How can we apply the guiding principles of community-led success to the New Plymouth Age-friendly strategy 2017?

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Abstract:

The New Plymouth Age-friendly Strategy was commissioned by an independent working group in 2017 in response to the growing aging population in the New Plymouth District. It sets out a clear vision for what an age-friendly New Plymouth would look like but it does not suggest how this will be implemented. This paper applies 10 principles of community-led success developed by Ball and Thornley (2015) to the New Plymouth Age-friendly strategy to suggest how it may best be realised. Conversations were held over two weeks with stakeholders and kaumatua groups, and evidence from previous successful community-led initiatives were applied to the strategy. The greatest challenge identified by the author is the limited funding currently available for initial investment in the project. Suggestions for further strengthening the strategy include developing a plan to communicate the strategy with the public, greater involvement of tangata whenua, planned opportunities for cross-sector collaboration, and developing a defined scale and funding plan.

Introduction:

In keeping with national and global trends, the New Plymouth District is home to a growing aging population. Over the next twenty years the proportion of those aged over 65 is projected to rise from 17.6% in 2018 to 25.79% in 2038 (Stats NZ, 2013). In absolute terms this is an additional 12,400 people over 65 in 20 years time in a city of 74,184. An aging population not only puts pressure on existing infrastructure, it also demands greater access to built and social environments that accommodate for the physical and social changes that occur with aging and allow seniors to remain active in later life. It is easy to forget that aging is a universal process and the concerted effort to create communities that allow older people to age with dignity, confidence and security will benefit us all.

There are multiple guidelines and checklists that have been created in response to the projected challenges of an ageing population. The global 'gold standard' guidelines come from the World Health Organisation (WHO) who published a guide to age-friendly cities in 2007 with recommendations in 8 domains. These recommendations are based on the findings from focus groups with older people (60+), and consultation with caregivers and service providers in over 35 participating cities (WHO, 2007). The 8 domains cover all aspects of the built and social environments as well as services and policies that optimise opportunities for health, participation and security for older people.

In 2017, an independent ageing strategy –the New Plymouth Age-Friendly Strategy was commissioned with funding from the Office of Seniors (a central government organisation under the Ministry of Social Development) by the New Plymouth Age-friendly steering group. The strategy was presented to the New Plymouth District (NPDC) council in February 2018 and will inform the long-term council plan and support the application for New Plymouth to become a member of the WHO AFCC (age-friendly cities and communities) network (Adams et al, 2018).

The New Plymouth Age-friendly strategy is based off the eight domains in the World Health Organisation AFCC report and highlights 42 priority areas for action. The aim of the strategy is to *'elicit meaning and understanding and promote conversation and awareness among the community that can lead to new and different and improved responses to an ageing community' (New Plymouth Age-friendly Strategy pg 3).* The strategy acknowledges that it only sets out *what* it wants to achieve rather than *how*. Envisioning this *how* is the next step in the implementation of the strategy and ensures New Plymouth will continue down the path of becoming an accredited WHO age-friendly city.

Through applying 10 principles of success for community-led developments developed by Ball and Thornley (2015), in a report commissioned by the Ministry of Social Development, this report aims to assess how these principles may support the successful implementation of the New Plymouth age-friendly strategy.

Methods:

A brief literature review was conducted using Google Search to find ageing strategies published for New Plymouth. Over a 10 day period between the 16.10.2018 and the 26.10.2018 informal interviews were conducted with stakeholders. Those interviewed included two councillors who represent the NPDC on the age-friendly steering group, tangata whenua and manuhiri (visitors) at Parihaka who were informally asked on the 18th and 19th of October for suggestions about the strategy and a kaumatua group of over 17 members at Tui Ora. Attempts were made to contact the lead representative from the age-friendly steering group but these were unsuccessful given the short time frame of the project.

Based on a brief review of the literature on community-led initiatives and feedback from interviews conducted, the author has attempted to learn whether the New Plymouth Age-Friendly Strategy contains elements of the principles of success of community-led initiatives.

Recommendations for implementation are mostly based off the lessons learnt from a case study of Manchester and London's success in creating age and dementia-friendly cities by Morris (2016) as well as a report by Dr Jonathan Jarman on the success of a community-led project in South Invercargill (Jarman, 2018)and the findings of an assessment report by Adams et al. (2018) commissioned by the Office for Seniors which assessed the progress so far of the age-friendly strategies in Hamilton, Kapiti and New Plymouth.

Context:

Community lead projects, as defined by Ball and Thornley, must meet the following criteria:

1) do not provide services to individual clients;
2) have a significant community-engagement component; and

3) are aimed at addressing community-level issues and outcomes such as social connectedness, tino rangatiratanga/self-determination, incidence of family violence, and crime rates.

Based on a rigorous, New-Zealand focussed literature review, Ball and Thornley (2015) have identified 10 principles of success for community-led initiatives. These are:

1. A shared vision owned by the community
2. Community readiness
3. Intentionality and a focus on outcomes
4. Long-term and adaptable funding arrangements
5. A focus on community capacity-building
6. Skilled leadership and participation
7. Processes for addressing power imbalances
8. A focus on relationships
9. Appropriate scale
10. Continuous learning and adaptation

Note: Some of these principles have been grouped together by the author in this report reflecting the areas of overlap between certain principles. Questions asked of interviewees reflect each of these principles and can be found in appendix 1.

A brief overview of the principles of success for community-led initiatives:

1. A shared vision owned by the community and 2. Community readiness

An overarching, agreed-upon vision is critical to the success of a community-led initiative because it allows fragmented activity by individual groups to proceed beyond the immediate activities to achieve concerted, longer-lasting change. A successful strategy must reflect community values. In order to do this the community itself must be involved in its development. An assessment of community readiness, attitudes towards the project and ageing more broadly should also be made (Ball and Thornley, 2015). Community engagement must be an ongoing and dynamic relationship and reflect all members of the community, not just those with the loudest voices.

3. Intentionality and a focus on outcomes

Community-led initiatives should be well planned, intentional and outcomes-focused. Outcomes should be tangible as well as process-outcomes for example the strengthening of community networks, cohesion and empowerment (Ball and Thornley, 2015). Good intentions aren't enough to ensure actions will create positive outcomes for the community, the interconnected links between each action and its intended and unintended consequences must be considered and accommodated for. Strategies should explicitly bring these interconnected elements together. Where possible, action plans should be backed up by appropriate theory and evidence.

Another area of importance which enables better assessment of outcomes and intentionality is data collection. This includes both quantitative and qualitative data, the later of which is harder to collect but equally important.

4. Appropriate scale

The scale of the project should be well defined including the time span, funding and numbers of people formally involved as well as allocated roles and jobs. Evidence from community-led projects in Mt Roskill/Cannons Creek suggest that projects which aim for grass-roots participation are more effective, and progress faster at a smaller-scale. On the other hand, community led initiatives that aim to coordinate key agencies around a central issue have been shown to be successful at a larger scale (Ball and Thornley, 2015).

5. Long-term and adaptable funding arrangements

Long-term funding, defined as a minimum of three to five years is a necessity for success. Flexibility within agreements is important as well as those that recognise process outcomes. According to Morris (2016) partnerships with non-profit organisations, universities, philanthropists and the business sector with a common agenda for solving a problem is crucial to ensure long-term funding. Isolated interventions by individuals or individual organisations limit achieving higher levels of impact. When multiple organisations take charge it also protects movement from political shifts.

6. A focus on community capacity-building 7. Skilled leadership and participation 8. Continuous learning and adaptation

Political will and leadership is important but having skilled leaders and staff dedicated to the project is crucial. Strong top-level support as well as grass roots involvement is important, which is described by the term 'middling out' which typically requires dedicated staff (this usually requires them to be paid) to move the project forward not necessarily just volunteers. The skills of staff and volunteers involved needs to be valued and built up throughout the process.

9. Processes for addressing power imbalances   10. A focus on relationships

Examining power relations in an attempt to reduce power imbalances and to ensure marginalized groups with less institutional power are able to decide what self-determination for their community looks like is critical. The reassertion of indigenous rights and ways of living free from colonial subjugation is needed to reduce inequities and ensure that the age-friendly strategy doesn't benefit only certain groups of the community more than others and hence maintain inequities. This will involve Maori and migrant group representation on the committee and the space for self-determination.

Findings:
Are elements of these success factors present in the New Plymouth ageing strategy?

1. A shared vision owned by the community

The New Plymouth age-friendly strategy was developed with a strong degree of community engagement in the form of surveys, interviews, hui, small group discussions and network meetings that took place over 6 months. The strategy elucidates a vision that is substantiated by 42 tangible priority areas included under the 8 WHO domains. The impression the author has is that this is a unanimous vision (see appendix 2. for names of those involved) but cannot gauge whether it represents all facets of the community.

From the evidence available, the strategy and vision did not appear have particularly strong input from tangata whenua, children/youth or migrant communities.

I think it's a fair criticism to say that there's not much input in the strategy itself from tangata whenua and we've admitted that after the fact, but we can still change this (Council representative).

All sites (Hamilton, New Plymouth, Kāpiti) acknowledged the limited representation of Māori-for-Māori on the steering groups. (Adams et al, 2018, pg 38)

Minimal engagement and consultation with migrant groups was evident.(Adams et al, pg 39)

The need to represent youth voices and balance these with those of the older person was a big theme that came across in discussions, and council representatives stated that they have a mandate from the council to include child friendly initiatives within age-friendly decisions. It was clear from discussions that there is a strong desire from the council's perspective for the needs of children and youth to be included in implementation of the strategy. Zeal, a youth organisation has recently been contracted by the council to support youth and they were cited as a good channel of communication between youth and the wider community and council.

2. Community readiness

A deliberate assessment of community readiness for change was not formally commented on in the strategy, although the strategy notes:

New Plymouth is an ageing community that targets investment towards a young generation with requests for investment from elderly people sometimes perceived and presented as selfish or greedy. The perception that older people are demanding an unfair or unequal share of resources is cited as a reason for a prejudice against people as they age. It is important that the misunderstanding does not continue. (Tester, 2017, Pg 27)

Priority areas for reducing this misunderstanding that seniors were getting an unequal share of resources were not specifically targeted but suggestions involved positively promoting the value of ageing, programmes to work alongside schools, more intergenerational contact and events, developing enhanced responses to elder abuse.

When asked about experiences of ageism, no explicit examples from councilors were encountered, but one councilor reflected on their impression that there was a general dislike for baby boomers among younger generations.

I don't know what started first if younger people got grumpy at older people or older people got grumpy at younger people but the fight around what baby boomers got is not making this job any easier (Council representative).

At this stage there is no direct plan to communicate the strategy to residents in New Plymouth to try and influence and combat negative community perceptions of ageing.

3. Intentionality and a focus on outcomes and 4. Appropriate scale

According to councilors there is no current strategy in place to explicate the links between changes to the built environment, and infrastructural developments for example with the other WHO domains such as social participation and inclusion. However the strategy has been guided by WHO principles which do take these links into account so there appears to be a strong awareness of these connections.

From the council's perspective they are unaware of any plan within the strategy to increase communication and contact between experts in the social environment and experts on the built environment. The age and accessibility working party associated with the council are occasionally consulted by engineers and urban planners for advice but these are more often reactive and isolated cases. Regular communication does not appear to be inbuilt into the structure of how engineers and urban planners work and communicate with experts in the social environment.

'I think we try to get people to turn their minds to it periodically (the social impacts on built environments)' (Council representative)

Efforts have been made to include academic institutes and to collaborate on research. The tertiary education institution WITT has been invited to steering group.

One strong point is that GIS (geographic information system mapping) is being used by the council to create interactive maps showing locations of accessible toilets, walkways, beach access, which will be included in the digital council plan in the future. These maps have been developed in consultation with the age and accessibility working party to ensure age-friendly features and data are collected.

5. Long-term and adaptable funding arrangements

It was made clear to the author that the funding capacity from the council's side is 'zero'. Elected members have made this clear that the steering group itself needs to seek funding from other avenues. The author is not aware of any concrete funding plans at the current moment.

While the council is represented within the group and members appear very motivated, they have explicitly expressed that the council does not want to drive the project because it needs to be community-led in order to fit the WHO criteria but also to be sustainable.

From the steering group's perspective they too don't have the resources at present to command action.

The New Plymouth Positive Ageing Trust will champion the Age Friendly kaupapa and will communicate the strategy, but a wider partnership is needed to determine how we can implement the priority areas for action. (Tester, 2017 pg 41)

The Trust cannot specify how because it does not have the authority to command action (and nor would it want to) and it does not have the resources to do so. The Trust wishes to work in partnership with the agencies that are named in this strategy; those agencies that have the resources and authority to deliver.(Tester, 2017 pg 41)

6. A focus on community capacity-building 7. Skilled leadership and participation 8. Continuous learning and adaptation

From the council's side there is no capacity to employ someone to head the initiative. Many people are willing to work in a volunteer capacity. It was noted that continuing education workshops are available to council members and other members of the steering group will be encouraged to go.

There are a number of priority areas where there is no obvious lead, actions where a facilitative role and community development type role is needed. There is considerable merit in a personnel resource to help lead and facilitate these areas and for this resource to ensure that the Age Friendly Strategy compliments and supports other strategies and plans (including the Disability Strategy). The New Plymouth Positive Ageing Trust is a voluntary committee, and they like other parts of the community sector are already stretched.(Tester, 2017, pg 41)

9. Processes for addressing power imbalances   10. A focus on relationships

There is currently little formal involvement of tangata whenua within the strategy and this has been acknowledge by both working group and councilors interviewed. Interviewed council members have said that they are working closely with the iwi liason team, and will be drawing on preexisting relationships with Maori to ensure representation and involvement in decision making.

'We are trying to attract as many Maori organisations as we can to have representation on there'
(Council representative)

But two perceived barriers to engagement with tangata whenua were mentioned:
difficulty engaging with Māori across different geographical locations and differing perspectives from iwi. (Adams et al. 2018 page 38)
Attempts to mitigate these were not explicated.

Discussion:

The New Plymouth ageing-strategy and the conversations I have had surrounding it contain numerous elements of the 10 success factors of community-led initiatives identified by Ball and Thornley, but there are also some areas for further strengthening that the author has identified. These are discussed below.

Strengths of the New Plymouth Age-friendly strategy:

- The community is driving the project
- Strong community input in development of the strategy
- Assessment of community readiness made and challenges to acceptability acknowledged
- Strong, clear vision with tangible strategies for change
- High level data collection planned, efforts to involve academic institutes made
- Strategy underpinned by appropriate theory and evidence

Suggestions for further strengthening and implementation:

- Explicit plan for communication strategy with public
- Involvement of Tangata whenua and migrant groups
- Planned opportunities for greater communication between engineers/experts in built environment and steering group recommendations
- Scale to be defined
- Plans for funding to be made

Explicit plan for communication strategy with the public:

Evidence from a case-analysis of Manchester and London's success in creating age-friendly cities by Morris (2016) suggest that how the concept of an age-friendly city is communicated to the public matters significantly. The need to reduce prejudice and stereotypes of older people has been highlighted within the New Plymouth Age-friendly strategy but no clear path forward or way of communicating the plans for New Plymouth to become an accredited age-friendly city has been made.

Suggestions from the literature include framing age-friendly initiatives within an equality and rights-based narrative rather than a health and service focus and emphasizing that the term age-friendly includes all ages and should benefit everyone within society as this helps people to reflect on the universality of aging.

Media campaigns and advertising that positively represent aging and works to challenge negative stereotypes around aging have been effective in Manchester and London. If the age-friendly campaign is seen in the public as a wider movement which benefits all then there is more likely to be buy in from a wider range of stake holders, which then gives the movement greater political weight and a stronger feeling of good will and donations towards the initiative. Keeping the community regularly informed through milestones or progress statements will also help to keep momentum and public interest in progress.

Involving tangata whenua :

Tangata whenua should be more highly involved in working towards an age-friendly New Plymouth, not only in the interests of achieving health equity, but also because of the value that Kaumauta bring to the community through being repositories of Maori knowledge, history and language. Half of all kaumatua can speak te reo (Positive ageing strategy) and this must be shared with the younger generations . Councilors also acknowledged that Maori culture which traditionally values older people more than Western society has approaches that may benefit all in New Zealand. Addressing power relations is also a critical principle of success for community-lead initiatives and so addressing power imbalance between crown and tangata whenua in seeing an effective project to fruition is crucial.

One idea that has become apparent through my consultation with kaumatua on this topic is that the commonalities between Pakeha and Maori aged-persons may be more numerous than the perceived differences.

In consultation with the kaumatua I spoke to many similar suggestions to those highlighted in the WHO guidelines emerged, including the need for Kaumatua/older people parking spaces in the supermarket, similar to those of the parent carparks and accessible parking in the hospital for elderly. Wanting the least restrictive environments possible for ageing, keeping mentally and physically active, having more services for living on your own, greater access to specialist services from home, more care provided to those who are caring for older people, access and education about diet and the importance of a high protein diet for elderly were also all highlighted as important issues for Kaumatua, which are no doubt shared by elderly of all cultural backgrounds.

It is important that tangata whenua are not only consulted but are directly involved and allowed the space to work autonomously as those who know best for their people. What works for Maori is also very likely going to work for Pakeha and immigrants.

Issues particularly affecting Maori include the need for access to low cost services for both the GP and also for housing and electricity. One member of the interviewed kaumatua group brought up that aged Maori are of the Raupatu generation, having had significant amounts of land confiscated by the crown, having lived on low wages and now having very little savings or assets and are now feeling the consequences of this. This gives many Maori very little choice in terms of retirement villages and rest homes. Relying on government subsidy for aged care restricts options and it was mentioned that some retirement villages for example are much more culturally suited to Maori than others and to have the choice to go to these would be important. It was also discussed that there is an assumption by the people (Maori) that they can't afford the rest home/retirement village, leading to isolation, many Maori are staunch and don't ask for help even when they need it. These issues need to be taken into account within the work of the steering group, ideally by Maori, for all.

Planned opportunities for greater communication between engineers/experts in built environment and steering group recommendations

Explicating the interconnected links between the social and built environmental changes the initiative is planning is important to understand how interventions may best work together. This may involve educating urban planners and engineers to be aware of the WHO domains that don't concern the built environment such as enhancing social participation, communication and employment of seniors. Although these are often areas of importance for urban planners, those working in silos or on private projects may not take a holistic approach, and think for example if a new housing development will be welcoming to seniors or may require the closure of an important meeting place for seniors. Providing opportunities for urban planners to hear from experts in senior activities/the social environment will be valuable. At this stage there are no extra provisions in place to allow increased communication between engineers, planners and community groups who are experts in their own social environments but efforts should be made to accommodate this.

Scale to be well defined:

The strategy would benefit from the scale of the project being clearly defined prior to implementation. Evidence from successful community-led developments around New Zealand suggest that projects which aim to coordinate the function of multiple organisations and advocacy

groups in a shared goal, are successful at a larger scale. Those aimed at a grassroots level are more effective at a smaller-scale. The New Plymouth age-friendly strategy appears to lie somewhere in between these two models and it is unclear at this stage which scale will be the most appropriate.

Plans to erase funding uncertainty:

An assessment of the successful South Alive project in Invercargill which was a community-led urban rejuvenation campaign highlights the importance of community buy-in and volunteers as well as initial investment from the Council. The retired population are a large untapped and often highly skilled community and workforce, and often have the time and will to engage in either a volunteer capacity, or ideally some form of compensation for travel for example. The South Alive project was funded through a range of different sources which appears to have lead to a secure and sustainable funding model which plans to become self-sustainable in the future. Over $160,000 was raised from companies, private donors. As well as receiving support from the city council, and local and regional funders for administration costs and large-scale projects. The importance of initial set up funding from the council was expressed:

 'South Alive is quite sure that without the strong support from the Council, particularly in the early years, and the critical element of funding the Manager, it would not have succeeded to anywhere near the extent that it has' (Quoted in Jarman, 2018, pg 5)

The sustainability of the project is bolstered by a social enterprise store called the Pantry, a combined café and bulk food store, community hub and vocation education facility, which is run by volunteers. The hope is that the income will allow the project to becoming self-financing and sustainable.

At this stage the New Plymouth age-friendly strategy appears to be at risk due to a lack of initial start up investment from either local or central government or other local bodies, although there has been significant support from the Office of Seniors in developing the strategy in the first place. A plan needs to be developed to ensure that the project is funded by a range of organisations, and that initial investment is significant to allow longer-term, sustainable funding sources.

Limitations:

The findings of this discussion document are limited by the time restraints the author had as well as the limited number of voices interviewed. While a strong emphasis was made on engaging with Maori stakeholders, no representative from the New Plymouth Positive Ageing Trust or other advocacy groups were consulted, limiting the accuracy of these findings.

Conclusion:

The New Plymouth Age-friendly Strategy contains many elements of success for community-led initiatives identified by Ball and Thornley (2015). There is strong sense of community engagement and drive to lead the project. Council representatives are engaged and motivated, but are supportive that the project should be fundamentally community-driven. The strategy sets out a strong, clear vision backed up by 42 priority areas for action. There are plans underway for comprehensive data collection and presentation which will bolster intentionality and allow need and outcomes to be assessed. There is a strong effort to engage a wide variety of community members.

The biggest challenge identified to implementation is the lack of a clearly identified funding source. Initial investment in the project will be required to set it into motion and at this stage the strategy doesn't appear to have this either from the council or from the New Plymouth Positive Ageing Trust who are heading the working group. Other suggestions for success include communicating the strategy with the public to challenge acknowledged perceptions that seniors receive an unequal share of resources. An attempt to include all members of society, particularly tangata whenua is critical to ensure equity is achieved and that Maori knowledge, history and language is kept alive and transmitted down generations. Planned opportunities must be made for engineers and urban planners to interface with experts in the social environment for seniors. Lastly, identifying the project's scale and funding will be critical in planning for the implementation of the strategy.

Acknowledgments:

Appendix 1.

Questions:

How do we ensure equal and ongoing representation of the community within this project? Incl Maori, migrant groups

How will age-friendly New Plymouth be framed/ marketed/branded/communicated to the public?

Have you encountered evidence of ageism or unwillingness within the community and how is the strategy designed to combat this if present?

Have the inter-connected links between the social and community changes proposed been envisioned/explicated?

Within the planned structure of your steering group, are there opportunities for cross collaboration between experts in the social environment of age-friendly cities and those responsible for built environment urban planners/transport for example?

Is there any collaboration with universities or ongoing research/groups who may also be working on these issues? and provide an evidence base for the work

Are data collectors involved?
Has the scale of the project been defined?

What is your envisaged funding structure like? Adaptable? Flexible?
Process outcomes or tangible outcomes focused?

To what extent will seniors be involved in decision making and is there a deliberate effort to create a diverse skill set among the steering group,

Will anyone be employed to head the group?

How do we achieve health equity and reflect multiculturalism within this strategy?
How are relations between colonised and coloniser being addressed within this strategy?

Appendix 2.

We would like to express our gratitude to the many community partners who collaborated with us to develop this plan. This includes Lance Girling Butcher, Keith Allum, Roger Catlin, Joe Rodrigues, Lin Tucker, Gillian Goble, Brian Erikson, David Showler, Philippa Townsend, Channa Perry, Gordon Hudson, Agnes Lehrke, Callum Williamson, Doug Hislop, Andrew Brock, Dr Craig Ashcroft, Linda Cox, Janica Heirhly,Michelle (from Access Radio), Valarie Howe, Mayor Neil Holdom, Morgan Harrison, Kevin Neilson, Barrie Smith, Graham Hill, John Sutcliffe, John Major, Alison Brown, Roger Hignett, Lyn Watson, Denise Fleming,Donald Crisp and Te Kaunihera o Kaumātua, Kaitake, the Health of Older People Consumer Reference Group, Inglewood, Clifton and Waitara Community Boards and the members of Grey Power and the Positive Ageing Trust. We would also like to acknowledge the individuals who offered their ideas and suggestions via the community questionnaire and community stakeholder workshop.

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