# **Belfast City Council**

# Belfast as an Age Friendly City?

# Initial baseline report Final draft

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# **Executive Summary**

Belfast City Council commissioned an initial baseline study of Belfast City in terms of its current and potential position for becoming an Age Friendly City. This report provides background information on the Age Friendly initiative, outlines the availability of secondary information and reports on the feedback from older people themselves.

The project has been undertaken in line with the WHO model outlined in *Global Age-friendly Cities: A Guide, 2007*, and represents the initial stage of any city looking at the concept of age friendliness and their interest in working towards being an Age Friendly city.

The eight agreed criteria of an Age Friendly City are listed below, with some brief interpretation of what each criteria covers.

| Age Friendly Criteria         | Includes to do with                             |
|-------------------------------|---|
|                               |   |
| Outdoor spaces and buildings  | Public areas, pavements, outdoor safety,        |
|                               | public toilets, green spaces                    |
| Transportation                | Public transport cost and accessibility, taxis, |
|                               | roads   |
| Housing                       | Sufficient and affordable housing,              |
|                               | modifications                                   |
| Social participation          | Venues, events and activities, information,     |
|                               | cost, outreach                                  |
| Respect and social inclusion  | Consultation, visible in media, recognised      |
|                               | and respected in community                      |
| Civic participation and       | Volunteering, paid work opportunities,          |
| employment                    | training  |
|                               |   |
| Communication and information | Information for all ages, appropriate printed   |
|                               | info, phone answering services                  |
| Community and health services | Adequate health and community services,         |
|                               | home care, information                          |

To date Belfast City Council has been reviewing the options and opportunities around the concept of and working towards being an Age Friendly City. Older people are a key priority under the social pillar of the Council's corporate plan and the Council's cross party political reference group have been actively involved in looking at the way forward.

Further interconnections to the theme of healthy ageing include the work of both Belfast Strategic Partnership (BSP) and Belfast Healthy Ageing Partnership (HASP). In addition, considerable work has been done in the past on the theme of healthy ageing by Belfast Healthy Cities.

Age Friendly as a concept and as a practical driver for changes is important to the city of Belfast not least because of current and future demographics. Nearly one

fifth of the city's population are older people and this is projected to increase, in particular with significant growth in the 85 plus profile.

The real advantage of being an Age Friendly city is for the end user - the older person - and potentially for a range of other residents and visitors to the city or area. Tangible outcomes include better services for older people, better access to services and better information, and there is also recognition of economic benefits, both in terms of older people and their spending power if they remain independent and active, and also in terms of increasing people's working and volunteering lifespan. In addition, the potential positive knock-on impact on mental and physical health, being part of community and spend to save arguments relating to the public purse, make working towards Age Friendly status vital for Belfast.

This initial exercise examined what secondary data is (and could be) available for Belfast, and also reviewed the type and mix of quantitative and qualitative data collected by other countries areas (namely Manchester, Co. Louth and Vancouver) to initially profile their older residents and services on offer and to set targets and measure progress.

In addition, a key focus of this initial exercise was consultation with older people. One hundred and three people from the six Older People's/Senior Citizens Forums from across Belfast attended an event in March 2012 at Belfast Castle, and participated in a range of group discussions on the eight themes of age friendliness.

The event was also attended by representatives from Belfast City Council, Greater Belfast Seniors Forum, HASP, Belfast Healthy Cities and a range of other external agencies including Engage with Age, Linking Generations, NI Housing Executive, Equality Commission NI, Volunteer Now and Newry and Mourne District Council.

The key findings from this consultation were as follows:

- Participants said that the most important criteria to them were:
  - ➤ Community and health services with 42% of participants saying this was the most important thing for them in terms of Belfast being age friendly
  - > Transportation with nearly one fifth of participants (19%)
  - ➤ Housing with 14% of participants
- Participants noted that the areas they placed least priority on in terms of Belfast being an Age Friendly city were social participation (6%), communication and information (6%) and civic participation and employment (4%).
- Overall comments on the various aspects of each of the eight Age Friendly criteria are outlined in the report below. Participants rated whether they felt the various aspects of service provision in Belfast were generally well provided for or delivered, average and still had some room for improvement in terms of being Age Friendly or fell far short of the mark in terms of being Age Friendly.

The following table summarises what older people thought about the eight criteria.

| Age Friendly Criteria              | What older people said   |
|------------------------------------|--|
| Community and health services      | As the area of highest priority, community and health services, also identified the greatest mixed views and suggestions for improvements, from older people in Belfast.   |
| Transportation                     | In general older people seemed content with<br>the cost of transport in Belfast, with some<br>areas for improvement including reliability,<br>frequency and consideration to older people<br>being noted.  |
| Housing                            | In terms of housing in Belfast feedback suggested a perception of insufficient housing overall, insufficient appropriate housing for older people, difficulties and delays in getting repairs done by landlords (both social and private) and difficulties for owner occupiers in accessing repair men. Security was another repeated theme. |
| Respect and social inclusion       | In general participants felt that respect for and social inclusion of older people within Belfast has a number of areas earmarked for improvement.   |
| Outdoor spaces and buildings       | Older people had mixed views on the outdoor spaces and buildings of Belfast, with some positive and negative comments. This area is a work in progress.  |
| Communication and information      | In terms of communication and information, once again this was viewed as being well ahead in Belfast in comparison to other places.  |
| Social participation               | Social participation is good in terms of accessibility to, information about and the range and diversity of events for older people in Belfast.  |
| Civic participation and employment | Belfast appears to make the mark in terms of being age friendly under the heading of civic participation and volunteering, but less so in terms of employment opportunities for older people.  |

• Participants indicated a high level of interest in and future commitment to being consulted about Belfast as an Age Friendly City, with consultation events, information and reply documents by post, and discussions with the Senior's group or Forum being the most favoured approaches.

This report concludes that Belfast City Council, and associated groups such as BSP and HASP are already committed to and interested in the city's older people. In addition, older people themselves have signalled an interest in the theme of age friendliness and have indicated their priorities for an action plan.

The process to date suggests that Belfast is indeed a good place to live in and grow older in, and this was acknowledged and noted by many of the participants, although it is important to bear in mind that this was largely a mobile, articulate and active grouping. Dimensions of the city highlighted as being particularly good were outdoor safety in terms of street lighting, the affordability of public transport including the provision of free travel, accessibility of some venues, good information about activities and events, older people's forums that work well, training for older people and many aspects of health and community support services.

But the city also has a number of barriers and obstacles which prevent or detract from active ageing and older people remaining independent for longer. These were perceived to include poor flow of traffic around Belfast, misuse of disabled parking spaces, barriers to use of mobility scooters, poor level of repairs and maintenance to properties, lack of recognition of older people by the community for their past contributions, lack of access to public, voluntary and private services for older people who are less well-off, and many elements of health and community support services.

The report concludes by recommending the following actions:

- 1. **Sign up with WHO**, therefore registering Belfast's intention of and commitment to working towards Age Friendly status.
- 2. Develop ongoing consultation methods with older people to inform them of the process and seek their input/suggestions.
- 3. Belfast City Council should establish an Age Friendly Steering group with representatives from across the city (both different sectors and older people) to take this project forward, in particular agreeing the framework for the next steps. In addition, it is essential that that the Governance arrangements including the development of the strategic partnership for the Age Friendly approach are agreed at an early stage of the process.
- 4. Belfast City Council should now produce or commission a second technical report providing more detailed information about the city of Belfast and its older population and wider reviews of other secondary data and literature available. Leading on from this a third report or Action Plan should be produced with concrete recommendations for action in relation to developing services in Belfast which are Age Friendly.
- 5. Similar to other cities and areas Belfast City Council should establish an **Annual Summit** Age Friendly Belfast summit.

#### Section 1 Introduction

Belfast City Council commissioned an initial baseline study of Age Friendly Belfast in January 2012, and this project has been undertaken by Fiona Boyle of Fiona Boyle Associates.

This project has been undertaken in line with the WHO model outlined in *Global Age-friendly Cities: A Guide, 2007*, and represents the initial stage of any city looking at the concept of age friendliness and their interest in working towards being an Age Friendly city.

This report includes the following:

## **Background**

- Aims and objectives of this project
- Belfast City Council's interest in and vision for Belfast as an Age Friendly City
- Why is Age Friendly important for Belfast?
- Methodology and tools for this project

## **Age Friendly Cities**

- Background to WHO Age Friendly City initiative
- Definitions of and reflection on Age Friendly
- Eight criteria of an Age Friendly City
- Advantages of being an Age Friendly City
- Process of becoming an Age Friendly City
- Current process with WHO

#### Belfast City

- Background information to Belfast and older population
- Belfast in context review of wider information about older people living in Belfast
- Secondary sources of data available to baseline whether Belfast is an Age Friendly city - and to monitor and measure progress towards this
- Other examples of measuring age friendliness

# Consultation with older people - is Belfast a great place to grow old?

- Outline of event and methodology
- Review of feedback from older people about Age Friendliness
- Review of feedback from older people about future consultation on Age Friendliness

#### Way Forward/Next Steps

- Overall analysis of available information
- Suggestions for the Way Forward for Belfast City Council

### Section 2 Background

## Aims and objectives of this project

The overall aim of this project was to establish an initial baseline, including reflection on the availability of secondary information and the collection of primary data or feedback from older people themselves and other relevant organisations, in relation to Belfast City and its current and potential position in terms of being an Age Friendly City. The overall purpose of the project was to provide a clear and evidenced information base to enable decision makers in Belfast City Council to move forward on this agenda of Belfast being an Age Friendly city, in particular making decisions about the next stages.

Belfast City Council's interest in and vision for Belfast as an Age Friendly City Belfast City Council have been reviewing the options and opportunities around the concept of and working towards being an Age Friendly City<sup>1</sup>. To date this has been done via attendance at relevant seminars and conferences e.g. International Conference, Dublin, 28th - 30th September 2011, discussions with cities and areas who have already achieved this status or embarked on the journey e.g. Manchester and Co Louth and by looking at the range of available material and background information.

Belfast City Council identified older people as a key priority under the social pillar of its corporate plan, 'better support for people and communities', and established a cross party political reference group, to lead the Council approach in tackling the issues affecting older people in Belfast. The Chair of this, Councillor Bernie Kelly, has been actively involved in assessing the concept of Age Friendly Cities and looking at the various options available for the way forward.

In particular, Belfast City Council is interested to establish:

- Whether Belfast currently meets the list of WHO criteria
- What would need to be done to work towards full coverage of the criteria

Ultimately, Belfast City Council is interested to establish if there is merit in making an application to WHO to enable Belfast to be awarded Age Friendly Status.

In addition, the theme of healthy ageing interconnects and emanates from many of the other parts of Belfast City Council and its work. For example, the Council is one of the three sponsoring organisations of Belfast Strategic Partnership (BSP) along with Belfast Health and Social Care Trust and the Public Health Agency. BSP's role is to examine how health inequalities and health and wellbeing can be improved across the city. BSP's work as noted below interconnects to various elements of age friendliness:

- Support a citywide collaborative approach across sectors to better address the inequalities and health and wellbeing challenges faced within Belfast;
- Set the strategic direction for health and wellbeing improvement in Belfast,

<sup>&</sup>lt;sup>1</sup> Based on the World Health Organisation (WHO) global network of Age friendly Cities - and the guide and checklist produced by WHO in 2007 to enable cities to work towards being more age friendly.

- through the development of agreed priorities for the city and the alignment of corporate plans and resources of the key service providers.
- Older people have been agreed as a cross cutting theme of the BSP's Framework for Action<sup>2</sup> and
- Belfast Healthy Ageing Partnership (HASP) which is jointly funded by the Council now sits under the Governing umbrella of BSP.

HASP aims to provide a lead in terms of the development of a joined up approach to the planning and delivery of services which promote the health, wellbeing and independence of older people in Belfast. The partnership is currently developing a 2012 - 2015 action plan which will include supporting an Age Friendly City approach.

It is important therefore at the outset of any examination of an Age Friendly review or strategy to acknowledge the groups and relevant work already undertaken in Belfast including the initial work of Belfast Healthy Cities.

It is essential that all key partners involved directly with older people across the city are included in further stages of consultation around age friendliness in Belfast. This will include BSP as supported by Belfast Health Development Unit, statutory providers e.g. Belfast Health and Social Care Trust, Public Health Agency, Northern Ireland Housing Executive, Translink and the range of voluntary and community sector organisations e.g. Age NI, Engage with Age and the business community. It should also be noted that since the initial commissioning of this document, consultations with key partners have commenced.

# Why is Age Friendly important for Belfast?

Belfast City Council has a number of reference points in regard to thinking about Belfast and the theme of Age Friendliness.

#### **Demographics**

Firstly, demographics play their part as around 17% of Belfast's population<sup>3</sup> are older people (males aged 65+ and females aged 60+). <sup>4</sup> So nearly one out of every 5 people in Belfast is an older person. In addition, a total of 5,062<sup>5</sup> people living in Belfast (2010) were aged 85 plus - that's about 2% of Belfast's population and around 11% of older people. All research and demographic projections suggest that the number and proportion of older people (and older people aged 85 plus) will increase.

This report does not go into detail in terms of defining old age. For demographic purposes entitlement to state pension (65+ for men and 60+ for women) is taken as the cut-off. There is much debate about different starting points of old age (with some commentators suggesting 50 plus, others 55 plus), and also commentary on

BSP, A Framework for Action to address life inequalities, 2011 - 2015

Belfast City has a population of 268,745 (2010 NISRA figures) - Males - 128,874, females - 139,871, total - 268,745. This is 15% of the total population of Northern Ireland - 1,799,392.

<sup>&</sup>lt;sup>4</sup> 47,173 - Males 65+ 16,371, females 60+ 30,802, total 47,173

<sup>&</sup>lt;sup>5</sup> Males 85+ 1,467, females 85+ 3,595, total 5,062

the differing stages and ages of old age and the fact that older people are not a homogenous groups. WHO notes that most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person...associated with the age at which one can begin to receive pension benefits. WHO also note that at the moment, there is no United Nations standard numerical criterion, but the UN agreed cut-off is 60+ years to refer to the older population. <sup>6</sup>

No standardised definition or numerical cut-off was agreed in advance for this initial age-friendly assessment, and this is something that key stakeholders would need to discuss and agree if the project is taken to the next stage.

# Striving to improve services for older people

As part of Belfast City Council's wider vision for the city they are striving to improve services for older people, and work closely with a range of voluntary and community groups and older people's forums to this end.

The Council recognise that older people are an important part of Belfast and their needs should neither be hidden nor overlooked. There is also a wider recognition that by striving towards being an Age Friendly city - older people are helped - and other groups/members of the community also gain positively e.g. disabled, mothers with pushchairs etc. WHO note that an age-friendly city is not just "elderly-friendly". Barrier-free buildings and streets enhance mobility and independence of people with disabilities, young as well as old. Secure neighbourhoods allow children, younger women and older people to venture outside in confidence to participate in physically active leisure and in social activities. Families experience less stress when their older members have the community support and health services they need. The whole community benefits from the participation of older people in volunteer or paid work. Finally, the local economy profits from the patronage of older adult consumers. The operative word in age-friendly social and physical urban settings is enablement.<sup>7</sup>

In addition, the Council has noted the potential positive knock-on impact on mental and physical health, being part of community and spend to save arguments relating to the public purse, that Age Friendly status could bring to Belfast.

Learning from what other cities and counties have achieved
A cross party political reference group has already established strong links with
other cities and countries who are at differing stages on the journey towards being
Age Friendly.

WHO, Global Age-friendly Čities: A Guide, 2007

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<sup>&</sup>lt;sup>6</sup> WHO website, <a href="http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html">http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html</a>, Definition of an older or elderly person

# Methodology and tools for this project

The agreed approach, in order to develop an initial baseline of Age Friendliness in the City of Belfast, was to use the WHO model developed through consultation with 33 cities and published as *Global Age-friendly Cities: A Guide, 2007.* The self-assessment protocol devised from this piece of work provides cities with a set of age-friendly city checklists and suggestions about how to use these at city level.

The crux of the approach is the involvement of older people, as noted by WHO: To understand the characteristics of an age-friendly city, it is essential to go to the source - older city dwellers.<sup>8</sup>

The purpose of using the WHO guide and checklist<sup>9</sup>, as stated by WHO, is to help cities see themselves from the perspective of older people, in order to identify where and how they can become more age-friendly....It (the checklist) is intended to provide a universal standard for an age-friendly city.

WHO also state that the purpose of using the Guide and checklist is for older people in a city to assess its strengths and gaps and that *older people will describe* how the checklist of features matches their own experiences. They will provide suggestions for change...<sup>10</sup>

Self-assessment is a first stage, and it is recognised that this is neither based on technical guidelines or design specifications, and that there are then further stages in the process.

The situation of older people articulated through this bottom-up approach provides the essential information to be distilled and analysed by gerontology experts and decision-makers in developing or adapting interventions and policies. In the follow-up stages of 'age-friendly' local action, it is imperative that older people continue to be involved in monitoring the city's progress and acting as age-friendly city advocates and advisers.<sup>11</sup>

Overall, based on the methods recommended by WHO, this initial local-based process developed for Belfast was as follows:

- Consulting with older people from across the City
- Measuring the perception of how Age Friendly the City is (using WHO themes)
- Researching what Age Friendly Belfast would look like for older Citizens
- Identifying older peoples priorities for an Age Friendly City
- Finding out how older people want to be involved and consulted in the process of developing an Age Friendly City

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<sup>8</sup> WHO, Global Age-friendly Cities: A Guide, 2007

<sup>&</sup>lt;sup>9</sup> It should be noted that the checklist is not a system for ranking one city's age-friendliness against another city - it is a tool for a city to self-assess itself and then to map or chart progress over time.

<sup>&</sup>lt;sup>10</sup> WHO, Op cit

<sup>&</sup>lt;sup>11</sup> Ibid

- Identifying indicators which are available to monitor and measure Age
   Friendliness under the priorities identified through the exercise and the WHO
   themes.
- Use these indicators to develop a baseline picture of Age Friendless of the City
- Combine all findings in a written report<sup>12</sup>

The above areas have been fulfilled in a number of ways, firstly by the collection of primary data via an event at Belfast Castle (see Section 5 of this report) which fulfilled the following requirements:

- Consulting with older people from across the City
- Measuring the perception of how Age Friendly the City is (using WHO themes)
- Researching what Age Friendly Belfast would look like for older Citizens
- Identifying older peoples priorities for an Age Friendly City
- Finding out how older people want to be involved and consulted in the process of developing an Age Friendly City

Secondly, through the identification of available and usable secondary data by the consultant and Belfast City Council's SNAP team which fulfil the following requirements:

- Identifying indicators which are available to monitor and measure Age
   Friendliness under the priorities identified through the exercise and the WHO themes.
- Use these indicators to develop an initial assessment of Age Friendliness of the City

The Healthy Cities Belfast 2006 report<sup>13</sup> provides a useful profile of older people in Belfast at that point, and it may be useful to replicate this and bring the information up to date, as and when the process of working towards Age Friendly status has commenced.

Older People: Health, social and living conditions report, Belfast Healthy Cities 2006

<sup>12</sup> It is noted that the specification for this project requires the written report to include an introduction, background information, a literature review, research undertaken including question templates of workshop agendas, research methods, sources of information, details of those consulted including geographical breakdown, key findings, a summary of available indicators and gaps or omissions, conclusion, limitations and recommendations.

# Section 3 Age Friendly Cities

# Background to WHO Age Friendly City initiative

As noted in Section 2 of this report in 2007 the World Health Organisation (WHO) put together a check list of essential age-friendly city features, after a consultation in 33 cities in 22 countries<sup>14</sup>.

The table below outlines cities, regions and countries where Age Friendly cities practices were initially implemented, and who provided feedback on the process and what should be included in the checklists.

Amman, Jordan

Cancún, Mexico

Dundalk, Ireland

Geneva, Switzerland

Halifax, Canada

Himeji, Japan

Islamabad, Pakistan

Istanbul, Turkey

Kingston and Montego Bay, Jamaica

La Plata, Argentina

London, United Kingdom

Mayaguez, Puerto Rico

Melbourne, Australia

Melville, Australia Mexico City, Mexico

Moscow, Russian Federation

Nairobi, Kenya

New Delhi, India

Ponce, Puerto Rico

Portage la Prairie, Canada

Portland, Oregon, United States of

America

Rio de Janeiro, Brazil

Ruhr metropolitan region, Germany

Saanich, Canada

San José, Costa Rica

Shanghai, China

Sherbrooke, Canada

Tokyo, Japan

Tripoli, Lebanon

Tuymazy, Russian

Federation

Udaipur, India

Udine, Italy

### Definitions of and reflection on Age Friendly

There are a range of definitions <sup>15</sup> of and approaches to the term age friendly, and it is worth exploring these in this document, with particular reference to the term or paragraph Belfast might develop to cover its understanding and vision of an Age Friendly Belfast.

An Age- Friendly City is an inclusive and accessible urban environment that promotes active ageing. (The National Conference on Aging, March 21 & 22, 2011, Bermuda)

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

<sup>14</sup> Global Age-friendly Cities: A Guide, 2007. This is also referred to as the Vancouver model.

<sup>&</sup>lt;sup>15</sup> Various definitions developed by the cities who have AF status or are working on the principles of Age Friendliness

Global Age-friendly Cities has involved 33 cities around the world in analysing their communities and neighbourhoods through the lens of the WHO Active Aging Framework. This framework shifts city planning away from a "needs-based" approach toward a "rights-based" approach that recognizes people should have equal opportunity and treatment as they grow older. 16 (New York City)

# An age-friendly city:

- recognises the great diversity among older persons
- promotes their inclusion in all areas of community life
- respects their decisions and lifestyle choice, and
- anticipates and responds flexibly to ageing-related needs and preferences (London 17)

The literature around age friendliness recognises that it is based on two main concepts. Firstly that of active ageing. Active ageing is 'the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age'. WHO's framework of active ageing also recognises that the policies, services, settings and structures of an age-friendly city should enable people to age actively by:

- Recognising the wide range of capacities and resources among older people;
- Anticipating and responding flexibly to ageing-related needs and preferences;
- Respecting their decisions and lifestyle choices;
- Protecting those who are most vulnerable; and
- Promoting their inclusion in and contribution to all areas of community life.

It is clear that the determinants of active ageing include physical and social factors as well as a person's health and financial status. Understanding these factors and wider service provision and delivery in any city are a core step to assessing whether a city is age friendly or can work towards age friendly status.

The second key concept within the age friendly cities movement is that cities can and should seek to extend the years an individual can live independently within their own home, environment and community. This concept can be illustrated through a quote from the New York City initial assessment of age friendliness within their city boundaries:

Human functional capacity inevitably declines with age, but the rate of that decline and the age at which people begin to experience disability and dependence can be mediated through a healthy environment that provides access to things like nutritious foods, safe transportation, and good work conditions.

Furthermore, certain supports such as comprehensive social services and environmental adaptations like well-maintained sidewalks, legible street signage,

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<sup>&</sup>lt;sup>16</sup> The New York Academy of Medicine: A Findings Report NEW YORK CITY: AGE-FRIENDLY, Fall 2008

<sup>&</sup>lt;sup>17</sup> London's contribution to the World Health Organization's Age-friendly Cities Project, 2007

<sup>&</sup>lt;sup>18</sup> Active Ageing: a policy framework, World Health Organization, 2002.

and doors that are easy to open can assist adults who might otherwise be homebound to regain or maintain independence and remain above the disability threshold.

This approach helps maximize older adults' participation in society, but also helps young children and disabled individuals of all ages participate in the daily life of the city.<sup>20</sup>

A further important aspect of gaining and retaining age friendly status relates to the way in which older people themselves are involved in the process. New York City stated: Over the last year, our work has centred on a series of processes to speak with and hear directly from older adults and their caregivers. In community forums, focus groups, and interviews throughout the City, we asked older New Yorkers to tell us what it's like to walk down their street and shop in their neighbourhood, what they enjoy and don't enjoy about growing older, what changes

# Eight criteria of an Age Friendly City

The eight agreed criteria of an Age Friendly City are listed below, with some brief interpretation of what each criteria covers. The full list is contained in Appendix 1.

| Age Friendly Criteria         | Includes to do with                             |
|-------------------------------|---|
| Outdoor spaces and buildings  | Public areas, pavements, outdoor safety,        |
|                               | public toilets, green spaces                    |
| Transportation                | Public transport cost and accessibility, taxis, |
|                               | roads   |
| Housing                       | Sufficient and affordable housing,              |
|                               | modifications                                   |
| Social participation          | Venues, events and activities, information,     |
|                               | cost, outreach                                  |
| Respect and social inclusion  | Consultation, visible in media, recognised      |
|                               | and respected in community                      |
| Civic participation and       | Volunteering, paid work opportunities,          |
| employment                    | training  |
|                               |   |
| Communication and information | Information for all ages, appropriate printed   |
|                               | info, phone answering services                  |
| Community and health services | Adequate health and community services,         |
|                               | home care, information                          |

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<sup>&</sup>lt;sup>20</sup> Some cities have defined their approach as A City for All Ages Initiative

#### Advantages of being Age Friendly

Fundamentally the advantage is for the end user - the older person - and potentially for a range of other residents and visitors to the city or area. Experience in other cities who have already embarked on this process suggests tangible outcomes in terms of better services for older people, better access to services and better information. There is also recognition of economic benefits, both in terms of older people and their spending power if they remain independent and active, and also in terms of increasing people's working and volunteering lifespan.

## Advantages of membership of Age Friendly network.

A city or community that becomes a member of the network is able to use the designation "Member of the WHO Global Network of Age-friendly Cities and Communities". Overall WHO note that making cities and communities age-friendly is one of the most effective policy approaches for responding to demographic ageing.

The advantages of WHO membership (of being an Age Friendly city) are as follows:

- Connection to a global network of ageing experts, including senior officials, programme managers, researchers and older people themselves.
- Receipt of the latest news and material on Age-friendly City and Community projects, meetings and events.
- Guidance on mechanisms for developing and implementing Age-friendly City and Community approaches.
- Participation in discussions of best practices for implementing and overcoming challenges to building an age-friendly city or community.
- Facilitation of partnerships or collaborative activities between cities.
- Dissemination and sharing of project results.

### Process of becoming an Age Friendly City

To date the process of becoming an Age Friendly City has varied from location to location. Whilst essentially the city or area has had to submit an initial indication of commitment - the process from then until status is awarded has tended to vary.

As part of this exercise contact was made with two regions - the city of Manchester and County Louth - to discuss the journey they have experienced in working towards and successfully becoming an Age Friendly City or county. Whilst it is clear worldwide that there is no one path towards this, it is interesting to note some of the lessons learnt in these journeys.

#### Manchester

In the case of Manchester, this city had already had various development and delivery plans in relation to older people across their boundary prior to submitting an indication of commitment to WHO.

In 2003 the city set up a Valuing Older People (VOP) partnership<sup>21</sup>. This is a multi-agency programme aiming to improve services and opportunities for the city's older population. This programme involves a number of different services, organisations and agencies from across the city - working together rather that in individual silos or departments. Importantly their approach has involved older Manchester residents from the outset.

From there the journey was relatively straightforward; in that Manchester submitted their strategy documentation relating to older people<sup>22</sup>, and this was accepted by WHO and shortly afterwards they were awarded Age Friendly status (2010). Since then the city has continued to implement action plans, review progress made and make future plans. A revised strategy was produced in 2010 - *Manchester: A Great Place to Grow Older 2010 - 2020.* This presents a vision of Manchester as a place where older people are more empowered, happy and healthy.

Other important aspects of Manchester's approach are as follows:

- The lead team (VOP team) includes academic input<sup>23</sup>- this has proved valuable in terms of setting the work in context, reviewing wider social policy issues and developing thinking around measurement;
- Manchester has worked closely with the Beth Johnson Foundation<sup>24</sup>, both in terms of intergenerational working and angles to this project, and also in terms of evaluation work. Manchester's Generations Together programme - Creating Connections, Breaking Down Barriers is closely linked to the Age Friendly status of the city. This work is managed by the VOP team and has included a significant number of projects across the city
- Clear and meaningful involvement with older people themselves. In Manchester this is done via ongoing Seniors forums and also one-off events.

<sup>24</sup> Allan Hatton-Yeo , Chief Executive

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 $<sup>^{\</sup>rm 21}$  Launched in 2003 by Manchester City Council, NHS Manchester and community and voluntary organisations.

Their first strategy was *Quality of Life Strategy for Manchester 2004* and then an *Update Report 2004 - 2008*.

<sup>&</sup>lt;sup>23</sup> Chris Phillipson, Keele University

#### County Louth

County Louth is Ireland's first age friendly county. The approach taken in Louth includes multi-agency planning through a formalised alliance<sup>25</sup> involving senior managers from the Local Authority, HSE, Gardaí, business community and a recently created Older People's Forum. In order to be age friendly Louth aims to operate within existing structures, help to find the voice of older people and produce a model that can be replicated elsewhere. Louth's approach has been unique in that they have a Business Forum as well as an Older People's Forum. In addition, Louth are part of the Ageing Well Network in the Republic of Ireland, providing support and networking opportunities.

The Vision of Louth county council - and the associated agencies - is as follows:

- County Louth will be a great place to grow old in, enjoyed and appreciated by everyone for its quality of life;
- People of all ages benefit when communities are designed to be age-friendly, and when older people live healthy, active and fulfilled lives;
- Older people's talents, life experience and wisdom are valued and tapped into.

County Louth's response to age friendly planning and delivery has included the following:

- Establishment of Louth Older People's Forum in 2009.
- Development of the Louth Age Friendly Website a response to the voice of older people who expressed a wish to have up to date information on services particularly for older people on the one site.
- Dedicated work by members of the alliance with a focus on older people e.g. production of *Louth Division Older People's Strategy* by An Garda Síochána

#### Way Forward for Belfast?

Reflection on progress to date in both Manchester and County Louth poses a number of important questions for the next steps in Belfast. Getting the strategic partnership correct appears to be a vital step in the process, and whilst it could be argued that Belfast City Council has fewer services under the one roof (compared for example to Manchester and other English cities) it also has the advantage of current structures such as BSP, HASP, a cross party Political reference group, and past work e.g. Belfast Healthy Cities. Age-friendly is linked into the supporting people and communities' priority of the Council's Corporate plan and is featured in the Council's recently launched Investment programme. It is a work stream within BSP's Framework for Action<sup>26</sup> and can be supported and delivered in conjunction with the Healthy Ageing Strategic Partnership (HASP) which is part funded by Council.

Experience elsewhere also points to the importance of developing the strategic partnership at an early stage, as this helps to formulate the direction of the

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Louth County Development Board within the Louth County Council, the Health Services Executive, the Gardaí, Dundalk Institute of Technology (DKIT), Sustainable Energy Ireland, the Ageing Well Network, Irish Council of Social Housing, Irish Farmers Association and Older People's Forum for County Louth

BSP, op cit

initiative, establishes the range and type of partners and enables access to information and data. The political context is also crucial in terms of clarifying the lead and role of Council staff and councillors. For example, one approach might be that through HASP the Council leads the process up to making the application to WHO, and that the role of taking the initiative forward is then led by HASP as the delivery mechanism. BSP would provide the strategic direction and Governance. Engagement of the partnerships mentioned above would be necessary at the initial stages and throughout the process.

### **Current process with WHO**

WHO noted recently on their website that they have been overwhelmed by positive responses to the Age-Friendly Cities and Communities Project, with new cities around the world wishing to join this global movement. To support cities wishing to follow this approach, and to ensure the quality of the tools and interventions they use, WHO has now established the WHO Global Network of Age-friendly Cities and Communities.

It is suggested that the network will serve as a mechanism to link cities and communities, and to ensure that the label "Age-friendly city and community" reflects a common global understanding.

Scores of cities and communities have now signed up to the network and indeed further commitments were made at the *First International Conference on Age-friendly Cities: Building the WHO Global Network* in Dublin in September 2011.

Representatives from Belfast City Council attended the conference and it was decided in advance of the conference that preliminary steps were necessary e.g. undertaking an initial baseline study, prior to making the decision to commit the city to the process of working towards Age Friendly status.

# Section 4 Belfast City - Belfast in context

## Background information to Belfast and older population

As noted in Section 2 above the demography of Belfast provides reason for looking at the concept and delivery of Age Friendly status.

To recap on the overall population and population of older people of Belfast:

- Belfast City has a population of 268,745<sup>27</sup> (2010 NISRA figures). This is 15% of the total population of Northern Ireland 1,799,392.
- Of these 47,173<sup>28</sup> (or 17% of Belfast's population) are older people that is males aged 65+ and females aged 60+. So nearly one out of every 5 people in Belfast is an older person.
- A total of 5,062<sup>29</sup> people living in Belfast (2010) were aged 85 plus that's about 2% of Belfast's population and around 11% of older people.
- All research and demographic projections suggest that the number and proportion of older people (and older people aged 85 plus) will increase.

Population figures in isolation do not provide the entire picture. Whilst the following is only an initial overview from current data sources, further work on looking at Belfast as an age friendly city, would need to further assess and analysis available data sources.

The population of Belfast<sup>30</sup> itself has declined over the last 40 years from 416,679 in 1971 to 295,223 in 1981 and 279,237in 1991 and then to 277,391 in 2001 and 267,742 (2008 estimate). This decline resulted from falling birth rates combined with significant moves out of Belfast and the development of commuter areas and transportation links to surrounding areas e.g. Bangor, Carrickfergus and Lisburn (all of which grew in size by some 60 - 70% between 1971 and 2008).

In 2001 19.7% of the population were aged 60 and over - in relative terms there was therefore a slight proportionate decrease to 17% in 2010 (although the latter was measuring 65 plus for men). However, the proportion of older people aged 85 plus has increased slightly from 4,796 in 2001 to the latest available figure of 5,062 (percentage increase of 5%).

Belfast Urban area, NINIS information

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Males - 128,874, females - 139,871, total - 268,745

<sup>&</sup>lt;sup>28</sup> Males 65+ 16,371, females 60+ 30,802, total 47,173

<sup>&</sup>lt;sup>29</sup> Males 85+ 1,467, females 85+ 3,595, total 5,062

# Belfast in context - review of wider information about older people living in Belfast

There is considerable secondary data and reviews of information<sup>31</sup> relating to older people resident in Belfast. For the purposes of this initial assessment of Belfast as an age friendly city, information is provided below on the type and range of literature and statistical sources which could be examined in more detail should this initiative be taken forward.

| Theme or issue     | Sources   |
|--------------------|---|
| Health promotion/  | DHSSPS and Health & Social Services Board figures on    |
| development        | life expectancy   |
|                    | NISRA, Census 2001 and NINIS - figures on self-         |
|                    | reported morbidity - person's own assessment of         |
|                    | their health  |
|                    | Health & Wellbeing survey, 2001, Central Survey Unit    |
|                    | - reports if people are sedentary and also levels of    |
|                    | participation   |
| Transport          | NISRA, Census 2001 - figures on access to private car - |
|                    | broken down by single pensioners, pensioner couples     |
| Home Safety        | DHSSP information on attendance at A&E                  |
|                    | departments and level of falls                          |
| Housing            | NEA, 2006 - information on older people's housing re    |
|                    | age of housing and energy efficiency                    |
|                    | NISRA, Census 2001 - breakdown of housing tenure by     |
|                    | age   |
|                    | DSD information on Housing Benefit levels               |
| Community Safety   | PSNI statistics re percentage of burglaries/crimes      |
|                    | against victims - broken down by age                    |
| Poverty            | HSSB figures on fuel poverty                            |
|                    | NEA, 2006 - number of dwellings without central         |
|                    | heating   |
|                    | NISRA, Census and NINIS - socio-economic breakdowns     |
| Access to services | NISRA, Nursing/residential homes per 1,000              |
|                    | population aged 60 plus                                 |

Some examples of the type of information that would be useful to illustrate the issues relevant to older people in Belfast are as follows:

#### Number of older people in Belfast in fuel poverty

There is considerable literature on the topic of fuel poverty, including definitions, assessments of vulnerability and levels in Northern Ireland. It is recognised that older people are often more vulnerable in terms of experiencing fuel poverty, for a combination of factors including lower proportionate incomes, higher need for constant and ongoing heat, higher frequency of older and less insulated houses, higher frequency of reliance on older heating methods e.g. coal fires etc. *Ending* 

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Number of relevant reports including *Healthy Ageing: InterAction Plan EHSSB Area, 2006 - 2009,* April 2006, *Older People: Health, Social and Living Conditions,* Healthy Cities Belfast 2006, *Divided by Health: A City profile; Key Findings, 2008.* 

Fuel Poverty - A Strategy for Northern Ireland includes older people in their definition of people who are vulnerable<sup>32</sup> to and from fuel poverty. Furthermore the General Consumer Council for NI noted that between 2004 and 2008 about 12% of deaths of people aged 65 and over were associated with cold temperatures in the home<sup>33</sup>.

In terms of fuel poverty 39% of households in Belfast were found to be in fuel poverty (NI House Conditions Survey 2001). This survey is replicated on a regular basis and therefore comparison can be made over time, and comparisons can also be made to the other 25 District Council areas. In 2006 fuel poverty in Belfast was found to be 39% and then 45% in 2009 showing an increase. Further analysis of these data sets could establish fuel poverty by age within the Belfast City Council area. The NI House Conditions Survey is undertaken by the NI Housing Executive.

#### Number of older people in Belfast living in unfit dwellings

The nature of someone's housing is critically important to their health, well-being, overall contentment and ability to remain independent in their community. This is vitally important for older people. There are a range of accepted definitions around standards and fitness of properties<sup>34</sup>. The NI House Conditions Survey establishes and measures the level of unfitness throughout Northern Ireland, and again this can be broken down by District Council areas. This could be another potential target area in terms of the criteria of housing and measuring the number of older people in Belfast who are living in unfit housing.

Clearly a range of data sources could be used to establish current trends and track changes in Belfast, including factors such as life expectancy, self-assessments of health, socio-economic breakdown, car ownership, public transport usage etc.

Secondary sources of data available to baseline whether Belfast is an Age Friendly city - and to monitor and measure progress towards this.

As part of this study the consultant met with Claire Shortt, from Belfast City Council's SNAP team, to identify what relevant data is already collected by Belfast City Council and what could be drawn from elsewhere to both initially measure if Belfast is age friendly and then, once status is awarded, to measure progress under various age friendly initiatives. Together with the information above, further sources are outlined below against the checklist of essential features of age friendly cities.

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A vulnerable household is one that contains an elderly person, someone living with a disability or long-term illness, or a family with one or more child under 16.

www.consumercouncil.org.uk

The NI House Condition Survey report, 2009 notes that in order to be classified as unfit a dwelling must fail on one or more the eleven individual criteria set out in the nine point Fitness Standards.

| Information/Source                                   | Age Friendly Criteria it meets                             | Data Source             |
|--|--|-------------------------|
| My City My Neighbourhood                             | Outdoor spaces and buildings                               | SNAP team,              |
| survey   | Communication and information                              | Belfast City            |
|  | Respect and social inclusion                               | Council                 |
| Transportation usage                                 | Transportation   | NI Census               |
| Transportation - coverage and                        |  | Translink               |
| frequency information                                |  | passenger               |
| Transport complaints                                 |  | figures                 |
|  |  | General                 |
|  |  | Consumer                |
|  |  | Council for NI          |
| Information on housing tenure,                       | Housing  | NI Housing              |
| single occupancy, Housing                            |  | Executive               |
| Benefit levels etc.                                  |  | DSD                     |
|  |  | D 16 1 011              |
| Leisure centre usage for over                        | Social participation                                       | Belfast City            |
| 60's   | Community and health services                              | Council                 |
| Programmes ongoing in                                |  |                         |
| community centres aimed at                           |  |                         |
| the elderly population                               |  |                         |
| Funding - providers for older                        |  |                         |
| peoples groups                                       |  |                         |
| Ulster Hall tea dances -                             |  |                         |
| number of attendees                                  | Despet and social inclusion                                | Dolfoot City            |
| Survey of the public Anti-social behaviour incidents | Respect and social inclusion Communication and information | Belfast City<br>Council |
|  | Communication and information                              | Council                 |
| (broken down by age)  Current recruitment drive      | Civic participation and                                    | MAC                     |
| aimed specifically at older                          | Civic participation and employment                         | IVIAC                   |
| volunteers   | Community and health services                              |                         |
| volunteers   | Community and nearth services                              |                         |
| Demography of readership and                         | Communication and information                              | Belfast City            |
| respondents - City Matters                           | Communication and information                              | Council                 |
| magazine   |  |                         |
| Information on Carers                                | Community and health services                              | NINIS                   |
| allowance  | community and noutin sorvices                              |                         |
| Information on Neighbourhood                         |  | Belfast City            |
| renewal actions                                      |  | Council                 |
| renewal actions                                      |  | Council                 |

# Other examples of measuring age friendliness

There is no one way of measuring age friendliness - or progress towards the eight factors relating to age friendliness, and indeed each city and area has developed their own approach, essentially linked to what programmes/services they are delivering and what statistics are currently available or obtainable in their city or area.

The tables below provide some insight into what three different cities - Manchester, Dundalk and Vancouver - use to measure each factor. The mix of

quantitative and qualitative information is interesting, with no set approach to measuring any particular factor. Clearly Manchester have taken a very quantitative approach, measuring percentages of older people against specific targets and outcomes, whereas the approach in both Dundalk and Vancouver has been very experimental, obtaining qualitative feedback on what older residents thought about various services and factors of age friendliness. The approach to measuring age friendliness is an important factor for discussion at an early stage, not least in terms of the impact on resources.

It is perhaps useful to note that to date there has been no external evaluations or model of external oversight of age friendliness. To some extent therefore the concept of age friendly - of the way a particular service is developed or delivered - cannot be categorically and exhaustively proven, and there is no external evaluative framework for this vast area of work.

#### Manchester

| Age Friendly<br>Criteria | Measurement Data  |
|--------------------------|---|
| Outdoor spaces           | % of residents over the 65 satisfied with their area as a place to live and |
| and buildings            | % residents over 65 feeling safe walking in their area in the daytime &     |
|                          | after dark.   |
| Transportation           | Number of incidents of crime/anti-social behaviour reported on and          |
|                          | around bus services, % 60+ user's satisfied with bus and general public     |
|                          | transport services and % of buses used in Manchester meeting the design     |
|                          | standards for accessible buses.   |
| Housing                  | % residents over 65 satisfied with their home as a place to live            |
| Social                   | % of residents over 65 satisfied with local cultural and leisure services   |
| participation            | and number of residents 50+ participating in specified physical activities. |
| Respect and              | % of residents who believe their area is a good place to grow older and %   |
| social inclusion         | of BME residents 50/over who feel that they are treated with respect/       |
|                          | dignity.  |
| Civic                    | 50+ employment rate gap with overall employment rate, numbers of            |
| participation            | residents 50-64 and 65+ taking up specified volunteering opportunities      |
| /employment              | and numbers of over 50s accessing specified learning opportunities.         |
| Communication            | % of residents 50-64 and 65/over who agree that they can influence          |
| and                      | decisions affecting their local area and estimated number of older          |
| information              | residents informed by and participating in the VOP partnership              |
|                          | engagement programmes.  |
| Community                | Number of over 75's falls related attendances at accident and               |
| and health               | emergency, % over 65 reporting that they receive the support the need       |
| services                 | to live independently at home, % over 50's and over 65s reporting           |
|                          | good/fairly good health and Manchester residents' Life Expectancy           |
|                          | compared to English core Cities' average. Also when it can be calculated    |
|                          | Healthy Life expectancy at 65.  |

# Dundalk

| Age Friendly Criteria         | Measurement Data   |
|-------------------------------|--|
| Outdoor spaces and buildings  | Sense of security, respect property, promote   |
|                               | dignity, live closer to the town centre, Safe  |
|                               | barrier free and enjoyable pedestrian  |
|                               | experience, compensate for age related   |
|                               | decline- mobility, sensory and cognitive,  |
|                               | Reduce waiting time in queues. Attract seniors   |
|                               | to get out and about to meet people. Re-   |
|                               | vitalise town centre.  |
| Transportation                | The Public Transport experience, Interpersonal,  |
|                               | intergenerational centre- periphery links, More  |
|                               | routes, Greater frequency, Barrier free access   |
|                               | across all modes of transport, affordable  |
| Housing                       | alternatives, Carer driving and parking  |
| Housing                       | Safety and security, Maintenance and repairs,  |
|                               | clean tidy neighbourhoods, home adaptations, sustainable design, warmth in affordability,      |
|                               | responsiveness   |
| Social participation          | Active involvement, respect privacy +  |
| Social participation          | independence, Facilities for other generations,  |
|                               | enable cross community use, access insurance,  |
|                               | summertime activities.   |
| Respect and social inclusion  | Intergenerational activities, trust between  |
|                               | communities, greater involvement of men, lead  |
|                               | by example, individual uniqueness, celebrate   |
|                               | achievements; energise community identity,   |
|                               | time to spend time with people.  |
| Civic participation and       | Younger people in voluntary work to build  |
| employment                    | sustainability, phased retirements seniors   |
|                               | learning, encore careers, income thresholds and  |
|                               | pension entitlements, age related impairments  |
|                               | that are barriers to longer employment.  |
| Communication and             | User-friendly technology, one to one channels,   |
| information                   | a single point of access, time critical  |
| Community and health          | information when its needed.   |
| Community and health services | Person centric practises, GP services more   |
| services                      | accessible, joined up services across the range of service providers. Planning information for |
|                               | retirement and ageing awareness and  |
|                               | understanding the factors driving local hospital   |
|                               | service planning, and empowerment to   |
|                               | influence it. Extend opportunities to age-in   |
|                               | place in own home. Specialist service  |
|                               | affordability, Funding of nursing home stay,   |
|                               | waiting lists and queuing for services.  |
|                               | waiting hats and quoding for solvicos.   |

# Vancouver

| Age Friendly                  | Measurement Data   |
|-------------------------------|--|
| Criteria Outdoor spaces       | Experiences of Design and maintenance of sidewalks/ curbs,   |
| and buildings                 | street inter-sections. Cross-walks, traffic volume, noise, times   |
|                               | of day/night, weather conditions, green spaces, walking areas, lighting, protection from sun, rain or wind, benches,     |
|                               | rest areas, physical safety, sense of security from  |
|                               | victimisation, In buildings: stairs, doors, lift, devices,   |
|                               | corridors, floors, lighting, signage, doors, toilets and rest  |
|                               | areas.   |
| Transportation                | Experiences of public transport - affordability, accessibility &   |
|                               | frequent. Experience of using public transport - on time, Extensive routes, waiting areas and stops with buses, lighting |
|                               | protection from the elements. Secure from crime, adapted   |
|                               | transportation for disabled persons. For drivers - Legible   |
|                               | street signs, street numbers, Lighting at inter-sections, Easy to  |
|                               | understand traffic signals, parking facilities, Disabled parking,  |
| Housing                       | drop off and pick up facilities, driver fresher courses.  Experiences of acceptability -cost, comfort, physically safe,  |
| riousing                      | Security of crime, Proximity to services. Experiences of   |
|                               | mobility and independence in the home- movement, reach and   |
|                               | storing items, housework and chores.   |
| Social                        | Community socialisation, participation in community  |
| participation                 | activities, education, culture, recreation, spiritual activities.  |
|                               | Social and leisure activities affordable, Accessible, frequent,  |
| Respect and                   | convenient times/locations, offer choices, interesting.  Experience of Community showing respect for an older person.    |
| social inclusion              | Social inclusion in the community that you live - included in  |
|                               | activities and events? Experience of politeness, listening,  |
|                               | helpfulness, responsive to needs in services and programmes,   |
|                               | consultation, choices offered and public recognition of the  |
| Civic                         | contributions of older people, intergenerational activities.  Experiences of voluntary or paid employment and            |
| participation and             | participation in public affairs - availability of information  |
| employment                    | about opportunities, accessible opportunities, variety of  |
|                               | opportunities, attractiveness, and recognition provided,   |
|                               | remuneration. Adjustment to older person's abilities and   |
| Communication                 | preferences, ways to motivate older people's participation.  |
| Communication and information | Information accessible, useful and timely. Experiences of getting information that is needed out into the community by   |
| and initialities              | radio, TV, print or in person - Is it easy to understand?  |
|                               | Are there difficulties with automated systems, print format  |
|                               | and size?  |
| Community and                 | Experiences of type of services available, Accessibility,  |
| health services               | affordability and responsiveness of services to individual   |
|                               | needs.   |

# Section 5 Consultation with older people - Is Belfast a great place to grow old?

This section provides a summary of feedback from older people aged 55 plus who attended an Age Friendly Belfast event in early March 2012 at Belfast Castle<sup>35</sup>.

Participants included representatives from the six Seniors Forums throughout the city of Belfast:

- West Belfast Senior Citizens Forum
- Greater Shankill Senior Citizens Forum
- North Belfast Senior Citizens Forum
- South Belfast Lifestyle Forum
- Belfast East Seniors Forum
- Castlereagh Lifestyle Forum

In addition, the event benefitted from six delegates who are volunteers with the Belfast/Madrid Grundtvig exchange (four from Belfast and two from Madrid).

The event was also attended by representatives from Belfast City Council, Greater Belfast Seniors Forum<sup>36</sup>, Belfast Healthy Ageing Strategic Partnership (HASP)<sup>37</sup>, Belfast Healthy Cities and a range of other external agencies including Engage with Age, Linking Generations, NI Housing Executive, Equality Commission NI, Volunteer Now and Newry and Mourne District Council.

After some opening comments and an outline of the consultation event, participants went into focus or discussion groups (people were pre-allocated to groups/tables), which were facilitated by an external representative and recorded by a note-taker. A full list of the facilitators and note-takers is provided at Appendix 2.

The event was organised by Belfast City Council, and older people aged 55 plus were invited to it via the six Older People's/Senior Citizens Forums from across Belfast. One hundred and three people attended, including facilitators and note-takers for the group discussions and other helpers. It is estimated that around 85 older people participated in the event. The morning was introduced by Adele Faulkner (Senior Environmental Health Officer), with input from Councillor Bernie Kelly, Chair of the All Party Reference Group on older people. Fiona Boyle provided an overview of the concept of Age Friendly Cities and introduced the various workshops and exercises for the consultation event.

Forum established in 2011 to represent older people from across Belfast and Castlereagh.
 Belfast HASP is a partnership of key agencies providing a joined up approach to the delivery of services which promote the health, wellbeing and independence of older people in Belfast.

#### Prioritisation of Age Friendly Criteria

Before commencing the group discussions participants were asked to prioritise the eight Age Friendly criteria in terms of what they thought were the most important criteria. Participants were asked to mark a '1' against their first priority, second priority, third priority and so on. The table below shows the percentage of participants who registered each of the eight criteria as first, second or third priority.

| Age Friendly                       | Percentage indicating |          | Total    | Rank        |          |
|------------------------------------|-----------------------|----------|----------|-------------|----------|
| priority                           | First                 | Second   | Third    | percentage  | order of |
|                                    | Priority              | Priority | Priority | voting this | criteria |
|                                    |                       |          |          | priority in | from top |
|                                    |                       |          | 4221     | their top 3 | 3        |
| Community and                      | 42%                   | 21%      | 10%      | 73%         | 1        |
| health services                    |                       |          |          |             |          |
| Transportation                     | 19%                   | 29%      | 15%      | 63%         | 2        |
| Housing                            | 14%                   | 19%      | 21%      | 54%         | 3        |
| Respect and social inclusion       | 7%                    | 8%       | 17%      | 32%         | 4        |
| Outdoor spaces and buildings       | 11%                   | 7%       | 12%      | 30%         | 5        |
| Communication and information      | 6%                    | 8%       | 12%      | 26%         | 6        |
| Social participation               | 6%                    | 6%       | 10%      | 22%         | 7        |
| Civic participation and employment | 4%                    | 4%       | 4%       | 12%         | 8        |

Analysis of how participants prioritise the eight criteria of Age Friendliness provides some interesting findings. The top three criteria (gaining the highest percentages of first priority votes) are:

- Community and health services with 42% of participants saying this was the most important thing for them in terms of Belfast being age friendly
- Transportation with nearly one fifth of participants (19%)
- Housing with 14% of participants

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Participants were provided with the following information - The World Health Organisation (WHO) has identified eight criteria which contribute to making an Age Friendly City. We want to know which of these is most important to you personally, in terms of making Belfast a city which is Age Friendly. Please mark these in order of importance where 1 is most important and 8 is least important to you.

The areas attracting least first priority markings by participants were social participation (6%), communication and information (6%) and civic participation and employment (4%).

Further analysis of what percentage of participants voted for each criteria within the top three priorities shows a similar picture for the top 3 criteria and the bottom three (first priority only). Based on analysis of responses for the top three priorities the rank order of the eight criteria is noted in the above table.

It is interesting to note that the three areas ranked as most important are mainly related to the delivery of services and infrastructure - that is community and health services, transportation and housing, whilst the items deemed to be less important are more related to participation.

#### Review of feedback from older people

The overall objective of asking for feedback from older people was to assess the city of Belfast from their perspective - that is as older residents living in Belfast - in order to identify potential areas for improvement. The overarching question asked was - is Belfast a good place to live?<sup>39</sup>

The overall aim of this process of consultation with older people was to determine the existing age friendliness of the city and identify ways in which it can become more age friendly.

Participants were allocated to two themes and took part in consecutive discussion groups. Participants were asked the following questions about their theme:

- What elements of this theme are done well in Belfast from an Age Friendly perspective? Can you give some examples?
- What barriers and obstacles are there to this theme? What areas need to be developed? Can you give some examples?
- Can you give some good practice examples of how services are delivered in relation to this theme elsewhere?

In addition, the facilitator managed the discussion to ensure that as many as possible of the sub-headings relating to each criterion was covered. The analysis below combines the comments from a number of discussion groups 40 relating to each theme. In addition, where comments relevant to a particular theme, were raised in a discussion group looking at a different theme, these have been amalgamated under the relevant heading.

The overall aim of this analysis of each Age Friendly theme was as follows:

- To assess what people thought is currently good practice in Belfast;
- To establish where there are shortcomings;
- To identify what good practice might look like and where this theme is delivered well.

There were at least two discussion groups relating to each theme.

<sup>&</sup>lt;sup>39</sup> This question was simplified to its lowest level. In other age friendly exercises with older people more detailed overarching questions have been utilised. For example, in New York City the overarching question was - To what extent are the city's services, settings, and structures inclusive of and accessible to older people with varying needs and capabilities?

To enable judgement or analysis of each theme - with particular reference to Belfast - a colour coding has been provided against each sub-heading, as follows:

Green Participants feel this area is generally well provided for or delivered

in Belfast

Amber Participants felt this criterion was average and still had some room

for improvement in terms of being Age Friendly

Red Participants said this criterion fell far short of the mark in terms of

being Age Friendly

This coding was undertaken by the consultant, rather than the participants in the discussion groups.

Other points to note include:

- Themes have been placed in the order of priority given to them by participants; in other words Community and health services are reviewed first, then transportation, then housing etc.
- Within each theme, the criteria or sub-headings assessed as green are listed first, followed by those deemed to be amber and then red;
- Quotes from participants are in italics;
- Not all sub-headings were covered in the discussion groups and those not discussed are listed;
- The information below is qualitative rather than quantitative and provides an impression of the feedback on each theme.
- Some areas have not been colour coded and this is because there was insufficient information to make an assessment. Further work will be necessary to probe and examine these areas from the perspective of older people.

# Community and health services

Four groups looked at the theme of community and health services in Belfast.

### Overall comment on this factor:

This event highlighted the interest and concern older people in Belfast have about community and health services, both in terms of the number of participants who discussed this topic, and in the fact that this theme was viewed as most important by 42% of participants.

Views on health services were very mixed and varied within groups and between groups. Whilst there were some very strong positive comments about the availability and deliverability of services, older people had clear views on what needs to be improved to enable Belfast to be more Age Friendly on the theme of community and health services.

| Criteria                | What older people in Belfast said?                          | Colour coding |
|-------------------------|---|---------------|
| All staff are           | Participants overall felt that around 90% of                | Green         |
| respectful, helpful     | health staff were respectful and helpful.                   |               |
| and trained to serve    | In addition, participants felt that GPs                     |               |
| older people.           | knew them individually.                                     |               |
| An adequate range of    | Feedback on this criterion covered the                      | Green, amber  |
| health and              | whole spectrum of services that are good                    | and red       |
| community support       | or done well through to those which                         |               |
| services is offered for | participants felt were lacking in Belfast.                  |               |
| promoting,              |   |               |
| maintaining and         | Services deemed to be adequate (and                         |               |
| restoring health.       | more) included well organised GP services                   |               |
|                         | and open surgeries, pharmacy services                       |               |
|                         | (including delivery of medication to home                   |               |
|                         | and pre-made medication packs),                             |               |
|                         | discharge from hospital, opening hours                      |               |
|                         | suitable. Also mentioned were good                          |               |
|                         | access to other non-core services e.g.                      |               |
|                         | smoking clinic, speed of GP referral                        |               |
|                         | process for hospital appointments,                          |               |
|                         | provision of community based services                       |               |
|                         | such as physiotherapy, excellent                            |               |
|                         | paramedic services etc.                                     |               |
|                         | Come participants had more pagetive                         |               |
|                         | Some participants had more negative                         |               |
|                         | views of health and community support                       |               |
|                         | services. Again to highlight some of these:                 |               |
|                         | Out-patient care varies                                     |               |
|                         | Mixed views on GP surgeries - and     Histories - Advantage |               |
|                         | differing waiting times (from 2 days to                     |               |
|                         | 2 weeks) to see the GP                                      |               |
|                         | Opening hours of GP's                                       |               |

Small window of time to speak with GP (10 minutes) Fear of asking GP questions due to short amount of time available Not seeing your own GP / locum doctors not aware of your health condition Long waiting times at A&E Lack of co-ordination in services Lack of arrangements to cover absence and holiday periods Some concern was expressed about A&E services. One participant quoted an incident of an elderly friend falling and hurting their arm and face. Person was left on a chair for a long period then transferred to a trolley where she lay overnight. Participant commented that 15 - 20 others had been in the same undignified position. A further concern highlighted was about being discharged from hospital without social care package discussion and support being part of the discharge process. Participant mentioned being sent home (lived alone) with no support. A number of suggestions were made, based on experience elsewhere: Better investigation of health services in relation to prescriptions Doctors should make house calls to people over a certain age More open surgeries - Later opening hours - user friendly (Saturday morning appointments) Evening and weekend opening for surgeries Effective care packages at hospital discharge. Home care services Comments in this area included reference **Amber** include health and to limitations in terms of what home helps personal care and can do, the length of time they spend with housekeeping. each clients and the time at which they attend. Concern was also raised about factors such as the manner of dealing with older person and issues relating to dignity.

|                               | The Stay-put scheme was discussed as a model of good practice. Some people thought it was a good idea in theory but that it needed to take into account individual needs. The need for a centralised end-to-end service for people staying-put was also discussed, e.g. centralised agency to coordinate meals, laundry etc.  All participants agreed that the agencies  |       |
|-------------------------------|--|-------|
|                               | need to talk to the 'client' and take  |       |
|                               | individual needs in to account - don't like  |       |
|                               | being told what is best for them.  |       |
| Health and                    | Comments in this area were limited. One  | Amber |
| community service             | specific comment related to the lack of  |       |
| facilities are safely         | health and community services in the   |       |
| constructed and fully         | Lagmore/Twinbrook area.  |       |
| accessible.                   |  |       |
| Clear and accessible          | There was a mix of comments in relation  | Amber |
| information is                | to the provision of information about  |       |
| provided about health         | health and social services for older people.   |       |
| and social services for       |  |       |
| economic barriers             | Participants thought that the provision of larger print information for people with visual impairment was done well, as were telephone calls/reminders to notify older people of appointments. Negative areas highlighted included an overall lack of information on services available, and that this was generally done through word of mouth, lack of feedback from doctors on examination results/X-rays, inconsistency in prescriptions (medication name and colour) and poor size of print on medication instructions and prescriptions.  Participants highlighted a number of | Red   |
|                               | perceived economic barriers to access to   | Keu   |
| impeding access to health and | health and community support services.   |       |
| community support             | nearth and community support services.   |       |
| services are                  | Closure of geriatric beds, on the basis of   |       |
| minimized.                    | cost, was mentioned, as was emphasis on  |       |
|                               | moving people out of beds quicker - 'hot   |       |
|                               | bedding'. Overall participants felt that   |       |
|                               | there were not enough resources to cope  |       |
|                               | with the demand/needs, and that this   |       |
|                               | then impacted what and how much is   |       |
| -                             | · · · · · · · · · · · · · · · · · · ·  |       |

|                                   | offered. For example, it was noted that physiotherapy sessions are restricted to 6 sessions and then stopped with limited or no information provided on why this is the case. |                |
|-----------------------------------|---|----------------|
| Health and social                 | There were a range of largely negative  | Red            |
| services are conveniently located | views about location of and accessibility to health services. Participants felt that  |                |
| and accessible by all             | public transport to health facilities is  |                |
| means of transport.               | limited (poor transport links and signage in  |                |
|                                   | East Belfast was particularly mentioned)  |                |
|                                   | and sometimes does not connect, there   |                |
|                                   | can be difficulties getting a parking space   |                |
|                                   | at hospital, with users having to walk long distances or drive round so long that they  |                |
|                                   | miss their appointment. Other negative  |                |
|                                   | factors noted in relation to accessibility  |                |
|                                   | were around poor access to buildings  |                |
|                                   | (even new buildings such as the   |                |
|                                   | Knockbracken Health Centre) and the   |                |
|                                   | timing of appointments - mainly in the  |                |
| Residential care                  | morning which does not always suit.   | Insufficient   |
| facilities and                    | A suggestion was made that spot checks on residential homes should be carried out by  | information to |
| designated older                  | older people.   | code           |
| people's housing are              | older people.   | COUC           |
| located close to                  |   |                |
| services and the rest             |   |                |
| of the community.                 |   |                |

Four sub-headings from this criterion were not covered by the discussion groups, as outlined below:

- Delivery of services is coordinated and administratively simple.
- Voluntary services by people of all ages are encouraged and supported.
- There are sufficient and accessible burial sites.
- Community emergency planning takes into account the vulnerabilities and capacities of older people.

### Examples of models of good practice

Participants highlighted good practice in relation to health and community services in other countries. The examples noted included the following:

- In Australia no waiting lists CAT scans etc. done within two days of seeing GP
- In Australia different levels of housing within one complex e.g. independent living, care home. People can move within complex as required. This is also a model in Canada and America
- In Spain each family has a medical record book where information is all recorded in one place - this is accessible by the family as well as medical service.

# Transportation

Three groups looked at the theme of transportation in and around Belfast, whilst other groups made comments about transport in relation to their theme, e.g. availability of transport in order to facilitate social participation.

### Overall comment on this factor:

The theme of transport provided considerable positive feedback about what is available in Belfast, particularly in relation to free travel for older people. However, older people themselves felt that transport was not as reliable, frequent or considerate to older people as they would have liked - and these are clearly targets for any Age Friendly initiative.

| Criteria            | What older people in Belfast said?  | Colour coding |
|---------------------|---|---------------|
| Public              | Overall participants provided positive  | Green         |
| transportation      | feedback about the cost and affordability   |               |
| costs are           | of public transport in Belfast. All   |               |
| consistent, clearly | participants felt that the free bus pass was  |               |
| displayed and       | the best thing that ever happened and it  |               |
| affordable.         | would be terrible if they withdrew it, I  |               |
|                     | would never be out of the house   |               |
|                     | Several participants described how it enabled them to take holidays or see family in Northern Ireland and across the border that they could not otherwise have afforded. Others described how the bus pass enabled inter-community and cross-border visits for their older people's forum to meet with others. Others described that they needed to get the bus to go shopping. |               |
|                     | Overall participants cross-referenced the cost of public transport to their need to get out and about. Respondents said that they did not want to be stuck at home, wanted to keep in touch with things, and that they felt that good transport helps them access services, groups and centres.   |               |
|                     | In terms of any small negativity in this area participants described young people sitting with their feet on seats, stop buttons not working so that they sometimes had to walk back a long way to where they should have been able to get off, and their belief that bus passes should be checked, as they believed there was misuse of them by those not entitled.            |               |

| Public<br>transportation is<br>reliable and<br>frequent, including<br>at night and on<br>weekends and<br>holidays. | There were mixed views about the reliability and frequency of public transport. In relation to buses some thought the service was excellent, whilst others had significant concerns about the frequency of buses and mentioned long waits and infrequent bus services. Specific areas were mentioned including the Springfield Road, Whiterock Road, Silverstream and Tullycarnet.  | Amber |
|--|---|-------|
|  | Participants discussed their perception that buses have been cut; they noted that in the mornings buses are regular and more frequent, but after the morning rush hour, when older people may be wanting to travel, there are long waits for buses. Participants particularly felt there should be more frequent buses in the evenings to allow social and group activity, hospital visits, church visits etc. One participant described that the last bus for her area (Black's Road) leaves the city centre at 5.30pm. Participants said that the lack of buses on Sundays had a negative impact. Sundays are the loneliest days. |       |
|  | In terms of good practice one participant suggested that they take the bigger buses off routes after rush hours, and use smaller buses. There was considerable support for the train system and timings.  |       |
|  | All participants described the train service as <i>good</i> and <i>trains leave and arrive on time</i> and good with wheelchairs and ramps for mobility issues. However, participants said they would like to see an improvement in routes across Northern Ireland.   |       |
| All city areas and   | Discussion about this sub-heading produced  | Amber |
| services are   | comments on the lack of an underground or   |       |
| accessible by  | light transport initiative in Belfast - and   |       |
| public transport,  | that as a result some areas lack in   |       |
| with good  | accessibility and good connections. There   |       |
| connections and  | were also comments about being afraid to  |       |
| well-marked routes   | use public transport (particularly the bus)   |       |
| and vehicles.  | at night time.  |       |

| Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected. | Participants felt that buses on the whole were clean. The main area of discussion in this sub-heading was in relation to priority seating on buses. This included concern that prams take up a lot of room on buses leaving less room for older people with a wheelie bag or walkers.  | Amber |
|---|--|-------|
|   | There was some debate about people - in particular young people - giving up their seat for an older person. Feelings on this were mixed: some people felt older people should always have priority, some 'younger older' people felt being offered a seat was embarrassing, and also some men felt very embarrassed if a young woman offered them a seat.  One participant who complained on the bus was told <i>It's my daughter working that helped you get a free pass.</i> She said she has been afraid to open my mouth after that. Another participant described how a schoolboy politely stood up to give her his seat, and was immediately pulled down again by his mother who said, <i>Sit down</i> , <i>I've paid for your seat.</i> Overall participants suggested some method to 'police' priority seating and spoke about the way in which conductors had previously done this. |       |
| Specialized<br>transportation is<br>available for<br>disabled people.   | One member highlighted that travel for the disabled is very difficult, on all types of transport. It was suggested that the door to door service is not user friendly in that it needs to be booked weeks in advance.  | Amber |
| Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to        | Participants stated that buses do not always stop close enough to the kerb making getting on and off difficult for those using walking aides.  There was also discussion about buses   | Amber |
| be seated before<br>driving off.<br>Transport stops<br>and stations are                                       | moving off before an older person had sat down, or braking sharply and jerking whilst moving. One participant described how she got on a bus with a mobility wheeler,  |       |

| oonvoniently.         | and the bus moved before the sould sit         |         |
|-----------------------|--|---------|
| conveniently          | and the bus moved before she could sit         |         |
| located, accessible,  | down causing her to fall. She put in a         |         |
| safe, clean, well lit | complaint, but felt she didn't get very far.   |         |
| and well-marked,      | Several other participants said they needed    |         |
| with adequate         | to use the buses, but "hate getting on         |         |
| seating and           | them". They highlighted that they always       |         |
| shelter.              | have to ask for the steps to be lowered,       |         |
|                       | rather than the steps being lowered            |         |
|                       | automatically at a bus stop. Often, when       |         |
|                       | they ask for the steps to be lowered, they     |         |
|                       | are told the steps are broken.                 |         |
|                       |  |         |
|                       | In relation to all of this there was a feeling |         |
|                       | that drivers are often under pressure to       |         |
|                       | complete a time schedule - and there were      |         |
|                       | mixed views on bus drivers who provided        |         |
|                       | good customer service to those who are         |         |
|                       | vulgar and nasty, too keen to get finished.    |         |
| Complete and          | There were a small number of comments          | Amber   |
| accessible            | about information relating to transport.       | AIIIDEI |
| information is        |  |         |
|                       | Participants suggested that the digital signs  |         |
| provided to users     | saying how long it will be until a bus comes   |         |
| about routes,         | should be at every stop.                       |         |
| schedules and         |  |         |
| special needs         | Participants also reported having tried to     |         |
| facilities.           | get people from the bus service to come        |         |
|                       | out and speak to their groups but with no      |         |
|                       | success. They suggested that this may be a     |         |
|                       | good mechanism to identify issues and          |         |
|                       | improve the service for older people.          |         |
| A voluntary           | As noted above there were concerns about       | Amber   |
| transport service is  | the door to door service for disabled          |         |
| available where       | people, and this was similar for all older     |         |
| public                | people - in terms of having to book so far     |         |
| transportation is     | in advance, having booking to get to           |         |
| too limited.          | destination but still having concerns about    |         |
|                       | how you would get home.                        |         |
|                       |  |         |
|                       | One suggestion was that there should be        |         |
|                       | Community buses on certain days going          |         |
|                       | through Estates - taking people to local       |         |
|                       | shops and Doctors etc.                         |         |
| Taxis are             | There were a number of comments under          | Amber   |
| accessible and        | this sub-heading about taxis. Overall older    |         |
| affordable, and       | people considered taxis to be very             |         |
| drivers are           | expensive and that prices/fares charged        |         |
| courteous and         | were inconsistent, although they did           |         |
| helpful.              | comment on positive aspects in relation to     |         |
| ncipiui.              | comment on positive aspects in relation to     |         |

| Roadways are free of obstructions  | reliability and being able to pick people up at their door. There were suggestions that all taxis with more than one passenger should also be allowed to use the bus lanes.  Again under this heading there were concerns about the lack of bus lanes and   | Amber      |
|--|---|------------|
| that block drivers' vision.  | the fact that cars park in them.  |            |
| Driver education   | Similar to previous comments whilst   | Amber      |
| and refresher  | participants thought the majority of bus  | 7.11.12.01 |
| courses are  | drivers are courteous, they also felt they  |            |
| promoted for all   | are under pressure from the timetables,   |            |
| drivers.   | and that they should undergo re-training  |            |
|  | and education in customer service.  |            |
| Parking and drop-  | Participants noted that access to bus stops   | Amber      |
| off areas are safe,  | can be poor and that cars are often parked  |            |
| sufficient in  | at bus stops or in bus lanes, which prevents  |            |
| number and conveniently  | buses from stopping in the right place and creates difficulties for older people.   |            |
| located.   | creates difficulties for order people.  |            |
| Traffic flow is well-  | Participants expressed considerable   | Red        |
| regulated.   | concern about the flow of traffic around Belfast saying - Our road system is inadequate for the traffic we have and Our cycle lanes are a joke Participants made a wide range of suggestions for how this could be improved from providing cheaper bus fares for the general public, providing more park and ride facilities, and the introduction of more cycle lanes.   |            |
| Priority parking and drop-off spots for people with special needs are available and respected. | Participants felt that disabled parking spaces are frequently misused. They mentioned that some places like Forestside, Yorkgate and Tesco at Glengormley are well monitored, but that better control needs to be across the city.  One participant reported that she drives a mobility scooter and her passage is frequently impeded because cars park on kerbs, not allowing ease of access past them. She noted that she is often forced to take a different, longer route to where she is going or she is forced on to the road to get past, creating dangers for herself and others. | Red        |

There were no specific comments in the discussion groups on the following two sub-headings:

- Roads are well-maintained, with covered drains and good lighting.
- Traffic signs and intersections are visible and well-placed.

#### Examples of models of good practice

Participants suggested a wide range of models of good practice in relation to transport systems and provision that they had either experienced themselves or had heard about. These included:

- Dublin Dart, mono rail, commuter line
- Germany and Switzerland transport is efficient and clean. Also good enforcement on Jay walking etc.
- Amsterdam better use of bicycles
- Dublin and Barcelona Bike hire scheme
- Madrid metro/underground services very quick, cheap and reliable



#### Housing

The theme of housing in Belfast was examined by two discussion groups.

#### Overall comment on this factor:

Participants who looked at the theme of housing in Belfast from an Age Friendly perspective noted a number of concerns - including their perception of insufficient housing overall, insufficient appropriate housing for older people, difficulties and delays in getting repairs done by landlords (both social and private) and difficulties for owner occupiers in accessing repair men. Security was another repeated theme. Whilst those in purpose built bungalows were content with their housing, there was much in these discussions which could be established as aspirations for housing to be more age friendly.

| Criteria              | What older people in Belfast said?          | Colour coding |
|-----------------------|---|---------------|
| Sufficient,           | Overall there was feeling that there is     | Amber         |
| affordable housing    | insufficient housing that is suitable for   |               |
| is available in areas | older people. Some participants felt that   |               |
| that are safe and     | there is not enough Housing Executive       |               |
| close to services     | stock which is single storey - and the      |               |
| and the rest of the   | limited stock of this type is often in      |               |
| community.            | rundown parts of the city where             |               |
|                       | participants said they would not feel safe. |               |
|                       | Similarly participants felt that apartments |               |
|                       | for older people were of good quality but   |               |
|                       | insufficient in numbers.                    |               |
|                       |   |               |
|                       | Those living in purpose built bungalows     |               |
|                       | were very positive about them - saying      |               |
|                       | they were well built with thought to older  |               |
|                       | and disabled people's needs e.g. they can   |               |
|                       | accommodate wheelchairs and have good       |               |
|                       | size bathrooms with handrails etc. They     |               |
|                       | also noted that they are close to shops,    |               |
|                       | healthcare facilities and churches and      |               |
|                       | that they feel integrated into the local    |               |
|                       | community. They also noted good access      |               |
|                       | to public transport.                        |               |
|                       | F. H  |               |
|                       | Further concerns about the availability     |               |
|                       | and affordability of housing related to     |               |
|                       | factors such as increasing numbers of       |               |
|                       | students in some areas e.g. Stranmillis     |               |
|                       | and impact on character of area, and lack   |               |
|                       | of sheltered housing in some geographical   |               |
|                       | parts of the city. One participant          |               |
|                       | indicated that she would like to move to    |               |
|                       | purpose built accommodation for older       |               |
|                       | people but she feels that she would have    |               |

|  | to leave the area where she has lived most of her life to find this and doesn't want to move out of the area.   |       |
|--|---|-------|
|  | Security in relation to their own housing and their neighbourhood was also discussed including reference to PSNI and Council services and supports such as alarms, home security packs, tools and tips, Neighbourhood Watch, higher home insurance costs. Participants believed they are easy targets in the home.  |       |
|  | Overall, participants suggested that more purpose built bungalows and apartments for older people should be provided in Belfast, and that there should be more on the beat policing to make older people feel safer in their homes.   |       |
| Public and commercial rental housing is clean, well-maintained and safe.   | This sub-heading was discussed in relation to the maintenance of private rented properties in residential areas, which was felt to be a big issue. This was in part due to the types of tenants who move in and don't care, and participants also stressed that landlords often kept properties empty and failed to maintain them properly, creating local blight.  | Amber |
| Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.                               | Participants pointed to good practice in this area in terms of homes for life. Two housing schemes in East Belfast were highlighted. Participants noted that these houses are being built in such a way that people can move in to them and grow old in them with all the work done e.g. hand rails, wheelchair accessible bathrooms and kitchens etc. and no modifications required at a later stage.          | Amber |
| Home modification options and supplies are available and affordable, and providers understand the needs of older people. | Participants who owned their own homes felt that they were left on their own to cope with living and felt disadvantaged because they didn't feel they had anyone to help them with the cost for any modifications or repairs to their homes. They stated that they were too old to get a mortgage or a loan and couldn't afford to, for example, install a down stairs toilet which would improve their quality | Amber |

|   | of life.  |       |
|---|---|-------|
|   | One participant noted the difficulty of getting any modifications or improvements to her house because it is a listed building.   |       |
|   | All participants noted that they had no access to a reliable handyman service they could afford or trust. FOLD's Stay Put scheme and the Good Morning Belfast scheme were also discussed.   |       |
|   | Participants suggested that there should be more sharing of information and coordination with different agencies so older people do not have to go round in circles to get information or help with grant schemes or other help about housing. In addition, it was suggested that older people should have access to an affordable handyman scheme, especially for those who own their own  |       |
|   | homes and feel that they have to fend for themselves.   |       |
| Sufficient and affordable housing for frail and disabled older people, with appropriate | The majority of participants felt there was insufficient purpose built bungalows for older people. Other issues discussed included:  • Whether older people preferred to live   | Amber |
| services, is provided locally.  | <ul> <li>in the wider community or with other older people - views to support both - with some feeling that older people's schemes lead to social isolation and others preferring to be away from problems such as loud music, children playing etc. and to have the security of a sheltered scheme;</li> <li>The need for older people's accommodation to have two bedrooms to enable visitors and/or carers;</li> <li>Difficulties of moving from owner occupation to any other tenure during the downturn in the housing market - some participants felt trapped in their homes and felt that they did not suit</li> </ul> |       |

|  | they couldn't sell them for their value had dropped dramatically in recent years.  Suggestions under this heading included more new build homes for life for people in their own areas, more integration and less isolation, bigger second bedrooms in purpose built accommodation.   |     |
|--|---|-----|
| Sufficient and affordable home maintenance and support services are available. | Repairs and maintenance of properties were raised as a major problem for many of the participants, with reference across the board to different types of tenure - owner occupation, public sector and private sector renting and different social landlords including Housing Associations and the NI Housing Executive. Concerns relating to time delays and response times for getting repairs fixed, communication with the landlord, inability to get any repairs or maintenance done, poor standard of workmanship etc.  Some participants commented that NIHE were good at the major stuff e.g. installing all new windows or a new kitchen but were not good the small stuff | Red |
|  | e.g. fixing an individual window or kitchen cabinet. It was suggested that all maintenance should be carried out properly to higher standards.  |     |

There was no specific comment on the following sub-heading:
Housing is well-constructed and provides safe and comfortable shelter from the weather.

#### Respect and social inclusion

The theme of respect and social inclusion in the city of Belfast was looked at by two discussion groups.

#### Overall comment on this factor:

The theme of respect and social inclusion provided a wide range of suggestions around how participants felt that respect for and inclusion in service delivery, events and consultation could be improved for older people. Age friendly areas needing most attention were deemed to be how older people in Belfast are recognised by the community for their past as well as their present contribution and how older people who are less well-off have good access to public, voluntary and private services.

| Criteria             | What older people in Belfast said?                 | Colour coding |
|----------------------|--|---------------|
| Older people are     | In discussion about consultation and               | Amber         |
| regularly consulted  | older people participants suggested that           |               |
| by public, voluntary | there should be a Code of Conduct for all          |               |
| and commercial       | organisations in how they deal with older          |               |
| services on how to   | people, and that this could be used for            |               |
| serve them better.   | training all staff e.g. all public service         |               |
|                      | employees.   |               |
|                      |  |               |
|                      | Participants also suggested the need for           |               |
|                      | an Age friendly Charter Mark for                   |               |
|                      | organisations, providing four or five              |               |
|                      | simple steps that organisations agree to           |               |
|                      | follow in their dealings with older                |               |
|                      | people. It was noted that the Health               |               |
|                      | Service has developed its own code for             |               |
|                      | older patients, and that there may be              |               |
|                      | potential to adapt this for all                    |               |
|                      | organisations providing services for older people. |               |
| Services and         | Participants noted that services are               | Amber         |
| products to suit     | mixed in their approach to older people -          | Amber         |
| varying needs and    | with many featured as good in terms of             |               |
| preferences are      | accessibility and face to face services.           |               |
| provided by public   | decessionity and race to race services.            |               |
| and commercial       | Negative aspects in this area included             |               |
| services.            | poor provision of toilets, lack of seating,        |               |
|                      | lack of community policing etc.                    |               |
|                      | However, overall participants felt that            |               |
|                      | Belfast City Centre was better than other          |               |
|                      | towns when accommodating older people              |               |
|                      | and that they got a good service from              |               |
|                      | Belfast City Council.                              |               |
|                      | Telephone services were particularly               |               |

|   | mentioned under this sub-heading, where participants felt that they were               |       |
|---|--|-------|
|   | time wasting and that all they wanted to   |       |
|   | do was to speak to a real person.  |       |
|   | Suggestions were made including a  |       |
|   | location guide/booklet listing all toilets and accessibility in city centre, increased |       |
|   | number of toilets, more seating in stores  |       |
|   | and shopping malls, City Matters to  |       |
|   | include a section specifically for older   |       |
| Service staff are                           | people.  There were mixed views on this sub-   | Amber |
| courteous and                               | heading, with some participants noting   | Amber |
| helpful.                                    | that some organisations are getting  |       |
|   | better in their attitudes to and dealings  |       |
|   | with older people, whilst some are still   |       |
|   | not good in this area. Translink was   |       |
|   | highlighted as an organisation where participants felt staff were not courteous        |       |
|   | or helpful.  |       |
| Older people are                            | There was agreement that older people  | Amber |
| visible in the media,                       | are often portrayed as grumpy in the   |       |
| and are depicted positively and             | media. Participants said they feel this is extremely patronising and insulting our     |       |
| without                                     | intelligence.  |       |
| stereotyping.                               |  |       |
|   | Against this participants said they had an   |       |
|   | increased confidence in the future with  |       |
|   | the appointment of the Older Persons Commissioner, and that this may help              |       |
|   | older people to be presented in a more   |       |
|   | positive way in the media.   |       |
| Community-wide                              | Participants noted that they think older   | Amber |
| settings, activities and events attract all | people are as important as the next  |       |
| generations by                              | person, and that the wider community should help older people where it is clear        |       |
| accommodating age-                          | there is a need i.e. person is old not   |       |
| specific needs and                          | steady, not well, have poor mobility etc.  |       |
| preferences.                                | It was suggested that an older person  |       |
|   | that is regularly involved in their local  |       |
|   | community is healthier and happier.  |       |
|   | On the downside participants felt that   |       |
|   | events are not well publicised locally,  |       |
|   | and suggested that local community   |       |
|   | papers should have a dedicated older person's information page with                    |       |
|   | person s iniorniation page with  |       |

|                        | information on what's on for older  |       |
|------------------------|---|-------|
|                        | people. It was also noted that the  |       |
|                        | internet is not a universal way to  |       |
|                        | publicise events for older people.  |       |
| Older people are       | These two sub-headings were looked at   | Amber |
| specifically included  | together. Participants felt that younger  |       |
| in community           | people need to be educated as to how to   |       |
| activities for         | respect older people, and that this could                                       |       |
| "families".            | be integrated into the education  |       |
| Schools provide        | syllabus.   |       |
| opportunities to       |   |       |
| learn about ageing     | It was also noted that some young people  |       |
| and older people,      | can be very helpful towards older   |       |
| and involve older      | people, and examples were provided of   |       |
| people in school       | where this had happened.  |       |
| activities.            |   |       |
| Older people are       | Participants felt that older people are   | Red   |
| recognized by the      | not recognised by the community for   |       |
| community for their    | their past contributions - often viewed as                                      |       |
| past as well as their  | old, grumpy and complainers. Overall it   |       |
| present                | was thought that there is a lack of   |       |
| contributions.         | courtesy and understanding among many   |       |
|                        | other members of the community.   |       |
| Older people who       | Feedback suggested that older people in   | Red   |
| are less well-off have | this category are often left in the dark  |       |
| good access to         | and find it difficult to access services or                                     |       |
| public, voluntary and  | know who to go to, and that they may  |       |
| private services.      | also be suffering from fuel poverty, poor                                       |       |
|                        | health and housing. It was also noted   |       |
|                        | that older people who are depressed or have low confidence find it difficult to |       |
|                        |   |       |
|                        | cut through the bureaucracy to get what they need. An example given of this     |       |
|                        | was the automated telephone systems   |       |
|                        | that many organisations have, which   |       |
|                        | participants said were off putting.   |       |
|                        | Overall there was a feeling that you are  |       |
|                        | just a number.  |       |
|                        | Just a Hamber.  |       |

Examples of models of good practice
Dublin and York have better services for older people.

#### Outdoor spaces and buildings

Two groups looked at the theme of outdoor spaces and buildings and how this applied to Belfast. Some of the discussion in these groups inter-related to the theme of transport, and comments relating to transport have been taken into the write-up of that theme.

#### Overall comment on this factor:

From the comments noted below participants appear to be stating that Belfast is relatively average in terms of fulfilling the factor of outdoor spaces and buildings. They note positive aspects in relation to most sub-headings, but also negative factors that detract from the overall delivery and status of each area. Only one area - street lighting - appears to have no substantive negative comments. Conversely, there were no areas that participants felt fell completely short of the mark in terms of Age Friendliness - all appeared to be a work in progress.

| Criteria  | What older people in Belfast said?   | Colour coding |
|---|--|---------------|
| Outdoor safety is promoted by good street lighting, police patrols and community education. | Participants said that street lighting was good and appropriate, although some felt it was too bright in places.   | Green         |
| Public areas are clean and pleasant   | There were mixed views on this criterion. Some participants felt that Belfast had good public areas which were clean and pleasant. These respondents said the entire city centre was generally a good space and appropriate for older people. The City Hall grounds were mentioned as being beautiful and an important asset for the city as a whole.  Other participants highlighted aspects of outdoor spaces in Belfast which meant they were not clean and/or pleasant. These were litter - although no-one in particular was blamed for littering or not cleaning up. One person suggested that the problem must be tackled with a can-do and do-it-yourself attitude, and mentioned that the community in the local area had teamed up with the local school to undertake regular clean ups, which local older people joined in with. A further issue was dogs - specifically free running dogs and dog fouling. One participant said it makes it unpleasant to go out. Other participants felt that parks were disgusting, citing issues around anti-social behaviour and fear of crime. A further comment related to a lack of seating in the city centre. | Amber         |

| Green spaces and outdoor seating are sufficient in number, well-maintained and safe. | There was split opinion on green spaces, with some participants making positive comments about parks in terms of cleanliness, seating and worthwhile events. However, other groups felt that parks were not safe for older people, because of concerns about drinkers hiding in bushes. This was mentioned as an issue across the city, within cemeteries as well as parks.  Participants said this was a real shame, as overall the parks are very nice and would be positive resources otherwise. The group reported that older people sometimes go in groups, but that often only lasts a couple of weeks and then we can't use this great resource on our doorstep.  Solutions suggested in this area were reintroducing park rangers, adding bandstands in | Amber |
|--|---|-------|
|  | some parks, provision of outdoor Gyms.  |       |
| Pavements are well-maintained, free of obstructions and reserved for pedestrians.    | Parking in residential areas was highlighted as a problem. Participants noted that parking on pavements is common, but that it makes walking in neighbourhoods difficult - for older people and especially people with walking frames, but also others, such as young parents with buggies. There was strong agreement on this, and participants also noted that other obstructions, such as high hedges, make walking difficult as visibility is poor.   | Amber |
|  | In relation to parking issues, it was agreed that existing resources and powers, such as parking enforcement, could be used more effectively to tackle the problems. It was suggested that parking wardens could be deployed on an occasional but regular basis. It was also felt that criteria for parking in residential areas would help; it was noted that increasing numbers of younger families have two or more cars and that car parking generally is an issue in many residential areas. The issue of commuter parking in the inner city, and in particular the inner south Belfast area was noted.  |       |
|  | In terms of solutions engaging local people was felt to be important for reaching a solution; the group noted that there is not the pride in local areas there used to be. For example there are  |       |

|  | not the local people who would keep a look out<br>and scold people for dropping litter, or local<br>brush people who cleaned up streets encouraging<br>or shaming others into keeping the area clean - if<br>you knew Joe Bloggs might come round the<br>corner with his brush, you thought twice about<br>dropping litter.  |       |
|--|--|-------|
| Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with nonslip markings, visual and audio cues and adequate crossing times. | A lack of non-slip surfaces and tactile surfaces at crossings were felt to create a number of problems. It was noted that the knobs on the surfacing are too big, and cause for example electric wheelchairs and walking frames to get stuck, as well as forming a tripping hazard.  In terms of solutions, it was felt engagement with older people, and generally users of mobility aids, would help in the development and choice of surfaces.  Overall street crossings were generally felt to be acceptable, although participants felt that a sound alarm at traffic lights and longer 'green man' crossing times would be helpful. It was also noted that in some places filtering arrangements | Amber |
|  | for turning traffic create a danger as pedestrians may still be crossing when the filter light goes green - the turn to Holywood Road from Newtownards Road was identified as one such place.  |       |
| Cycle paths are separate from pavements and other pedestrian walkways.   | Cycling was generally viewed by participants as a positive trend, but it was stressed that cyclists should have a bell and use it.  Some issues were identified. In particular the Lagan towpath and the stretch from Ormeau Road towards Shaw's Bridge were highlighted as an area where cyclists create a problem for pedestrians. In addition, there were some safety concerns about splitting pavements into pedestrian and cycle lanes, although some felt this would prevent obstructions.   | Amber |
|  | Overall there was agreement that cycle paths need separated from motor vehicle road space, as is done elsewhere in Europe such as Copenhagen or the Netherlands.   |       |

| Buildings are well-     | Participants felt that signs on public buildings are  | Amber |
|-------------------------|---|-------|
| signed outside and      | too often missing or alternatively placed too high    |       |
| inside, with sufficient | for older people to see well, and that this area      |       |
| seating and toilets,    | needs to be improved.                                 |       |
| accessible elevators,   |   |       |
| ramps, railings and     | Participants noted that not all public buildings      |       |
| stairs, and non-slip    | and shops are accessible internally, e.g. in terms    |       |
| floors.                 | of having a lift.                                     |       |
| Public toilets outdoors | Overall participants felt that public toilet          | Amber |
| and indoors are         | facilities needs to be improved and that better       |       |
| sufficient in number,   | signage of existing facilities would help.            |       |
| clean, well-maintained  |   |       |
| and accessible.         | Participants said that they tend to use facilities in |       |
|                         | shops instead. It was noted that this can create      |       |
|                         | difficulties, as not all shops are keen on allowing   |       |
|                         | access to toilets to the public.                      |       |

Four sub-headings from this criterion were not covered by the discussion groups, as outlined below:

- Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.
- Drivers give way to pedestrians at intersections and pedestrian crossings.
- Services are situated together and are accessible.
- Special customer service arrangements are provided, such as separate queues or service counters for older people.

#### Communication and information

The theme of communication and information in the city of Belfast was looked at by two discussion groups. One of the groups included one person with sight difficulties and another who was hearing impaired.

#### Overall comment on this factor:

There was agreement amongst the participants that the theme of communication and information is well ahead in Belfast in comparison to other places. Participants provided considerable praise for City Matters as a communication medium. A range of other suggestions were made regarding how Belfast could be more age friendly in terms of its communication/information provision, for example, in terms of the way City Matters is distributed, the role of Senior Citizen's Forums and information about the availability of and access to computers for older people.

| Criteria               | What older people in Belfast said?                                   | Colour coding |
|------------------------|--|---------------|
| Regular and            | In terms of the distribution of                                      | Green         |
| widespread             | information participants referred                                    |               |
| distribution of        | again to City Matters - all Belfast                                  |               |
| information is assured | participants receive this and said that                              |               |
| and a coordinated,     | it was excellent. In addition,                                       |               |
| centralized access is  | reference was made to other  |               |
| provided.              | community newspapers, although some participants noted their         |               |
|                        | dissatisfaction that they do not seem                                |               |
|                        | to receive these now and have to pick                                |               |
|                        | them up in a local shop.   |               |
|                        |  |               |
|                        | There were some negative comments                                    | Amber         |
|                        | about the size of print and need for                                 |               |
|                        | larger print, the need for specific                                  |               |
|                        | information relating to specific interest groups e.g. around mental  |               |
|                        | health.  |               |
|                        | Tioditi.   |               |
|                        | Overall it was stated that poor                                      |               |
|                        | information hinders engagement and                                   |               |
|                        | use of existing resources, but that                                  |               |
|                        | City Matters is a resource addressing                                |               |
|                        | this problem.  |               |
| Regular information    | Feedback on this sub-heading was                                     | Amber         |
| and broadcasts of      | mainly individual based on different                                 |               |
| interest to older      | people's knowledge and interest. For                                 |               |
| people are offered.    | example, one person said there were not enough history and discovery |               |
|                        | channels but others said there was a                                 |               |
|                        | channel on digital television.                                       |               |
|                        | <u> </u>   | <u> </u>      |

|   | T   | T     |
|---|---|-------|
| People at risk of social isolation get one-to-one | One participant said the theme of older people in the media was on the back burner, and that there is limited coverage relating to them unless there is something sensational e.g. break-ins  Some participants had listened to the radio programme - Afternoon Delightand suggested a need for more programmes like this produced by older people. Older people for older people.  People agreed that the Council are good at putting out information to groups about events, and that in turn | Amber |
| information from                                  | some groups are pro-active in going   |       |
| trusted individuals.                              | out to people. There was  |       |
|   | acknowledgement that everyone needs to take a certain responsibility  |       |
|   | to go out and speak to people.  |       |
|   | Overall participants agreed that the  |       |
|   | Senior Citizens forums need to do more for isolated people and getting  |       |
|   | information out to them   |       |
| Telephone answering                               | All participants agreed that Belfast  | Amber |
| services give                                     | City Council has a good telephone   |       |
| instructions slowly and clearly and tell          | service, which is not automated.  |       |
| callers how to repeat                             | One person said that answering  |       |
| the message at any                                | services were difficult for hard of   |       |
| time.   | hearing people even with a loop   |       |
|   | system. Others referred to personal   |       |
|   | experience e.g. with NIHE of multiple   |       |
|   | phone calls, with poor attitudes from staff at the Belfast HSC Trust etc.   |       |
| There is wide public                              | All participants agreed that this is the  | Amber |
| access to computers                               | way for communication to go and that  |       |
| and the Internet, at                              | everything is geared up for   |       |
| no or minimal charge,                             | computers. However a number of  |       |
| in public places such as government               | participants said that computers were an unknown area for them and also   |       |
| offices, community                                | that there were not enough courses  |       |
| centres and libraries.                            | for older people to learn how to use  |       |
|   | computers.  |       |
|   | Range of examples amongst   |       |
|   | 1 J   | 1     |

|                       | participants - one woman has learnt<br>how to use email as Treasurer of a<br>community group and one person goes<br>to a library to use the computer. All<br>agreed computers were good for<br>communication with friends abroad.                                       |                |
|-----------------------|---|----------------|
|                       | There was discussion about where computers are available and participants agreed that there needs to be more information about where computers are located and relevant websites. For example, no-one in one of the groups knew about the 'Rights for Seniors' website. |                |
| Public and            | There was limited reference to this   | Insufficient   |
| commercial services   | sub-heading. Participants in one  | information to |
| provide friendly,     | group referred to a kiosk that had  | code           |
| person-to-person      | previously sat in Castle junction   |                |
| service on request.   | which would have provided one to one information/advice.  |                |
| Printed information - | Again there was limited discussion on   | Insufficient   |
| including official    | this sub-heading. One participant   | information to |
| forms, television     | noted the need for more subtitles on  | code           |
| captions and text on  | TV and others referred to too much  |                |
| visual displays - has | junk mail.  |                |
| large lettering and   |   |                |
| the main ideas are    |   |                |
| shown by clear        |   |                |
| headings and bold-    |   |                |
| face type.            |   |                |

Some of the sub-headings included in this criterion – communication and information – were not discussed by the groups, as follows:

- A basic, effective communication system reaches community residents of all ages.
- Oral communication accessible to older people is promoted.
- Print and spoken communication uses simple, familiar words in short, straightforward sentences.
- Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering.

#### Social participation

Two groups looked at the theme of social participation in Belfast.

#### Overall comment on this factor:

The theme of social participation identified much positive feedback with participants largely content with accessibility to, information about and the range and diversity of events and activities for older people in Belfast. Overall there was a feeling that Belfast does this aspect of age friendliness well. There were other aspects that participants felt could be improved and a range of suggestions and models of good practice elsewhere were identified.

| Criteria              | What older people in Belfast said?   | Colour coding |
|-----------------------|--|---------------|
| Activities and        | Much of the discussion under this sub-   | Green         |
| attractions are       | heading was about the lack of grants   |               |
| affordable, with no   | available for older people/groups to run   |               |
| hidden or additional  | their own events. Specific funding   |               |
| participation costs.  | streams were discussed.  |               |
| A wide variety of     | It was agreed by all participants that   | Green         |
| activities is offered | Belfast does very well in that respect.  |               |
| to appeal to a        | We are lucky, Belfast is better than   |               |
| diverse population    | some towns. Examples of activities   |               |
| of older people.      | included armchair aerobics and Boccia.   |               |
| Venues for events     | Discussion on this sub-heading centred   | Green         |
| and activities are    | on the fact that transport is an   |               |
| conveniently          | important aspect of social participation.  |               |
| located, accessible,  | Participants stated that in order to   |               |
| well-lit and easily   | access events in Belfast the participants  |               |
| reached by public     | rely on free travel.   |               |
| transport.            |  |               |
|                       | Participants noted that some venues are easily accessible, e.g. cinema at the Kennedy Centre. It was also highlighted that Leisure Centres in Belfast are good because they are free for older people at certain times of the day. |               |
|                       | Opportunities such as the Steam Train from Whitehead to Belfast and Ulster Hall performances were given as examples of activities/events which can encourage social participation.   |               |
|                       | Other factors relating to transport and travel were less favourable, with participants making comments about accessibility, car parking fees, lack of parking spaces/car parks in some areas,                                      | Amber         |

|  |   | 1     |
|--|---|-------|
|  | limited Sunday transport, lack of door to door transport and its cost, lack of funding for groups for transport costs.  Accessibility and parking fees are an issue when using own transport.   |       |
| Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people. | Participants were in agreement that City Matters works well for information getting out to all homes in Belfast and in particular the seniors section. Belfast City Council tea dances were given as an example. One slight criticism was made of City Matters, with the suggestion that it is distributed at different times to different parts of the city and as a result residents who get the magazine last cannot get tickets for events (tea dances) as they are all booked up. In addition, it was suggested that a monthly distribution of City Matters would be helpful (currently every two months). | Green |
|  | Participants also highlighted that the older people's forums within Belfast work well, as a method of getting information circulated about events and initiatives. People are getting more advice now than in the past on events.   | Green |
|  | However, it was highlighted that there are many isolated older people who are not involved in groups and as a result do not get information about up and coming events. One participant stated that East Belfast Seniors Forum try to tackle this issue by visiting homes, sheltered accommodation and local community groups to encourage attendance to their Wednesday group and suggested that this needs to be replicated throughout Belfast.   | Amber |
|  | It was suggested that Forums are not connecting with one another, and that there needs to be a more joined up approach around the area of information. However, other participants felt that the work of  | Amber |

|                    | Greater Belfast Seniors Citizens Forum was an example of social participation and that their approach has been to provide joined up information for older people in Belfast and Castlereagh.  Participants agreed that good information from word of mouth is key when encouraging social participation. Suggestions were also made that information should be put into newspapers or a specialised programme on UTV/ community channel about what's going on, or that publications such as <i>Belfast in your pocket</i> could be |       |
|--------------------|--|-------|
|                    | distributed to older people.   |       |
| Events are held at | Overall participants noted that older  | Amber |
| times convenient   | people can be afraid to go out when it's   |       |
| for older people.  | dark. It was suggested that certain  |       |
|                    | events should be held during the day   |       |
|                    | e.g. the Continental Market. In  |       |
|                    | addition, when organising events for   |       |
|                    | older people, participants said they   |       |
| A 11 111 1         | should start at 10.30 at the earliest.   |       |
| Activities and     | Participants suggested that more group   | Amber |
| events can be      | visits and activities need to be   |       |
| attended alone or  | developed e.g. for Titanic activities.   |       |
| with a companion.  | There was also discussion around   |       |
|                    | concessionary fees and how this would  |       |
|                    | be an advantage.   |       |

There was no specific comment in these group discussions on two of the subheadings relating to the criterion of social participation. These were:

- Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.
- There is consistent outreach to include people at risk of social isolation.

#### Examples of models of good practice

Tall Ships, Manchester and Edinburgh were given as examples of events to encourage social participation. The group also highlighted the need for more integration of different cultures amongst older people in Belfast.

#### Civic participation and employment

Two groups looked at the theme of civic participation and employment in Belfast.

#### Overall comment on this factor:

From the comments noted below participants appear to be stating that Belfast is relatively good at providing opportunities for volunteering and for training for older people (although there is still room for improvement), whilst opportunities for employment are less available. Whilst this criteria - civic participation and employment - was rated as the lowest priority by participants, the discussion indicates that it is still of significant interest and importance to older people.

| Criteria               | What older people in Belfast said?          | Colour coding |
|------------------------|---|---------------|
| Training in post-      | Again participants felt that Belfast was    | Green         |
| retirement options is  | good a providing training for older people, |               |
| provided for older     | and that whilst there are a lot of training |               |
| workers.               | opportunities, not everyone is aware of     |               |
|                        | how to access them. Reference was           |               |
|                        | made to silver surfers, GEMs, University of |               |
|                        | the Third Age, language courses etc.        |               |
|                        |   |               |
|                        | There was some concern over the types of    |               |
|                        | training that is targeted at older people,  |               |
|                        | some ladies had attended a basic DIY        |               |
|                        | course and can now cut tiles, use nails     |               |
|                        | (correctly) and use a drill. Participants   |               |
|                        | felt there was a lot available in the North |               |
|                        | and West of the city, but less in the South |               |
|                        | and East.                                   |               |
| A range of flexible    | The overall feedback on this sub-heading    | Amber         |
| options for older      | is that Belfast is Way Ahead! in its work   |               |
| volunteers is          | with older people than the rest of the UK.  |               |
| available, with        | Participants felt that additional measures  |               |
| training, recognition, | could be put in place, for example having   |               |
| guidance and           | a database or pool of older volunteers      |               |
| compensation for       | that you could train to help at large civic |               |
| personal costs.        | events, increasing awareness of             |               |
| •                      | volunteering opportunities and offering     |               |
|                        | expenses as an incentive to get older       |               |
|                        | people involved.                            |               |
|                        |   |               |
|                        | A few felt opportunities were limited to    |               |
|                        | working in Charity Shops and that this      |               |
|                        | could be widened out to other               |               |
|                        | opportunities, including caring for other   |               |
|                        | older people, providing respite help,       |               |
|                        | mentoring young people.                     |               |
|                        |   |               |

| A C CI . 11.1.        | The afficient of the control of the | A I         |
|-----------------------|---|-------------|
| A range of flexible   | In discussion of this sub-heading it was  | Amber       |
| and appropriately     | noted in one group that a number of them  |             |
| paid opportunities    | had worked until they were 67 with one  |             |
| for older people to   | still working at 77. In addition, a lot of  |             |
| work is promoted.     | participants felt they were forced out of   |             |
|                       | work at 65. Overall participants thought  |             |
|                       | there was not enough employment at the  |             |
|                       | moment generally but especially for the   |             |
|                       | over 50's. It was suggested that more   |             |
|                       | companies need to look at the benefits of   |             |
|                       | employing experienced older people, with  |             |
|                       | B&Q being one of the few that take this   |             |
|                       | approach. Overall it was felt that there  |             |
|                       | should be opportunities for reduced hours   |             |
|                       | or reduced duties as you get older. In  |             |
|                       | addition, participants thought that jobs  |             |
|                       | for older people were not advertised, and   |             |
|                       | that the Council could do more to help  |             |
|                       | this, using the media, TV and radio.  |             |
| Discrimination on the | There was limited discussion about age  | Amber       |
| basis of age alone is | based discrimination, although it was   | 7 II II GOI |
| forbidden in the      | suggested that businesses could benefit   |             |
| hiring, retention,    | from retired people providing training/   |             |
| promotion and         | mentoring to younger people, especially   |             |
| training of           | in the retail and service sectors. One  |             |
| employees.            | suggestion was that similar to Take your  |             |
| emprey eeer           | son or daughter to work day there could   |             |
|                       | be bring a senior to work day.  |             |
| Decision-making       | A number of comments were made about  | Amber       |
| bodies in public,     | how the different sectors encourage   |             |
| private and           | membership by older people. These were  |             |
| voluntary sectors     | as follows:   |             |
| encourage and         | There should be no upper age limit for  |             |
| facilitate            | jury service or sitting on tribunals  |             |
| membership of older   | People get opportunities in their   |             |
| people.               | forums to go to City Hall, be involved  |             |
|                       | in discussion, meet councillors/MPs   |             |
|                       | Belfast City Council does a great job in  |             |
|                       | organising opportunities  |             |
|                       | <ul> <li>Pensioners parliament and all the</li> </ul>   |             |
|                       | groups and forums   |             |
|                       | Felt that it is good to have an Older   |             |
|                       | persons Commissioner in place   |             |
|                       | persons commissioner in place   | L           |

A number of sub-headings were not picked up on in the group discussions, as follows:

- The qualities of older employees are well promoted.
- Workplaces are adapted to meet the needs of disabled people.
- Self-employment options for older people are promoted and supported.

#### How do older people want to be consulted?

Participants were also asked to complete a form indicating how they personally wished to be consulted about discussions and actions around Belfast becoming an Age Friendly City. Seventy five participants indicated how they would like to be consulted.

Participants indicated a high level of interest in and future commitment to being consulted about Belfast as an Age Friendly City - with only one individual saying they did not want to be consulted. In addition, participants signed up for or indicated that they would be happy to be consulted in more than one way, as indicated in the Table below.

| Number of consultation | Number of participants | Percentage        |
|------------------------|------------------------|-------------------|
| methods signed up to   |                        |                   |
| 1                      | 6                      | 8%                |
| 2                      | 11                     | 15%               |
| 3                      | 15                     | 20%               |
| 4                      | 16                     | 21%               |
| 5                      | 16                     | 21%               |
| 6                      | 7                      | 9%                |
| 7                      | 2                      | 3%                |
| 8                      | 1                      | 1%                |
| Does not want to be    | 1                      | 1%                |
| consulted              |                        |                   |
| Total                  | 75                     | 99% <sup>41</sup> |

The table overleaf indicates that consultation events were nominated as a joint preference along with information and reply documents by post, closely followed by ongoing consultation and discussions with the Senior's group or Forum. Comments in relation to events were as follows:

Because we share and learn from one another.

Nearer the city centre.

In relation to email one participant said we need information in printed format - can't all use computers.

This participant also noted in regard to phone calls - - if hearing impaired phone calls are a source of frustration.

Use of a website or social networking had the least support - with one individual including the comment *Yes but with reservations*.

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Does not tally to 100% because of rounding.

| Consultation Method  | Number | Percentage <sup>42</sup> |
|--|--------|--------------------------|
| More events  | 53     | 72%                      |
| Information and reply documents by post 43   | 53     | 72%                      |
| Consultation on an ongoing basis via discussions at your Senior's group or Forum   | 52     | 70%                      |
| Consultation via City Matters publication from Belfast City Council                | 45     | 61%                      |
| Information and reply by phone calls from Belfast City Council staff <sup>44</sup> | 29     | 39%                      |
| Information and reply documents by email <sup>45</sup>                             | 21     | 28%                      |
| Questionnaires/surveys by independent research companies                           | 15     | 20%                      |
| Consultation by website or social networking                                       | 13     | 18%                      |

Percentages do not add to 100% as participants could mark multiple methods of being consulted.

43 Two participants included their postal address.

44 Three participants provided a phone number.

45 Eleven participants provided an email address.

## Section 6 Way Forward/Next Steps

This section summarises the main conclusions from the process to date and makes a number of suggestions around the way forward or next steps for the city of Belfast in looking at the process of becoming an Age Friendly city.

#### Main Conclusions

| Conclusion  | Evidence  |  |
|---|---|--|
| Belfast has a significant older population, and projections indicate that numbers of older people and those aged 85 plus will increase significantly.                           | Demographics noted in Section 4 above - one in every five people living in Belfast is an older person.  |  |
| Belfast City Council is committed to and interested in their older people.  | Age Friendly links into the supporting people and communities' priority of the Councils Corporate plan and is featured in the Investment programme. Age Friendly is a work stream within the Belfast Strategic Partnership features in the Healthy Ageing Strategic Partnership (HASP) action plan. Evidence of commitment also includes the All Party Reference group. |  |
| There is considerable statistical data already available - which could be used to measure age friendliness in Belfast. There is no one framework for measurement or evaluation. | Sources outlined in Section 4 above - and working through the SNAP team - has identified that there are various internal information sources for Belfast City Council as well as access to externally collected/analysed information.   |  |
| Older people are keen to be consulted and are interested in the theme of age friendliness.  | Evidenced by the number who attended event, levels and nature of participation at event and future/ongoing commitment to be consulted about age friendliness - and suggestions on how they want this to be done.  |  |
| Older people have indicated what they feel are the priorities for an Age Friendly Belfast.  | As noted in Section 5 older people are most interested in health and community services, transport and housing being age friendly for them living in Belfast.   |  |

As the area of highest priority, community and health services, also identified the greatest mixed views and suggestions for improvements, from older people in Belfast.

The adequacy of health and community support services was viewed differently on an individual basis, clearly related to an individual's health needs and requirements and also where they lived in Belfast/what services they used.

Limitations about home care services were noted as were concerns about the clarity and accessibility of information.

There was significant disagreement with the factor suggesting that health and social services are conveniently located and accessible by all means of transport. Participants also felt that economic barriers were impeding access to services.

One very positive area was agreement that all staff are respectful, helpful and trained to serve older people.

In general older people seemed content with the cost of transport in Belfast, with some areas for improvement including reliability, frequency and consideration to older people being noted.

Costs - the cost of travel and the availability of free travel were praised by older people. Information was another area that was generally seen as being problem free.

Reliability, Frequency, connections, clean vehicles etc. - some thought these were excellent while others highlighted room for improvement. Transport stopping at the right place and enabling older people to get on and off both safely and comfortably appeared to be one area close to many people's hearts.

Specialised and disabled transport was noted as an area for improvement.

Traffic flow and priority parking these were two areas that older people felt are not well regulated - and a number of suggestions for improvement were made. In terms of housing in Belfast feedback suggested a perception of insufficient housing overall, insufficient appropriate housing for older people, difficulties and delays in getting repairs done by landlords (both social and private) and difficulties for owner occupiers in accessing repair men. Security was another repeated theme.

Sufficient affordable housing - older people talked more about housing supply than housing cost.

Home maintenance and support -Belfast was felt to be not age friendly. Repairs and maintenance of properties were raised as a major problem for many of the participants.

Rented housing was found to fall short of the mark, particularly in terms of exterior maintenance. Homes for life and home modification were improving, but with much work still to be done.

Specific housing for older people - further developments are needed in this area.

In general participants felt that respect for and social inclusion of older people within Belfast has a number of areas earmarked for improvement. Recognition of past contributions and access to services for the less well-off were noted as areas falling far short of the mark. Other areas relating to consultation and services and products to suit varying needs/preferences were viewed as being good in Belfast.

Views on service staff and older people's visibility in the media were mixed, with suggestions on how this could be improved.

Older people had mixed views on the outdoor spaces and buildings of Belfast, with some positive and negative comments. This area is a work in progress.

Public areas are clean and pleasant some positive comments on this e.g. re the City Hall. Negative comments related to litter, dogs and dog fouling and a lack of seating in the city centre.

**Green spaces** - there were mixed views about green spaces and parks, with older people making a number of suggestions.

Pavements - Parking on pavements in residential areas was noted as a concern.

Pedestrian crossings - overall these were thought to be acceptable with some comments about non-slip surfaces, tactile surfaces, and the length of time given to cross.

Cycle paths - these received generally positive feedback.

Outdoor safety - street lighting was felt to be good and appropriate.

**Buildings** - Failings included signage and internal access.

**Public toilets** - the number and type of facilities were highlighted as an issue.

In terms of communication and information, once again this was viewed as being well ahead in Belfast in comparison to other places.

City Matters received high praise in relation to regular and widespread distribution of information but there was concern about people at risk of social isolation not getting sufficient information.

Telephone answering services and access to computers came in for some criticism and suggestions for how this could improve in an age friendly way in Belfast.

Social participation is good in terms of accessibility to, information about and the range and diversity of events for older people in Belfast.

Venues are viewed as being good, but with some further developments in terms of transport and travel. In addition, participants felt that a wide variety of activities is offered to appeal to a diverse population of older people.

Information about events was viewed as good practice in Belfast, although with suggestions about reaching socially isolated older people.

Timing and types of events need further consideration - taking into account older people's concerns and suggestions.

Belfast appears to make the mark in terms of being age friendly under the heading of civic participation and volunteering, but less so in terms of employment opportunities for older people.

Feedback suggested that Belfast is ahead of other locations in terms of volunteering opportunities and training but less so in terms of paid opportunities.

**Training** in post-retirement options for older workers was viewed as being a model of good practice.



This exercise is the initial stage recommended by the WHO Guide 2007 referenced throughout this document. It has indicated that Belfast City has many age-friendly characteristics and features. The process to date suggests that Belfast is indeed a good place to live in and grow older in, and this was acknowledged and noted by many of the participants, although it is important to bear in mind that this was largely a mobile, articulate and active grouping. Dimensions of the city highlighted as being particularly good were outdoor safety in terms of street lighting, the affordability of public transport including the provision of free travel, accessibility of some venues, good information about activities and events, older people's forums that work well, training for older people and many aspects of health and community support services.

But the city also has a number of barriers and obstacles which prevent or detract from active ageing and older people remaining independent for longer. These were perceived to include poor flow of traffic around Belfast, misuse of disabled parking spaces, barriers to use of mobility scooters, poor level of repairs and maintenance to properties, lack of recognition of older people by the community for their past contributions, lack of access to public, voluntary and private services for older people who are less well-off, and many elements of health and community support services.

#### Options for the Way Forward

Given the clear commitment to working towards age friendliness both by Belfast City Council and older people themselves, there is merit in taking this initiative to the next stage. If Belfast City Council is mindful to progress their approach and ethos of working towards Age Friendly Belfast the next steps may include the following:

- 1. Sign up with WHO, therefore registering Belfast's intention of and commitment to working towards Age Friendly status. This can either be directly with WHO or via what is referred to as the Dublin declaration, where a number of countries signed up their intention to work towards being an Age friendly city at an international conference on age friendliness in Dublin in September 2011.
- 2. Develop ongoing consultation methods with older people to inform them of the process and seek their input/suggestions. This initial process has raised the profile of age friendliness in Belfast and also provided a strong platform for future consultation with older people. However, this needs to be further developed.

Some cities e.g. New York 46 have developed websites for their older residents to allow people to learn more about the initiative and email suggestions for making the city more age friendly. New York found this to be a very successful approach with more than 1,000 suggestions within the first nine months of operation. However, this is perhaps not the best option for Belfast given that

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www.AgeFriendlyNYC.org

older people marked this lower down the options in terms of how they wanted to be consulted.

Suggestions for consultation with older people include:

- Having further events these are suggested in numbers 3 and 5 below
- Issuing information by post and via City Matters
- Ongoing consultation via forums or a wider Age Friendly group as suggested at point 4 below.

In addition, it would be important to recognise that this initial phase was only a starting point in terms of consultation. Good practice outlined in the WHO Guide 2007 suggests the following:

- Going back to the initial group participants to check if the write-up accurately reflects or captures what they said;
- Setting up focus groups with older people in other locations and with different needs, to assess the level of agreement between their views and the initial phase. It is recognised that the event at Belfast Castle drew heavily on representatives of the six forums which tend to include those who are more able, mobile and vocal. One option would be to undertake further focus groups with targeted groups e.g. those in residential or nursing care, those living at home and receiving community care support, carers, older men etc.
- Undertaking site visits to verify the barriers raised and confirm the validity of the checklist across the city. For example, this may be a useful approach in looking at the issues raised about public transport.
- 3. Belfast City Council should establish an Age Friendly Steering group with representatives from across the city (both different sectors and older people) to take this project forward, in particular agreeing the framework for the next steps.

It is pertinent that at an early stage of the process that the Governance arrangements including the development of the strategic partnership for the Age Friendly approach are agreed. This discussion will need to include BSP, HASP, Councillors and other key partners.

Belfast should use the opportunity to link with Age Friendly Networks including Ireland's Ageing Well Network, the European Health Cities Age Friendly Network and the emerging UK Age Friendly Network. It is also important to make close connections in order to learn directly from neighbouring Cities and Counties who have already been through this process such as Manchester and Co Louth.

4. Belfast City Council should now produce or commission a second technical report<sup>47</sup> providing more detailed information about the city of Belfast and its older population and wider reviews of other secondary data and literature available.

Leading from this a third report or **Action Plan** should be produced with concrete recommendations for action in relation to developing services in Belfast which are Age Friendly. In New York, for example, all of these reports were then considered by representatives from all sectors across the city (government, business, voluntary and community sector and academia) as well as the older people consulted at the outset of the process - and a conference/convention produced the joint recommendations, commitments and age friendly initiatives which went forward to WHO.

In terms of Belfast these plans would then be submitted to WHO - to demonstrate active working towards age friendly principles and the production of Action plans which are measurable and reportable. <sup>48</sup> It is acknowledged that the process of working towards Action plans for age friendliness is ongoing. <sup>49</sup>

5. Similar to other cities and areas Belfast City Council should establish an **Annual Summit** - Age Friendly Belfast summit.

This report being the first initial report on Belfast as an Age Friendly city

WHO (Headquarters, Regional and Country Offices) will provide a leadership role including technical support and training, and reviewing progress and plans.

A city or community can remain a member of the Network for as long as they can demonstrate continual improvement against developed indicators. In other words, once a city / community demonstrates evidence of progress against its original plan of action (usually 5 years after becoming a member) it is expected that that a city / community will develop a new plan of action with a duration of up to 5 years along with associated indicators. On approval of this plan of action by WHO, membership will be maintained. Progress against this plan will be assessed at the end of this second implementation period, and cities can enter into further implementation cycles to ensure membership continuity.

### Appendix 1 Eight criteria of an Age Friendly City<sup>50</sup>

#### 1 Outdoor spaces and buildings

- Public areas are clean and pleasant.
- Green spaces and outdoor seating are sufficient in number, well-maintained and safe.
- Pavements are well-maintained, free of obstructions and reserved for pedestrians.
- Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.
- Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with nonslip markings, visual and audio cues and adequate crossing times.
- Drivers give way to pedestrians at intersections and pedestrian crossings.
- Cycle paths are separate from pavements and other pedestrian walkways.
- Outdoor safety is promoted by good street lighting, police patrols and community education.
- Services are situated together and are accessible.
- Special customer service arrangements are provided, such as separate queues or service counters for older people.
- Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.
- Public toilets outdoors and indoors are sufficient in number, clean, wellmaintained and accessible.

#### 2 Transportation

- Public transportation costs are consistent, clearly displayed and affordable.
- Public transportation is reliable and frequent, including at night and on weekends and holidays.
- All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.
- Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected.
- Specialized transportation is available for disabled people.
- Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.
- Transport stops and stations are conveniently located, accessible, safe, clean, well lit and well-marked, with adequate seating and shelter.
- Complete and accessible information is provided to users about routes, schedules and special needs facilities.
- A voluntary transport service is available where public transportation is too limited.
- Taxis are accessible and affordable, and drivers are courteous and helpful.
- Roads are well-maintained, with covered drains and good lighting.
- Traffic flow is well-regulated.

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Taken from the summary document, WHO. More detailed checklists of age-friendly city features are found in the WHO *Global Age-Friendly Cities Guide*, 2007.

- Roadways are free of obstructions that block drivers' vision.
- Traffic signs and intersections are visible and well-placed.
- Driver education and refresher courses are promoted for all drivers.
- Parking and drop-off areas are safe, sufficient in number and conveniently located.
- Priority parking and drop-off spots for people with special needs are available and respected.

#### 3 Housing

- Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.
- Sufficient and affordable home maintenance and support services are available.
- Housing is well-constructed and provides safe and comfortable shelter from the weather.
- Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.
- Home modification options and supplies are available and affordable, and providers understand the needs of older people.
- Public and commercial rental housing is clean, well-maintained and safe.
- Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.

#### 4 Social participation

- Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.
- Events are held at times convenient for older people.
- Activities and events can be attended alone or with a companion.
- Activities and attractions are affordable, with no hidden or additional participation costs.
- Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people.
- A wide variety of activities is offered to appeal to a diverse population of older people.
- Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.
- There is consistent outreach to include people at risk of social isolation.

#### 5 Respect and social inclusion

- Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.
- Services and products to suit varying needs and preferences are provided by public and commercial services.
- Service staff are courteous and helpful.
- Older people are visible in the media, and are depicted positively and without stereotyping.
- Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.

- Older people are specifically included in community activities for "families".
- Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.
- Older people are recognized by the community for their past as well as their present contributions.
- Older people who are less well-off have good access to public, voluntary and private services.

#### 6 Civic participation and employment

- A range of flexible options for older volunteers is available, with training, recognition, guidance and compensation for personal costs.
- The qualities of older employees are well promoted.
- A range of flexible and appropriately paid opportunities for older people to work is promoted.
- Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees.
- Workplaces are adapted to meet the needs of disabled people.
- Self-employment options for older people are promoted and supported.
- Training in post-retirement options is provided for older workers.
- Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of older people.

#### 7 Communication and information

- A basic, effective communication system reaches community residents of all ages.
- Regular and widespread distribution of information is assured and a coordinated, centralized access is provided.
- Regular information and broadcasts of interest to older people are offered.
- Oral communication accessible to older people is promoted.
- People at risk of social isolation get one-to-one information from trusted individuals.
- Public and commercial services provide friendly, person-to-person service on request.
- Printed information including official forms, television captions and text on visual displays - has large lettering and the main ideas are shown by clear headings and bold-face type.
- Print and spoken communication uses simple, familiar words in short, straightforward sentences.
- Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time.
- Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering.
- There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries.

#### 8 Community and health services

- An adequate range of health and community support services is offered for promoting, maintaining and restoring health.
- Home care services include health and personal care and housekeeping.
- Health and social services are conveniently located and accessible by all means of transport.
- Residential care facilities and designated older people's housing are located close to services and the rest of the community.
- Health and community service facilities are safely constructed and fully accessible.
- Clear and accessible information is provided about health and social services for older people.
- Delivery of services is coordinated and administratively simple.
- All staff are respectful, helpful and trained to serve older people.
- Economic barriers impeding access to health and community support services are minimized.
- Voluntary services by people of all ages are encouraged and supported.
- There are sufficient and accessible burial sites.
- Community emergency planning takes into account the vulnerabilities and capacities of older people.

# Appendix 2 Facilitators and note-takers

| Theme   | Facilitator                | Note Taker      |
|---|----------------------------|-----------------|
| Outdoor spaces and buildings                    | Joan Devlin                | Jonna Monaghan  |
| Transportation                                  | Vicki Titterington         | Linda Barkley   |
| Housing   | Regina Mackin              | Bernie Quinn    |
| Social Participation                            | Elma Greer                 | Anne Ross       |
| Respect and social inclusion                    | Frank Johnston             | Deirdre Murphy  |
| Civic participation and employment              | Damian Connolly            | Gillian McEvoy  |
| Communication and information                   | Margy Washbrook            | Joan Finn       |
| Community and health services                   | Adele Faulkner             | Andrew Steenson |
| Other discussion groups - for additional groups | Pamela Hughes Janice Smith |                 |