A Built Environment for All Ages

There is growing evidence that well-designed outdoor spaces can enhance the long-term health and wellbeing of those who use them regularly. In March 2010, KT-EQUAL hosted a workshop to examine what this means for older people. With key speakers from local and national government, academia and advocacy, the event made connections between policy, research and practice. Delegates from a range of professions contributed to a multi-disciplinary conversation, exploring how 'joined-up' thinking can create truly inclusive places, from local neighbourhoods to entire cities.

The workshop's opening address was given by Robin Harper MSP, the UK's first Green parliamentarian. He encouraged the delegates to think beyond the event itself to a cross-party dialogue with MSPs, bring together working groups on Architecture and the Built Environment, Older People, Age and Ageing and Children and Young People. The ideal output would be a collective commitment to inclusive design and the embedding of its principles in all built environment policy and practice, with the grassroots support of planning officers and strategists. This would address the current challenge to 'access for all ages': a lack of recognition as to what makes a supportive environment and why this matters.

Delegates felt strongly that inclusive design should not be seen as an 'optional extra' but as a set of core principles running through all aspects of planning and design. This should be routinely taught by universities and training providers and built into the accreditation process for professional bodies. Research should be the bedrock of this education, underpinned by top-level support for new forms of engagement with older people, validation of innovative methodologies and promotion of multi-disciplinary working. This would close apparent gaps in evidence and bring added momentum to the EQUAL (Extending Quality Life for older and disabled people) programme, led by the Engineering and Physical Sciences Research Council (EPSRC).

What is a built environment for all ages?

A built environment for all ages is one that has been designed so that people can access and enjoy it over the course of their lifetime, regardless of ability or circumstance. Such environments are said to be designed 'inclusively'.

In the opening session of the KT-EQUAL workshop, delegates heard from three researchers as to why inclusive design is so important for older people and disabled people. These researchers were Professor Catharine Ward Thompson – Director of the I'DGO consortium – and her colleagues Dr Lynne Mitchell and Rita Newton.

Why do we need a built environment for all ages?

When I'DGO (Inclusive Design for Getting Outdoors) was established in 2003, there was growing recognition that older people's independence is significantly prolonged by being able to live at home for as long as possible. What wasn't sufficiently explored, at the time, was the role that familiar outdoor environments play in this process. I'DGO was set up to explore the ways in which being able to get out into one's local neighbourhood impacts on older people's quality of life and what barriers there are to achieving this, day-to-day. The project asked the crucial question: why do we need a built environment for all ages?

The first phase of research, which finished in 2006, involved over 770 people aged 65+. Participants were asked about their wellbeing and quality of life, how often and why they went outdoors and what features of their local neighbourhood helped or hindered their activity. Researchers also physically audited 200 residential neighbourhoods to look for barriers and benefits to getting around as a pedestrian.

The I'DGO research found that older people went outdoors very frequently to socialise, exercise, get fresh air and experience nature. If they lived in a supportive environment – one that made it easy and enjoyable for them to get outdoors – they were more likely to be physically active, healthy and satisfied with life. Walking was by far the most common way that people spent their time outdoors, whether for recreation or transport ('getting from a to b'). Participants in the I'DGO study who lived within 10 minutes' walk of an open space were twice as likely to achieve the recommended levels of healthy walking (2.5 hours/week) as those whose nearest open space was not local.

Why do we need a built environment for all ages? (continued...)

When it came to the problems people faced in getting outdoors, the I'DGO research found that shortfalls in the built environment were often compounded by personal limitations and social circumstances. Sometimes, it was a lack of amenities that provided the disincentive; and sometimes it was the poor condition that neighbourhoods were kept in, fuelling negative perceptions about nuisance and traffic (often disproportionately so). Innovative 'conjoint analysis' of the findings meant that researchers could look in great detail at the comparative importance of different outdoor attributes, finding that one of the top priorities for most older people was plentiful trees and shrubs. Distance was a major factor for people living alone and frequent benches crucial to those with impaired mobility.

As with the first phase of I'DGO, the consortium's current research projects focus on the individual circumstances and priorities of the participants; what the team calls 'personal projects'. This is crucial as governments move towards more user-focused care strategies and plans to enable as many older people as possible to remain in their own homes. The three areas of research place a critical focus on the way in which 'everyday' outdoor environments for older people are influenced by current best practice in regeneration, such as an emphasis on high-density housing and the redevelopment of brownfield land. This is an area in which evidence is still lacking, ten years since the publication of Lord Rogers' *Towards an Urban Renaissance*.

The current I'DGO projects address outdoor environments at a range of scales, starting with gardens and other forms of residential outdoor space (the study being undertaken by the WISE unit in The University of Warwick). It then looks at a specific attribute of neighbourhood streets – tactile paving at steps and crossings – and asks how this affects the biomechanics of walking and risk of falling in older people (the project run by the SURFACE Inclusive Design Research Centre and their colleagues in Health, Sport and Rehabilitation Sciences at the University of Salford). Finally, it looks at the emergence of pedestrian-friendly neighbourhoods, such as Home Zones and other 'shared space' developments, asking if they are supportive environments for people of all ages and abilities (a longitudinal study being run by the Edinburgh-based OPENspace research centre). Methodologies tailored to the preferences and lifestyles of older participants include: activity diaries; questionnaires and interviews; the wearing of accelerometers; street audits and measuring; behavioural observations; focus groups; and laboratory testing.

How can supportive built environments be used to tackle conditions such as dementia?

The first phase of I'DGO demonstrated that enabling people to remain physically and socially active in **and around** their own homes is good for their general health and wellbeing; significantly alleviating care costs and Health Service demands. The work that Dr John Zeisel does looks at how supportive built environments can influence the experience and treatment of specific conditions, such as dementia, when living at home is no longer an option.

I'DGO research has found that there is currently little provision for getting outdoors in residential care homes and sheltered accommodation for older people. Working within the industry in the United States, Dr John Zeisel has identified that this is symptomatic of general attitudes towards people with Alzheimer's disease and other forms of dementia. The tendency is to focus on what sufferers can't do, treating them as totally debilitated, thus leading to defeatism and apathy. The paradox is that apathy is the sole symptom of dementia that is intrinsically linked to cognitive degeneration.

In John Zeisel's experience, supportive built environments are one of the most effective treatments for apathy. This may be related to recent research findings linking older people's physical activity levels with better cognitive function in ageing. It is certainly tied up with the idea that what is 'hard wired' into the brain before we learn anything as children cannot be lost when the process is later reversed in dementia, such as one's ability to navigate using landmarks and other external cues, and to connect intuitively with nature. An important point is that our brains use our surroundings to 'tag' our experiences, making a vital connection between the environment and our memories.

Eight environmental attributes are central to Dr Zeisel's guidance on how best to design what he terms "assisted living" settings. The aim is to create naturally mapped spaces, in which cues are embedded within the surroundings and surveillance by others is not conspicuous. The overarching principle is that total security in an outdoor setting – where wayfinding is easy and obvious – equals total independence for the user. This requires that residents are not seen as the debilitated 'cared for', but as valuable citizens with individual abilities and goals.

What are the links between policy and supportive built environments?

The concept of the valuable citizen is central to *A City for All Ages – Edinburgh's Plan for Older People*, which was launched in 2000 as the first of its kind in Scotland. Led by strategy manager, Glenda Watt, its aim is to promote social inclusion and positive attitudes to ageing; encouraging people aged 50+ to plan ahead for their own wellbeing and to support others in need of care.

Many of the objectives of *A City for All Ages* rely on supportive built environments for their effectiveness, such as enabling older people to participate in mainstream activities and remain in their own homes for as long as possible, as well as ensuring quality of life for those living in care homes. By the same token, the problems currently faced by older people in achieving these aims may be linked to shortfalls in neighbourhood design and management, such as poor community and street safety, non-inclusive environments and inaccessible transport.

In Glenda Watt's experience, I'DGO's findings on **perceived** levels of exclusion are borne out in workshops with older people, which reveal that concerns over inaccessibility, traffic and crime are often disproportionate to the actual threat. It would seem that, just as society (mistakenly) tends to perceive older people as a homogenous group, so too do many older people view their surroundings as uniformly unfriendly. One of the most effective ways of tackling this challenge has been to facilitate discussion among the main stakeholders: those designing and maintaining the local environment; those providing its key services; and those using these services day-to-day. A good example is *Live Well in Later Life*, a 10-year capacity plan and commissioning strategy in which designers have worked with older people to determine how best to design care homes.

A City for All Ages is a joint arrangement between The City of Edinburgh Council, National Health Service (NHS) Lothian and various voluntary and commercial sector partners. As *Live Well in Later Life* demonstrates, it effectiveness relies primarily on inclusive and multi-disciplinary working patterns, often among teams who might not previously have realised the implications of an ageing population. Particularly important for the built environment is ongoing collaboration between Glenda and colleagues within local planning offices, who shape the future of Edinburgh's neighbourhoods at grassroots level. Engagement with research, specifically I'DGO and its findings, has been the vital evidence base underpinning this discussion.

What are the links between policy and supportive built environments? (continued...)

Edinburgh is not alone in addressing the challenges faced by an ageing population. Since 2006, it has been a member of the World Health Organization's *Global Age-Friendly Cities* programme (which cites I'DGO in its international guidance) and, from 2007 onwards, has aligned its priorities with those of the Scottish Government strategy, *All Our Futures*. Most recently, it has been exploring linkages between *A City for All Ages* and the *Reshaping the Future Care of Older People* framework, also led by the Scottish Government, in partnership with each Local Authority in Scotland (32 in total) and all 15 of the country's NHS Health Boards.

Reshaping the Future Care of Older People is underpinned by the Scottish Government's commitment to increasing healthy years to life, enabling older people's independence and shifting the balance of care from hospitals and specialist facilities to patients' own homes. As with *A City for All Ages*, which is also focused on self-management in older age, its successful delivery will depend on the sustainable development of supportive environments for all citizens. AgeScotland has already briefed parliament on the need to address housing in the context of neighbourhoods, safeguarding against the possibility of people becoming 'prisoners in their own homes'. This is recognised in the development of a specific workstream called *Wider Planning for an Ageing Population*, which seeks to impact upon communities both nationally and locally, address short, medium and long-term needs and integrate planning, housing, health and social care objectives.

Wider Planning for an Ageing Population is specifically targeted at understanding the wants and needs of older people in relation to housing and the wider environment. To get a feeling of what these priorities might be, Helena Scott of AgeScotland has been working with focus groups of older stakeholders. Many have expressed the hope that the framework will redress the current tendency towards depersonalised care 'packages': a restriction on choice borne of time and budget economies, as well as risk management. Compounded by the difficulty in making Scotland's existing housing stock adaptable to the needs of older residents, this has resulted in more people living in sheltered housing than is necessary or desired on their part, which some have said has made them disinclined, over time, to go out beyond their age-specific community and fearful of the wider environment.

What are the gaps in evidence?

The presentations given during the morning session of this KT-EQUAL event all demonstrated that the evidence base on inclusive design and older people is growing significantly, primarily due to the progress made by projects funded through the EQUAL programme. However, while consortia like I'DGO have succeeded in making their findings both "useful and useable" (Catharine Ward Thompson), many other researchers have not seen their work acknowledged by policy makers and practitioners in this way, leading to **apparent** gaps in evidence. This challenge was felt strongly by delegates at **A Built Environment for All Ages**, particularly those participating in the afternoon workshop "What are the gaps in evidence"?

Primarily, delegates felt that more insight was needed as to why some research is not being sufficiently used by those who shape the built environment and what works in making things useful and useable. From experience, they felt that this could be a future research project in itself, with one key finding likely to be that certain research methods are not recognised as valid by policy makers and other stakeholders, especially those used for data collection by non-academics. The point touches on the experience of Dr John Zeisel who, in his presentation, talked of how the overwhelmingly positive impact of supportive environments on dementia is still not taken seriously as treatment.

John Zeisel has been proactive in dealing with the challenge of validating research by using the terminology of, for example, pharmaceutical companies when measuring the effects of his "eight environmental attributes" on health outcomes. Delegates at the evidence workshop were keen to apply this thinking to the impact of inclusively-designed developments on quality of life for older people. They felt that it must be possible to routinely evaluate the 'supportiveness' of design and measure its outcomes, especially in new-build and regeneration projects, ideally using some agreed form of cost-benefit analysis. They acknowledged that this would be a long-term process, which would take into account the control or management of the built environment over time and the way in which this impacts on **lifelong** health and wellbeing.

How can evidence be translated into policy?

The idea of **lifelong** access to and enjoyment of neighbourhood environments underlines the fact that inclusive design is not a specialist issue. Supportive places should be accessible to anyone of any age and capable of being adapted to reflect changes in user demographics. Delegates attending the second workshop of **A Built Environment for All Ages** explored how best to embed the principles of inclusive design in **all** development, supported and encouraged by policy. They felt that the challenge was best tackled by educating key players early in their careers.

Currently, inclusive design is not systematically taught in further and higher education institutions and other providers of training for built environment professionals and policy makers. Where it is offered, it is often treated as a stand-alone discipline, mostly optional, to help learners fulfil regulatory requirements (such as Part M of the UK Building Regulations 2004). This may go some way to explaining why making a development accessible is often considered to be an additional investment, both in terms of time and money. A change in emphasis is required, encouraging the treatment of inclusivity as a set of core principles running through all aspects of design, rather than a discipline in its own right.

Together with an effective form of cost-benefit analysis, an attitudinal shift towards inclusive design should result in standards being raised across the built environment disciplines. To capitalise upon this, delegates felt that planners, designers and other professionals should be consistently appraised on their understanding and treatment of inclusivity as part of the accreditation process to bodies such as the Royal Town Planning Institute and Royal Institute of British Architects (to name but two). Where investment is required, working collaboratively should be encouraged so that funding streams (as well as knowledge) can be shared. Joined-up thinking, led and demanded by government, should again result in higher standards across the industry, having a knock-on effect on the cost-benefit analysis of future developments.

How can older service users be engaged most effectively?

Teaching inclusive design as a set of core principles requires a shift in emphasis from meeting the needs of designers to those of users. It demands that professionals should focus on fulfilling, not simply the client's brief (which may, or may not, have been developed in consultation with others), but the needs and preferences of the people who are going to live with a development day-to-day. This process relies on effective engagement with **all** stakeholders, including those marginalised by most current consultation practices. The third workshop of **A Built Environment for All Ages** looked at how this might be achieved, with an emphasis on older people.

Although many government agendas are increasingly tailored to address the full spectrum of local, regional and national objectives (*Reshaping the Future Care of Older People*, for example), many remain apart from what is felt to be of importance at grassroots level. Delegates at the engagement workshop felt that the 'lived experience' is still not sufficiently recognised as a driver for change and progress. They wondered how best to capture the needs and preferences of older people, assigning real value to insights developed over a lifetime. It was generally agreed that this required more varied and innovative research methodologies, perhaps drawing on the skills of occupational therapists and other relevant professionals, for example in 'task-oriented' engagement.

The apathy felt by some older service users often results from a sense of being disenfranchised. This can be because of inadequate means of engagement, but also the timing of the exercise. Delegates at the engagement workshop stressed the importance of early consultation on projects involving built environment interventions, when the views of those involved can be most usefully fed into the next stage of the project, without incurring time and financial penalties. This sense of meaningful engagement – where there is a direct link between what individuals say they want and the quality of the end result – can then be taken forward into post-occupancy evaluation and the development of personalised case studies; an increasingly popular method of making the case for policy.