de 12 point depuis le troisième trimestre 2014 (8.3%). Selon les données fournies par la Sécurité sociale, le nombre de Parisien,ne.s en poste (secteur privé) a progressé, passant de 1.371.846 en 2014 à 1.440.167 en 2017. La ville de Paris a mis en place des actions concretes pour aider à la recherche d'emploi. Elle favorise aussi l'insertion professionnelle. Tour d'harizon





Capitale des startups

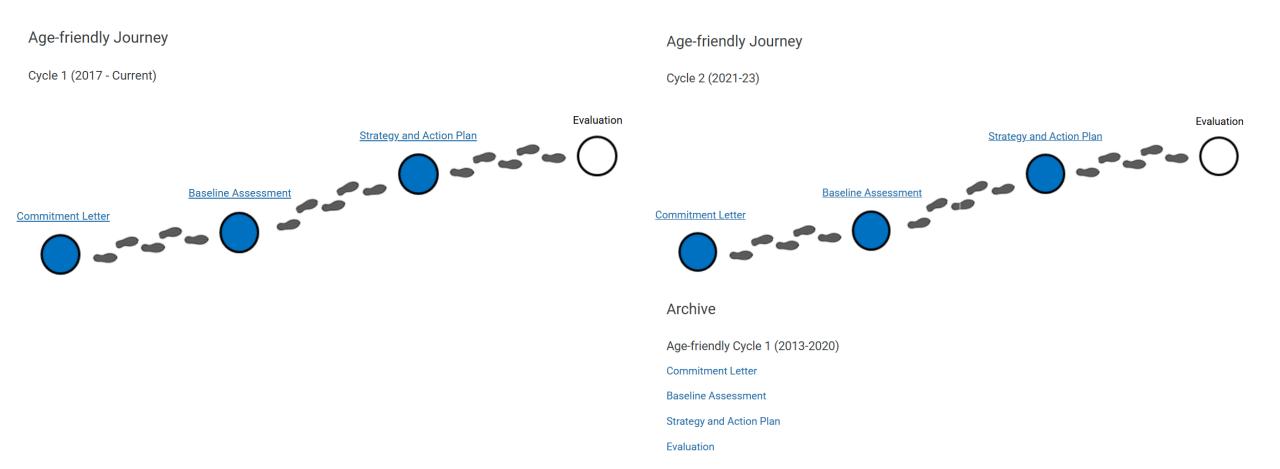
Paris porte l'ambition d'une métropole intelligente, innovante et stimulante pour une nouvelle economie dans laquelle se développent en harmonie les grands groupes et les jeunes pousses. Capitale européenne la plus attractive pour les startups et les investisseurs avec plus 10.000 startups dont 3.000 à la pointe de l'innovation, Paris a développe d'ambitieux dispositifs de soutien, d'accompagnement, de financement et d'aides à





Paris and Madrid in the WHO Global Network for Age-friendly Cities and Communities

Paris Madrid

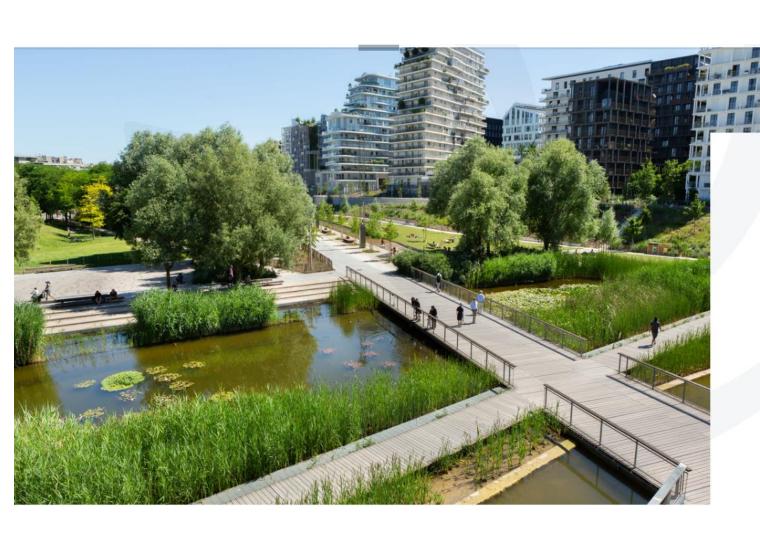


Social policies for older adults





Paris: Master Plan 2024



FOCUS

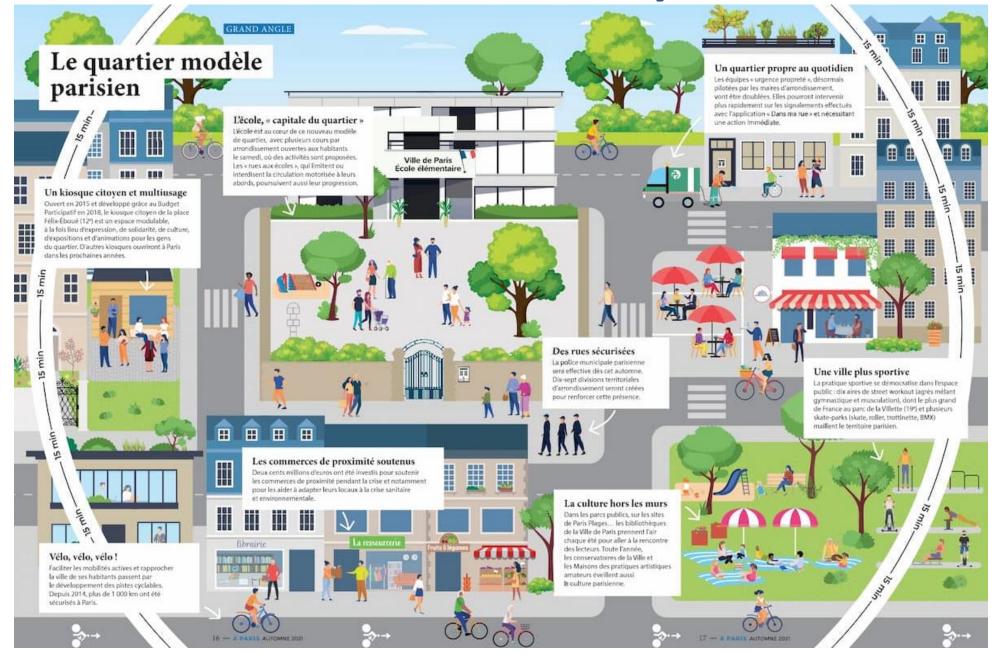
Plan local d'urbanisme bioclimatique : vers un Paris plus vert et plus solidaire

Mise à jour le 01/03/2024

Madrid: sustainable mobility ordinance (Madrid 360: a plan that looks at everyone)



Paris: 15 min city



Conclusions

On the one hand:

 Many large Western European large cities are implementing age-friendly policies, covering most WHO's Age-friendly city topic areas



On the other hand:

- Aging and older adults are still not enough reckoned in urban policies (planning, climate adaptation, mobility)
- Urban policies do not address the specific needs and expectations of older adults (although 20% of the city's population)
- Social services officials acknowledge that they are bound to raise awareness among other city services about the need to take into account older adults







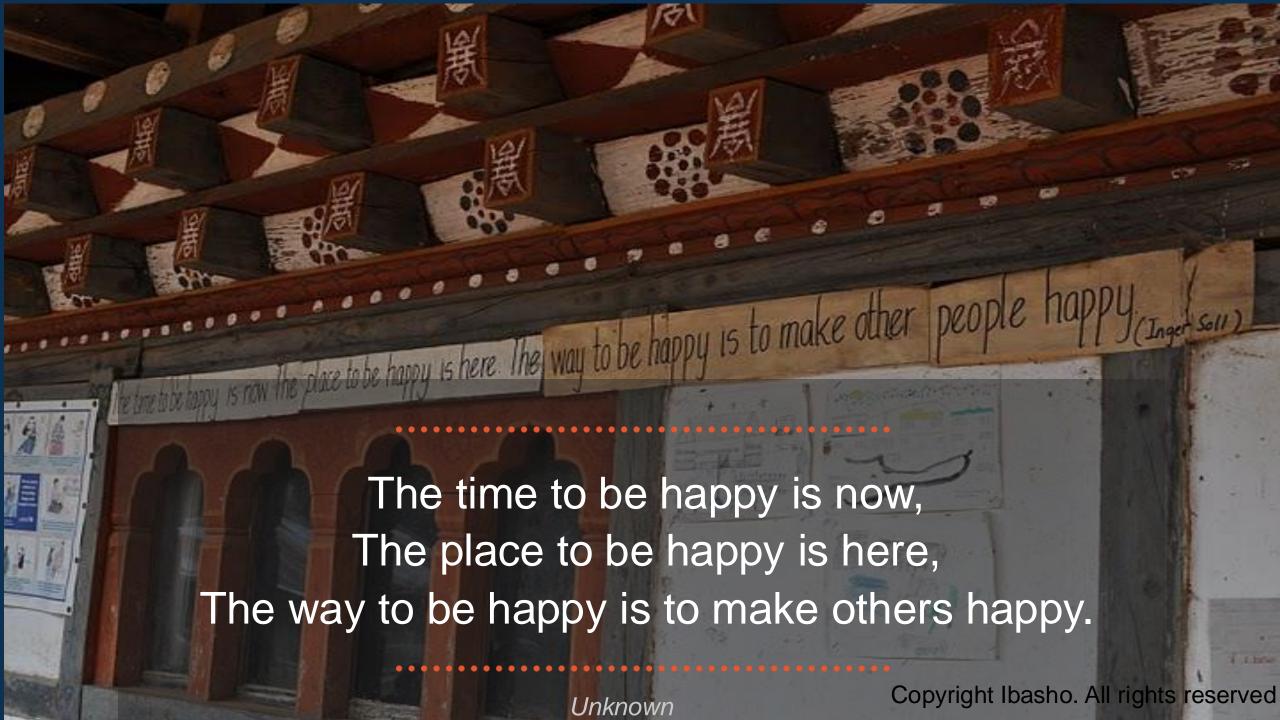
Future age friendly cities



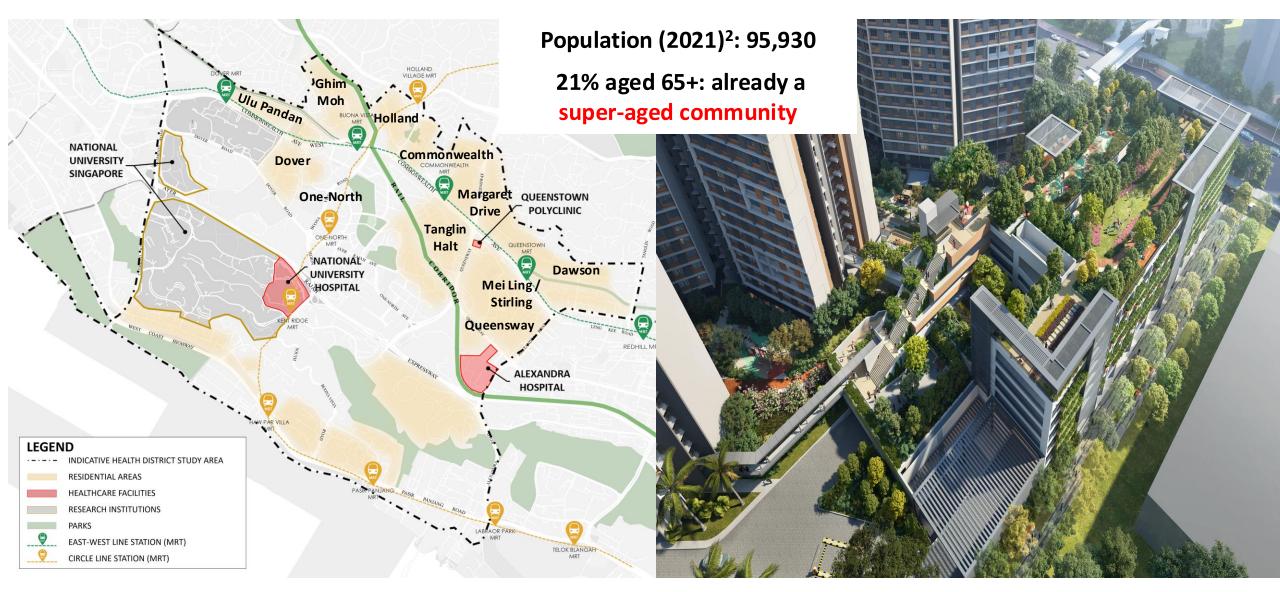
Emi Kiyota, Ph.D.

Director, Centre for Environment and Aging Well (ENgAGE)

Associate Professor, Yong Loo Lin School of Medicine, College of Design and Engineering, NUS



Health District @ Queenstown



⁶⁷

¹ Housing & Development Board Singapore, Press Release on Health District @ Queenstown, October 20, 2021 ² Census of Population 2020 Statistical Release 2, June 2021: https://www.singstat.gov.sg/-/media/files/publications/cop2020/sr2/cop2020sr2.ashx

Health District: Background and Key Drivers

- A unique multi-stakeholder collaboration that sets out to address the multiple determinants of health and strengthen
 ways to anticipate and address residents' health and well-being holistically across their life stages
- A **journey with residents and community partners** to co-create and pilot solutions with a focus on promoting health and wellness. Solutions evaluated to be effective will be scaled up sustainably across Singapore
- A pathfinder and an enabling platform for innovation with residents and stakeholders tapping cross-sectoral expertise



- Singapore's flagship university and a leading global university centred in Asia
- Multi- and inter-disciplinary expertise to drive the science behind the Health District



- One of three public healthcare clusters in Singapore
- An integrated Academic Health System and Regional Health System that delivers preventive health and value-driven, innovative and sustainable healthcare in Singapore



- Singapore's public housing authority
- Houses 80% of the resident population
- Master planner and developer of Singapore's townships providing a quality living environment for all

WHAT the Health District Proposes To Do

Workstream 1: Preventive Health & Care Delivery

- Implement Ministry of Health preventive health recommendations
- Improve exercise, sleep and diet
- Identify sub-populations at increased risk
- Shift healthcare delivery from hospital to community

Workstream 2: Purposeful Longevity

- Enable meaningful and purposeful engagement through employment, volunteering and learning opportunities
- Improve well-being (physical, mental, social, financial)
- Strengthen intergenerational bonding and social cohesion

Workstream 3: Planning & Design

 Develop and implement solutions backed by science and data to (i) support ageing in place, (ii) encourage active lifestyle, (iii) support social and mental well-being, (iv) develop a new built environment well-being index Workstream 4: Technology

- Co-design affordable solutions with residents, caregivers and community to enable functionality, better health, and delivery of care into the home
- Overcome barriers to adoption

Workstream 5: Evaluation

- Assess overall effectiveness of the Health District model
- Assess effectiveness of specific interventions in the Health District

Workstream 6: Communications & Engagement

- Win hearts and minds of residents and other members of the community
- •Ensure all stakeholders are kept updated
- Engage media including social media

Ibasho



Ibasho 8 Principles

Principle 8: Embracing Imperfection

Growth of the community is organic and embraces imperfection gracefully



Principle 1: Elder Wisdom

Older people are a valuable asset to the community



Communities are environmentally, economically, and socially sustainable



Principle 2: Normalcy

Informal gathering places are needed to foster relationships



Local culture and traditions are respected



ibasho 8 principles

Principle 3: De-marginalization



All residents participate in normal community life



All generations are involved in the community



Principle 4: Community Ownership

Community members drive development and implementation





























Theory of change for Ibasho Café project

- Challenging social perception about aging
- Changing mindset of care
- Empowering elders

Empowering elders

Ibasho Café

- Elders as a resource
- Reverse role of care
- Community ownership
- Transfer of knowledge

Community bonding

Multi-generational interactions

Various levels of relationships:

thin and thick

■ Informal support

Social capital

- Network
- Belonging
- Efficacy
- Trust
- Reciprocity

- Natural disaster
- Global aging

Community resilience

Impacts: Findings from the Impact Evaluations



ELDERS LEADING THE WAY TO RESILIENCE

Emi Kiyota, Yasuhiro Tanaka, Margaret Arnold, and Daniel Aldrich

- People who were part of Ibasho believe they have more control over their environment than those who were not, an outcome social scientists call increased efficacy.
- People regularly participating in Ibasho programs reported having more friends than similar people who did not participate.
- Individuals who regularly attended Ibasho events had a deeper sense of belonging to their neighborhood than similar individuals who did not participate in Ibasho.

Lee, J., Aldrich, D.P., Kiyota, E. et al. (2022) Social capital building interventions and self-reported post-disaster recovery in Ofunato, Japan. Sci Rep 12, 10274

Patterson T, Kiyota E. REBUILDING COMMUNITY IN POST-DISASTER REGIONS: ELDERS LEADING THE WAY TO RESILIENCE. Innov Aging. 2017 Jun 30;1(Suppl 1):997–8. doi: 10.1093/geroni/igx0043614. PMCID: PMC6184888.

Daniel P Aldrich and Emi Kiyota. (2017). "Creating Community Resilience Through Elder-Led Physical and Social Infrastructure" Disaster Medicine Public Health Preparedness

Kiyota, E, Tanaka, Y., Arnold, M., Aldrich, D. (2015) Elders Leading the Way to Resilience, The World Bank Press.

Aldrich (2015), building resilience. World bank report: https://www.gfdrr.org/sites/gfdm/files/publication/Elders-Leading-the-Way-to-Resilience.pdf Kiyota, E., Tanaka, Y., Amold, M., & Aida, T. (2020). Ibasho-Strengthening Community-Driven Preparedness and Resilience in Philippines and Nepal by Leveraging Japanese Expertise and Experience.

Aida, T., Kiyota, E., Tanaka, Y., & Sawada, Y. (2023). Building social capital with elders' leadership through a community hub "Ibasho" in the Philippines and Nepal. Scientific Reports, 13(1), 3652.







Cultural Adaptation of Innovations

Japan Ibasho

日本

2012

Philippines Ibasho 菲律宾 2015





Nepal Ibasho 尼泊尔 2016



Singapore Ibasho 新加坡 2024



- Designing adaptable spaces that promote interactions
- Policy frameworks that support elder-led initiatives and empower older adults as active contributors
- The importance of co-design with older adults
- A call for collaboration between policymakers, designers, and researchers

Design Impacts: Moving forward

Protecting elders

Dependency

Provide special services for elders

- Ageism

Offer specially designed service/built environment

Stigma

Ensure age specific design

Segregation

Provide convenience through Technologies

- Social isolation

Thank you!







ekiyota@nus.edu.sg





The Bridge Generation: Middle Voices in Creating Equitable Age-Friendly Cities

Dr Jo-Pei Tan — Department of Social Care and Social Work, Manchester Metropolitan University, UK.

Email: j.tan@mmu.ac.uk

Three key messages:

1) Familial Care 2) Cultural Approach 3) The Voice of the Middle Generation



The Sandwich Generation Challenge

Global North
 Shorter sandwich period (3.3 years in Australia)

 Global South
 Longer sandwich period (6.4 years in Zimbabwe)

 Surprising Finding
 Despite lower life expectancy in Global South



Beyond Physical Infrastructure

Traditional Focus

Accessible transport, housing, healthcare,

Missing Element

Human relationships and cultural context

Middle Generation Role

Identify gaps invisible to policymakers





Barcelona's Superblocks: A Case Study

1

Initial Design

Improved mobility but missed cultural needs

2

Middle Generation Input

Understood both elderly and children's needs

3

Redesigned Spaces

Truly inclusive across generations and cultures

Cultural Approaches to Familial Care

East Asian Filial piety traditions, direct care from children Indigenous/Global South Circular caregiving, elders care for children Nordic State responsibility, emotional family support Mediterranean Extended family networks share responsibilities



Middle Generation as Cultural Translators



Bridge Builders

Connect institutional systems with family-based care networks



Cultural Translators

Mediate between traditional approaches to aging and emerging needs



Gap Identifiers

Recognise inequalities invisible to policymakers



Change Agents

Strengthen the ability of older people to affect change

Cultural Care Zones: Designing for Diverse Needs







Multi-Purpose Rooms

Spaces specifically designed to support extended family gatherings important to local local communities

Kitchen Facilities

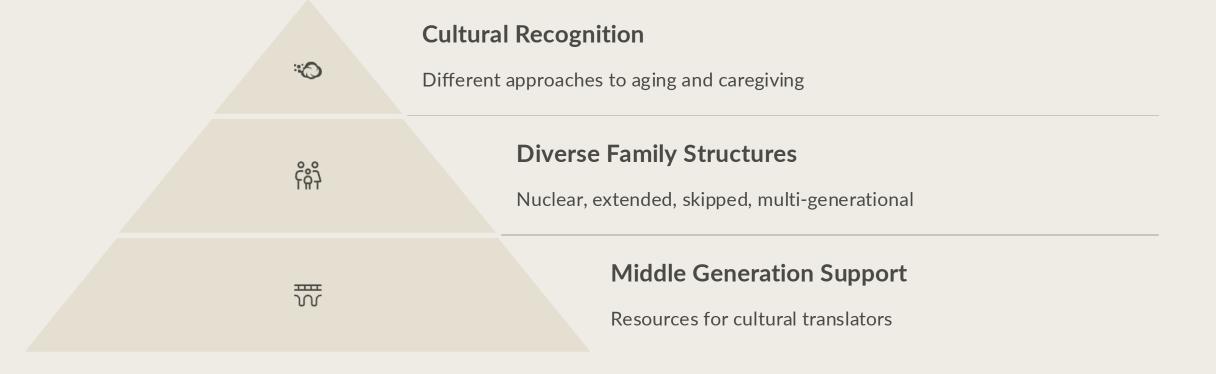
Supporting traditional food preparation as a as a form of intergenerational connection connection

Outdoor Spaces

Designed for cultural activities involving multiple generations

- To support spatial justice, future-proof cities must build systems that recognise different cultural approaches to aging and caregiving.
- 'Cultural care zones' provide spaces specifically designed to support traditional intergenerational activities important to local communities.

Future-Proofing Cities



Economic Innovation in Care

£££

UK Unpaid Care

Family caregivers provide millions in unpaid care

\$\$\$

Singapore

Proximity Housing Grant for multigenerational living

0

Netherlands

Rent-free student housing in senior communities

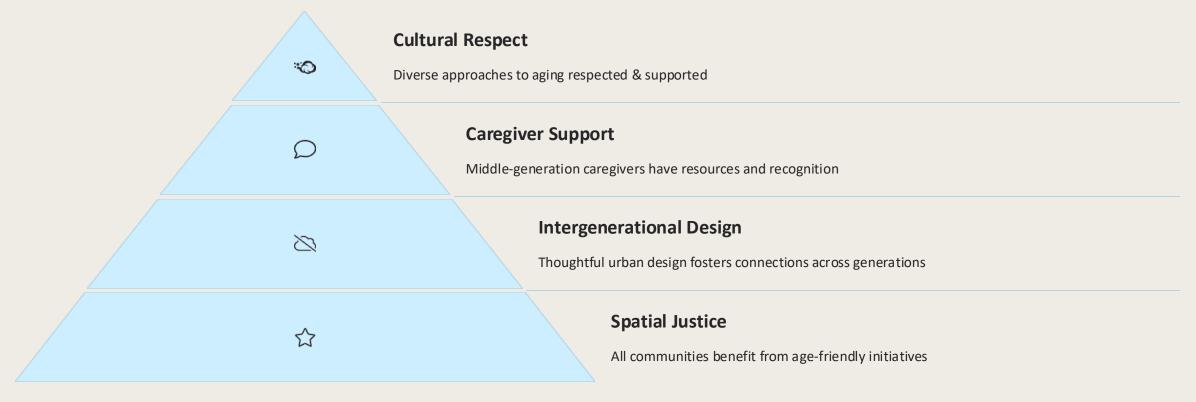
UK

Belong Chester - Intergenerational

Care Village



A New Vision for WHO Age-Friendly Cities



The future of age-friendly cities depends on our ability to move beyond a one-size-fits-all approach to aging. We must integrate the WHO framework the WHO framework with emphasis on "familial care," "cultural approach," and the "voice of the middle generation."

Age-friendly cities should not just be physically accessible but relationally rich—places.





Research and innovation in Age Friendly urban environments

Judith Phillips

Professor of Social and Environmental Gerontology

University of Stirling

Future proofing age-friendly cities: Towards sustainable and just urban futures Age Friendly Futures Summit, Manchester, March 2025

BE THE DIFFERENCE

A research agenda toward sustainable and just urban futures

1. How do people interact with their environment through their lifecourse?

People do not imbue meaning to, or use place (meaningful social, physical and spatial environments) in similar ways

- 2. How do **hidden populations** experience age friendliness (ethnic populations, migrants, people with poor cognitive health)? 'Othering' and placelessness; displacement and detachment.
- 3. How do people experience **Spatial Inequality**?

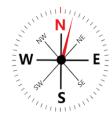
how does policy address these entrenched challenges of place-based stigma and ageism?



How do we ensure environmental sustainability and age inclusiveness?

5. How do we address **time** in AFCs?

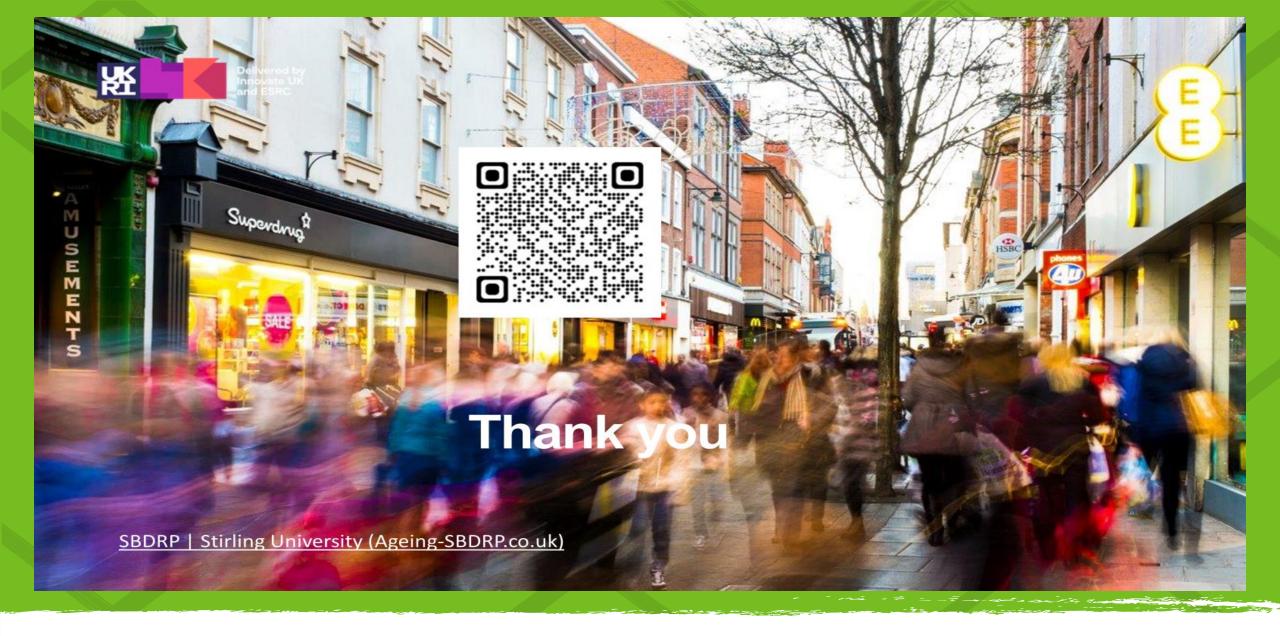
What are the effects of rapid urbanization? What are the tipping points and transitions for specific places, for example, the high street?



Different ways of doing research

- Research and Innovation (impact with sustainable and scalable solutions)
- A mission—oriented approach
- Tri-partite meaningful co-production
- A business lens (in addition to a health lens)
- Aligned with policy priorities
- A longer-term programme of R&I (and data)





Future proofing age-friendly cities: Towards sustainable and just urban futures Judith.Phillips@stir.ac.uk

BE THE DIFFERENCE





THE IMPORTANCE OF FINANCE AND SOCIAL SECURITY HAVE WE BEEN LOOKING IN THE WRONG DIRECTION SINCE 2007?

Joost van Hoof DSc PhD

Professor of Urban Ageing & Chairperson of the Knowledge Platform Age-Friendly The Hague

25 March 2025, Age-Friendly Futures Summit 25 - 27th March 2025 Manchester, UK



World Health # 48th Year, No. 5, September-October 1995

- 23

Aging well!

Alexandre Kalache

While aging in itself cannot be prevented, the pace of decline for most functions can. Each individual can dramatically reduce the risk of disability in old age.



What then makes some old people disabled and others active and fit? Age in itself is only one of the factors. There are aging-related changes that will incapacitate some individuals, and these are commonly called "intrinsic" factors for which science - at least until now - has little to offer. Specific functions such as respiratory capacity do decline with age; one cannot expect the same levels at age 20 and at 70. However, this in itself will not make an old person disabled. Provided individuals can perform functions above the threshold of incapacity, everything is

That threshold has to be culturally defined in the light of what is expected from individuals where and when they live. In an extreme example, if a person were expected to hunt and run for miles in order to survive,



Throughout the world, the vast majority of olider people live independent, disability

at age 50 most people would be considered disabled. Fortunately nowadays, virtually no society expects such extremes.

Observing performance

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The individual can dramatically reduce the risk of disability. Consider again the example of respiratory function. A person who has throughout been physically active will develop an "extra capacity" and will remain above the incapacity threshold for lonser. Conversely, a

heavy smoker will reach the threshold much earlier. Thus while aging in itself cannot be halted, the pace of decline for most functions can be slowed. "Extrinsic" factors (which have little to do with aging) are crucial here. These factors are related, for instance, to lifestyle (how we live our lives), to the environment (consider what heavy pollution can do to our lungs after many years!), or to the social context (if you live on the sixth floor in a building that does not have a lift).

The message is both clear and positive: most people can age well and maintain good health into very old age. In order to do so, choices have to be made—the earlier, the better. And the greatest barrier to that is poverty. As with other age groups, poverty is health's worst enemy—and in old age it is the strongest determinant of whether one lives an independent, active life or suffers disability and destitution.

Dr Alexandre Kalache is Chief of the Aging and Health Programme, World Health Organization, 1211 Geneva 27, Subsections

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POILER ALERT his is also the case for periencing ag riendliness

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UESTION ow come this has been o clearly overlooked?

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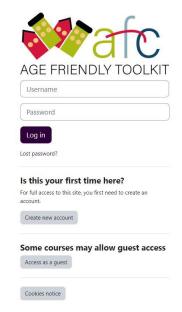
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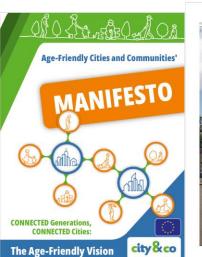
Knowledge platform Age-friendly City The Hague: collaboration

Question: How age-friendly is our municipality?















The Age-Friendly Cities and Communities Questionnaire AFCCQ (English)

	, Dottigt,		ly disab	Hours'	, _e	-11
12017		4000	Dist	Hen	Agi.	Or
-	HOUSING					$\overline{}$
Q1	My house is accessible to me		-			-
Q2	My house is accessible to the people who come to visit me					
	SOCIAL PARTICIPATION					
Q3	There are enough opportunities to meet people in my neighbourhood					
Q4	Activities and events are organised in places that are accessible to me					
Q5	The information about activities and events is enough for me and also suitable for me					
Q6	I find the range of events and activities sufficiently varied					
	RESPECT AND SOCIAL INCLUSION					
Q7*	I sometimes get annoying or negative remarks because of my age					
Q8*	I sometimes face discrimination because of my age					
	CIVIC PARTICIPATION AND EMPLOYMENT					
Q9	I have enough opportunities to interact with younger generations				\Box	
Q10	I feel like a valued member of society					
	COMMUNICATION AND INFORMATION					
044	Printed and digital information from the municipality and other social institutions is easy					
Q11	to read in terms of font and size					
Q12	Printed and digital information from the municipality and other social institutions is written in understandable language					
	COMMUNITY SUPPORT AND HEALTH SERVICES					
Q13	The supply of care and welfare in my city is enough for me					
Q14	When I am ill, I receive the care and help I need					\neg
Q15	If necessary, I can easily reach care and welfare services by telephone and in person					\neg
Q16	I have enough information about care and welfare services in my neighbourhood					
Q17	Care and welfare workers in my neighbourhood are sufficiently respectful					
	OUTDOOR SPACES AND BUILDINGS					
Q18	My neighbourhood is sufficiently accessible for a wheeled walker or wheelchair					\Box
Q19	The shops in my neighbourhood are sufficiently accessible with a wheeled walker or wheelchair					
	TRANSPORTATION					
Q20	I can easily get on the bus or tram in my neighbourhood					
Q21	The bus and tram stops in my neighbourhood are easy to reach and use					
	FINANCIAL SITUATION					
Q22	My income is sufficient to cover my basic needs without any problems					
Q23	l live well on my income					\dashv

Age-Friendly Cities and Communities Questionnaire (AFCCQ) (Dikken et al., 2020)

Psychometric enquiry into measuring age-friendliness. AFCCQ developed through extensive and rigorous factor analyses. Tool for bi-annual representative survey.

For the first time, the 8 domains of the WHO were validated (Suvarna & Al-Khalifa, 2023)

23 questions (5-point Likert scale)

8 WHO domains + additional financial domain (partly based on Hong Kong SAR's Chief Secretary for Administration's Office, 2017 and WHO, 2007)

One's financial situation is **THE STRONGEST** predictor for experiencing age-friendliness

Domain	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Sign.
	n=113	n=126	n=343	n=133	
	mean	mean	mean	mean	cluster
					differences
Total AFCCQ	.22	.39	.82	1.37	<.001
	(5.06)	(8.97)	(18.86)	(31.51)	
Housing	.93	1.15	1.25	1.83	<.001
	(1.86)	(2.3)	(2.5)	(3.66)	
Social participation	.06	.19	.70	1.24	<.001
	(0.24)	(0.76)	(2.8)	(4.96)	
Respect and social	.58	.70	1.03	1.85	<.001
inclusion	(1.16)	(1.4)	(2.06)	(3.7)	
Civic participation and	.23	.31	.77	1.46	<.001
employment	(0.46)	(0.62)	(1.54)	(2.92)	
Communication and	.27	.32	.80	1.37	<.001
information	(0.54)	(0.64)	(1.60)	(2.74)	
Community support and	.02	.29	.62	1.09	<.001
health services	(0.1)	(1.45)	(3.1)	(5.45)	
Outdoor spaces and	.11	17	.66	.87	<.001
buildings	(0.22)	(-0.34)	(1.32)	(1.74)	
Transportation	.63	04	1.01	1.55	<.001
	(1.26)	(-0.08)	(2.02)	(3.1)	
Financial Situation	40	1.09	.94	1.6	<.001
This Ashla was sufficiently	(-0.8)	(2.18)	(1.88)	(3.2)	2 1-4

This table presents normalised data, meaning all AFCCQ (sub-domain) scales range from -2 - +2, between parentheses a back transformation towards true scores of AFCCQ and corresponding colour.

4 Clusters were identified:

- $_{\perp}$ 1. The precariat (1/6)
 - 2. Mobility and disease (1/6)
 - 3. The managing group (1/2)
 - 4. The higher echelon (1/6)

Large differences in terms of socio-economic position and health



We see these patterns around the world: from Romania to UK and New Zealand.

But sadly, not too often in the scientific literature!

		Cluster 1 n=63	Cluster 2 n=137	Cluster 3 n=155	Cluster 4 n=69	Sign.
Domain		Mean	Mean	Mean	Mean	cluster differences
Tarl A FOCO	Normalised score					<.001
Total AFCCQ	True-score	-12.60	3.18	18.59	34.87	
Housing	Normalised score					<.001
	True-score	.06	1.44	2.30	3.59	
Social participation	Normalised score					<.001
	True-score	-1.54	1.82	3.97	6.87	
Respect and social inclusion	Normalised score					<.001
	True-score	-0.25	0.19	-0.92	-2.20	
Civic participation and employment	Normalised score					<.001
	True-score	-1.25	-0.12	1.46	3.16	
Communication and information	Normalised score					<.001
	True-score	-1.86	-0.31	1.60	3.46	
Community support and health	Normalised score					<.001
services	True-score	-2.56	0.63	5.14	9.23	
Outdoor spaces and buildings	Normalised score					<.001
	True-score	-1.13	0.24	1.89	3.68	
Transportation	Normalised score					<.001
	True-score	-1.62	0.26	1.74	3.64	
Financial Situation	Normalised score					<.001
	True-score	-2.46	-0.97	1.41	3.43	

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New Action Programme Age-Friendly The Hague 2025-2030

- Development of policy recommendations for each of the clusters
- Each group needs specific, dedicated solutions: older people are not homogeneous. Not all groups need the same level of support.
- Solutions ranging from prevention, and accessibility to improving one's purchase power....
- Special focus on low-income groups
- Cluster 4 may be overrepresented in representative bodies (and academia alike!)
- Avoiding stereotypes (migration background)



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The individual can dramatically reduce the risk of disability. Consider again the example of respiratory function. A person who has throughout been physically active will develop an "extra capacity" and will remain above the incapacity threshold for longer. Conversely, a

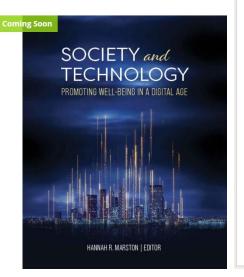
heavy smoker will reach the threshold much earlier. Thus while aging in itself cannot be halted, the pace of decline for most functions can be slowed. "Extrinsic" factors (which have little to do with aging) are crucial here. These factors are related, for instance, to lifestyle (how we live our lives), to the environment (consider what heavy pollution can do to our lungs after many years!), or to the social context (if you live on the sixth floor in a building that does not have a lift).

The message is both clear and positive; most people can age well and maintain good health into very old age. In order to do so, choices have to be made—the earlier, the better. And the greatest barrier to that is poverty. As with other age groups, poverty is health's worst enemy—and in old age it is the strongest determinant of whether one lives an independent, active life or suffers disability and destitution.

Dr Alexandre Kaladie is Chief of the Aging and Health Programme, World Health Organization, 1211 Geneva 27, Switzenland.

Moving on from Kalache (1995) and WHO (2007)

How are we going to include one's financial situation, financial and social security and socio-economic factors into the age-friendly programme?



Chapter 12¶

·"Who · Doesn't · Think · About · Financial · Security · When · Designing · Urban · Environments · for · Older · People?"¶

'Advocating for the Inclusion of Financial Factors in the Age-Friendly Agenda ¶

Joost-van-Hoof, Hannah-R. Marston, and Jeroen-Dikken¶

Introduction¶

The World-Health Organization's (WHO) age-friendly cities and communities agenda, which was launched in 2007, is based on an eight-factor model to support local and national governments in their quest to become or be uge-friendly. Despite the growing body of evidence that financial aspects play an important role in the experienced uge-friendlines by older people, one's financial obstition is not one of the eight domains posited by the WHO. Despite the ubsence of an explicit financial domain, aspects of financial security, affordability, and economic activities are incorporated as dispersed and incoherent elements in the model. The discourse presented here, based on document analysis, contributes to a reappraisal of the financial elements of age-friendliness and is based on rigorous reviews of historical literature and resources on the origins of the age-friendliness and potential biases that have led to the wide-spread age-friendly model and its operationalisation in essential features. In addition, the true origins of the eight domains cannot be fully reconstructed. Historical sources on which the age-friendly model was based displayed a strong awareness of the importance of financial aspects of the daily lives of older people, as well as quantitative methodologies. There was an explicit distinction between two

Panel 2: Co-creating More Inclusive Age-friendly Cities: Reflections from Research across Disciplines and Sectors,

Age-Friendly Futures Summit: Advancing, Leading and Creating Regions, Cities and Communities for an Age-friendly World,
25 - 27 March 2025, Manchester, United Kingdom





A Global Survey of Age-friendly Futures Research

Age-friendly Cities and Communities in Malaysia: Connecting Research, Policy and Action



Rahimah IBRAHIM, PhD

Director / Associate Professor Malaysian Research Institute on Ageing (MyAgeing®) Universiti Putra Malaysia

With Knowledge We Serve Agriculture • Innovation • Life



Population Ageing in Malaysia, 2020



Population of older persons (60+) 2020 Census



Households

with older persons (60+)

HIES 2022 (30% sample)

 40.4% of the total households have at least one (1) co-residing older person (60+)



Old-age sex ratio (60+)

2020 Census



Life Expectancy of older persons (60+)

Life Table 2020

- 3.4 million persons
- 10.3% of total population

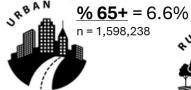
- Sex ratio = 109.6 number of men per 100 women
 - Old-age sex ratio = 96.7

Population: 6,109,902

• LE₆₀ = **18.7** years

Male LE_{60} = 18.2 years Female LE_{60} = 20.9 years

• LE_{atbirth} = **73.4** years



 $\frac{\% 65+}{n=592,991} = 7.3\%$



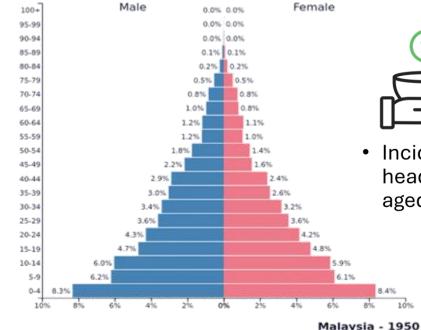
2020 Census



• Urbanization rate₆₅₊ = **72.9**%

2020 Population & Housing Census (DOSM, 2022)

60+ pop.60+ Malay60+ Chinese60+ Indian3.34 mil.1.99 mil.0.95 mil.0.23 mil.(10.3%)(9.7%)(13.8%)(11.3%)



Monthly Household Gross **Income**

Median_{KIR65+} = RM 3,372 Mean_{KIR65+} = RM 5,282

HIES 2019

 Incidence of poverty for head of households aged 65+ = 5.7% 1980



1.5

2020

tfr = 4.1 tfr = 1

21.1% of 60+ are still working

- Urban₆₀₊ = 17.0%
- Rural₆₀₊ = 28.9%

[HES2022]

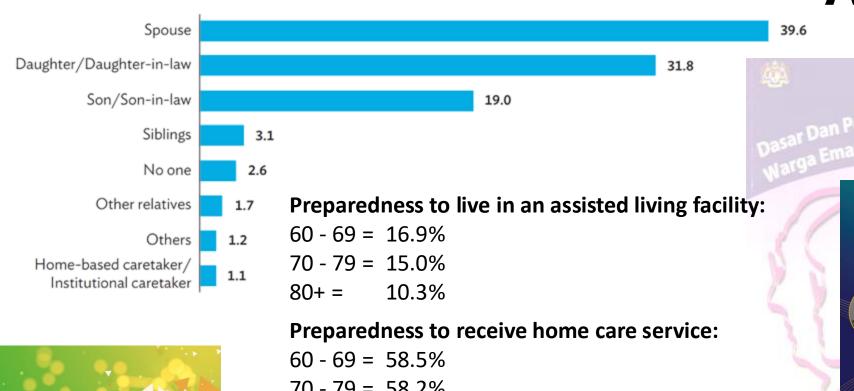
Household Composition, Malaysia, 1999 - 2019

Haveahald Torra		1999			2009			2019	
Household Type –	n	%	Hh Size	n	%	Hh Size	n	%	Hh Size
One-person Households									
Adult (18 - 59)	259	9.4	1.0	436	6.7	1.0	809	4.9	1.0
Older Person (60+)	77	2.8	1.0	159	2.4	1.0	540	3.3	1.0
Multi-person Households									
Households WITHOUT Older Persons	1,861	67.4	4.8	4,350	67.0	4.6	9,530	58.3	4.3
Households with Older Persons & Non-older Persons	516	18.7	4.9	1,373	21.1	4.7	4,678	28.6	4.4
Households with Older Persons ONLY	48	1.7	2.0	177	2.7	2.0	797	4.9	2.0
Total Sampled Households	2,761	100.0	4.3	6,495	100.0	4.2	16,354	100.0	3.9
Households with at least 1 Child (<18)	1,859	67.3	5.4	4,083	62.9	5.2	8,772	53.6	5.1
Households with at least 1 Older Person	641	23.2	4.2	1,709	26.3	4.1	6,015	36.8	3.8

Source: Author Tabulated from HES Microdata (DOSM, 2012; 2020)

Figure 7.24: Person Most Likely to Care for Respondents When They Are in Need (%)

Ageing-in-Place









70 - 79 = 58.2%

51.3% 80+=

"75% of the respondents indicated that they would like to age-in-place..."

Awang, Tan, Ab Rashid, Mansor, Tan, & Subbahi (2024) [Malaysian Ageing and Retirement Survey (MARS), Wave 1]

"Past studies by MyAgeing® showed that a majority of older adults (77.6%) plan to age in their current residence and have no plans to move." - Universiti Putra Malaysia (2017)











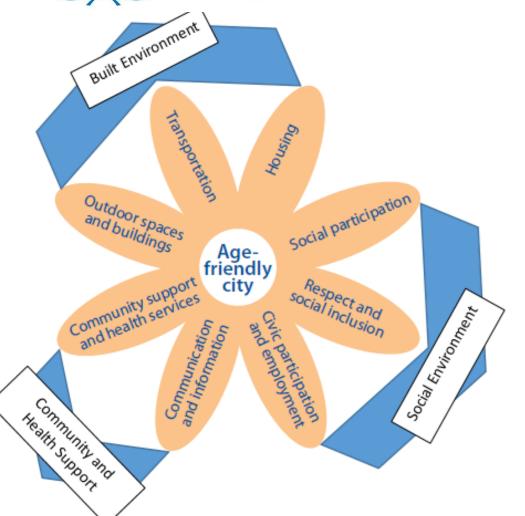
MALAYSIA AGEING AND

RETIREMENT SURVEY

WAVE 2 (2021-2022)

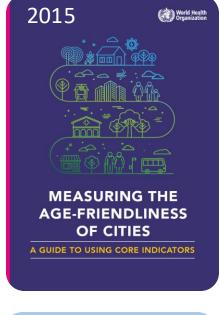
SURVEY REPORT

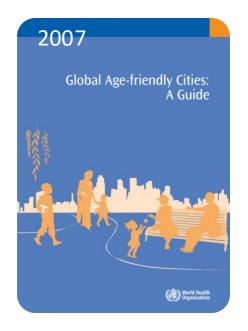
World Health Organization

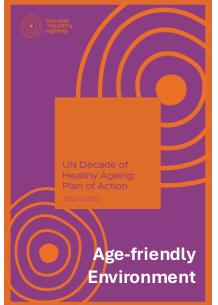


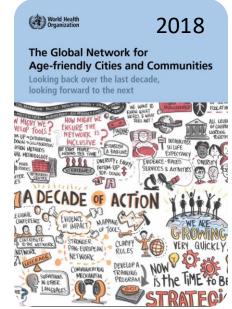
Jackisch, Zamaro, Green & Huber, 2015















Checklist of Essential Features of **Age-friendly Cities**

Age-Friendly Cities project consultation in 33 cities in 22 countries. The checklist is a tool for city features are to be found in the WHO Global Age-Friendly Cities Guide

city more age-friendly. For the checklist to be effective, older people must be involved as ful artners. In assessing a city's strengths and deficiencies, older people will describe how the

- number and safe for people with different levels and types of disability, with non-

clearly displayed and affordable.

- suent, including at night and on weeken





ENHANCING THE GLO AGE-FRIENDLY CITIES

Cities and communities, around the world, enable older

An age-friendly city or community is a good place to grow older because it fosters *Healthy Ageing* and enables wellbeing throughout life. The WHO Global Network for Age-friendly Cities and Communities (GNAFCC), established in 2010 and now covering more than 500 cities and communities in 37 countries, supports communities, cities and other sub-national levels of government that want to achieve this ambition. The Network enables these members to share and learn from each other's experiences, and provides guidance and technical resources on what works. Linked to the Platform for Innovation and Change the network will inspire, connect and support cities around the world by:

2017

Decade Of Healthy Ageing 2020-2030

This document describes the plan for a Decade of Healthy Ageing 2020-2030, which will consist of 10 years of concerted, catalytic, sustained collaboration. Older people themselves will be at the centre of this plan, which will bring together governments, civil society, international agencies, professionals, academia, the media and the private sector to improve the lives of older people, their families and their communities. It is the second action plan of the WHO Global strategy on ageing and health, building on the United Nations Madrid International Plan of Action on Ageing (1) and aligned with the timing of the United Nations Agenda 2030 on Sustainable Development (2) and the Sustainable Development Goals.

1. Why we need concerted, sustained action

Longer lives are one of our most remarkable collective achieve and economic development as well as in health, specifically ou childhood illness, maternal mortality and, more recently, mort incredibly valuable resource. It provides the opportunity for ref also how our whole lives might unfold.

Today, most people can expect to live to 60 years and older. A of the Decade of Healthy Ageing could expect to live, on average however, great inequity in longevity according to social and ec Organization for Economic Co-operation and Development (OB university-educated man can expect to live 7.5 years longer th women, the difference is 4.6 years (3). The disparity is more ac

The number and proportion of people aged 60 years and older shows that the increase is occurring at an unprecedented pace decades, particularly in developing countries. The ageing of the aspects of society, including labour and financial markets, the as education, housing, health, long-term care, social protection communication, as well as family structures and intergeneratio

- Enhancing local capacity through the development of a mentorship programme for age-friendly professionals and a Massive Open Online Course (MOOC) on how to create and develop age-friendly environments.
- iii. Supporting the use of research, data and low cost evaluations that can enable cities and communities to steer their efforts to what works.
- Hosting conferences to provide opportunities for networking, exchange and peer to peer learning.
- v. Focusing on specific priorities or feature projects such as a megacity project.

able 4. Ensuring that communities foster the abilities of older people			$\overline{}$ 2020
Responsible body	Action		
Member States	Establish or extend multisectoral mechanisms at national, sub promote healthy ageing, and address the determinants of hea policy coherence and shared accountability. Support inclusion of the voices of older adults, particularly in c marginalized groups, in multisectoral and multistakeholder pid dialogues. Promote and develop national and/or subnational programma and communities, ander people including the private sector and civil society, in designing thesi Tailor advocacy to specific sectors on how they can contribute Take evidence-based action at all levels and sectors to foster fistrengthen the capacity of rural and urban communities to: • build knowledge and understanding of age and ageing ar		Provide evidence and technical assistance to countries for building age-friendly environments and ensuing that the most vulnerable are being served, such as older people with dementia. Provide opportunities to connect cities and communities, exchange information and experience and facilitate learning by leaders in countries, cities and communities on what works to foster healthy ageing in different contexts. Identify priorities and opportunities for collaborative action and exchange among networks and constituencies. Provide tools and support to countries, cities and communities to monitor and evaluate progress in creating age-friendly environments. Collaborate with humanitarian organizations to provide technical guidance and support to governments to ensure age-inclusive humanitarian responses, including emergency preparedness, response and recovery.
	intergenerational dialogue, learning and collaboration (s extend options for housing, and improve modifications to enable older people to age in a place that suits their need develop and ensure gender-responsive, affordable, acces by complying with standards for accessibility in buildings transport, pavements and roads; develop and ensure compliance with standards for access communication technologies and assistive technology; provide information and opportunities for leisure and so inclusion, participation and reduce loneliness and social in provide training to improve financial and digital literacy a.	National and international partners	Promote the concept of age-friendly environments, and support the development of age-friendly communities, cities and countries by connecting partners, facilitating information exchange and learning and sharing good practice. Support age-inclusive responses in humanitarian emergencies. Provide technical and financial assistance to ensure the provision of functional ability by public and private services. Support the collection and dissemination of evidence-based, age- and sex-disaggregated information about the contributions of older people. Promote research on age-friendly cities and communities.
	security across the life-course, and protect older people, p		from

Table 7. Indicators of progress in healthy ageing, by process and outcome

Indicator	Process	Outcome
Global strategy on ageing and health		
Countries appoint a national focal point on ageing and health in the ministry of health.	х	
Countries report a national plan on ageing and health.	х	
Countries report a national multi-stakeholder forum.	x	
Countries report national legislation and enforcement strategies against discrimination by age.	x	
Countries report national regulations or legislation on access to assistive devices.	x	
Countries report a national programme to foster age-friendly environments.	х	•
Countries repertamational policy to support comprehensive assessments of older people.	х	
Countries report a national policy on long-term care.	x	
Countries report the availability of national data on the health status and needs of older people.	x	
Countries report the availability of longitudinal data on the health status and needs of older people.	х	
Each country reports healthy ageing (functional ability, environment and intrinsic capacity) by age and sex.		х
WHO General Programme of Work or Core 100 indicators		
Each country reports healthy life expectancy at birth and at older ages (60, 65, 70 years, etc.).		х
Examples of Sustainable Development Goal indicators relevant to older people are listed in Table 1.		



AFCC@Malaysia



WHO Global Network for Age-friendly Cities and Communities

1,542 Cities and Communities 18 Network Affiliates 51 Countries 320 Million People Covered

Year joined GNAFCC:

2019

- Majlis Perbandaran Taiping
- Majlis Bandaraya Ipoh

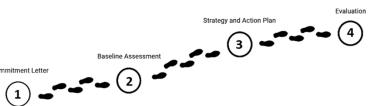
2023

- Majlis Bandaraya Pulau Pinang
- Majlis Perbandaran Sibu

2024

- Majlis Bandaraya Kuching Selatan
- Majlis Bandaraya Petaling Jaya





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> Join us > Login

Perak



Pulau **Pinang**



Sarawak

(*

Selangor

Taiping



Malaysia

As per Sustainable Development Goals (SDGs), we aim to increase the quality of urban living for all walks of life including older people. These plans stress the importance of

City population: 310800 15 % over 60 Joined Network in 2019



Malaysia

Joined Network in 2019

The Mayor raised a concern that there were currently no specific policies and schemes initiated specifically for the older population of Malaysia. There are policies and special

City population: 739700

Penang Island



Malavsia

The state of Penang comprised of Penang Island, where the capital city - George Town is located, and Seberang Perai (formerly Province Wellesley). Penang island, measuring about 301 square.

City population: 794313 14.87 % over 60 Joined Network in 2023

Sibu



Malaysia

There are 8 Standing Committees in Sibu Municipal Council in making relevant policies for community in Sibu. After joining this network, Sibu Municipal Council would like to learn about mechanism.

City population: 280000 12.3 % over 60 Joined Network in 2023

Kuchina



Malaysia

As the capital of Sarawak, Kuching is positioning itself as a forward-thinking city that embraces the needs of its ageing population. The Mayor of Kuching South (MBKS) is

Petaling Jaya



Malaysia

Petaling Jaya City Council (MBPJ) is deeply committed to creating an age-friendly environment that aligns with its visionary "Petaling Jaya Smart, Sustainable, and Resilient 2030" (PJSSR 2030) Blueprint. The blueprint...

More Details >

City population: 823794 11 % over 60 Joined Network in 2024

Adding life to years

Age-friendly world

Age-Friendly in Practice

The AFCC Situation in Malaysia: Differentiators

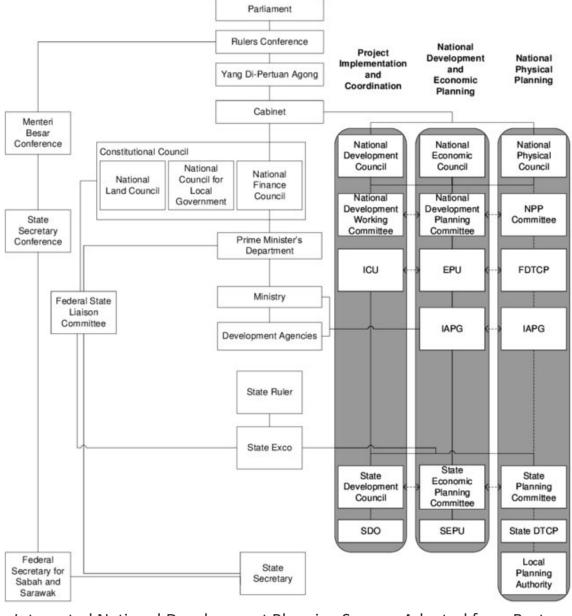
- 1. Federal State Local Government
 - Limited local government roles
 - Inter-State differences
- 2. Inter-ministerial Coordination (Federal)
 - Ministry of Women, Family and Community Development
 - Ministry of Health
 - Minister of Housing and Local Government
- 3. Competing/Complementing Policies
 - Smart City
 - Child-friendly City
 - Sustainable City
 - Happiness Index

- 4. Intersectoral Cooperation
 - Public
 - Private
 - Civil Society
 - Academia
- 5. Retirement Life of Older Malaysians
 - Living Arrangement
 - Health & LTC System
 - Pension / Social Protection System
- 6. Others

Malaysia's Public Policy Influence & Pathways



Malaysia: National Development Planning Framework after 2001 Source: Adapted from Nur Sallehi Kassim & Islam (2006)



Integrated National Development Planning Source: Adapted from Bruton (2007)

Source: Sarkawi & Faris Abdullah, 2014

MOH

- Priority Area B: Enhancing Healthcare Service Delivery Strategy B1: Redesigning the Healthcare Service
 - Strengthening Healthcare Programme for Older Persons (p. 4-21)

Strengthening Healthcare Programmes for Older Persons

As Malaysia moves toward an aged nation by 2030, it is imperative to further improve the healthcare programmes for older persons. The design of private healthcare facilities shall comply with the Private Aged Healthcare Facilities and Services Act 2018 and Care Centres (Amendment) Act 2018 to cater for the needs of older persons. In addition, domiciliary healthcare will incorporate oral healthcare services to prevent and treat oral cancer among older persons. Strategic partnerships with the private sector, HEIs, CBOs and CSOs will be enhanced to implement preventive and self-care programmes. Awareness programmes on healthy ageing and eating will be strengthened, including at the Pusat Aktiviti Warga Emas to maintain good health among older persons.

MHLG

- Priority Area C: Increasing the Supply of Quality Affordable Housing
 - Strategy C3: Ensuring Inclusive Housing - Adopting Best Practices to Enhance Liveability (p. 4-26)

Adopting Best Practices to Enhance Liveability

The National Community Policy (NCP) launched in 2019 is aimed at building the spirit of unity to enable members of a community to live in a conducive and harmonious environment. The NCP initiatives will be rolled out nationwide to encourage communities to be more active in keeping the surroundings safe and clean. The local communities and residential management bodies will be equipped with the necessary skills to undertake and organise community programmes effectively. The roles of joint management bodies and management corporations will be strengthened by amending the Strata Management Act 2013.

A more conducive living environment will be provided through the expansion of best practices as outlined in the NCP, National Cleanliness Policy and Separation at Source. Private developers will be encouraged to adopt the universal design concept in housing projects to cater for the needs of specific target groups, particularly PWDs and older persons. Local authorities will also be encouraged to build more environment-friendly facilities, including public parks and recreational spaces, particularly in high-density residential areas.

MWFCD

- Priority Area F: Empowering Specific Target Groups Strategy F4: Increasing the Wellbeing of Aged Population
 - Enhancing Care and Support for Older Persons (p. 5-38)
 - Strengthening Social Protection (p. 5-38)

Strategy F4

Increasing the Wellbeing of Aged Population

Enhancing Care and Support for Older Persons

As Malaysia moves towards becoming an aged nation²¹ by 2030. concerted efforts will be undertaken to enhance care, protection and support for older persons to be active members of society. This will include introducing laws to protect the rights of older persons, establishing a comprehensive long-term care framework, enhancing quality and services of caregivers as well as invigorating the social care industry. Awareness campaigns on healthy ageing will be intensified, while care givers for the aged will be promoted as a professional career. In addition, collaboration between public and private healthcare providers in broadening palliative care services will be strengthened to ensure the effectiveness of intervention programmes. New initiatives will also be introduced to modernise healthcare services by utilising internet of things (IoT) in homecare monitoring and virtual medical consultations.

Strengthening Social Protection

Programmes to inculcate financial literacy among the younger generation will be amplified to improve financial management skills in preparation for old age. Pension systems and retirement coverage will also be enhanced. Private retirement schemes will be promoted to complement existing schemes. Current social assistance programmes will be streamlined to strengthen social protection for older persons. In this regard, the e-Warga Emas will be launched as an integrated national database for older persons. to facilitate better policymaking and programme implementation. Accessibility to lifelong learning programmes and employment opportunities will be broadened to improve income and quality of life. Local authorities will be encouraged to adopt the Physical Planning Guideline for Elderly, while a national framework on Age Friendly City will also be introduced to promote a more conducive environment for the aged population. Intergenerational programmes will be further promoted to strengthen social interaction among different generations.

RMK-12, **NPP-4** & **Smart city**





UCAPAN YAB PERDANA MENTER DI DEWAN RAKYAT 27 SEPTEMBER 2021





















of life. Local authorities will be encouraged to adopt the Physical Planning Guideline for Elderly, while a national framework on Age Friendly City will also be introduced to promote a more conducive environment for the aged population. Intergenerational programmes



Role of Researchers?









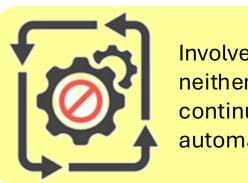
Policy & Advocacy

Planning & Design

Monitoring & Evaluation

Social & Technology Innovations

- Malaysian Research Institute on Ageing (MyAgeing®), UPM
- Clinical Research Centre (CRC) Perak
- Curtin University Malaysia
- Malaysian Healthy Ageing Society (MHAS)
- Universiti Teknologi Malaysia



Involvement is neither continuous nor automatic



Study Recommendations

AGE-FRIENDLY CITY TAIPING

FINAL REPORT





STRUCTURAL

Governance:

Committees at local, state and federal government entities chaired by key leadership at different levels that aligns action plans/strategies as well as monitoring/evaluation and recognition efforts

Alliance:

Coordination among local governments committed to AFCC (GNAFCC membership) to share experiences as well as implementation methods

Resource Panel:

Pooling of experts and researchers (local & international) on AFCC in an advisory, consultative and technical support capacities (e.g. WHO)

Age Friendly Cities and Communities Malaysia Programme

- Federal: Inter-ministerial
 Task Force on Age Friendly
 Malaysia (3 rotating chairs)
- State: Fixed agenda under the State Development Council / Committee
- Local: AFCC Steering Committee

Alliance of Age Friendly Cities and Communities in Malaysia (MyAAFCC)

- Local governments that have expressed commitment to GNAFCC
- Sharing of experience with national, regional and international local authorities

Age Friendly Cities and Communities Reference Group for Malaysia (AFCC RGM)

- Pool of experts, advocators and resource persons for replication and upscaling of the AFCC concept in local governments
- Consist of individuals from research institutes, universities, NGOs or CSOs, private sector corporations or businesses, foundations and international agencies







Capacity Building Workshop towards Agefriendly Cities and Communities in Malaysia

Intersectoral Action for the UN Decade of Healthy Ageing

Jointly Organized:

















Policymakers, regulators, implementing agencies, researchers, private businesses and CSOs, as well as professional bodies

Physical

Online





The Way Forward

- Finding a structure that links vertically and horizontally
- Finding a mechanism that enables multi-sector engagement
- Finding a way for collaborative, independent action across sectors (public, private and civil society)

- Leveraging on WHO, GNAFCC and existing platform of resources
- Leveraging on regional and international network of AFCC actors (lessons)
- Building on political will, coherence and linking to other plans / blueprints on ageing



INSTITUT PENYELIDIKAN PENUAAN MALAYSIA (MyAgeing®)

MALAYSIAN RESEARCH INSTITUTE ON AGEING



imahibrahim@upm.edu.my 012-6535533

THANK YOU

Terima Kasih . 谢谢 . **நன்றி**



MALAYSIAN RESEARCH

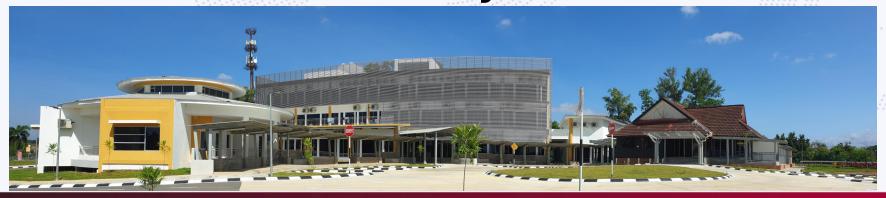
INSTITUTE ON





Agriculture • Innovation • Life With Knowledge We Serve

Thank you



About MyAgeing®, UPM





was first established
(1 April 2002)

Main office moved to 3rd Floor, FMHS (2007) Rebranded by the Cabinet as the Malaysian Research Institute on Ageing (20 March 2015)

Moved into new MyAgeing® integrated building complex (September 2019)

2002

2003

2007

2015

2019

2025











MALAYSIAN RESEARCH INSTITUTE ON AGEING

DIRECTORS (Past and Present)



Y. M. Prof. Dato' Dr. **Tengku Aizan Hamid** (Apr 2002 - Mar 2020)



Prof. Ir. Dr. **Siti Anom Ahmad**(Apr 2020 - Mar 2023)



Assoc. Prof. Dr. Halimatus Sakdiah Minhat (Apr 2023 - Jan 2024)



Assoc. Prof. Dr. **Rahimah Ibrahim**(Feb 2024 - present)

Purpose & Function



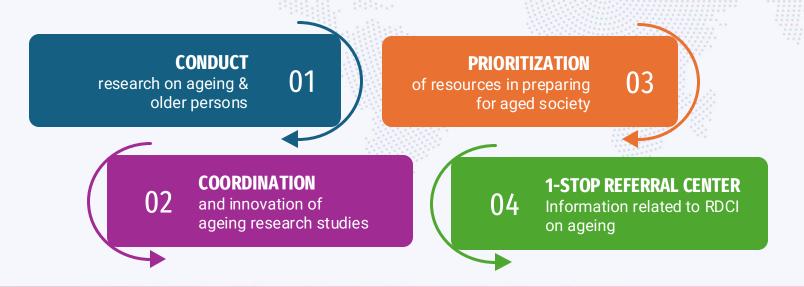
To become an international center of distinction on ageing

Mission

To contribute towards the advancement of knowledge in gerontology for national **development** through research and innovation

Objective

To be an intellectual and physical hub for research, development and commercialization, human capital development as well as professional services on ageing to enhance the wellbeing of older persons, families and the Society







Key Clients





MINISTRY OF HIGHER EDUCATION KEMENTERIAN PEMBANGUNAN WANITA





TEKNOLOGI DAN INOVASI





KEMENTERIAN EKONOMI

KEMENTERIAN PERUMAHAN



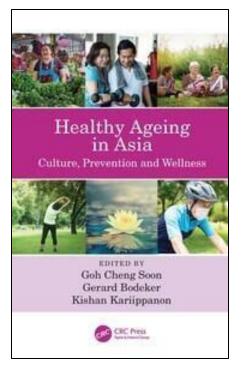


KEMENTERIAN SUMBER MANUSIA KEMENTERIAN PENGANGKUTAN

- 1990 The National Council of Senior Citizens Organizations Malaysia or NACSCOM was founded
- 1991 The Golden Age Foundation, later Persatuan Kebajikan USIAMAS Malaysia was founded
- 1991 The Gerontological Association of Malaysia (GEM) was founded
 - On 1st October, Malaysia celebrated her first National Day of Older Persons
- 1995 The first National Policy for the Elderly (NPE) was approved by the Cabinet on 25th October
- 1996 The National Advisory and Consultative Council for the Elderly (NACCE) was established
- 1997 The **Plan of Action** for the National Policy for the Elderly was launched. The Ministry of Health established the **National Council of Health for the Elderly** and introduced a national **Elderly Health Care Program**
 - The Alzheimer's Disease Foundation Malaysia (ADFM) was registered in 1997
- 2000 The first geriatric ward opened at Seremban General Hospital
- 2002 The Institute of Gerontology (IG) was established at UPM (rebranded by the Cabinet as the Malaysian Research Institute on Ageing (MyAgeing®) in 2015)
 - The Malaysian Healthy Ageing Society (MHAS) was founded
- 2005 Basic Gerontology & Geriatric Services was introduced as an elective subject for upper secondary students (Form 4 & 5)
- 2008 The Ministry of Health launched a National Health Policy for Older Persons ()
- 2011 The new National Policy for Older Persons (NPOP) was approved by the Cabinet ()
 - The Social Security Research Centre (SSRC) was established at UM (renamed as Social Wellbeing Research Centre (SWRC) in 2018)
- 2012 The Malaysian Society of Geriatric Medicine (MSGM) was founded
 - The Community Rehabilitation and Ageing Research Centre (H-CARE) established at UKM
 - PEMANDU Senior Living Lab under ETP; The Minimum Retirement Age Act (Act 753) (2012) was passed & the Private Retirement Scheme (PRS) was introduced
- 2013 The Nat. Occupational Skills Standard (NOSS), Department of Skills Development published the Curriculum Competency Unit for Elderly Care Centre Operation [L3, 4 & 5]
- 2015 The USM-RIKEN International Centre for Ageing Science (URICAS) was established at USM (renamed as USM-RIKEN Interdisciplinary Collaboration for Advanced Sciences in 2020)
 - PLANMalaysia published the **Physical Planning Guideline for Older Persons** [GP031] (document updated in 2018 [GP031-A])
- 2016 Monash University Malaysia launched the Gerontechnology Lab
- 2017 ISO/TC 314 Ageing Societies established; Malaysia (SIRIM/ MyAgeing™) as observer
- 2018 Private Aged Healthcare Facilities and Services Act (Act 802) was passed in December 2017 and gazetted
 - The Association for Residential Aged Care Operators of Malaysia (AgeCOpe) was founded
- 2019 Income Tax (Deduction for Employment of Senior Citizen, Ex-Convict, Parolee, Supervised Person and Ex-Drug Dependant) Rules 2019 was introduced
- 2021 Taylor's University established the Impact Lab on Active Ageing
 - Sunway University established the Ageing, Health & Well-being Research Centre
- 2022 Institute of Ageing and Professional Care (INSTAPROC) was founded at New Era University College.
- 2024 Ministry of Health launched and published the Dementia Action Plan 2023 2030

MILESTONES 1990 - 2024

Further Reading



2022

Policy Development on Ageing in Malaysia Issues and Challenges

Tengku Aizan Hamid, Wan Alia Wan Sulaiman, Mohamad Fazdillah Bagat, and Sen Tyng Chai Universiti Putra Malaysia

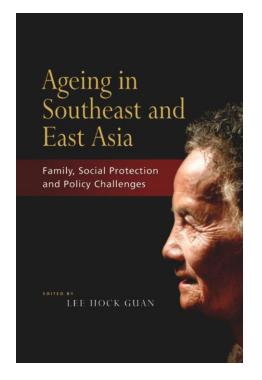
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INTRODUCTION

Malaya is a federation of nine Malay states (Johor, Kedah, Kelantan, Negeri Sembilan, Perak, Perlis, Pahang, Selangor and Terengganu) and two Straits Settlements (Melaka and Pulau Pinang) that became independent from British colonial rule on 31 August 1957. Malaysia came into being on 16 September 1963 when North Borneo (Sabah) and Sarawak joined the Federation of Malaya via the Malaysia Agreement. A Federal constitutional elective monarchy and Westminster parliamentary democracy, the country's Head of State or Yang di-Pertuan Agong is elected from among nine hereditary rulers of the Malay States. A bicameral Federal parliament of the House

2008



6

NATIONAL POLICY FOR THE FIDERLY IN MALAYSIA: ACHIEVEMENTS AND CHALLENGES

Tengku Aizan Hamid and Nurizan Yahaya

INTRODUCTION

The global population grew from one billion to six billion between 1804 and 1999, with the highest rate of growth (2 per cent) occurring as late as the 1960s. The world's most recent billion took only 12 years to accomplish and life expectancy at birth grew from about 30 years two centuries ago to a global average of 66 years today (United Nations 1999, 2001; Riley 2001). The remarkable human population growth for the past 200 years can be, in part, attributed to the fact that more and more people survive to older ages. The demographic transition of human societies, beginning in the 19th and 20th centuries, is continuing well into the new millennium (United Nations, 2002). With the confluence of lowered fertility and mortality rates in most countries around the world, the global population is ageing at an extraordinary scale.

All societies throughout the world, be it the more developed or the less developed, are no exception to this trend. In the past, the growth of the older population was exclusively a problem faced by the more developed countries. That is no longer true today. The structural change in the global population is further complicated by the accelerated rate of ageing in the less developed societies that are taking a shorter and shorter time to make

DOI: 10.1201/9781003043270-4







AFC Taiping

The Retelling of a Research Journey















The AFCC Experience at Different Levels of Government

Canada	Australia * *** * * *	Hong Kong	Japan	South Korea	Ireland
Federal/Provincial/ Territorial Ministers Responsible for Seniors Forum, 2006	Government of Western Australia	Hong Kong Council of Social Service (HKCSS), 2008	Kanagawa Perfectural Government, 2016	Seoul Metropolitan Government	Ageing Well Network, The Atlantic Philanthropies, 2007
Public Health Agency of Canada, MOH	- no federal agency -	Age-Friendly HK Steering Committee	- no federal agency -	- no federal agency -	Age Friendly Ireland
Age-friendly Communities Reference Group	Department of Communities, WA Government	The Hong Kong Jockey Club Charities Trust	Healthcare New Frontier Promotion Bureau	Seoul Welfare Foundation	Age Friendly Alliance
Pan-Canadian Age- Friendly Communities Milestones; Recognition Framework; Community of Practice	Age-friendly Communities Local Government Grants Program	Hong Kong Chief Executive's Policy, 2016	Healthcare New Frontier (ME-BYO), 2016	2020 Master Plan for the Aged Society, 2011; Basic Senior Welfare Act for Construction of AF Seoul City, 2011	Age Friendly Cities & Counties Programme; The National Active Ageing Policy Strategy, 2013
Federal-level	State-level	All 3 regions & 18 districts, SAR-level	Perfectural-level	Local authority-level	All 31 local authority areas, Republic-level

Source: AFC Taiping Report

Example:

Each country has unique administrative structure and the AFCC guide focuses mostly on the local government level only.



Age Friendly Ireland is a not-for-profit organization.

"Unlike in other countries where research centres, non-governmental organizations (NGOs) or local authorities assume a leadership role, the development of Ireland's national programme was supported and resourced primarily by an independent think-tank, the Ageing Well Network, which was in turn financed by an international philanthropic limited life foundation".

(McDonald, Scharf & Walsh, 2018)

Department of Housing, Planning & Local Government Department of Health Department of Rural & Community Development

Department of Transport, Tourism & Sport

GOVERNANCE - NATIONAL ADVISORY GROUP

LOCAL IMPLEMENTATION

- 31)
- Age Friendly Alliances
- ✓ Age Friendly Programme Mgrs
- Older People's Councils
- ✓ Age Friendly Housing Specialists

NATIONAL IMPLEMENTATION

- National Chairs of Age Friendly Alliances
- 6 Regional Programme Managers
- National Network of Older People's Councils
- National NGO Forum

AGE FRIENDLY IRELAND SHARED SERVICE | MEATH COUNTY COUNCIL

Age Friendly Alliance Members

HSE, Transport, OPC Rep's, An Garda Siochana, University Partnerships, ETB's, Voluntary Organisations

National Advisory Group

3 x Local Authority Chief Executives, 4 x Assistant Secretary's, HSE National Director, Assistant Commissioner, CEO Chambers Ireland

Focus Group Discussions

Date	Group	Participant
FGD I –	Older Persons (Male)	6
December 2019 (N=56) Pre-COVID	Older Persons (Female)	10
	Person w. Disabilities	8
	Single Parents	4
	NGO	16
	Government Agency	12
FGD II –	Adults	5
30 November	Business Community	10
2021 (N=51)	Older Persons	8
	MPT (Management)	9
Post-COVID	MPT (Implementer)	7
	Teens (Students)	12





11 Disember 2019, Wisma Perbandaran Taiping, Perak



30 November 2021, Taiping Perdana Hotel, Perak

• Isu-isu & cabaran setempat







Online Survey

Survei Asas (Baseline Survey)

• 83 questions

Objektif:

- menilai kemesraan umur Taiping dan mengenal pasti domain utama berdasarkan maklumbalas responden;
- Hasil survei akan digunakan dalam pembangunan Pelan Tindakan lima tahun untuk AFC Taiping;
- Meningkatkan kesedaran umum tentang kepentingan AFC dalam masyarakat yang semakin tua
- memperkasakan orang ramai dengan menggalakkan maklum balas dan penyertaan mereka dalam projek AFC

Pungutan Data:

Jangkamasa: Apr - Nov 2021

Kaedah: Atas talian

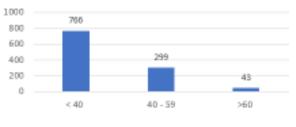
Struktur survei:

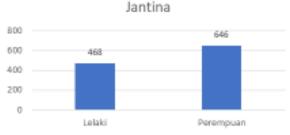
Bahagian	Topik/Fokus		Bil. soalan	
Α	Anggapan kemesraan umur		20	
В	8 domain AFC	Age-friendly City	/ Taiping	
	1 – Ruang luar dan bangunan	Outdoor Spaces and Buildings		
	2 – Pengangkutan 3 – Penglibatan sosial 4 – Perumahan 5 – Komunikasi & Maklumat 6 – Hormat & kketerangkuma 7 - Penyertaan sivik dan peke	Do you have problems walking an Uneven, unsafe pathways Poor street lighting Not enough pedestrian crossing: Not enough pedestrian walkways: Heavy traffic Distances are too far Can't or don't walk outside Other: Do you have problems accessing reasons?	local area or neighborhood) after dark? D Very safe Ussafe Ussafe Very unsafe How important do you think it is to have Well-maintained and safe parks that are v with enough benches	liking alone in this liking alone in this is to o or would – yo the following in your the following in you within walking distinct 4 5
С	Amalan & pandangan berkaita	Difficulty with doors	Sidewalks that are in good condition, free pedestrian use and accessible for wheelc	
D	Latarbelakang responden		7	4 5
Е	Maklumat perhubungan		4	

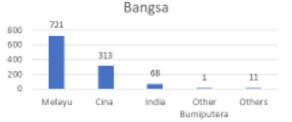
Demografi

Bilangan responden: 1114









Kriteria responden:

- Warganegara Malaysia
- 18 tahun ke atas



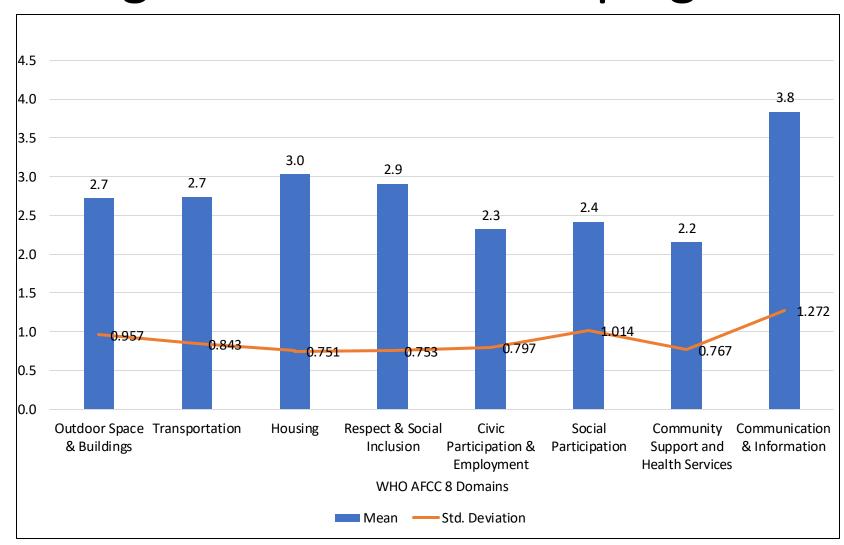






Age-friendliness of Taiping

(Tiraphat et al., 2020)



Mean score and Standard Deviation (SD) of WHO Age-friendly Cities and Communities 8 Domains

Mean score is **53 points**, higher score means better perception on agefriendliness.

**Reliability test: Cronbach's alpha = 0.871
Perceived Age-Friendliness (Tiraphat, 2020)
1=not friendly at all to 5= extremely friendly
**Reliability test: Cronbach's alpha = 0.871

Age-friendliness Level	Point
Low age-friendliness	<45
Moderate age-friendliness	45-59
High age-friendliness	≥ 60
Perception of the Future of Taiping	
Th	- (0/)

Perception of the Future of Taiping		
Theme	n (%)	
A city with natural and cultural heritage	179 (27.4)	
A city with well-known eco-tourist spot locally or internationally	117 (17.9)	
A city with reasonable development pace	97 (14.9)	
Clean, safe, and well-maintained city	79 (12.1)	
A city with better facilities for the locals	68 (10.4)	
City of retirement	42 (6.4)	
A city that equipped with opportunities	37 (5.7)	
A city of affordable housing	33 (5.1)	
	147	Ī

On-site Observations

 Audit Access of 12 sites, 11 - 12 November 2021

5 categories: a) Commercial Activities, b) Recreational Activities, c) Religious Activities, d) Public Spaces (Government), e) Hospitality Sector























Public Feedback













AGE-FRIENDLY CITY TAIPING

www.afctaiping.my



 >120 videos of brief interviews









Visit to Local Agencies

12 November 2021



Klinik Kesihatan Taiping



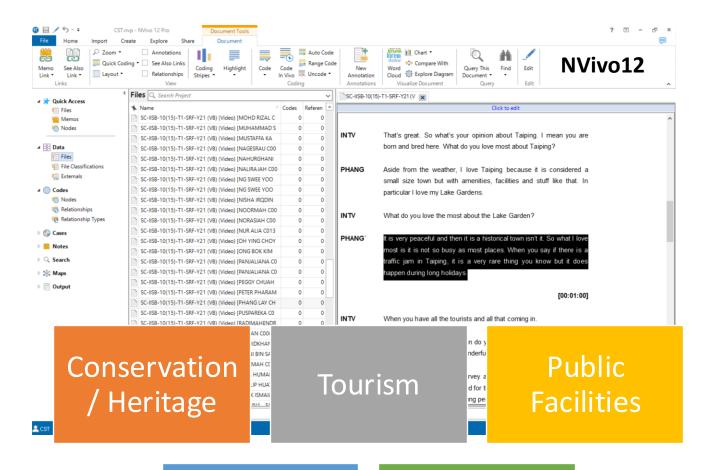
Kolej Komuniti Taiping

CRC Taiping @ Bangunan CME





Public Feedback Themes



Environment

Programs & Services

Mesyuarat AJK Bandar Mesra Usia (AFC) - Taiping Peringkat MPT

25 March 2022, Dewan Mesyuarat Cempaka, Aras Penthouse, Wisma Perbandaran Taiping

Meeting outcome (N=27):

- The Local Steering Committee's Terms of Reference (ToR) were reviewed.
- Meeting is scheduled 4 times in a year.
- Fixed a quorum of 50%.
- Proposed Plan of Action (PoA) for AFC Taiping has been presented. The committee has agreed to review the PoA and to include additional activities according to their plan.
- The responsible agencies will be determined upon agreement of the agencies.
- Monitoring and evaluation will also be discussed at their forthcoming meeting.













TERIMA KASIH/THANK YOU

www.upm.edu.my



LEAP Interdisciplinary research into LOCATION and EQUITY IN AGEING POSITIVELY

Psychological Perspective

Professor Neil Dagnall

School of Psychology Manchester Metropolitan University

HEALTHYAGEING@MMU





RESEARCH INFORMED THE REPORT



Finding the right place to grow older

Improving housing choices for older people

August 2023







OVERARCHING RESEARCH DRIVERS

3 challenges for equitable urban ageing:

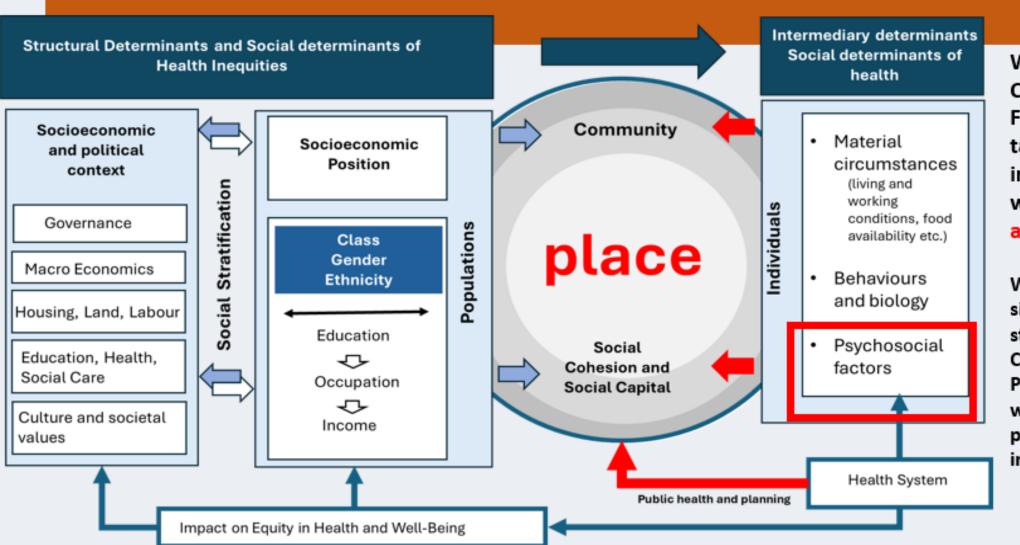
Locating place.

Designing Equity.

Ageing Positively.

Challenge 1: Locating people in place

We have worked together to address the first challenge of understanding the role of place in health through a series of investigations into the psycho-social factors of health and place.



WHO
Conceptual
Framework for
tackling SDH
inequalities
with 'Place'
added

Without
significant
structural change,
Community and
Place may be
where the highest
potential for
impact exists

STUDY METHODOLOGY & DATA ANALYSIS

Goal: Identify conditions influencing older adults' preferences to move or stay in their home.

Data Source: UK Household Longitudinal Study: Understanding Society - Wave 6. (45,433 responses; individuals >55 years old).

Analytic Process:

- 306 variables identified; 59 suitable for dichotomization.
- Dataset split based on housing preferences.
 - 12,022 preferred to stay.
 - 3,211 preferred to move.

SMALLEST SPACE ANALYSIS (SSA)

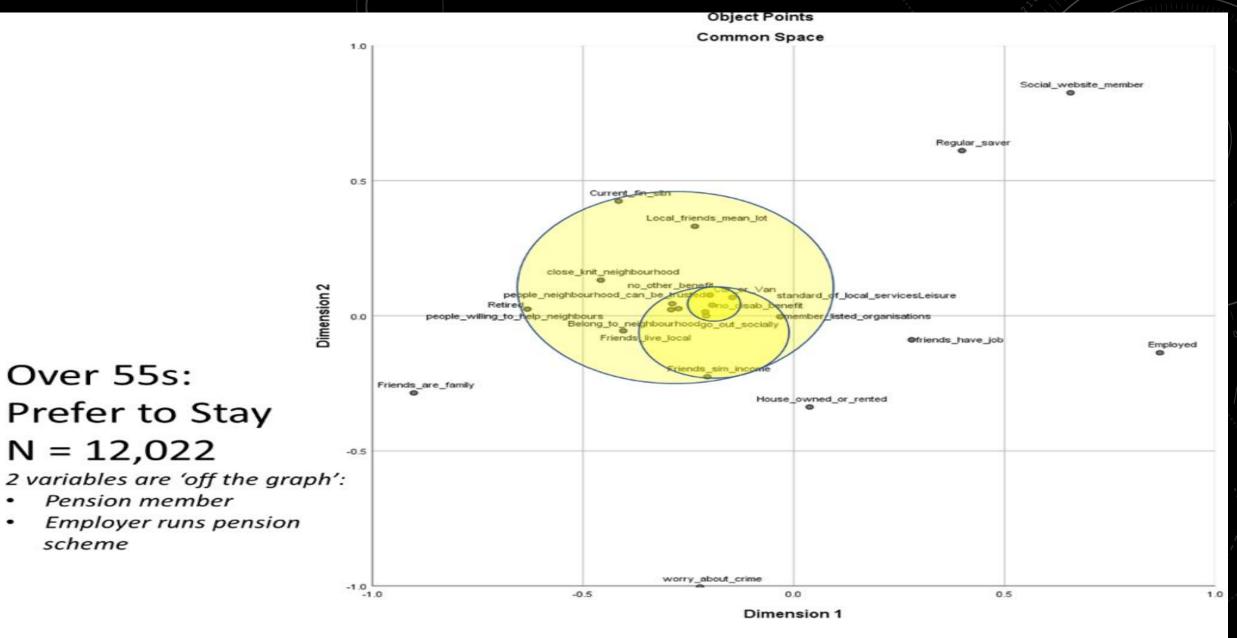
Smallest Space Analysis (SSA) Multi-dimensional Analysis (MDA)

SSA visually maps complex relationships between multiple factors (e.g., financial, social, and health-related) in a way that reveals underlying patterns.

This identifies clusters of motivations & constraints, providing a holistic view of decision-making dynamics.

How it Works:

- Uses similarity data (e.g., ratings, confusion patterns) to create a spatial map.
- Measures proximity (or co-occurrence) rather than actual numerical distance.
- Items that are more alike appear in closer proximity.



Over 55s:

N = 12,022

scheme

Pension member

Over 55s:

KEY FINDINGS & THEORETICAL IMPLICATIONS

Findings:

- Older adults who preferred to stay were more 'embedded' in their communities.
- 15 key variables (such as social ties, financial security, & feelings of belonging) predicted housing preference.
- Those with weaker neighbourhood connections preferred to move.

TYPICAL FACTORS

Key Variables

- Local friends.
- Close knit neighbourhood.
- Standard of local services.
- Belong to neighbourhood.
- Trust people in neighbourhood.

Conclusion

- Strong indication that place attachment is more than satisfaction with specific features of place.
- More salient to the level of 'embedded ness': How interconnected people are in a particular neighbourhood.

SOCIAL IDENTITY APPROACH

Social Identity:

- Housing preference linked to neighbourhood identity.
- Social identity theory (Tajfel, 1982) suggests that individuals see their neighbourhood as part of their self-concept.
- Shared neighbourhood identity fosters cohesion & cooperation (Haslam et al., 2023).
- Conclusion: Psychological & social factors play a crucial role in older adults' housing decisions.

SOCIAL IDENTITY THEORY (TAJFEL, 1982)

- People define themselves based on their group memberships.
- Social identity influences perceptions, attitudes, & behaviours.
- Strong identification with a group (e.g., neighbourhood) fosters cohesion & stability.
- Group identity can shape decision-making & emotional well-being.
- Perceived threats to group identity can lead to defensive behaviours.
- Social categorization can lead to in-group favouritism & out-group distinction.

CONCLUSION

To understanding ageing in place, older persons' 'housing' choices, & the nature of placeperson relationships researchers must:

- [Positive ageing] consider the nature of the relational production of space & territory (ability to participate in the production of place in terms of relationships with others & the spaces they occupy).
- [Location] acknowledge the simultaneous multiple social determinants of health (relative satisfaction/dissatisfaction with social & physical features of the neighbourhood).
- [Equity] distinguish between the experience of different groups of older people in different locations (independent of socio-economic position or social capital).

LATENT CLASS ANALYSIS (LCA)

Objective: Identify clear groupings of respondents based on survey answers.

Method:

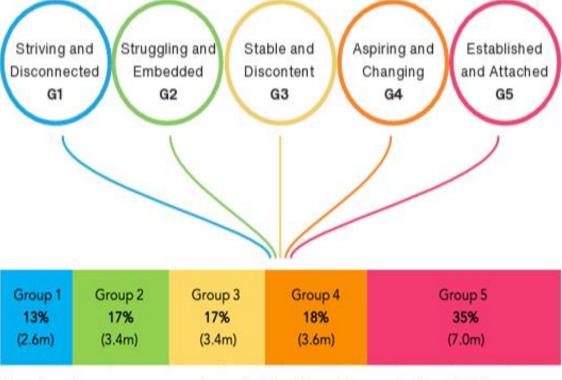
- Used Latent Class Analysis (LCA) to analyze housing choices.
- LCA identifies hidden (latent) subgroups within the population based on shared characteristics. This provides nuanced understanding of different decision-making profiles, helping to tailor policies and interventions effectively.
- LCA classified individuals respondents 55+ years old into exclusive classes based on their responses (e.g., economic, social, housing, & neighbourhood experience).
- Tested different numbers of groups (3, 4, 5, 6) to find the best fit.
- Final model identified five distinct groups.

Validation:

- Ran analysis using multiple software tools.
- Applied results to gain policy insights.

CLASSES & EXTRAPOLATION TO UK POPULATION





Size of each group as a percentage of older 20m older people (Aged 55+)

KEY FINDINGS

Groups are defined by housing & neighborhood experiences, not age, class, or tenure.

Key characteristics:

- Each group has distinct economic, social, & health profiles.
- Differences exist within each group (e.g., renters & homeowners in same group).
- Preferences for staying vs. moving vary across groups.

These are dynamic groups – individuals may shift over time due to health, attitudes, & local conditions.

POLICY IMPLICATIONS

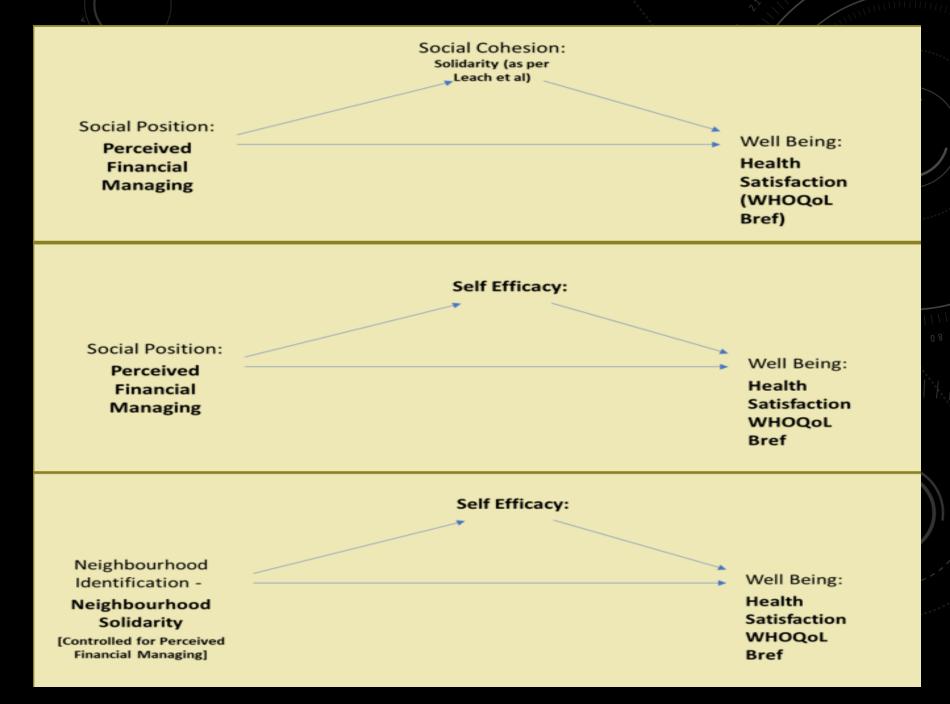
Different groups need tailored policy responses & support:

- Housing options that fit changing needs.
- Community & healthcare interventions.
- Programs to improve quality of life for aging populations.

Insights will inform policy decisions to help older adults find the best living conditions.

Ageing in Place Pathfinder model with preliminary cross- sectional data (n = 238)

Neighbourhood identification increases well-being independent of social position



INTERVENTION & EVALUATION

- Neighbourhood Identity interventions promoting solidarity
 (& multiple group membership) increased self-efficacy & subjective health outcomes.
- Clarifying social cohesion relationship to place (solidarity & efficacy).
- Place-based co-production programmes are addressing key mechanisms of community health creation.



Co-creating Spatial Justice through high-rise NORCs in Hulme, Manchester

Dr Niamh Kavanagh University of Manchester

Age-Friendly Summit, Tuesday 25th March 2025





'Co-creating age-friendly social housing' participatory action research project

 Funded by the Dunhill Medical Trust, the project aims to explore and create processes through which older tenants, social housing providers and academics can co-create age-friendly programmes.



• To explore how these programmes can respond to the lived experience of older tenants.



 To understand how co-produced ageing in place initiatives can address different experiences of spatial exclusion and marginalisation, as a result of gentrification, social isolation and prejudice.













Hopton Court, Hulme

- To co-develop a Naturally Occurring Retirement Community (NORC) programme in a high-rise social housing block
- NORCs a model of support retrofit into existing accommodation to facilitate ageing in place
- Worked with older tenants and a NORC community worker to explore possibilities





Hyper-Local Scale

- An underexplored scale in between the home and the neighbourhood – e.g. the street, the block, the precinct
- The ability for existing community networks to shape age-friendly agendas
- The NORC project at Hopton Court as a localised form of resistance against gentrification and studentification in the local area
- Operating at a single block the project built on ambitions and concerns held by older tenants, starting from their strengths



Person-Centred Coproduction

- Scale afforded new models of coproduction
- The importance of *being there* to develop genuine trust
- Smaller moments of connecting as an iterative, more intimate form of engagement
- For example, the ability to navigate language barriers socially at Hopton Court to widen engagement



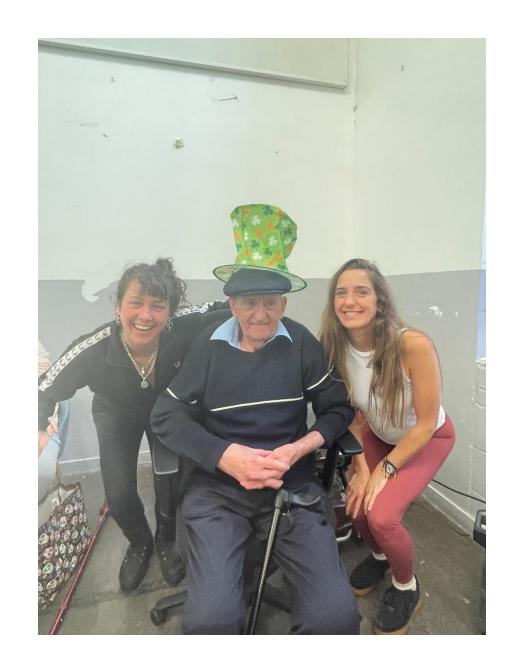
Political Nature of Collaborating

- Project working at the centre of social justice issues – age-friendly collaborating does not happen in a vacuum
- Entrenched feelings of distrust, apathy and fatigue cast a shadow
- Tensions highly fraught on the ground
- Challenges need to be aired and embraced for meaningful coproduction (Kavanagh et al., 2025)



We think...

- Age-friendly movement needs to be more ambitious about the challenges it needs to address and how to address them
- Potential for hyper-local, person-centred approaches to address nuances within lived experience of injustice
- Age-friendly initiatives to engage in local collective action that is meaningful to the community
- BUT requires sustainability







Break

15:00 - 15:30







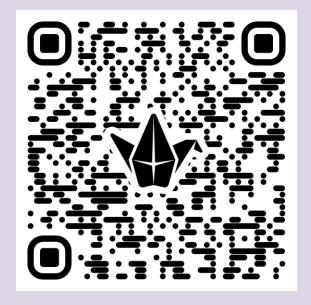






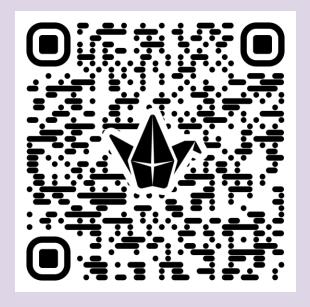
Aim of the session

- What is our collective role in moving the age-friendly agenda forward?
- What are the current gaps in knowledge and urgent challenges?
- For each of us, what is our contribution and commitment to the global network? What can we achieve together that we can't achieve on our own?
- What is the call to action for the continued creation of city regions or major urban conurbations? How do we share this and advance age-friendly futures?



Questions for round table discussions:

1. Advancing: What are your main take aways in terms of age-friendly futures? What gaps should age-friendly research and policy be addressing?



- **2. Leading:** How will you take the age-friendly agenda forward? What is your contribution and commitment to age-friendly futures?
- **3. Creating:** What relationships do we have that are working well, and what networks do we need going forward? How should future relationships be managed?
- **4. A Summit Statement**: What are the opportunities and challenges to advance, lead and create age-friendly regions, cities and communities?

Summary from tables:

- **1. Advancing:** What are your main take aways in terms of age-friendly futures? What gaps should age-friendly research and policy be addressing?
- **Inequality** in ageing well and age-friendly environments. Issues around **poverty** and the impact of this in relation to the experiences that people have. **Financial frailty** precarity.
- Proving the value: Social return on investment; qualitative research.
- **Size and scale**: How do we scale up and out? Translating research/projects into different (national/social) contexts. Can't be too prescriptive. Short term funding.
- Case studies: WHO interface is getting easier to work with, need to share experiences.
- The city as a privately owned space: who has the power? And the money? Where does the funding come from?
- What is the relationship between policy, funding and resources: places don't all have the resources.
- Health and social care: unpaid care.
- Connections between people: what are the mechanisms for creating collaborations, tri-partite. Continuing to include older people in genuine ways. Antenna people.
- Data: Ageing as a life long process life course.

- **2. Leading:** How will you take the age-friendly agenda forward? What is your contribution and commitment to age-friendly futures?
 - Communication in clear and accessible ways.
 - Gaps between knowledge and action.
 - Including everyone in the **movement** national and global agenda that politicians want to sign up to.
 - Intergenerational challenges in current populist climate. The age friendly approach is good for everyone!
 - Evidence!!
 - Go beyond best practice.
 - Inclusive approaches
 - Co-creation older person's voice: What will age-friendly mean to future cohorts?

3. Creating: What relationships do we have that are working well, and what networks do we need going forward? How should future relationships be managed?

- International links supporting and learning from each other, it can be lonely
- How to mobilise connections crucial role of **leadership**
- Context is important national and social
- What's missing? Businesses and the VCFSE sectors, need to think about representation.
- Different nations are at different starting points.

How??

- Create an international age-friendly network for researchers and policy makers
- List of names! Informal network to start.
- Today is an example of how it is working!
- UK Network of AFCC is a good example.

4. A Summit Statement: What are the opportunities and challenges to advance, lead and create age-friendly regions, cities and communities?

Challenges

- Scalability and sustainability
- Policy audience and academic audiences are different
- Keeping ageism on the agenda

Opportunity

- 'An agenda to connect'
- Establish an International Research Network
- Multi-disciplinary interest



Thank you.

We look forward to welcoming you tomorrow for Leading and creating through policy and practice









