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Redesigning the age-friendly city: the role of architecture in addressing spatial ageism

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Introduction

The understanding of architects as purely the designers of buildings is increasingly contested within the profession, with broader spatial practices such as research, community engagement, activism or policy making becoming increasingly common activities for architects to engage in. This chapter, written by three architectural researchers, seeks to re-evaluate the role of architects in developing Age-Friendly Cities and Communities (AFCC) (WHO, 2007), arguing that the current focus on designing physically accessible environments should be expanded to include broader issues of *spatial ageism*.

The World Health Organization's (WHO) Decade of Healthy Ageing initiative argues that in order to improve the quality of older people's lives, nations must first be proactive in developing policies and initiatives that seek to eliminate ageism in society (WHO, 2020; see also Chapter 2). Ageism can be understood as a process of 'othering', in which older people are abstracted and dehumanised by a simplification of the complex and diverse lives they lead. Older people are often 'othered' through a lens of medical dependency, a position that generates and reinforces an understanding of older people as uncreative, socially isolated, unproductive and unintelligent (Hugman, 2001; Dyk, 2016).

Spatial ageism is defined in this chapter as the ways in which the built environment is shaped by limited, medicalised or simplistic understandings of later life. This is manifest not only in the design of physical spaces, but also the way that resources, services and benefits are distributed spatially. Spatial ageism is generated and perpetuated through the conscious and unconscious prejudices of those involved in shaping the built environment, including architects, planners and developers. These prejudices lead to older people's exclusion from the urban environment, recognising that older people can be excluded due to physical, social, economic and cultural factors which

are reinforced by the spaces they inhabit. Experiences of spatial ageism are compounded by issues of class, religion, ethnicity, ability, gender identity and sexual orientation, with the built environment reinforcing wider prejudices in society and limiting opportunities for the most marginalised members of society (Phillipson and Grenier, 2021).

This chapter seeks to demonstrate the means through which architects can better address the humanistic ideals of the AFCC framework, in which the creativity of older people is recognised through processes that value equity, diversity and co-production. It begins by examining the relationship between architecture and the AFCC programme, which we suggest perpetuates a medicalised understanding of ageing in architectural practice. In response to this, the chapter develops the concept of spatial ageism, suggesting that architects must develop new ways of practising if they are to address the entrenched, multifaceted marginalisation of older people within the urban environment. Next, it explores the history of citizen engagement in architecture to suggest an expanded role for architects seeking to address issues of spatial justice. To demonstrate these approaches, the chapter discusses the development of an age-friendly project in Manchester in the UK, in which architects contributed to the establishment of an age-friendly neighbourhood initiative using a participatory action research methodology. By demonstrating that the link between societal prejudice and its manifestations in the built environment is reciprocal rather than unilateral, the chapter concludes by proposing that spatial justice in cities cannot be addressed unless urban designers are proactive in challenging ageism within their own practices.

Architects and the age-friendly city

The WHO AFCC programme recognises the need for holistic, multifaceted and place-specific responses to the diverse needs and aspirations of older people. To achieve these goals, the programme calls for coordinated action and partnership between a variety of stakeholders, working collaboratively around a shared ambition of improving older people's quality of life (Doran and Buffel, 2018; Greenfield, 2018). As such, the AFCC programme aims to engage with partners beyond those from public or clinical health backgrounds, and instead brings together all actors who shape the social and physical environments in which older people live.

The AFCC framework is underpinned by a participative ethic that understands ageing through a citizenship lens. This calls for meaningful opportunities for older people to participate in shaping these environments, recognising the asymmetric power relations between older people and many of the professionals who impact their life experiences (WHO, 2018). This approach identifies the need for AFCC programmes to address the exclusion

that older people face, recognising the diverse and intersectional nature of the older population and the ways in which individual characteristics can lead to their marginalisation from decision-making processes (Yarker and Buffel, 2022). While conditions such as poverty, health inequalities, intergenerational conflict or racial tensions are experienced personally, they are also manifest and reinforced spatially. In deprived urban communities, these complex intersectional exclusions are amplified by the prevalence of poor-quality or insecure housing, poor or unsafe transport options, retrenchment of public facilities, and increasingly gentrification and urban change (see Lewis et al, 2020, 2022).

The urban, spatial and people-focused nature of the AFCC programme (see Chapter 2) suggests that architects would have much to contribute. The profession has traditionally positioned itself as having deep yet generalist knowledge, acting simultaneously as an artist, mechanic, lawyer, politician, economist and anthropologist. The architect's unique selling point has been their ability to bring together knowledge and ideas from different disciplines into a set of coherent and multifaceted solutions, with an overarching professional ethic that they serve not just a developer client, but the supra-client of society (Lipman, 1969). The AFCC call for coordinated action, bringing together the disparate facets of what makes a good city or community, seems well aligned to the architect's skills and knowledge. Despite this, the architect's role and responsibilities within the WHO's *Checklist of Essential Features of Age-Friendly Cities* (2007) appears quite limited. If we consider the two domains where architects are normally employed, 'outdoor space and buildings' and 'housing', the focus is on material aspects of the urban fabric, such as calls for adequate outdoor seating, good lighting in public places and level access within homes. Despite the call for coordination between the eight domains and desire to promote the rights of older people's participation in decision making, when it comes to architectural design, the guidance assumes a medicalisation of older people, in which inclusion is defined primarily by how physical accessible an environment is.

The adoption of these medicalised understandings of what architects do is not surprising, given the prevalence of this thinking within the profession and the wider regulatory systems in which architects operate. Architects have long sought to understand humans in terms of their bodily dimensions, crafting ergonomic environments that address how a person might live or move within a space¹. This process offers a pseudorational tactic for architects, allowing them to respond to a single, abstract version of the human body rather than the overwhelming diversity of potential building inhabitants. This act of objectifying the human form is devoid of sex, gender, race, age or physical difference, not only excluding how non-normative bodies might use a space, but also overlooking more humanistic qualities of individuals,

including their needs, desires and emotions which define how bodies use space and interact with others (Imrie, 2003).

The focus on the inclusion of older people through bodily compatibility is built on national accessibility legislation that most countries employ, such as Approved Document Part M in the UK (HM Government, 2015), the Barrier-Free Law in Japan (Ministry of Land, Infrastructure, Transport and Tourism, 2006) or the ADA Standard for Accessible Design in the US (US, 2010). These laws prescribe features and requirements that architects need to meet to ensure people can access and use buildings or public spaces, such as minimum door sizes, how access ramps should be designed or the provision of disabled toilets. These pieces of legislation adopted a wider range of bodily measures, with the laudable aim of being more inclusive to people whose physical capabilities differ from a generic ‘standard’ body type. This is taken further by architectural movements such as Universal Design and Design for All, which argue that architects should design for the maximum use by as many different people as possible. While the physically accessible design of buildings and public spaces is a vital component of an inclusive urban environment, it is important to recognise that factors that exclude older people are varied and are often driven by social, economic and cultural determinants (Carr et al, 2013).

In relation to ageing, inclusion must be understood in relation to the diverse, intersectional identities of older people, and the profound impact that ethnicity (Phillipson, 2015), gender (Bishop and Westwood, 2019), sexuality (Taylor and Gosney, 2011; LGBT Foundation, 2020), ability (Leahy, 2023) and location (Hyde, 2019) can have on older people’s experiences and agency in society. The insecurities generated as a result of these intersectional identities and the cumulative disadvantage they can generate lead to large divergences between older people, and while many of these characteristics are compounded by health status, defining inclusivity of older people only by physical factors undermines efforts to address wider disadvantage and marginalisation in society. This critique is not intended to be dismissive of the physical needs of older people, which rightly must form the foundation of any effort to achieve social and spatial justice, but instead suggests that a more sophisticated response to inclusivity, within and outside of architecture, is necessary to address the complex needs and aspirations of older people.

We argue that the medicalisation of older people in architecture, in which older people are viewed primarily in terms of their physical limitations, is an example of *spatial ageism*. Spatial ageism refers to the ways in which the urban environment stereotypes, prejudices and discriminates against older people, in a way that fails to recognise the inequality, intersectionality and complexity of later life. For architecture to contribute to efforts in achieving spatial justice for older people, we must recognise our complicity in generating its current

conditions of injustice, and in doing so challenge the ageist assumptions that, knowingly or not, remain widespread in architectural practice.

Defining spatial ageism

Angus and Reeves (2006) suggest that ageism has become a ‘common-sense reality’ – an unquestioning set of beliefs that allow people to shortcut the infinite complexity and fluidity of modern society. These are socially constructed and reinforced, developed not just through interactions between people but also through the media, advertising and culture that people experience (Ylänné, 2015). For example, media narratives around societal issues such as the housing crisis, precarious working and the climate emergency are commonly framed in terms of a moral imperative to improve opportunities for future generations, with media commentary often suggesting selfish motives among older people who, they claim, will not be around to see the impact of their (in)action (for example, see Huhne, 2013). The framing of intergenerational justice on these terms is problematic not just because it ignores the widespread solidarity between young and older people on these issues, but also because it diminishes the impact of these societal issues on many older people today (Resolution Foundation, 2018).

Common-sense realities, such as ageism, are tacitly accepted in society because attempts to disprove them with evidence rarely address the underlying reasons for their adoption. Ageism endures because in many situations it is expedient for some professionals to present older people as a homogeneous group, and in others it allows other social groups to gain economic, social or cultural dominance of older people by projecting older people as unproductive, uncreative or morally flawed.

Although we might infer that ageism (and any ‘-ism’) is derived from the way that *some* people think about *other* people, we must recognise the inherent *spatial* component of ageism. Massey (2005) argues that space is relational, continually being (re)produced by the interactions of diverse actors operating at local, national and global levels. Space is a product of these social relationships, but also acts as a mechanism for reinforcing them. As such, space is inherently political and open to transformation when the power differentials that determine social relationships are challenged. Using Massey’s definition, we can understand ageism in three ways. First, ageism is always spatial because it is enacted through a person’s relationships with others, and these interactions continually transform the environments we inhabit. Second, some actors have a more determining effect on spaces through their relationships and actions, including but not limited to architects, planners, developers and policy makers. Third, ageism and space are mutually reinforcing, so can only be tackled simultaneously.

Spatial ageism is enacted in several ways across different scales of the urban environment. At a national and city scale, the adoption of *productivity-focused urban planning* has led to increased age segregation, a transition that generates economic, social and political costs to society given the potential for intergenerational divisions. By taking a view that older people are not productive economic actors, strategic urban plans tend to give prominence to the needs and aspirations of younger adults, jobs and graduate retention as a means of generating economic growth, with older people merely receiving little to no benefits of wider regeneration (Gilroy, 2003; Martinson and Minkler, 2006; Buffel and Phillipson, 2019).

This not only drives macroscale segregation between younger cities and older towns and villages, but critically also creates increased segregation between certain neighbourhoods within cities. For example, homogeneous developments of ‘family homes’ or apartments for ‘young professionals’ driven by local planning priorities, government incentives and profit margins, have an exclusionary influence on older people. While the level of segregation has doubled in the last 20 years (Kingman, 2016), there has been relatively little outcry about the effects this has. This reflects Laws’ (1993, p 688) suggestion that: ‘Certain built environments are not hospitable to old people and may reflect a societal view that segregation of the generations is acceptable.’

For architects working on projects specifically for older people, latent societal prejudices can be observed. In their study of architects involved in the design of care environments for older people, Buse et al (2017) highlight the use of ageist language such as “little old ladies” and “poor old lady” when talking about the people they are designing for. While the architects see their role as empathetic and putting themselves into an older person’s shoes in order to design for them, their imagination of what later life is like (and thus the object of their empathy) is inhibited by the common-sense reality of ageism within wider society (see van Hoof et al, 2019).

The unquestioning nature of ageism as a common-sense reality means that it cannot be overcome by demonstrating with facts or statistics that their prejudices are unfounded, but instead requires the emergence of new, observable realities to take their place. That older people have had limited success in unilaterally producing the urban environments that challenges ageism is unsurprising, recognising that the lack of agency among older people is the product of systemic, multidimensional processes (design, policy and planning) rather than an individual deficit (Phillipson, 2007).

The relational nature of spatial ageism (between people in space, and between people and space) demonstrates the need for new forms of collaborative architectural practices, in which older people and architects can both contribute to the creation of inclusive cities and communities. Formerly niche ideas around participatory or collaborative architecture are increasingly mainstream within architectural education and practice

(Luck, 2018). These suggest a potential role for architectural practitioners and academics to address issues of spatial justice, expanding the role of the ‘age-friendly’ architect beyond the design of physically accessible spaces to consider the wider determinants of inclusivity in cities (Handler, 2014; Hammond and Saunders, 2021).

Participatory design and research in the age-friendly city

Participatory or collaborative methods have a long history in the practice of architecture. Their adoption began in earnest in 1970s, when, coinciding with wider social and political changes, a new generation of architects began to question their agency to affect positive societal change within an increasingly profit-driven and purely form-making discipline. This led to the emergence of the Community Architecture movement, in which architects positioned themselves as both activists and facilitators who used their skills and labours to ensure that otherwise marginalised citizens were able to contribute positively to processes of urban change. In practice, community architecture took many forms, ranging from small self-build projects to the creation of ‘Community and Technical Aid Centres’ that offered advisory services to local communities. The involvement of residents in Ralph Erskine’s 1,800-dwelling Byker Estate, built from 1968 to 1982 in Newcastle, UK, provided the profession with models for participation in larger-scale regeneration programmes, and by the 1980s, there was a general acceptance of public consultation in planning by the government (Crawford, 1991; Department of the Environment, 1994; Bishop, 2012).

Early community architecture initiatives have been criticised for the architect’s adoption of benign ‘facilitatory’ in which architectural knowledge was often set aside for fear of it generating unequal power dynamics between ‘expert’ and ‘community’. In the 1990s, there emerged a greater interest in creative methods of community engagement, and how these could be used to create connections between different audiences and stakeholders. Architecture practices groups like *muf*, a London-based feminist collective whose work combined architecture with art-based practice, were using approaches such as film making, exhibitions of residents’ artwork and performance, all of which were used to find ways to understand the claims residents made (or wanted to make) about public space. A greater focus was placed on the process rather than the outcome as well as rejecting a homogeneous view of ‘users. accepting that individuals come with their own competing and conflicting needs, and celebrating differences as creative motivation (*muf*, 2001). Examples such as this highlight a new role for participatory architecture, in which shared methodologies that embrace the different (but equally valuable) expertise of the architect and the community create opportunities for creative, spatially focused solutions to emerge,

opening up possibilities for thinking and doing that were otherwise unseen to both (Awan et al, 2011).

It is now policy in most European countries to include some form of community participation in urban regeneration strategies; however, the application of participatory approaches in some settings has been criticised as tokenistic. In many situations, participation is designed to avoid or discourage conflict or negotiation for political or financial expediency, while still providing plausible deniability that the process has been democratic, inclusive and in line with the needs, aspirations and specific contexts of a neighbourhood (Petrescu, 2012). However, when undertaken successfully, participatory architecture can be a *transformative* process that acknowledges and makes use of different concerns, perspectives and ideas to create a space for negotiation through honest dialogue between citizens and experts (or ‘expert-citizens’ and ‘citizen-experts’). This requires all parties to be cognisant of the different language, conventions and codes that different stakeholders use, and the unequal distribution of power between partners. Transformative participation does not simply mean that the citizen’s voice is included or negotiated into wider decision making, but instead requires collaboration between partners through which all stakeholders achieve more than they could in isolation. While methods for achieving this often focus on promoting citizen knowledge and empowerment, for architects, transformative participation means valuing and making explicit their own expertise and how it can be best applied for the good of the communities in which they work (Petrescu, 2005; Till, 2005).

Using ‘transformative participation’ to challenge the current medical and deficit perceptions of older people requires a reconceptualisation of how to involve older people in architectural research. As Ray (2007, p 85) argues: ‘The participation of older people geared towards a more emancipatory approach requires us to question whether research is done at all, what issues are explored, which research designs are adopted, and [critically for architects] what actions are taken following the research.’ Handler builds on this to argue that by thinking about older people as citizens enables architects to explore a ‘more experimental, participatory and empowering engagement’ (2014, p 18), which addresses themes of spatial justice that recognise older people’s participation in urban life. In rejecting a medical narrative in favour of a rights-based model of architectural production, she argues that designers must engage in a critical rereading of the city, which places older people’s social, political and ethical dispositions at the centre of new forms of spatial practice beyond the design of physical form making.

For architectural practitioners and researchers, participatory methods generate a new model of thinking and doing that is more interested in

‘*architecture-related* activities rather than *architecture-specific* ones’ (Petrescu, 2007b). This understands architecture beyond the traditional products of physical constructs, and instead values the ability of architects to be an agent of change through collaborative processes whose outcomes affect space in different ways. In the next section, we will explore how these approaches can be used to address spatial ageism through a discussion of a project developed in two neighbourhoods in Manchester in the UK, which aimed to develop an age-friendly neighbourhood programme through a participatory action research methodology.

Case study: developing age-friendly communities in Hulme and Moss Side, Manchester

Context

Hulme and Moss Side are two adjacent neighbourhoods situated on the fringe of the city centre of Manchester, UK. The neighbourhoods have undergone significant social and architectural change over the last 70 years, starting with the Windrush migration in the 1950s and 1960s, slum clearances in the 1960s, redevelopment in the 1970s, urban decline in the 1980s and eventually a second round of clearances in the 1990s. The second attempt at redevelopment in Hulme began in earnest in the mid-2000s, driven by investments in housing and social infrastructure, which consequently kickstarted a process of gentrification (Fraser, 1996; Rudlin and Falk, 2009; URBED, 2010). Gentrification and the proximity of Hulme to two university campuses also led to increased levels of ‘studentification’, a process that is known to generate challenges for older people’s experiences of ageing in place (Lager and van Hoven, 2019). These experiences have had a lasting effect on the community, where upheaval and unwanted change has led to a strong activist and community participation ethic within the community, driven in part by a distrust of professionals.

Hulme and Moss Side have a relatively low proportion of older residents, with 11.8 per cent of the residents aged 50+ compared to a national average of 34.6 per cent, with a high prevalence of characteristics that can lead to social exclusion. A total of 69 per cent of older residents live alone, 63 per cent claim pension support from the welfare state to avoid severe financial hardship, and over half of older residents have long-term disabilities that affect their day-to-day activities (Office of National Statistics, 2016).

In 2016, the Age-Friendly Hulme and Moss Side project was established as part of the Manchester Age-Friendly Neighbourhoods programme, developed by the Manchester School of Architecture and Southway Housing Trust to support the development of five age-friendly neighbourhood initiatives across the city of Manchester. The programme was funded by Ambition for Ageing, which was in turn funded by the National Lottery

Community Fund, building off a previous pilot study (Age-Friendly Old Moat) developed with the University of Manchester in 2013 (White and Hammond, 2018; see Chapter 5 for further details).

Inspired by the WHO approach, the Age-Friendly Hulme and Moss Side project sought to develop a resident-led neighbourhood partnership – a systemic and coordinated response to the challenges facing the local community, with older people at the centre of decision making. This approach aims to ensure citizen participation is driven according to the area's particular dynamics (Petrescu, 2007a), cognisant of the complex and entangled history that pre-dates the research project. An age-friendly partnership board, consisting of 15–20 older people and representatives of local institutions (housing associations, voluntary groups and health providers), was established to deliver three core functions: to support the research team in creating a neighbourhood masterplan; to support, review and distribute funding for a series of small resident-led projects through which the goals of the masterplan would be achieved; and to support the development of new, collaborative relationships between older residents and local stakeholders.

Creating a neighbourhood masterplan

The neighbourhood masterplan was developed through a participatory design-research approach, led by the academic team in collaboration with older residents and institutional partners. Unlike a traditional architectural masterplan, which usually establishes an integrated strategy for road layouts, zoning, density and public realm strategies for neighbourhood scale (re)development, the age-friendly masterplan set out to create a coordinated, evidence-led spatial strategy aligned to the eight WHO Age-Friendly domains. This allowed the researchers to apply architectural knowledge and methods beyond the domains of 'outdoor space and building' or 'housing, and instead consider the urban and spatial conditions that underpin older people's full experiences of their home and neighbourhood environment.

The aim of the masterplan was to generate a spatial representation of older people's lived experiences, developed through co-design workshops, interviews and a resident survey, and supported by urban design and spatial data analysis. Critically, this approach sought to move beyond generic definitions of the issues facing older people, instead focusing on the specific places and spaces in which they are experienced. The Age-Friendly Hulme and Moss Side partnership funded 40 projects between 2016 and 2020 that addressed issues raised in the masterplan, ranging from establishing social clubs, minor renovations to public buildings in underserved areas, green space improvements and community transport initiatives (see Hammond et al, 2020).

Developing resident-led projects

The contributions that architectural interventions can have in tackling spatial ageism can be seen in the example of Hopton Court, whose tenants became involved in the Age-Friendly Hulme and Moss Side project soon after it was launched. Owned and managed by One Manchester housing association, Hopton Court is nine-storey tower block located in Hulme that was built in 1967 and significantly renovated in 2012 (see [Figure 8.1](#)). Although not explicitly designed with older people in mind, the lack of smaller, single-level properties in the area makes it one of the only options for older people wishing to move to more appropriate accommodation in Hulme. A total of 75 per cent of tenants in Hopton Court are aged 50+, with 96 per cent of older tenants in Hopton Court living alone.

The area around Hopton Court has undergone significant change as a result of the growth of the student population in Hulme. It is located less than 200 metres from the University of Manchester and Manchester Metropolitan University (MMU), and the block is bordered on two sides by large, purpose-built student halls of residence aimed at first-year undergraduate students. As a result, population churn around Hopton Court is both significant and seasonal, and many of the local amenities have transitioned towards the needs of younger, term-time-only residents. This has generated feelings of

Figure 8.1: Photograph of Hopton Court



Source: Photo by Mark Hammond, December 2022

Figure 8.2: Front cover of the Hop-Fest welcome pack sent to students

alienation among older people, with one tenant in the block noting, “now it feels like every single place is now purpose built for younger people. The emotional and physical markers of your life are gone as well, and it makes you feel like, was I ever here?” (Griffiths, 2021).

Recognising that older tenants’ relationships with students were a stressor to older tenants, a group of Hopton Court residents worked with the research team to develop an outreach programme to engage positively with new university students. The result was ‘Hop-Fest’, a community BBQ where students were invited into the grounds of Hopton Court for lunch and an opportunity to get to know their neighbours. The event was advertised through a booklet delivered by operators of the neighbouring halls of residence and the MMU Community Engagement team, with a total of 400 booklets delivered to new students (see Figure 8.2). Along with details of the event, the booklet included a short cultural history of the area, a map of local facilities and details of local organisations where volunteering opportunities were available. These are prefaced by a letter from the older tenants, which sought to extend an olive branch to students, rather than hector them about antisocial behaviour:

We know that students are here for a short amount of time but whilst you’re here it’s yours and mine home and wherever we go, we all leave footprints ... We aim to ensure that all students are welcomed and that you will feel part of the community. We want to listen to your ideas about how we can communicate better to ensure you have an enriched experience in Hulme ... we are really looking forward to meeting you!

Developing collaborative relationships between older people and local stakeholders

The BBQ was held in October to align with the start of term, and while only modestly attended, it did raise awareness of the issues facing older Hopton Court residents. The process of engaging with Hopton Court tenants led MMU to re-establish a forum where residents could raise issues they were experiencing as a result of studentification, committing additional staffing resources to support better relationships between the university and the community.

The transformative nature of these projects is highlighted by the continued engagement among residents around age-friendly issues. Residents from Hopton Court later went on to develop *Thirsty Scholars*, a book documenting the decline of working-class pubs in Hulme and the meaning of these places to older people. This aimed to provide an avenue for older residents to articulate and share their alienation, both to push back against their erasure in the community and to come together to recognise the value of the community they still have.

Later, residents produced a more traditional research report, *Ageing Well in Place in Hulme* (Cribbin et al, 2021), which articulates older tenants' desire to age in place. The solution proposed in the report is that Hopton Court is recognised as a Naturally Occurring Retirement Community (NORC), a place in which older people are supported to have greater control over their social and physical environment through coordinated and resident-designed support services (see Greenfield and Mauldin, 2017; Jiaxuan et al, 2022). The report was shared with the tenant's housing association, which later partnered with MMU and University of Manchester to successfully bid for external research funding to help resource a NORC coordinator to work with tenants to explore new models of collaborative service delivery.

The initiatives developed by the older residents of the Hopton Court tower block demonstrate the importance of spatial and place-based approaches to achieving just cities. While nonspatial approaches (for example, a questionnaire) may have highlighted the tension between students and older people if the right questions were asked, it would be unable to provide insight into the precise dimensions and locations of these tensions, or offer a specific route to addressing them with identified stakeholders. By taking a spatial approach, the residents and researchers understood that the main challenge to building social bonds and empathy between older and younger residents was the physical isolation each party experienced, with both living in gated, medium-rise communities. Critically, it recognises the role of organisations (in this case a student housing provider and a higher education institution) in shaping the places where older people live, with a spatial approach generating

a focus on targeted engagements with a small number of professionals as a means of affecting change.

A new role for architects

Hopton Court exemplifies a way for architects to contribute to practices of spatial justice, recognising the need for these contributions to be grounded in a rejection of the narrow definition of architects as the technical and aesthetic designers of buildings. There is no physical construct that could readily solve the issues faced by Hopton Court tenants, so instead the research team sought to affect positive change by applying architectural skills and knowledge (openly, transparently and collaboratively) to a process of community masterplanning and participatory co-design of spatially informed initiatives. The project also highlighted several challenges, which perhaps goes some way towards explaining the reticence of many in the profession to engage in meaningful participatory practices. By shedding some of the armour provided by the architect's professional mystique and seeking to build trust with residents, members of the research team reflected on the emotional stress that can be experienced when working with individuals experiencing hardship or exclusion.

Conclusion: tackling spatial ageism

For all its successes, the AFCC movement has only made limited progress in addressing ageism among many of the professionals who often play a determining role in the urban environment (Handler, 2014; Buffel and Phillipson, 2018). The age-friendly concept has received scant attention from the majority of architects, which leaves latent ageism within the profession unchallenged. One reason for this could be that the age-friendly movement asks relatively little of architects, with the medicalised focus on physically accessible buildings or safe housing already a legal requirement in the majority of countries. Adopting a spatial justice approach as a means of reimagining the age-friendly city requires us to reconsider the tools through which architects can address the place-based inequalities experienced by older people. While we recognise the need for newly built developments to respond to the needs and aspirations of older people, we equally argue that architecture and architects has the potential to contribute to age-friendly issues through a more diverse range of built and unbuilt urban practices. Examples such as Emi Kyota's Ibasho Café initiative in Japan, the Philippines and Nepal show how the multiple dimensions of architectural skills, including community engagement, project management, lobbying, fundraising, system design and building realisation, can be used by architects to enable spatial justice (Aldrich and Kyota, 2017).

By recognising that space and ageism are relational and socially constructed, we can begin to identify practices through which architects can contribute to the deconstruction of spatial ageism and the reconstruction of age-friendly cities. As [Laws \(1993\)](#) notes, it is not simply that better age relations will make less ageist environments, but also that the two must emerge simultaneously. As a result, it is not enough for architects to simply be taught about their prejudices with an aim of being non-ageist, as inaction simply reproduces the environments in which ageism is perpetuated. Architects instead need to become actively anti-ageist in their work and practice in which a change in ethics is accompanied by a change in action.

The age-friendly cities paradigm, when taken as a genuinely systemic and citizen-led approach, offers architects just this opportunity, grounded in the transformative potential of participatory design practices developed in collaboration with communities. At present, however, the AFCC framework fails to promote this as an opportunity for architects, instead focusing on a reductive interpretation of the AFCC's theoretical underpinning as the need for age-friendly 'features' such as ramps and wide corridors. For architects faced with a myriad of competing financial, legal and technical requirements and legislations, there is a danger that this reduces the age-friendly model to an uncritical 'tick-box' exercise rather than a framework that supports them to engage with and respond to the diversity of later life through their practices. To address this, proponents of the AFCC model could do more to engage with the intrinsic motivation architects have in relation to addressing a higher social purpose, which offers opportunities for creative stimulation rather than merely fulfilling a prescribed technical role. Critically, it is imperative that the framework supports architects to recognise that creating age-friendly built environments is an interdisciplinary problem, and therefore an opportunity for greater collaboration with urban planners, sociologists, economists and geographers to create inclusive cities and spaces ([Samuel, 2018](#)).

Architecture has, for some time, been in a state of disarray about its role in society and has struggled to reconcile its reduced position in the development process with the social ethics that led many to become architects in the first place ([Berglund, 2008](#); [RIBA, 2010](#)). While some of the architect's technical responsibilities have receded, the potential for architects to use their expertise with the aim of realising spatial justice has never been greater. Architecture is inextricably solution-focused, and the opportunity to tackle the wicked problems of poverty, discrimination, social exclusion and prejudice offers just as much potential for self-fulfilment as the design of beautiful and/or optimal built forms.

It is promising to see participative curriculums become more embedded within architectural education over the past 15 years,² encouraging students to engage directly with different cross-sections of society and supporting

the development of collaborative design methods necessary to engage in participatory forms of practice. These educational initiatives establish an awareness of the social responsibility of the architect and promote critical reflection on architectural practice that exist on the fringes of the profit and developer-led construction industry (Brown, 2014). As educators ourselves, we have been proactive in designing teaching modules and studio briefs in collaboration with councils, developers and housing providers who share our interest in ageing and spatial justice (see Lang et al, 2022).

Although ageing specifically is often ignored in architectural training, there have been calls for schools of architecture to engage more with issues of urban ageing and intergenerational inclusion (All Party Parliamentary Group on Social Integration, 2019). Despite this, the appetite for architects to engage with issues of spatial justice between and within generations remains relatively untapped compared to other (inter)related justice issues such as the climate emergency. While the WHO AFCC model has the potential to support architects to engage more fully in the field of urban ageing, it remains to be seen whether the profession is willing or able to break through the latent ageism that, unfortunately, remains the norm in architecture.

Notes

- ¹ For example, Le Corbusier's (1947) Modulor develops an anthropometric scale for how (male) humans undertake regular tasks such as sitting, reaching or leaning on a counter.
- ² Several architecture schools in the UK have established practice-based community engagement units as a mandatory element for all students, exemplified by units such as Sheffield University's Live Projects and Manchester School of Architecture's MSA LIVE programmes. Outside the UK, live projects are less embedded in the formal course structure, although they are still widespread, driven more by individual students or tutors and their interests. For examples, see Live Projects Network (2022).

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