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Involving Socially Excluded Groups in Age-Friendly Programs: The Role of a Spatial Lens and Co-Production Approaches

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ABSTRACT

Despite the identification of social inclusion as a key objective of age-friendly policies and programs, there is limited research evidence as to either the extent to which this has been achieved or how it might be realized. Gaps remain in our understanding of how age-friendly programs might involve different groups of older people and the possible barriers that might be encountered. This paper seeks to address this gap by drawing on evidence from the Ambition for Aging program in Greater Manchester, UK, which implemented a range of projects designed to tackle social isolation in later life. The paper argues that due to its co-production approach and spatial lens, Ambition for Aging was able to involve sections of the older population that otherwise might have remained excluded. In providing further insights relevant to age-friendly programs, the paper also considers some of the barriers experienced by the Ambition for Aging program and builds a case that taking a spatial justice perspective to age-friendly work may help identify and overcome obstacles to achieving social inclusion.

Introduction

An interest in the experiences of social exclusion, defined as 'the inability to participate in the relationships and activities available to the majority of people in society" (Levitas et al., 2007, p. 9), has emerged as an important part of social approaches to the nature of aging. This has helped to broaden our understanding from a narrow focus on physical health and cognitive functioning and has allowed a consideration of the diversity of experiences in later life. Although all older people can experience social exclusion those who belong to minority communities of identity or experience are at particular risk. For example, minority ethnic groups and those who identify as LGBTQ+ often experience discrimination which can intensify social exclusion particularly when experienced alongside ageism (Walsh et al., 2017). Groups that experience economic disadvantage such as those living with certain disabilities and

older people living in low-income neighborhoods can also be excluded from participating in their communities (Buffel et al., 2013). However, despite the widespread adoption of age-friendly policy and practice, as reflected by the 1100 country strong membership of the WHO Global Network of Age-Friendly Cities, a common critique leveled at age-friendly work is that it often attracts those members of the older population whom are already active in their communities (Golant, 2014). This has left a gap in our understanding of how this work engages with older people facing different forms of social exclusion particularly amongst minority communities.

This paper addresses this gap by discussing how age-friendly programs can better meaningfully involve older people from socially excluded groups. By drawing on evidence from one age-friendly program based in the North-West of England, Ambition for Aging (AfA), it shows how it is both the structures and processes of such programs along with the context of the places in which they are delivered that can be both facilitators and barriers to engaging with marginalized groups.

A commentary on the Ambition for Aging program is particularly well placed to address the gap in knowledge around social exclusion and age-friendly programs as it was developed in the context of neigborhood-based approaches and a commitment to addressing inequalities in later life in the city region of Greater Manchester (GM). As the paper will demonstrate, this focus on equalities and diversity developed through a co-production approach alongside the use of a spatial lens gave the program a particular perspective on engaging with older people from minority communities. It allowed the program to adopt an ethos of flexibility and responsiveness that prioritized the characteristics and needs of the community. However, the paper will also acknowledge that there remain neighborhood-based factors that can ultimately undermine the capacity of local neighborhoods to support age-friendly work. Both insights contribute important knowledge for the design and delivery of other age-friendly programs.

The analysis of the AfA program presented in this paper is based on primary and secondary data gathered during the (co)-authors time working as a Research Fellow for the academic partner of AfA. In response to Buffel and Phillpson (2018) call for greater partnership working between policy and research in age-friendly work, AfA was delivered through a partnership between the charity and voluntary sector, local government and (*name of university withheld*). The role of (*the university*) was to provide academic guidance to the program, ensuring it was underpinned by the latest peer-reviewed research on age-friendly cities and communities, social isolation, and exclusion in later life. The Research Fellow took on a researcher-in-residence

position attending meetings about the program delivery, visiting local projects as well as assisting with interviews and focus groups carried out by other program partners.

The paper is structured as follows; firstly, the case study of the Ambition for Aging program in Greater Manchester in the UK is introduced through which issues surrounding the involvement of socially excluded groups in age-friendly programs will be explored. Following this, the key aspects of how the program facilitated working with marginalized groups will be explored before the paper moves to a consideration of some of the barriers that persisted. The discussion section of the paper will then consider these findings from the AfA program to support and develop Greenfield's (2018) call for an engagement with the concept of spatial justice as a way of reconciling how we understand the role of neighborhood context with the particular structures and processes of age-friendly programs.

The case of Ambition for Aging in Greater Manchester, UK

Greater Manchester is a city region in the North of England made up of ten metropolitan boroughs and contains two cities. As of 2019 the city region had a population of 2.8 million and due to cohort migration as a result of economic decline in the 1970s and 1980s the overall trend of population change in the region has been described as shrinking. Manchester, the largest city within Greater Manchester, has a relatively young population with the percentage of the over 65 population standing at 9.3% (Office of National Statistics) however it still experiencing population aging albeit at a lower rate. It is also an ethnically diverse region with 16% of the population identifying as either of Black or Asian heritage or from a minority ethnic group (Elahi, 2017).

The city region has faced persistent challenges of health and income inequalities since de-industrialization in the 1970s. A recent review into inequalities in England identified a life expectancy gap of 26–27 years across Greater Manchester (Marmot et al., 2020). Areas with the lowest life expectancy were strongly correlated with neighborhood deprivation and often had the highest concentration of minority ethnic populations. The same report identified neighborhoods they described as "ignored places" across the UK where multiple and intersecting forms of deprivation had been persistent for decades and intensified since the 2008 recession, subsequent cuts in public sector funding, and disinvestment in physical and social infrastructure. Such "ignored places" were found across the UK but the report drew particular attention to high concentrations of these neighborhoods in Northern post-industrial cities such as Manchester.

Despite, or perhaps because of its challenges around inequalities, Greater Manchester has a national and global reputation for its innovations in age-friendly policy. It has a strong history of working on cross-sector partnership

to promote older people as leaders in their communities, building the capacity of third sector organizations working with socially excluded sections of the older population and developing and sharing learning around age-friendly initiatives through academic and expert partnerships (see McGarry & Morris, 2011). In 2010 Manchester became the first UK city to become a member of the WHO Global Network of Age-friendly Cities and in 2009 Greater Manchester launched its aging strategy, which committed to a decade of policy interventions to create age-friendly neighborhoods, develop age-friendly services, and to promote equality and reduce agism (Buffel et al., 2020). It is within this context of a focus on aging and inequality that the Ambition for Aging program was launched in 2015.

Ambition for Aging was a program of work funded by the National Lottery Community Fund[1] and led by the Greater Manchester Center for Voluntary Organization (GMCVO). It was delivered in Greater Manchester for five years and aimed to create age-friendly neighborhoods and reduce social isolation for those aged 50 years and over. Over the five-year delivery phase of the program, it invested £2,118,287 into communities through its funding of small-scale community-based projects (Barker, 2020). AfA was based on a microfunding model which meant that eligible individuals, groups, and organizations could apply for small sums of money of up to £2000 to fund projects that aimed to make communities more "age-friendly," with the average amount applied for being around £1351. The eligibility criteria were minimal. Applicants had to be aged over 50 years old and the project had to benefit the over 50 population living in the designated neighborhood. This meant that applications were open to individuals and non-constituted groups who may have had no previous history of making funding applications. As such, the application process was also straightforward and although there were variations across the AfA neighborhoods, most application processes consisted of one short application form which AfA staff provided support for completing.

Twenty-five neighborhoods (based on UK electoral wards) were selected from 8 of the metropolitan boroughs that make up the Greater Manchester city region to be involved in the program. Neighborhoods were chosen based on indicators of economic deprivation and percentage of the older population. The spatial focus of the program and the geography at which it operated meant decisions about spending and delivery were devolved to the neighborhoods themselves in recognition that older people and the services that they engage with are often best placed to make decisions over what their community needs. To deliver the programme, the lead organization, the Greater Manchester Center for Voluntary Organization, subcontracted a local delivery lead in each of the eight boroughs. The local delivery leads were third sector organizations who employed a small number of paid staff and were usually already operating in the locality with some interest or experience in working with the older population. In some cases, this was their specialist focus, such as local

branches of national charities with an aging focus (such as Age UK) but in others the program was delivered by local voluntary and community organizations with a more generalist remit. The real human capital of the program however came from volunteers. People aged over 50 and living in one of the neighborhoods where the program was delivered were able to take on a wide range of volunteering opportunities within the program. Many of the volunteering roles centered on opportunities to contribute to the various decision-making structures as well as applying for funding to run age-friendly activities and events. Each area varied in terms of how they operated but the majority used a configuration of committees and boards which were made up of volunteers (see, Thorley 2019 for further details).

There are two distinctive elements to the design and delivery of AfA that will be the focus of this paper (summarized in Table 1). Firstly, the program took a co-production approach, a method for researching, designing, and delivering public services that collaborates with the people, groups, or communities who are the focus of the work. Co-production is an approach whereby "knowledge is co-produced through the combination of scientific perspectives with other types of relevant perspectives and experience from real world practice including policy-making, administration, business and community life" (Polk, 2015) and is based on the understanding that the most effective and meaningful age-friendly work comes from working in partnership with older people across all program processes including design, governance, and delivery. This means that older people are involved in identifying and articulating issues in their communities that are important to them, that ways of working and engaging in the program are made accessible to the needs of all older people, and that they are supported and empowered to participate

Table 1. Table summarizing the key Ambition for Aging design and delivery elements and their effects on the program.

Elements of AfA design and delivery	Description/definition	Principles of the program	How this was expressed in the processes and mechanism of the AfA program
Co-production	Working collaboratively with people, groups, organizations or communities to design services that meet their needs. Ensuring that the views and needs of older people are included at all stage of the program.	• Focus on inequalities • Flexible and responsive • Drawing on expertise and knowledge of different groups	Equalities Board Local delivery structures Different volunteering pathways "Test and learn" approach
Spatial approach	An appreciation of the role that geography plays in age-friendly work and the different geographies of exclusion in later life.	• Place-based approach • Recognition of the unequal capacity between places to fully support and integrate age-friendly work • Considering size and spatial dispersion of minority communities	Asset Based Approach Focus on the role of social infrastructure Spatial model for identifying and working with minority groups

in ways that meet these needs (Menec et al., 2011). In the case of AfA, this saw older people volunteering on decision boards to decide which projects in their area received funding, making funding applications to the program, delivering projects, as well as being involved in strategic decisions regarding the overall program.

The second element of AfA important to this paper is its spatial lens, which meant the program took into consideration the role that both space and place play in the lives of older people and how this might affect how age-friendly programs are delivered. This meant considering the level of resources already present in a particular neighborhood, such as aspects of the build environment or the existence of certain skills or social networks, but it also meant recognizing the different geographies in which older people live their lives. For example, networks of support were more geographically dispersed for some groups of older people than others, meaning they would travel outside of their neighborhood to access services and other sources of support. Therefore, the spatial lens of AfA recognized the size and spatial dispersion of minority communities and helped identify different geographies of exclusion in later life and the role of place in shaping this experience.

Many of the local structures through which the program was delivered were developed from scratch and therefore the lead organization, GMCVO, took the lead in ensuring the capacity and training needs of the local delivery partners were met to deliver the program. This was done in several ways. Firstly, working with the academic lead (university name withheld), training around co-production was delivered and a set of written materials based on the research around older people, social exclusion, and social isolation were produced. GMCVO also hosted regular networking events for the local delivery partners so they could share their learning and a research seminar series was developed so that staff and volunteers could keep up to date of the latest research in the field.

Engaging with socially excluded groups

One of the guiding principles of the AfA program was that older people who experience some form of social exclusion are at greater risk of being socially isolated. Therefore, the program evaluation paid particular attention to how many older people from different minority groups had been involved with the program. These were self-completed questionnaires by older people either volunteering with AfA or participating in its events and activities. In total 2,958 questionnaires were completed that contain demographic information and that have been able to be used in the program evaluation. These questionnaires were mostly distributed at AfA events to collect data from project and event participants; however, they were also completed by AfA volunteers, so the data represents a combination of older people who were involved in the

program to varying degrees. Events and projects were all aimed at people aged over 50 and therefore younger people were screened out of the data collection by asking for the person's age in the questionnaire. Data from these questionnaires was analyzed and interpreted by the AfA evaluation team and published in the program's final evaluation report (Barker, 2020). Additional qualitative data from interviews with 15 AfA staff and from six focus groups with a total of 48 participants and volunteers on the program were also used to contextualize data from the evaluation questionnaires. The interviews and focus groups were carried out in the penultimate year of the program delivery and provided insights into how far the program was perceived to meet the needs of different people. Research with volunteers and participants followed all necessary ethical guidelines and informed consent was obtained by the community organization leading the data collection. Information regarding reach and engagement from interviews and focus groups cannot be used to make an objective assessment of the extent to which the programme was able to involve excluded groups, but it is nonetheless important in understanding the context in which the programme was operating and understanding how far it was perceived that the programme was meeting the needs of different people.

Data collected by the program on who applied for funding suggests that AfA was able to widen participation and attract applications from older people outside of the "civic core" of White, British individuals who were more highly educated and who are typically more involved in formal community activity (Reed & Selbee, 2001). In terms of ethnic diversity for example, data from the programs' evaluation questionnaires shows high engagement with some minority ethnic groups. 17% of program participants and 10% of those volunteering on the program identified as Asian or British Asian, this is compared with 4% of the over 50s population living in Greater Manchester identifying in the same way (2011 Census). Similar levels of engagement were also seen within the Black community with 3% of participants and 1.5% of volunteers on AfA identifying as Black or Black British compared with 1.5% of the over 50s population in Greater Manchester identifying as Black or Black British. This shows that, based on the data collected from the evaluation questionnaires, the program was successful in engaging with older people from sections of the Black and Asian communities. Actual levels of involvement may have been higher as evidence from local delivery staff suggest that members of some minority ethnic communities were less likely to complete the evaluation questionnaires.

Regarding the participation of members of the LGBTQ+ community, 3.6% of AfA participants identified with this group. While the percentage of over 50s living in Greater Manchester who identify as LGBTQ+ is not known, the percentage in the UK is thought to be between 5–7% giving some indication of the extent to which the program was able to involve older people identifying

with this community of identity (Barker, 2020). At the most recent census, 15% of Greater Manchester's over 50 population had bad or very bad health, whilst 29% reported being in fair health. 52% of AfA program participants self-identified as having a long-term illness. The different methodologies for this data collection make a direct comparison difficult yet this does suggest AfA had some success in being able to engage with older people experiencing some form of ill health.

Although it was acknowledged that more could have been done to engage with particular groups in some communities, overall it was felt by staff, volunteers, and participants that the program had succeeded in reaching some of the more marginalized groups of older people living in the program delivery areas;

> We've worked really hard to take on board (the equalities training) and to try and find different ways of reaching out to people. Some groups are obviously easier than others but I have definitely seen a greater mix of people in this project than I have done working with others. It just takes time that's all.
>
> (AfA staff member).

The paper will now discuss in more detail what elements of the design and delivery may have facilitated the programs' engagement with older people from socially excluded groups before considering some of the elements which may have presented barriers to this engagement.

Involving socially excluded groups in age-friendly programs

Co-production with support and resources

The co-production of services, policies, and research provides a way of recognizing the capabilities and contributions that individuals have as experts- by experience. Co-production has been particularly advocated as a way of ensuring the views of older people from marginalized groups are included in age-friendly policy and research to promote social inclusion and empowerment (Blair & Minkler, 2009; Buffel et al., 2017; Ray, 2007; Ward & Gahagan, 2012). Co-production had a number of different expressions throughout the AfA program.

Firstly, the implementation of an Equalities Board provided a "critical-friend" to the program around issues of equality and diversity. Hosted and run by an AfA partner organization, the LGBT Foundation in Manchester, the Equalities Board brought together older people from across Greater Manchester who had lived experience of discrimination and inequality. The membership was diverse, reflecting older people from different minority ethnic communities, members of the LGBTQ+ community, as well as those with physical and mental health impairments and long-term illness. The aim

of the Equalities Board was to help the AfA program build age-friendly communities by bringing a greater awareness and understanding of what forms of inequality and discrimination different groups may experience (Bonetree et al., 2020). The board provided formal and informal monitoring of and feedback on the inclusion and accessibility of the program. This occurred through reviewing drafts of program publications as well as an annual review of the work of each local delivery organization to assess their progress in reaching marginalized groups in their communities. This helped local delivery staff and volunteers identify any gaps in terms of the older people they were engaging with but also facilitated the sharing of learning and good practice between local delivery organizations.

Co-production was also evident in the neighborhood-level structures of the local delivery organizations which allowed the program to be flexible and adapt to the needs of different groups. This was clearly demonstrated by the ways in which the program was able to adapt its funding application process. For example, some people did not feel as comfortable completing the paper-based application form. This was sometimes due to language or literacy barriers or not being able to complete the forms independently due to visual impairments, for example. Those delivering the program were able to use its flexibility to act swiftly to meet these different needs. In one case the local delivery lead drew on the participatory budgeting model to create a "Spending Roadshow Event." These events, held in different locations across the neighborhood, allowed applicants to verbally pitch ideas for projects and for local older residents to vote on the ideas they thought would be of benefit to the older population in their area. This approach helped the program link with some of the minority ethnic communities in the area that it otherwise may not have been able to engage with. One volunteer reflected on taking the spending roadshow to a community center in an area with a high South Asian population and the connections that this facilitated between community groups:

> The connections that were made that day were unbelievable. Everyone was sharing ideas and people were saying 'oh, we can help with that', or 'yes we can do this'. All the groups within the same area had no idea that the others existed, and it was an absolutely brilliant day.
>
> (AfA Volunteer)

Other local delivery areas used the flexibility of the co-production approach to adapt the application process to include an informal oral presentation where those pitching an idea could simply come and meet with the decision-making board in their area to discuss the idea and answer any questions. Applicants were often given feedback on such occasions and encouraged to reflect further

on their idea and come back to the board for further discussion. Support in re-designing some aspects of proposed projects given by AfA staff often proved to be crucial;

> You apply and then Mary (pseudonym for a member of AfA staff based in one of the local delivery organisations) will come out and meet with you, evaluate the cost, she does so much work it's unbelievable. She'll check whether you have got the right equipment, whether that equipment is insured, whether your project idea is feasible and so on.
>
> (AfA Volunteer)

The co-production approach meant it could be responsive to local contexts and alterations such as these to the application process could be made swiftly. This flexibility was also found to be important in providing different pathways to volunteering within the program. At the start of the program AfA volunteers were more likely to be drawn from groups who are often better represented amongst formal volunteering, namely those with higher levels of education, better health, and from the White British population. However, as the program progressed the co-production approach allowed for more inclusive forms of volunteering to be included. One of the identified barriers to volunteering with the program for some was a lack of confidence on the part of those who had little or no previous experience of volunteering. Some felt they would not be "up to the job" or were put off by the quite formal language of "committees" and "boards";

> You've got to be careful to keep things informal, because people think 'oh I'm not getting involved with that, it'll be too regimented. I'm being told what to do.
>
> (AfA Volunteer)

One delivery area was able to overcome this by adapting their structures to include a "People's Platform" that met every quarter to provide the voice of older people to local services. The Platform consisted of a panel of local older residents and offered a flexible and ad hoc way for people to get involved with the program. This model of volunteering appealed to those sections of the community with lower levels of confidence in or experience with formal volunteering:

> For a lot of people this is their first-time volunteering and being involved in something like this, so some people can be quite nervous about it. The People's Platform allows people to dip their toe into volunteering to see if it is for them before they start to get more involved in the program.
>
> (AfA staff member)
>
> I like it (the People's Platform) because there is no expectation to say anything at the meetings if you don't want to. I like to go and just listen to what is going on. I don't like speaking in front of people but I'm happy to sit and listen and if I see something I'd like to know more about I might get involved then.

(AfA Volunteer)

For others it was the ability to occupy different voluntary positions with varying levels of involvement and commitment that appealed. Those who lacked the confidence to volunteer initially were able to take on volunteering positions within the program at their own pace in a supported way and with very little by way of expectation. Those who were wary of the level of commitment required, perhaps due to personal health or mobility concerns or because of existing caring responsibilities, were also able to contribute to the program with very little obligation for regular commitment.

The flexibility and responsiveness of AfA because of its co-production approach were vital in opening volunteering opportunities to a greater diversity of older people who were able to contribute in ways which best suited their needs and circumstance. This not only benefited the program in terms of its reach into communities but it also held benefits for the individual too. Volunteers expressed a great sense of empowerment from being involved;

> Once the network works you've got the responsibility to keep it going as we have. It's that responsibility thinking that I must get out and do it because I'm responsible for other people being happy you know?

(AfA Volunteer)

Whilst others commented on the personal and social benefits it had brought them;

> This has been a lifeline for me, I'm a carer at home and it does get difficult, so this is my free time and my own time to do what I want. It sounds selfish but it's not.

(AfA Volunteer)

> I'm not the most confident person in the world I admit, but I'm getting better I hope, and its only (through) mixing and volunteering that you do.

(AfA Volunteer)

Co-production, and the need to be inclusive, also meant that the program worked with a test and learn approach. This gave scope for trying out new ideas without the pressure that they had to work first time. This was reflected in the performance monitoring from GMCVO, the lead organization. Instead of taking a target-orientated approach, the performance monitoring of AfA was guided by what learning was being gathered and how this learning could be demonstrated during the life of the program. Therefore, the flexible and responsive nature of the program meant that staff (and volunteers) had high levels of freedom in experimenting with different ways of doing things based on their local knowledge and experience.

The role of local delivery staff for creating and supporting the opportunities for including people from marginalized groups and creating these connections should not be underestimated:

> A key role of AfA staff and volunteers is to raise awareness about equalities and encourage conversations about inclusion and encourage groups to think about ways in which they could make their activities more accessible to people.
>
> (AfA Staff member)
>
> They (the staff) are really good and know everything that is going on. So if one group needs something that another has they will know about it and be able to say, 'hey, why don't you speak to such and such about that and see if you can work together.' I think a lot gets done that way.
>
> (AfA Volunteer)

Both the time and skills of staff in capacity building and in supporting connections were invaluable to the collaborative nature of this age-friendly program. Staff needed to be able to take on the roles of facilitators, mediators, communicators and to understand governance and equalities issues. They also offered a wealth of practical support such as arranging transportation for people so they could attend meetings, telephone reminders, and emotional support and encouragement.

Spatial understanding of exclusion and minority communities

The spatial lens of Ambition for Aging had several strengths when it came to engaging with older people from socially excluded groups. Firstly, an asset-based approach was used to help older people identify assets in their community that could further support age-friendly work. Assets were defined as physical spaces, specialist or local knowledge, individual people, groups, and organizations. Instead of a deficit approach where external agencies identify shortcomings in a community and recommend possible interventions (Beazley et al., 2004), AfA posed the questions of what assets were already in the neighborhood and how they could be used to improve the local area for older people. This was found to be helpful in encouraging people to think about participation in civil society in a different way. In short it gave people the chance to have a say in what was happening where they lived and a sense of ownership over it. Staff working particularly with groups of older people from minority ethnic backgrounds felt that this had given their community a new way of looking at and thinking about where they lived;

> It's a different starting point isn't it? A lot of the elders here (referring to South Asian community) don't want to say they are in need of anything. Their families provide for them and support them so to say otherwise is difficult. But, if you get them to talk about

the place in which they live, that helps them talk about their needs in a different way I think which is less personal. It also encourages them to think of the (local) community as theirs which I don't think they always do.

(AfA Staff member)

Secondly, the spatial lens of Ambition for Aging helped the program to consider the size and spatial dispersion of different marginalized groups. This led to the program re-thinking the different geographies at which older people lived their lives and specifically how and where their social support networks operated. They found that for some minority communities, networks and infrastructures of support were not neighborhood-based. AfA identified that some of the most marginalized older people belong to groups that are both smaller in number and also geographically dispersed, for example, older people with a learning disability or older people from the LGBTQ+ community. As a result of the lower numbers of these individuals within the larger population and the fact they are likely to be living anywhere across a given area, interventions to involve them in programs like AfA can be more challenging. People who identify with larger marginalized groups, and especially those who tend to live in more geographically concentrated groups, such as those from some minority ethnic groups, might be somewhat easier to reach as they are larger in number and activities and events designed to engage with this group can be targeted in a particular geographical area. Identifying the need to address geographically dispersed minority communities who experience social exclusion represented an important evolution in how AfA conceptualized and therefore worked with marginalized groups. This allowed the program to identify the needs of different groups and adapt the delivery of the program to them.

It was recognized that more work needed to be done to ensure these groups were included in mainstream activities in their area, but that more targeted work was needed to ensure these groups were reached. It was also recognized that programs such as AfA needed to do more to understand the needs of particular groups. As a result, AfA launched its *Aging Equally?* co-research project which invited minority communities of either identity or experience (i.e., communities that did not necessarily live in the same geographical neighborhood) to apply for up to £2000 to conduct a small research project into how the places in which they lived could be made more age-friendly for older people from their communities of identity or experience. The project represented a departure from the explicit neighborhood focus of AfA to consider how older people from different backgrounds have different relationships to the places in which they live and may access social and support networks that extend across different neighborhoods. With its emphasis on offering research support as well as funding, *Aging Equally?* was able to attract and support applications from a diverse range of

marginalized communities including community organizations working with small and dispersed minority communities. These included organizations working with older people within the French speaking African exile community, older LGBTQ+ adults, and older people with learning disabilities.

Each funded research project produced its own report with findings relevant to its own community (see https://www.ambitionforageing.org.uk/ageingequally). Although the needs of older people from these communities were distinct, the commonality was that they all accessed support outside the neighborhood in which they lived from organizations which in some way represented their minority identity. When trying to engage with smaller and more geographically dispersed groups, target approaches were only possible if people were willing and able to travel to a location. In this instance it also became increasingly important to include older people from these communities in the co-production of such work to ensure it remained accessible and relevant.

Therefore, the overall learning from the *Aging Equally?* projects suggested that more needs to be done within age-friendly work to understand the different geographies at which aging in place occurs for older people from different marginalized backgrounds and that a re-orientation of "place" might be required in neighborhood-based approaches. Focusing on the size and spatial dispersion of older people from minority communities allowed AfA to develop tailored ways of involving these groups.

Barriers to engaging socially excluded groups in age-friendly programs

The capacity of neighborhoods to support age-friendly programs

The spatial lens of Ambition for Aging also brought into focus the unequal capacity between neighborhoods to fully support and integrate age-friendly work. In particular, the program found that social infrastructure and other neighborhood socioeconomic conditions were especially important in either helping or hindering age-friendly work.

In some cases, AfA areas struggled to initially get communities involved and had much fewer applications for funding than they might have expected. It became apparent that understanding the social and economic context of the community was crucial, as was an understanding of the social history of the area and its local civil society. AfA staff and volunteers felt that some areas exhibited more of what Amin (2002) refers to as a "social surplus" meaning there was a greater sense of trust, reciprocity, and belonging in some neighborhoods which was conducive to delivering age-friendly work. For example, volunteers and staff in some communities spoke of a lack of tradition of "getting involved" in their local area. This was often also accompanied by a history of community tensions;

You have a problem with a lack of volunteers. There is a lack of enthusiasm for getting involved in the community.

(AfA Volunteer)

There isn't a tradition of people being involved in community projects. There is no tradition of it.

(AfA Volunteer)

Further conversation with staff and volunteers in these areas provided a greater understanding of the context of the neighborhood and suggested reasons for why this lack of community engagement might exist in these particular neighborhoods. Common themes included the presence of long-standing divisions in the community and the closure of important social infrastructure. For example, one AfA borough had experienced the closure or reduced opening hours of nearly all its public libraries. This was felt to have had a devastating impact on the area;

There is no- where to go for information any more. At one time if you wanted to get involved in something or wanted to find out what was going on in your neighborhood the library would be the first place you would go. It was sort of a hub. Now people are a little bit lost without it I think.

(AfA, Volunteer).

Lack of central public spaces or buildings from which to promote the program, recruit volunteers, and host events therefore had a detrimental effect on the extent to which age-friendly programs can engage with the community and deliver work. In contrast, other AfA areas were much better equipped to be able to engage older people to support the program from the outset. This was typically seen in areas which had a vibrant and active civil society supported by community and social infrastructure.

We are lucky here because we (the local delivery lead) are part of the local community and voluntary services. Therefore, we have lots of connections with groups already and are able to offer something a bit more to those who apply for funding. So if you get AfA funding from us you are sort of becoming part of the family. We can offer assistance with different types of training or advice on becoming a constituted group if people want that and people then also have links to other groups in the area too which is great.

(AfA Staff member)

This demonstrates the importance of place both in terms of how inequalities in a community can affect the implementation of age-friendly programs but also in how there can be particular geographies to social exclusion in later life. Accumulative disadvantage over the lifecourse and the increased amount of time older people spend in their immediate neighborhoods mean that spatial inequalities will have a significant influence on the experiences of social

inclusion and exclusion as we age (Lui et al., 2011). This will also undermine the capacity of those experiencing social exclusion to engage in age-friendly programs. Much higher levels of support and capacity building will be needed in these instances, as demonstrated by AfA.

Discussion: a spatial justice perspective for age-friendly programs

This paper's identification of the importance of a spatial lens and an engagement with co-production approaches in age-friendly work demonstrates the need for age-friendly initiatives to adopt an ethos of flexibility and responsiveness that prioritizes the characteristics and needs of the communities with which they want to engage. Furthermore, this supports Greenfields' call for a spatial justice approach to age-friendly work. As Greenfield argues;

> 'a spatial justice orientation (therefore) calls upon Age-Friendly Initiatives to attend to how social inequalities among older adults are determined or shaped by place and to consider how Age-Friendly Initiatives might be able to mitigate or exacerbate place-based inequalities' (Greenfield, 2018, p. 44).

A spatial justice orientation allows us not only to recognize how experiences of aging are shaped by place but also to attend to how the capacity of neighborhoods to deliver age-friendly programs may be undermined by geographic inequalities, as has been demonstrated through the Ambition for Aging program. Findings from AfA support the importance of a spatial justice orientation to age-friendly work in three main ways.

Firstly, co-production can help include socially excluded groups in age-friendly work through ensuring their differing needs are recognized and met. However, as demonstrated by AfA, co-production approaches must be adequately resourced to avoid replicating existing inequalities. Despite the benefits of working with a co-production approach, Buffel (2018) cautions researchers around the issue of co-production as a method for engaging with minority groups. There is a danger that co-research can reinforce a division between more versus less privileged groups, which risks reproducing inequalities within the older population. Thus, those who have access to more resources, are in better health, and have more time to pursue civil participation may be more likely to become involved in age-friendly programs (Ray, 2007). Avoiding this replication of inequalities requires a significant amount of resources in both skills and time to ensure older people from more marginalized groups are able to participate in such processes. Buffel (2018) reflects on the importance of both training and opportunities within co-research to negotiate these differences in privilege and, drawing on Tanner (2013), advocates the need for energy, creativity, sensitivity, and interpersonal skills in being able to manage co-production training effectively. This speaks to the

skill and resources needed to create meaningful opportunities for co-production in age-friendly work, especially when trying to involve the most marginalized.

Secondly, local communities have differing levels of capacity to implement age-friendly work – particularly in relation to the presence of social infra-structure. This will limit the ability for such programs to involve some socially excluded groups. The neighborhood in which a person lives can have a great effect on social exclusion in later life. Older people experiencing social exclu-sion are more likely to live in under resourced neighborhoods that have been most affected by cuts to public funding, something which has tended to be overlooked by age-friendly policy (Buffel & Phillpson, 2018). Economically deprived neighborhoods with fewer resources may not have the capacity to facilitate social inclusion for older people (Scharf et al., 2005), which can bring challenges when trying to implement age-friendly work. This has served to further undermine the capacity of some neighborhoods to support opportu-nities for social, civic and economic inclusion for older people (Golant, 2014). Although the WHO age-friendly cities and communities agenda has an expli-cit spatial focus and a goal of creating environments that can better support aging in place, the preexisting capacity for neighborhoods to support this work is rarely considered. As a result, Buffel and Phillpson (2018) have argued that social inequalities need to be a more consistent and central part of age-friendly work.

One route to giving this further consideration that has been highlighted by the work of AfA is through a greater focus on the role of social infrastructure in creating age-friendly communities. Social infrastructure, the neighbor-hood's spaces that provide opportunities for social interactions between resi-dents, can play a key role in creating the right conditions for community organizing and activity (*forthcoming, author withheld*). Everyday social inter-actions in shared community spaces such as shops, parks, and public libraries can produce a social surplus of trust and reciprocity, and an overall sense of "togetherness" in a locale (Finlay et al., 2019 drawing on Amin, 2002). AfA found that in neighborhoods where social infrastructure has been diminished through economic decline or cuts in public funding, residents can become socially disconnected and be less likely to engage in the social and civic environment of their communities. The program also noted the divisions that can occur within a neighborhood when community infrastructure is not shared by different groups of residents. This demonstrates the uneven geo-graphies in the capacity of neighborhoods to be able to provide this and the need for the right social conditions for age-friendly programs.

Finally, a spatial lens allows age-friendly programs to identify and respond to the different geographies of minority communities. The contribution of the *Aging Equally?* co-research projects was to recognize the diversity of experi-ence of inequality and to open a conversation, based on research evidence,

about how some of these inequalities might start to be overcome. This represents a step toward older people from minority communities being involved "as key actors in setting the agenda for future research and policies on Age-Friendly developments and urban policy more generally" (Buffel & Phillpson, 2018, p. 187).

Conclusion

Social connections have been identified as a key dimension of social inclusion (Ogg, 2005) and therefore the goals of those aging policies not focused on economic productivity have been to create opportunities for people to actively participate in their communities through volunteering and social and civic engagement. However, there remains a lack of understanding around how successful age-friendly programs have been in including those most at risk of social exclusion, such as older people living on low incomes, those in economically deprived neighborhoods, and those who belong to minority communities. The paper has presented several aspects of the Ambition for Aging program that acted as facilitators to engaging with socially excluded groups, as well as a discussion of some of the barriers that remained. Both have sought to contribute new knowledge to this area of age-friendly research.

Over the five years of the program's delivery, the Ambition for Aging program invested £2,118,287.00 into communities, through both the funding of community activity and in human capital through the skills of its paid staff and the amount of time that was able to be dedicated toward supporting and building the capacity of volunteers (Barker, 2020). However, the starting point of communities in terms of existing levels of resource was unequal meaning that some neigborhoods found it easier than others to deliver the program. The study of the AfA program has shown that facilitating age-friendly work requires the presence of certain capitals in a neighborhood. The first is social capital and the presence of social networks. This helps to facilitate community organizing and the dissemination of information. The second is human capital such as the skills to set up, organize, and support age-friendly work. The third is physical capital by way of social infrastructure to support the development of social networks and having places in the local community to meet and hold events. Finally, political capital is needed to support the adoption of age-friendly approaches.

This paper has not considered in detail the structures of the AfA program, nor how it was set up, organized, and the relationship between the various organizations involved. Future research and indeed age-friendly programs themselves should be urged to consider the internal mechanisms of such programs, how funds might be distributed in the most equitable ways, and the unequal power dynamics that may be reproduced if this is not

a consideration. This is especially important if age-friendly programs are to continue to challenge inequalities and involve those from marginalized groups.

In identifying the factors that can both enable and restrict age-friendly work the paper has supported and developed Greenfield's call for a spatial justice orientation to age-friendly work which calls attention to inequalities in the ability of places to effectively implement age-friendly initiatives and allows us to identify and account for how the particular structures and processes of an age-friendly program will interact with the local context in which it is delivered. This attends to the critique that not enough account is taken of how neighborhoods which are more economically deprived might lack both the physical infrastructure and skills required to adopt age-friendly principles within the WHO framework for age-friendly cities. In essence, the paper has advocated for a spatial lens to age-friendly work in combination with a co-production approach to enable a nuanced understanding of the differing needs of socially excluded older people and the flexibility to be able to respond to those needs.

Note

1. The National Lottery Community Fund is public body responsible for distributing funds raised by the National Lottery in the UK for charitable causes.

Key points

- Spatial justice perspectives in age-friendly work help identify obstacles to social inclusion.
- Co-production must be accompanied by support and resources to avoid replicating inequalities.
- A spatial lens allows for different geographies of exclusion to become visible.

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