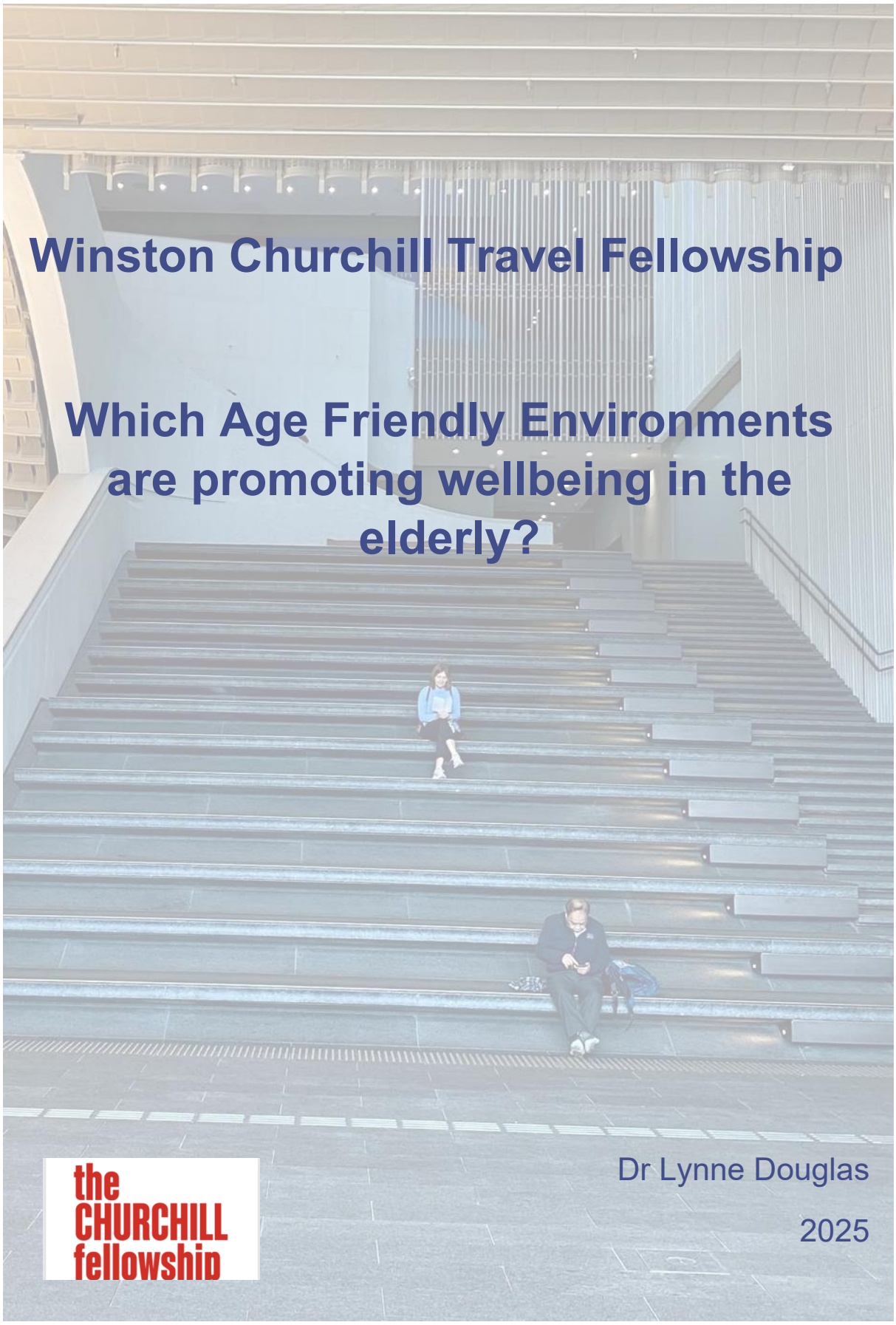


Winston Churchill Travel Fellowship

Which Age Friendly Environments are promoting wellbeing in the elderly?

Dr Lynne Douglas

2025

TABLE OF CONTENTS

1.0 ACKNOWLEDGEMENTS:

I would like to firstly acknowledge the Churchill fellowship team and organisation for offering me this opportunity and for making my experience so enriching it has been a true pleasure and i am delighted to share the learning with you all. I travelled to four countries over seven weeks and met a significant number of people and organisations. A full list of acknowledgements is posted in the appendix. I would like to acknowledge Professor Ngaire Kerse University of Auckland for her kindness, hospitality and for organising me in my first week of travel, Dr Sarah Mitchell (& Jamie) for hosting me in their home and sharing their life in Tauranga Bay of Plenty NZ with me; Ben & Meghan Thomson Professor University of Melbourne for their kindness and showing me around, Mr David Fisher CEO Housing Choices Australia for his generous time, and invitations to learn about issues in Melbourne, Professor Pazit Levinger Melbourne Centre of Ageing, and the volunteers and participants, Professor Leng Leng Theng (University of Singapore) for her introductions and help and providing me with a PhD student and translator in Japan, Professor Mat, Mina, Fukuoka Dementia centre team, Professor Jean Woo, Chinese University of Hong Kong, Professor Richard Chan (Bioethics faculty).

Last, but not least my family, especially my Husband Professor Steve Wigmore for managing the fort at home and being my grounding person as i travelled halfway round the world!

2.BIOGRAPHY

For much of my professional life I have worked in multi-disciplinary teams with the person at the centre of everything we do. Most of my working life has been in the NHS initially as a Dietitian and latterly as Director of Allied Health in a large teaching health board in Scotland. In 2019 I changed sector and became Chief Executive Officer for five years in a registered social landlord specialising in older people (2019-2024).

My interests in prevention and working further upstream has been both strategic and operational. In 2017, I obtained my Doctorate, looking at transformation of public services in Scotland through the lens of the Christie Commission report.

I sit on Board of Tech Services Association and recently launched my own company **LD Global Consultancy**.

This work ignited a real passion for how to improve outcomes for people of the United Kingdom; we need to work across sectors and begin to think about prevention not just acute services and hospital provision for our communities.

In 2019 I moved into Housing as Chief Executive Officer of a large Housing & Care organisation which provided for older people. Working in a new sector opened my eyes to the opportunity the housing sector has in transforming people's lives. The RSL sector provides people with homes, communities and place they can and should feel safe and secure in. Encountering the WHO Age friendly environments framework brings some of this to life and drove my curiosity about how other places were achieving this.

3. EXECUTIVE SUMMARY

The Churchill travel fellowship enabled me to explore environments that are enabling wellbeing in the older population and took me to New Zealand, Australia, Japan, and Hong Kong over a seven-week period from January to March 2025.The question to be researched was generated by a curiosity in the WHO UN decade of ageing and the WHO aging cities initiatives which are globally subscribed to by several countries. The depopulation and growth of people over the age of 65 is a global issue with many countries striving to ensure that the wellbeing and quality of life years is improved within this population. Globally, the number of older-aged people is about to hit a staggering 2 billion. Ageing and older age is seen by many as a privilege, but contrary to this, the growing demands that poor life years can have on public services has become a key point of tension. For example, the narrative about older people portrayed in the United Kingdom is derogatory, discriminatory, and dehumanises older people to phrases such as 'bed blockers'. It is therefore of paramount importance that solutions to the expanding number of elderly people in the United Kingdom is addressed sooner rather than later. Although Acute NHS services are often the media focus on how our demand is outstripping resources with stories of A&E long waits, ambulances queuing, and patients being tended to on trolleys, the 4-hour A&E waiting standard is a systems measure that gives an insight into how our whole system is under pressure and performing.

Exploring how other countries are approaching this from a policy, service and community perspective has offered a rich source of practical and often simple measures which is helping to improve the five domains of wellbeing in this population.

KEY INSIGHTS ARE SUMMARISED:

- New Zealand has recently gone back to a more target-driven siloed approach due to political changes and what they have lost from their previous multicultural integrated model is very interesting.
- New Zealand have excellent strategies in place to target those most in need. Their Homelessness and Housing Stress approach is sophisticated and routed in community based collaborative approaches across agencies to manage the most vulnerable.
- Australia has a strong and proactive approach to physical and social wellbeing in the elderly and the community exercise parks and classes run by peer-to-peer volunteers is an excellent example of how promoting physical wellbeing and social connection can improve outcomes for elderly.
- Japan offered so many valuable insights as they have in many places severe depopulation and communities that are already greater than 50% over 65. They demonstrated at a policy level that community integrated models funded by government are the key to assisting a super ageing society to live independently and improve healthy living years.
- The message in Japan is simple, eat well, stay physically active and stay socially connected and there is strong compliance amongst the population to follow these simple rules.

- The use of public health data in Japan to target those most vulnerable was a key insight especially as we are a country that is data rich but information poor and I question, do we really make the most of the data we hold across our public sector to improve outcomes for our populations?
- Hong Kong has the oldest mean age for their population on the planet. Despite, cramped conditions, and high population density the older people have social connection and good access to healthcare. The focus on design brief for age friendly environments was a valuable insight and their preventative model is multi-disciplinary and aspiring to a biopsychosocial model.

RECOMMENDATIONS

1. Reappraise nationally when our preventative long game will begin from a policy and funding perspective.
2. Consider the simple message of Eat Well, Stay Physically active, and Socially Connected in how we convey to our population how to age well.
3. Utilise better the use of population health data within local communities to maximise impact and address the real issues reducing healthy life years in our population.
4. The physical design brief for the development of age friendly housing should be mandated in all new builds across the United Kingdom.
5. A greater undertaking to participate in the WHO Age Friendly city programmes is something i plan to pursue because of this experience.

4.INTRODUCTION

Globally there is a drive to create communities that are inclusive, empowered, resilient, and safe. This runs alongside the ambition to improve the healthy life years people live. As in many other areas across the world, the predicted changes in demography over the next 20 years presents fewer people of working age and a significant increase in the over 65 population. Globally this number is about to reach 2 billion people(**1**). The drive to find ways of promoting healthier life years as we age is a key policy driver in the United Kingdom and globally. Without intervention, the changing demographic will lead to a significant increase in health and social care needs, as well as fewer people to deliver care, and a reduced quality of life in the elderly population A greater focus on prevention and considering the environment to promote independent living has been a central policy and driver across Health, Care, and Housing sectors within the United Kingdom(**2,3)**. Working with older people to co-produce environment and technology focussed solutions is helping to bring systems together and improving outcomes for people. Reimagining both preventative interventions combined with housing that is designed to support ageing in place is an emerging area of interest to public sector in the United Kingdom.

Globally there are populations who have been living with increasing issues associated with depopulation, where the number of elderly people is rising and simultaneously, the birth rate in these areas is declining. Governments in Japan and Hong Kong have been, over the past decade, considering strategically how to prepare for a super ageing society whereby older people don't just exceed 65 but are reaching over 85 to 100 years old (**4)**.

The United Nations decade of ageing 2021-2031(**5)** promotes well-being across the ages and challenges countries to think about creating the environments that enable people to flourish. There are four key themes in this strategy and four enablers:

The four action areas of the Decade are:

- to change how we think, feel and act toward age and ageing.
- to ensure that communities foster the abilities of older people.
- to deliver person-centred, integrated care and primary health services that are responsive to older people; and
- to provide access to long-term care for older people who need it.

The four enablers of the Decade are:

- listening to diverse voices and enabling meaningful engagement of older people,
- family members, caregivers, young people, and communities.
- nurturing leadership and building capacity to take appropriate action integrated across sectors.
- connecting various stakeholders around the world to share and learn from the experience of others; and
- strengthening data, research, and innovation to accelerate implementation.

The World Health Organisation '***National Programme for Age Friendly Environments'(6)*** was a significant catalyst and driver in this Churchill Fellowship exploration of good practice.

The United Kingdom in recent years has engaged with improving well-being across our societies. There are numerous policy drivers which aim to improve the healthy lives of our populations, improve housing, and encourage a systems wide integrated approaches within communities. However, the metrics do not show that we are transforming or acting on these policies in a coherent way.

The demands on public services are at creaking point across our country with *failure demand* driving long waits for NHS care. Social care systems are under review across every government and the basics such as warm liveable homes being tested in many areas. There are several factors that determine wellbeing in a population. The key dimensions are:

- **Physical** well-being (health, energy, and functioning)
- **Mental/emotional** well-being, resilience, mood. Stress levels and psychological health
- **Social** well-being, relationships, belonging, **community,** and connection
- **Economic** well-being-financial security and access to resources.
- **Environmental** well-being- living in a safe, clean, and sustainable environment.
- **Spiritual** well-being, a sense of **purpose** and meaning.

Shifting the paradigm in the United Kingdom is urgently required to prepare for an older population. Creating the conditions that enable prevention and systems wide change to take place requires a co-ordinated approach. Furthermore, policies that are cross party and funded would help to engage local governments and communities.

The current scale of the problem in the UK requires a longer-term transformative perspective, policy, and funding shifts. Support for the people and organisations in these communities to implement change at a grass roots level would start to achieve improved outcomes.

The issues are complex but not insurmountable. This travel experience to New Zealand, Australia, Japan, and Hong Kong offered much insight and hope that we too can make simple changes that begins change for us here in the UK.

"Healthy citizens are the greatest asset any country can have."
— Winston S. Churchill

5.REPORT PURPOSE

The purpose of this report is to summarise and document the learning from traveling to these countries globally. It is to be used as a resource and is shared with colleagues, policy makers and senior leaders who are working towards these goals of improving well-being in our population and across our society.

This offers a high-level summary of key learning and recommendations to further inform the agenda in both Scotland and the United Kingdom.

6.AIMS AND OBJECTIVES

The overarching aims of this research and travel fellowship were to explore the following question:

> ***'Which age friendly environments are supporting well-being in the older population?'.***

Specifically, the following objectives have acted as framework to enhance my knowledge and promote further thinking which is transferable into recommendations in the UK.

1. What key strategic policies have helped to promote independent living and wellbeing across these systems.
2. Explore key evidence and lived experience of different people in these systems to gain key insights and transferable learning of the five domains of well-being.
3. Explore insights into what the enablers and barriers are within these systems that are helping or holding back the pursuit of wellbeing in the elderly?
4. Through talking to older people, what is their lived experience of getting older, how are they planning to maintain their independence and wellbeing. How do the older people feel they are portrayed in their country.

7.FINDINGS

The findings in this report explore and summarise the knowledge and experiences obtained in each of the countries visited. Given the range and diversity within this exploration of well-being, the significant learning from each theme is presented.

7.1WHAT KEY STRATEGIC POLICY HAS HELPED TO PROMOTE INDEPENDENT LIVING AND WELLBEING ACROSS THESE SYSTEMS?

7.1.2 NEW ZEALAND

In New Zealand, the shift in the 2023 election resulted in a coalition government that is made up of three political parties. There was a shift to the right politically in how the population voted. This has resulted in a new strategy for Health New Zealand. (Te Whatu Ora)

The New Zealand Government Health & Care Policy was published in 2024(**7)** sets out priorities for the next three years. The key areas of priority are:

1. **Access**: Ensuring all New Zealanders have equitable access to the health care services they need, no matter where they live.
2. **Timeliness**: Making sure all New Zealanders can access these services in a prompt and efficient way.
3. **Quality**: Ensuring New Zealand's health care and services are safe, easy to navigate, understandable, and welcoming to users, and are continuously improving.
4. **Workforce**: Having a skilled and culturally capable workforce who are accessible, responsive, and supported to deliver safe and effective health care
5. **Infrastructure**: Ensuring that the health system is resilient and has digital and physical infrastructure it needs to meet people's needs now and into the future

This strategy is committed to improving the outcomes of all New Zealanders and is in line with the requirements set out in Pae Ora (Healthy Futures) Act 2022. The Government Policy Statement sets out priorities for improving outcomes in all New Zealanders including those with the highest need. This includes priorities for groups such as Māori, pacific peoples, disabled people. Women and people living in rural locations.

The Government highlights its commitment to Māori by continuing to implement Pae Tu: Hauora Māori Strategy and Whakamaua Māori health action plan (2020-2025).

Structural Change

In addition to the new Government Policy Statement on health, structural changes were made to streamline and simplify New Zealand Health. The previous 20 District Health Boards were disbanded in 2022 and a single health New Zealand created. The Māori agency (Manatu Hauora) transferred to health New Zealand but will work specifically to advise on policy and integrate priorities with Health New Zealand.

As with all structural reform in public services, there is considerable upheaval within the system and inevitably jobs and costs are reduced. The new set up in New Zealand has seen a general shift to the funding model, which is now largely driven by targets and a strong focus on acute care.

This is reminiscent of how the NHS in the UK functions and the struggles we continually have around shifting to a more preventative model by reducing demand on acute and hospital services.

During my time in New Zealand, I had the pleasure of meeting with numerous health staff in the 'Bay of Plenty' within the city of Tauranga. What became evident is the strong focus on trying to continue the valuable integration work which had previously taken place to shift more of the care closer to the community.

I was particularly struck by the cultural work that had been undertaken to target the populations in rural areas, within the Māori community. The Allied Health Professionals worked to implement a preventative model and to understand the Māori population more.

The recent shift in focus to centralising health within New Zealand was met with a mixed response from the professionals I spoke with. Interestingly, in the past the District Health Boards had commissioning power for their population needs, which meant the money and priorities were targeted to what was needed most. There is a current sense of what has been lost for all New Zealanders by reducing this local authority and going back to a more centralised model.

Interestingly 2025 Q1 published figures on key performance indicators set by the New Zealand Government show that there is still considerable work to be done to improve outcomes for the people of New Zealand(**8**). Of the five-target set in the Government Policy Statement for health (2024) none are currently being met. Shorter stays in emergency department have a target of 95% and the Q1 performance is 67.4%. This marker represents how the whole system is performing in a health and care system.

Key reflections: ***Interestingly from a policy perspective in New Zealand it was more about observing what had been lost through the dismantling of the distributed model of health & Care back to a centralised approach by the government and the sense that the system had moved backwards. The reorganisation of public sector is expensive and often distracts from building on what was good previously. This was sharply felt as i navigated systems across New Zealand by***

The challenges of social care in New Zealand seem very familiar to the issues at home. There is currently a second phase

review of Aged Care in New Zealand which started in January 2025.The table below summarises the current enablers and barriers in the care sector: (**9)**

Challenge	Trend / Policy	Aim/Response
Bed shortages	Scaling up retirement villages & new ARC beds	Meet growing demand by 2032
Funding constraints	Review of subsidy & pricing models	Boost investment, improve equity
Workforce shortages	Recruiting, rostering, pay reviews	Stabilise staff capacity & morale
Inequity for Māori/Pacific communities	Equity-focused funding	Culturally appropriate access
Tech lag	AI, smart-home, telehealth pilots	Enhance care efficiency & comfort
Fragmented delivery	Integrated care pathways	Smooth transitions across service settings

These challenges are very similar to the ones we have here in the United Kingdom and the system by which the solutions are being found is also very similar with central government driving policy and a traditional top-down silo approach to this ongoing social problem. This is a manifestation of years of work that has not implemented findings or approached the problem form a systems person-centred approach.

7.1.2 HOMELESSNESS & HOUSING STRESS TASK FORCE

I had the pleasure of meeting Trish Anderson General Manager Western Bay of Plenty Primary Health Organisation (Kōiwga Tupu) who was responsible for the model of care and implementation of the primary health aspects of the Homelessness strategy in Bay of Plenty. The model of care was very much predicated on an outreach service and there had been three phases planned (**10)**

Phase 1: Find out where the homeless or risk of homelessness people are and come along side in a primary care service.

Phase 2: Offering primary care services in a mobile way (Bus funded by PHO) delivering care where the people are living, in cars, streets, and parks.

Phase 3: Create a hub that also had temporary accommodation so that homeless people could register for services and use the hub address, as well as providing primary care services.

This service worked in partnership with ewhuri (Māori) as there are a higher number proportionally of pacific and Māori people who are homes or in housing stress.

In a meeting with Peniel Prabhakaran-Elliot (Strategic Advisor Homelessness & Housing Stress Tauranga City Council) she further described the active partnership working between Health & Housing and the actions

that help to keep people in their own homes and communities. The Money had not matched the ambition and the Hub and temporary accommodation was not yet live.

Wellbeing navigators have a strong role to play in the prevention of homelessness. Peniel described their active role in being proactive and forwarding people onto local services to help keep their tenancies live. Drugs, alcohol abuse, chronic conditions (pain) and mental health are the top conditions which the navigators have to co-ordinate in this group of people.

In addition to the ethnic disproportions of homelessness it is also reported that a higher number of elderly people are becoming homeless due to rising costs of living, poor pensions, and people having to work longer to make ends meet in these communities. Home ownership in the over 65s in New Zealand is declining, resulting in more older people in private rental accommodation and thus pushing them into financial distress. It is a significant and escalating issue with constrained social housing and increasing rental costs.

Loneliness and isolation are a challenge and we discussed how to measure the tangible impacts of the interventions the task force is trying to implement for this indicator. It is the experience of this group that older people don't often ask for help and others who are providing wellbeing services are often key in picking up this distress and helping to connect the older person with others in their communities.

It was an observation that in New Zealand in all the sectors I interfaced with, the desire for person centred care was at the forefront of the initiatives. The very diverse populations and the increasing needs and demands of the Māori and Pacific peoples are integral to the solutions that are being worked on.

New Zealand is a very diverse population and there is a split between economic well-being of its citizens, based on ethnic background(**11)**

Māori and Pacific peoples, by 2038, will make up 58% of the New Zealand population. The inequalities observed in these populations continue and there is a concern that the habitual nature of intergenerational issues will require significant investment to turn around.

Through the connection with Paneil I was able to meet Aifai Esera who sits on the homelessness task force, and who is the owner and developer of Pacific Growth company. With a council background, and as someone who grew up in Samoa, he had a drive and a passion for changing the intergenerational issues for the Māori and Pacific peoples, by creating environments that enable people to thrive. He is a local businessman who is working with many stakeholders across the system to improve the economic and social well-being of his people and working to create houses that meet the needs of the families and how they like to live. I couldn't visit his housing development, but he offered me his time and his wisdom, and it was inspiring to see how his passion and values were making real change in the Tauranga area.

📌 **Key Reflection** ***New Zealand policy landscape for Homelessness and Housing stress was. Integrated, inclusive and targeted through their population health knowledge the populations that were in most need of help to keep their tenancies going. This work has clearly maintained a systems approach working collaboratively with health and Housing (plus local community agencies) to reduce the number of homeless people in the bay of plenty area. One common aspect of those I met on the task force***

was the commitment to work across boundaries and with the people representing the communities most affected by this.

7.1.3. JAPAN

In 2016 the Japanese government shifted the model for Health & well-being and promoted and financed a more community based preventative approach to try to keep the booming older population healthier for longer(**12).**

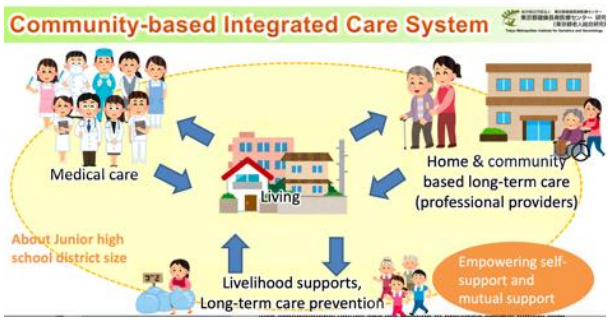
The community-based integrated care system financed with government subsidies is a framework for aging-in place proposed by the Japanese government to counter the increasing cost of social security and to bridge the gap between health and social care. The community-based integrated care system had been ongoing in the government throughout the 2000s, the aim to fully implement in local areas by 2025. When the populations reach 75 It seeks to be an age-friendly comprehensive support and service delivery system. Not only comprising of health, medical and nursing care, but also preventive care, housing, and livelihood support of various kinds so that older adults are able to live in the community for as long as possible. The focus of care by society to care in the community suggests a "reactivation of the mutual help that may still exist within families or among residents in the same community".

This systems-based approach connects policy through prefectures to local communities and is very reliant on bottom-up approaches. This strategic policy shift has been backed with financial support for a more community integrated model and local funding and support.

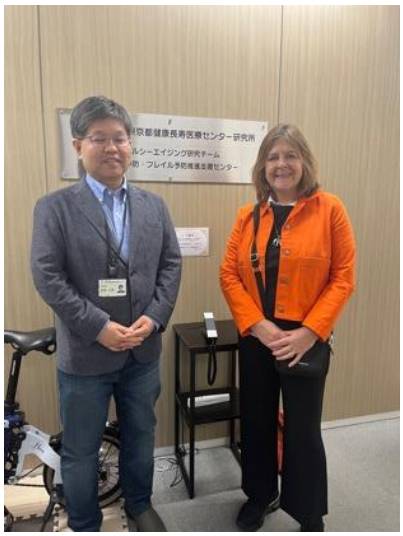
📌 **Key Reflection:** ***Japan's whole System approach to a super ageing society:***

This cohesive policy direction started a long game in Japan as the Government knew from their population data that the *Dankai* generation were going to peak at age 75 in 2025. The authorities therefore worked to extend healthy living years through proactive and preventative models that are community led and integrated within localities.

Having a consistent approach that shares a common purpose in this case integrated community models that empowers people and local authorities become the enablers has been a significant part of Japan's ability to manage the requirements of their current burgeoning population. Interestingly New Zealand has shifted and moved back into a more traditional centralised model like we have in the UK where the authorities are the providers and the population the recipients. On balance it is the former approach which appears to be working better for the older people in Japan.



Infographic conveying the integrated care model of Japan.



Meeting Professor Masataka Kuraoka

7.2 KEY INSIGHTS EXPLORING THE EVIDENCE AND WELL-BEING DOMAINS, THROUGH THE LENS OF DIFFERENT PEOPLE ACROSS THE SYSTEM.

Professor Ngaira Kerse Joyce Cook Chair Ageing Well, University of Auckland hosted me during my time in Auckland New Zealand. There is a rich and diverse range of activities taking place in the university and in the CCREATE_Age -The Centre for Co-Created Ageing Research of which Professor Kerse is the Director.

It was a privilege to be included in meetings set up in this venue to meet the researchers and take part in a live discussion of seed funding with a third sector organisation in Auckland, to promote community related initiatives to improve outcomes in the population.

Professor Kerse and her team are internationally renowned for the work that they do and extremely well connected across the globe. There is a strong focus on prevention, frailty community-based intervention and falls prevention amongst other things. This group advocate strongly and connect organisations to improve outcomes for their population in Auckland and beyond.

7.2.1 PHYSICAL WELL-BEING (HEALTH, ENERGY, AND FUNCTIONING)

My first meeting in Auckland was with Fionnagh Dougan interim Chief Executive Elizabeth Knox Home and Hospital. This took place 5 hours after I had landed from a 22-hour travel journey!

It became clear very quickly that Fionnagh was a fellow Scot who had worked and lived in Edinburgh as a Nurse many years ago. I was struck by the coincidence of this being my first meeting and the fact that we knew many of the same people in the health system in Scotland. We got off to a flying start and uplifting to be met by the enthusiasm and passion Fionnagh has for making the stay of the residents as good as it could possibly be.

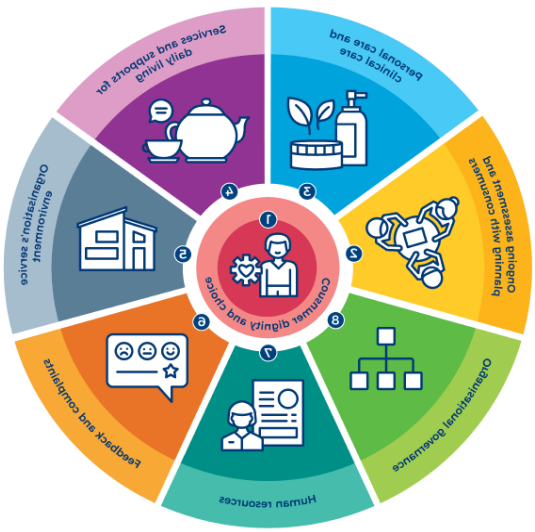
ELIZABETH KNOX HOME AND HOSPITAL.

Elizabeth Knox bequeathed money ‘for the purpose of building, endowing, and maintaining a hospital or home for poor people suffering from incurable diseases’. following her death aged 99 in 1908.

The building opened in 1914, a new home was developed and opened in 1974 on the current site, it is in Epsom Auckland. Today it admits people who are subsidised and those that are privately paying. It also accepts and admits people with disabilities and illness across the age spectrum.

The Knox Home was the first New Zealand registered Eden home in 2009 a philosophy created by Dr William Thomas a Harvard qualified physician. The ethos of the Eden alternative can be found in the pictures below (**13)**

The Eden Alternative®



The concept is simple and recognises that care environments are habitats for human beings that should promote health, wellbeing, and growth rather than facilities where older, frailer individuals stagnate and decline. This assets-based approach has resulted in environment, which is modern, light, and airy inside and green and luscious on the outside with easy transitions from inside to outside areas.

The gym and therapeutic areas offered modern technology and an integrated approach with residents and patients offered person centred approaches very much in keeping with the Eden philosophy. All the residents and staff in the building seemed happy engaged and comfortable with a clear passion for what they are doing exhibited.

In addition to occupational therapy, physiotherapy, and leisure assistants the residents also have access to a primary care Dr who visits on a regular basis. Secondary medical care being undertaken in the hospitals if required.

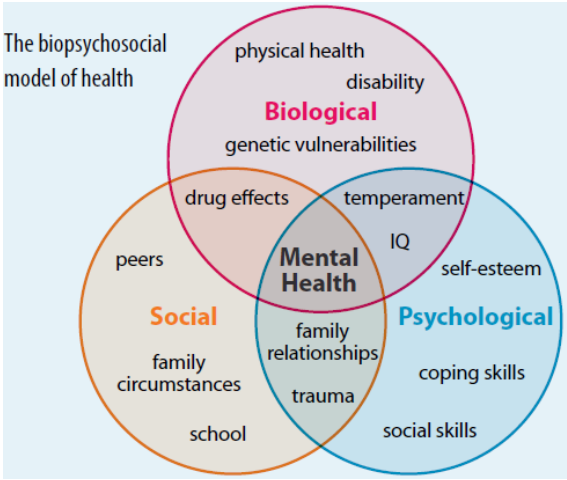
The day was spent in the Elizabeth Knox Home and Hospital discussing the current enablers and barriers within the social care system. It is clear the CEO is dynamic and full of ideas on the full spectrum of things Knox could do in the future. I was left with the sense that Knox is a unique environment that offered a high level of care and rehabilitation for its residents whether full time or only there for a short period.

The Eden model resonated very strongly with the Biopsychosocial model which is a valuable tool for understanding health and disability. The World Health Organization (WHO) uses this model in the International Classification of Functioning(**14)** to provide a comprehensive and individualized approach to health and well-being.

CASE STUDY: KNOX

Understanding the essence of a non-medical model in the management of individuals in a homely setting was very evident in Knox Home and Hospital. Despite the challenges of funding and the state care sector this offered a human approach to well-being and offered residents and patients a calm and nurturing environment.

A key enabler in this homes success is the leadership of the Trustees and the now substantive Chief Executive Officer Fionnagh Dougan. It was clear from the time I had with Fionnagh and her staff that the experience of the people in their care really mattered to her and the added value places such as Knox have within the Auckland system.



Taking a person-centred approach that was valued driven and based on a philosophy of inclusivity the Knox home and hospital encapsulated the physical emotional and spiritual domains required to ensure the environment create well-being in their population.

7.2.2 PHYSICAL WELL- BEING: NATIONAL AGEING RESEARCH INSTITUTE MELBOURNE AUSTRALIA

Non communicable disease burden is considered the primary cause of death in the Australian population and contributing to long term conditions.

In Melbourne I had the pleasure of meeting with Professor Pazit Levinger Principal Researcher. The focus of this groups

research is on ageing, and they are committed to a society where older people are respected, healthy and included.

CASE STUDY: ENJOY MAP FOR HEALTH

The ENJOY map for health is a collaboration with local city councils and parks to create age friendly outdoor spaces for older people which encourages them to participate in outdoor evidence-based exercise to improve their function and well-being. This programme of research builds on WHO global age friendly cities guide for outdoor spaces to improve outcomes for older people(**15)**.

Through promoting physical activity, social and community engagement and age friendly utilisation of space. The unique model of seniors peer to peer mentors is popular with the members who come along. The council provide coffee and snacks, the group meet on a weekly basis. On talking to the participants their motivation to attend is to stay active and socially connected in their community. In this park (Spotswood Park) Melbourne there was a new member I spent some time talking to 'Frank" who was 79 and his motivation to join was to do something in his locality that helped him get fit again. He had in the previous year had a stroke and had been wheelchair bound for a few months so was extremely pleased that he was mobile and able to work on his mobility and fitness. He was very complimentary of the staff and volunteers and keen to comeback.

📌 **Key Reflection:** Whilst spending the day with this group of researchers and older people it was clear that the social connectivity was as important to them as the physical activity.

There is a strong evidence base in the provision of physical activity to protect older people form falls and maintain activities of daily living.

The weather was a key element in this example as Melbourne has desirable weather that is inducive to exercising outside. The concept is however transferable and perhaps something that could be replicated in unused spaces on our high streets to encourage older people to do exercise and connect with others.

Physical activity is a component of well-being and is an important factor in

promoting mobility, strength, and balance in the older population.(**16)**

7.2.3: **SOCIAL** WELL-BEING, RELATIONSHIPS, BELONGING, **COMMUNITY,** AND CONNECTION

A key aspect of well-being is the environment that you live in. The WHO framework has a key focus on this in developing communities that are enabling for people to live their lives independently.

Kainga Ora Housing & Community is the New Zealand Government housing provider that delivers government policy for Housing & Communities. Set up in 2019 to provide social housing to the people of New Zealand. It is the largest social landlord in New Zealand with over 190,000 tenants for whom it provides safe homes with a focus on health & wellbeing.

There are several other social landlords, and I had the pleasure of meeting up with the team from Haumaru Housing, which specialises in communities for older people in Auckland.

Haumaru has 1475 homes and 30 staff to oversee the tenants and the provision of housing to this population. There is a consistent emphasis on enabling well-being and independence of the tenants and additional services such as meals on wheels and well-being services are co-ordinated for the tenants.

Unlike UK providers the Housing Association can only act as a connector and does not have permission to provide services directly to tenants.

It was clear from the senior team I spoke with Gillian Schweizer CEO and Maxine Stiling Quality Manager that the wellbeing of the tenants was their key priority. Given the demography of the tenants the staff are on site within each of the villages daily. They offer a refer and pass on approach particularly if they see people struggling.

CASE STUDY: HAUMARU(**17)**

Haumaru have all the health & safety and regulatory aspects that Social Landlords have in the United Kingdom, but they seemed to recognise that they were running an organisation that was fundamentally about people and relationships.

In the UK many of the housing staff are ‘development managers’ which aligns more

with the needs of the building and the regulatory environment.

It was interesting to talk to the Chief Executive of Haumura as the staff in this organisation that work in the field are Community Managers and they act as the local link person for the community and housing tenants.

The staff operate a SOAP model they have a regular interface with tenants and can raise any concerns early through this:

S-Situation

O-Observe

A-Assess

P-Plan

This model is used for welfare checks, and they refer and pass on information to other agencies to seek assistance for their tenants. Another key element of this work is their role in the system as they partner and collaborate with other NGOs including Age Friendly Auckland, Selwyn which is a key funder of innovation and works to improve amongst other things Digital awareness and literacy, cultural design work with Māori and digital tools to connect people with their community.

This organisation is also very much working to improve the environment through a universal design brief which has been co-produced with tenants to build homes fit for a future ageing population.

As with many social landlords finding the right plot of land, affordability of build and having government funding for new developments is a key inhibitor. Interestingly in Spring 2025 the NZ government have just announced new funding of $128 million over four years which will deliver at least 550 more social homes in Auckland in the 2025/26 year(**18)** That's on top of the 1,500 new social homes funded through Budget 2024, to be delivered from 1 July 2025. In addition, the Government is also establishing Crown lending facilities of up to a total of $150 million for the Community Housing Funding Agency, to help lower the cost of borrowing for community housing providers. This announcement should enable Haumura Housing to build the houses they were planning back in January.

CASE STUDIES KAYOINOBA & IBASHO: NAGAYAMA JAPAN:

Through the work of Professor Leng Leng Thang I had the pleasure of spending time in Nagayama which is 30km from Tokyo in Tama City prefecture. This ground-up model of the community-based integrated care system promoting aging in place has been in operation since 2014 and the subject of a study conducted by Professor Leng (**19)**.

I travelled to the café Fukushitei, and me Yichen Zhou a Chinese PhD student who knew the older people in the café through his own research and who acted as my interpreter for the day.

The purpose of this visit was to see how a community integrated initiative (Kayoinoba) worked in practice, meet the people from the Nagayama community and hold a semi structured focus group with the older people to get a sense of how they felt about growing old in Japan.

We walked from the station to the café through many winding paths and high-rise concrete buildings. It is common in urban planning in Japan to have connected pathways to the centre of town to make it easier for residents to get to where they need to. This linked the community with the local station and a multi-floor shopping mall that had a food hall, bank, and shops all in one location. In the same area was also the primary care services such as GP's nurses and care facilities.

It was incredibly quiet and there were few young people or children playing in the play parks that we saw on the way. Depopulation within this site is a significant issue, one that also effects many areas in Tokyo.

The café acts as a hub and is subsidised by the local government. The food is homecooked by volunteers and it costs 500 yen for lunch. I was made to feel very welcome and joined the people in the café for lunch.

The volunteers who run the café joined me at our table and were extremely happy to take part in our focus group discussion after lunch. The volunteers were all in their 80s and the residents joining us that day had an age range of 78-91. This is an intergenerational space, and some people came for lunch with their grandchildren and children.

In addition to lunch there is a weekly calendar of events that local people can access all geared to encourage social connection, e.g., Sing songs, art & crafts Hand massage, painting classes. In Tama 40% of the population are older than 65.

During our discussion I was keen to understand how these people felt about ageing in Japan. They were universally happy with the services on offer and feel the government look after them well. They did talk about being worried that there aren't the young people in their area to keep things going. Overall, I had a strong sense of their personal commitment to ageing well and helping others.

This group feared a lonely death or dying from depression, and they talked freely

about this. It was also interesting that this group of octogenarians didn't see their families often as they were far away from them in Japan and in other countries such as USA.

COMMUNITY ENGAGEMENT

During my time in Australia, I had the opportunity to engage informally with people who lived in Melbourne and Sydney. This informal discussion with people took place in an impromptu way often at weekends and when in normal settings. The people of Australia are very ethnically diverse it struck me in Sydney the proportion of people form Asian descent this population make up 1 in 4 people in Sydney are form China or Asian ancestry (**20).** During my time I visited China town, and it was especially interesting talking to Australian – Chinese and Vietnamese young people who had been born in Australia to immigrant parents. It was interesting to listen to their views and the fact that although Australian they very much live their life at home in the way they would in the parent country. This leads to a huge burden of care on the young as many of the Asian population believe that their health (Physical & mental) will be taken care of by their immediate family. in those I spoke with they lived in multigenerational houses, and they followed strict cultural rules around religion, career expectations and customs.

Australia has a young population and there is a very strong work and education ethos in the group I spoke with. I did wonder how the Australian government can properly strategically plan for the provision of services and care in the future when so many of the cities have a population that are in many ways under the radar and not known to services as their families look after them.

📌 **Key Reflection:** Across the countries visited social, community and connectivity amongst people is something that impacted upon me the most- the very nature of being in other people's company is stimulating and positive to one's mood and outlook. The learning from Australia, Japan and New Zealand reinforced the relational aspects of our lives that is deeply rooted in human connections that is in many ways the essence of life. Isolation and loneliness are feared by many people young and old and i reflect on the culture within the United Kingdom where we have moved very much away form a relational approach and increasingly use technology to communicate with each other. It is a key aspect of the way in which moving forward to embed and create opportunity within the

systems we have for social connection, well-being and community form a policy perspective to how we as individuals commit to interact with the people around us.

7.2.4. ENVIRONMENTAL WELL-BEING LIVING IN A SAFE, CLEAN, AND SUSTAINABLE ENVIRONMENT.

HOUSING CHOICES AUSTRALIA (HCA)

I had the privilege of meeting Mr David Fisher Chief Executive Officer of HCA in Melbourne. In Australia HCA(**21)** provide social housing to low- and moderate-income families and those with a disability. They operate in Victoria, Tasmania, South Australia, and Western Australia. With a turnover of $80 AUD and a portfolio of $1b they are significant players in this market.

David himself is a career housing professional who is driven by purpose and the belief that this sector can and does make significant change to people's lives.

On taking up this post in 2023 it is clear his drive and passion has made an impact on the team and tenants he serves.

We discussed the enablers and barriers in Australia that provide safe and comfortable homes, as well as homelessness which disproportionally effects people from the Aboriginal and Torres Straight Islands. Funding to provide the community-based houses that are needed remains the greatest barrier. A report published whilst I was in Melbourne also highlights the increasing aspect of female homelessness and those of an older age due to poverty and rising costs (22). A current project is the development in partnership Victoria Government and other community providers $5.3bn Big Housing Build to develop 12,000 new home per year over a four-year period. This will generate 10,000 jobs and provide an economic boost to local communities within Victoria.

As part of a knowledge sharing session, I agreed to give a presentation to the executive team within HCA and host a discussion on digital technology and customer needs and the objectives of my Churchill Travel Fellowship.

What was clear from the discussions with the team was their commitment to a good customer experience and they were looking to the future to deliver a design standard that would provide environments for their tenants that see them through the life course and make it possible to stay in their communities.

The discussions were vibrant and enthusiastic with shared learning and an exchange of ideas in the innovation and future perspective of social housing and the integrated systems that can improve outcomes for tenants.

INSTITUTE OF AGEING CHINESE UNIVERSITY HONG KONG:

My last destination of the trip was Hong Kong. Within this week I was hosted by

Professor Jean Woo (Director CUHK Jockey Club Institute of Ageing department) in the Chinese University of Hong Kong as I was particularly interested in the work they have done around ageing environments and hearing first-hand what they have achieved in the publication of their **Curating Homes: A Guide for Residential Design for Ageing in Place'(23)** design brief which is the culmination of 6 years of research by Regina Lo Research Architect in the department. This is aimed at improving living conditions for older people in Hong Kong where the average apartment is 16m2 per person. Many poorer older people live in sub divided units and have only 6ms per person.

Hong Kong is a city with little land mass and everywhere you look on the island there are high rise buildings and very small accommodations. The key learning from the visit to CUHK is the drive to create more age friendly areas and incorporate the principal design elements of the ageing in place framework.

The centre has developed e-tools to aid professionals understand the co-morbidity of the population, with multidisciplinary input and very much adopting a bio-psychosocial model to prevention across communities. The jockey club HK funds many charitable organisations and academics to further the welfare of the population in HK.

I had the pleasure of meeting the key sponsor of the Aging centre at a lunch in the Jockey Club and the faculty of Bioethics who are led by Professor Richard Chang. I attended a seminar in the Bioethics department with Dr Nancy Bellinger from Hastings Centre New York 'Thinking Together About Good Lives for Older Adults and Caregivers in Ageing Societies'. This was a vibrant an interesting seminar and offered the opportunity to discuss and think more deeply about what this means for systems across the globe. I am delighted to have made further connections not only with the Hong Kong team but also Dr Belinger as we shared a common interest in the narrative of older people in our respective cultures. Discussing the lived environment in this context gave a valuable insight into why the older people in Hong Kong have longevity and we discussed the fact that given the small square footage for a population of 7.2 million these older people are socially connected and live very close to friends and families within their small communities.

I concluded my learning in Hong Kong with the Hong Kong Housing Society and had a fruitful and meaningful discussion with Carmen Ng, the Social and Elderly Wellness Manager, via Zoom. Despite the short notice, Carmen kindly agreed to the meeting, and we discussed the current challenges and enablers in creating age-friendly properties and spaces in Hong Kong. The lack of land mass and historical stock are significant barriers to social housing in the region. However, several newer developments are aligned with the concept of a vertical village, offering integrated full-care spaces for both permanent and transient residents. Additionally, these new spaces include age-friendly gyms and promote exercise programs such as Tai Chi, Nordic walking, and jogging.

In Hong Kong 22% of the citizens are over 65 and 36% of the tenants within HKHS are over 65**(24)** Despite the limited living space and what seems like a very crowded environment the concept of vertical villages works well and being very close to medical facilities ensures that older people who become ill are treated very quickly. This is thought to be a factor in why they hold the credential of the oldest population living in the world.

📌 **Key Reflection:** The holistic approach and person-centred research carried out by the Jockey Club Institute of Ageing with partners to produce a design brief that is open book to encourage developers to build homes that create an environment that enable older people to live independently. I was also very struck by the current challenges of land to build new developments but the commitment of the Local HK Housing association to be adaptive and rebuild on established sites to move their ambition forward and participate in the ageing cities framework promoted by WHO.

7.2.5: **SPIRITUAL** WELL-BEING, A SENSE OF **PURPOSE** AND MEANING.

There were aspects of spiritual well-being in some of the case studies presented so far. The work i saw in Japan in nearly every example focussed strongly on this due to the culture and nature of approach amongst the Japanese people. Having purpose and being able to be oneself is explicitly articulated in the concept of Ikigai and Ibasho which i heard much about when interacting with Japanese people.

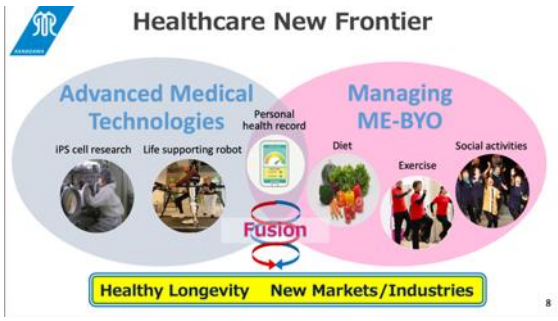
An exemplar of this was the work undertaken in the Kanagawa prefecture where the link to purpose and well-being was strong in what they described, and they have been award winners recognised by the WHO for their work.

CASE STUDY: KANAGAWA PREFECTURE YOKOHAMA CITY

To further explore super ageing societies, I met with Mina Matsumaru, Ayako Sato and Kurosawa Kotomi who worked within the policy bureau and global strategy department within the prefecture. It was not possible to visit on this occasion, but we

scheduled a zoom call for 2 hours to share the approach they have taken within their system to address a super ageing society. I was particularly keen to speak with them as in one of their municipalities Wakabadai (Yokahama) they have a population over the age of 65 that is currently at 54% of the population. The whole prefecture is south of Tokyo and covers a population of 9.2 million people.

This team have been critical in developing age friendly initiatives which are integrated, and community led. The following describes the model, and it not only enables people to live in their homes independently but acts as a key economic driver as there is an innovation hub and many start up tec companies who work to solve the problems of these communities.



Within the prefecture ME-BYO message has been integral to the development of 22 different age friendly initiatives. Many have been recognised by WHO and there is significant interest in the range of things set up by communities for communities globally.

ME-BYO is a philosophy that exists which is the state between health and disease. It encourages holistic health and the physical, mental, and emotional well-being as a continuous fluid spectrum. Kanagawa have adopted a ME-BYO index as part of its public health strategy which the team described.

The integrated preventative model that is now policy in Japan is actually a very simple message the three key aspects for citizens are:

- Stay Socially Connected
- Eat well.
- Remain physically active.

During the focus group discussion with elderly people in Nagayama and this team in Yokohama, they talked very openly about Ikigai it is very popular and for them represented dignity as a human being, what good they can do in their whole life and having a purpose and role in society. The population see it as their responsibility to comply with these simple measures and to connect with others to give them ikigai on a week-to-week basis.

Some specific age friendly examples of the work celebrated in Yokohama are displayed in this slide (courtesy of Kanagawa Prefecture team **(25)**

📌 **Key Reflection: The message in Japan is simple eat well, exercise and stay connected and the entire infrastructure is geared to support this way of living. Strong leadership, financial support and enabling communities is the key element which creates an enabling environment.**

7.2.6 MENTAL/EMOTIONAL WELL-BEING, RESILIENCE, MOOD. STRESS LEVELS AND PSYCHOLOGICAL HEALTH

In many of the places and initiatives i visited it was evident that mental & emotional well-being played a big part of the approach to aid prevention of loneliness and isolation in the elderly population.
The ME-BYO approach in Kanagawa had a specific e-toll that they used when assessing population health that was specifically designed to pick up on peoples mood and tone of voice. This tool was available to older people, and they could self-assess themselves at any point to get online advice and signposting.

This level of consumer technology with voice analysis was a technologically developed tool that the prefecture staff could target initiatives to, if they found people who were in their voice demonstrating signs of depression and low mood.

CASE STUDY: FUKUOKA DEMENTIA CENTRE**(26)**

Fukuoka is situated in the southwest part of Japan on the north shore of Kyushu which is the southernmost of Japan's four main islands.

The Fukuoka Dementia centre is an award-winning centre that brings together people with dementia, their carers, health & care staff to provide models of care and help for well-being amongst the population. Within the centre people with dementia participate (from Fukuoka Orange bank human capital) in the development of product design. To date 638 people had participated in the design of products currently for use and recommended by the centre. Dementia friendly design is a key part of what this team do and advocate in new builds and public use buildings in Fukuoka.

One example I saw was the development of the robots in the centre.

Digital innovation is a key strand in Fukuoka 100 age friendly city initiatives, although robots have been designed here, it is a myth that older people are cared for by robots in Japan. These robots, pet simulation and the Lovat robot are used in care settings and aid emotional well-being and communication in the elderly.

The Lovat Robot.

📌 **Key Reflection: The use of Artificial Intelligence and development of robots such as Lovat provide a very interactive experience. It is of course not true that robots are looking after people in Japan, but they are quickly developing tools and robots that can prevent loneliness and enhance a person's quality of life, mood, and stress levels.**

7.2.7 **ECONOMIC** WELL-BEING- **FINANCIAL SECURITY** AND **ACCESS** TO RESOURCES.

In all the countries visited older people are defined as those over the age of 65 years old. In each country when retirement age is reached a payment is made to those over the age of 65 to assist them in living well and providing income in their retirement. In Japan in particular there is a scheme to encourage employers to keep older people on in the workforce to offer them purpose but also to assist with their financial costs. In New Zealand it was stated that older people are cash poor an asset rich and there is an incredible social pressure for them to sell their houses and buy into a private retirement home in a complex. This financial model sees the person paying for their property and once they pass away the company only reimburses the capital cost of the property irrespective of length of time of the dwelling. In addition, people in these private retirement houses pay for services such as care and nursing care. Many people voiced their dislike of this model and the unfairness of it to many. Yet it seems a very popular choice for those with capital in the over 55 group. There are many luxury new builds advertised in New Zealand and no shortage of buyers.

Several people commented to me that in New Zealand young people resent older people. This has been more prevalent since the covid pandemic with young people believing that in New Zealand everything was about protecting young people and they resent it even now. There is also the economics in New Zealand and the difficulty young people have getting on the property market. This again is perceived as old peoples fault as they are living in big family houses.

NARRATIVE AND THE VOICE OF THE OLDER PEOPLE:

I had the opportunity to discuss the narrative in each of the countries I visited. I was interested in what people think about this, as I feel the way we represent older people in our society is often derogatory and disrespectful. The media use language about older people that makes them invisible and portray them as a burden. This is particularly obvious during winter when older people become ill and end up in hospital. The following denotes just a few headlines that were in our newspapers the week i left for my travels:

NHS hospital recruits 'corridor nurses' to treat patients on trolleys in overwhelmed A&E department

By TOM LAWRENCE
PUBLISHED: 06:45 AEDT, 13 January 2025 | **UPDATED:** 06:52 AEDT, 13 January 2025

Share 15 shares 98 View comments

An **NHS** hospital is recruiting nurses dedicated to 'corridor care' to treat patients stuck on trolleys in corridors in its overwhelmed A&E department.

The Whittington Hospital in Archway, north **London**, posted a number of adverts last week calling for nurses to take shifts treating patients who are awaiting ward admission on trolleys.

The adverts described to role as 'corridor care' or said the hospital was looking for a 'corridor registered nurse' for a band five salary of just under £30,000.

NHS scandal exposed as elderly patients 'treated like animals' on overwhelmed hospital wards

milies of elderly people have come forward to share harrowing allegations of neglect as top doctors ese patients are suffering 'degrading' care well below the standards the NHS expects, Rebecca Tho reveals

My findings in New Zealand were of particular interest, as their society adopts a great deal of respect for their 'Elders'. This word is used both in context of an older person but also in relation to the Māori population who culturally value older people. Carol Gordon is a social justice advocate who campaigns for rights for older people in New Zealand. Carol is both an academic and an activist and sits on many think tanks and policy groups. Carol campaigns for better narratives, planning and consideration of older people in New Zealand. Her mantra is '*we need to understand what population ageing means- then we need to adapt and then we need to innovate'*.

In Japan and Hong Kong, the older people felt they were well looked after by their governments. With one of the professors i met we discussed attitudes of younger people to the elderly, and it is not as it used to be, with less respect being shown in public. He was very sad that i had observed younger people not giving up their seats on the train and stated it was a sad reflection of this change in attitude.

📌 **Key Reflection: The narrative and how we portray older people matters in our country as what is written and how people behave influences and impacts younger generations. In my community younger people still respect older people and will give up their seats on public transport. I do think the key area to change and influence in the UK is the language media and senior leaders in our systems use when talking about older people.**

POPULATION HEALTH INITIATVES:

ITABASHI

Professor Masata Kuraoka Tokyo Metropolitan Institute for Geriatrics and Gerontology hosted me in Itabashi he works with Government and all 62 municipalities in Tokyo to support frailty prevention.

As part of the integrated community care model within municipalities it is a requirement that they undertake public health profiling of the population every three years. This informs the local areas of key issues and offers a way of targeting spend in issues that are known to cause problems in the elderly. This public health prevention model is very much assisted by the academics in the analysis of data and providing information to healthcare professionals and local municipality departments.

There are many examples of multigenerational activities like Nagayama in the prefecture. Social connection within this model is the essence of the community led initiatives in addition to the intergenerational spaces set up in the middle of communities is the concept of ***Kayoinoba*** which translates to 'places to go' and is tailored to attract the older members of the community specifically. ***Ibasho*** is a deeply meaningful concept in Japan that translates to 'a place where one feels at home' Public Housing estates in

Tokyo prefectures work very hard to help districts to create Ibasho for their populations. For example, through public health survey it was recognised in Kita City that nutrition was problem for older men living in single households so one of the kayoinoba schemes was set up in a local restaurant to attract men both to learn to cook but also have a place they could go and eat with others.

Yokohama has a reported 79 different kayoinoba facilities to assist with helping to keep older people connected, well fed, and undertaking physical activity in their communities.

In addition to the immediate impact of focussing spend on issues within local communities I felt Japan has a very good model for understanding the co-morbidity of its population and can therefore and has strategically planned for what is coming next through the translation of this data to meaningful action at a local level. I can't help but feel the population health messaging and direction is helping them to manage positively their ageing population.

9. RECOMMENDATIONS

1. Propose nationally that our preventative long game should begin from a policy and funding perspective and advocate for the wellbeing of older people in United Kingdom
2. Consider the simple message of Eat Well, Stay Physically active, and socially connected in how we convey to our population how to age well.
3. Maximise the use of population health data within local communities to maximise impact and address the real issues reducing health life years in our population.
4. The physical design brief for the development of age friendly housing should be mandated in all new builds across the UK, to enable people to age in place.
5. A greater undertaking to participate in the WHO Age Friendly city programmes is something I plan to pursue because of this experience. Including raising awareness as helping systems engage in this valuable network of knowledge and true change.

10. CONCLUSION

In conclusion the breadth of opportunity I was afforded in my travels was stimulating, informative and truly thought provoking**.** It was a stark reminder that ageing well is not just about older people but also more importantly living well through the age and life stages. The essence of community and purpose needs to start with children and go through the whole population if we as a country are to improve healthy living years in the future.

A big part of the Churchill scholarship is to share knowledge with others. I had the opportunity to do this whilst traveling with several presentations to groups such as Public Health Faculty University of Auckland, Allied Health Professionals Directors group New Zealand and Housing Choices Australia Executive team. Since coming back to the UK i have presented at the iTEC TSA conference Birmingham (March) and Ageing Alliance London (May). I have also made many academic connections that i plan to keep in touch and potentially collaborate with in the future. I hope this report acts as a catalyst for

change and I shall be using it, to speak with policy makers, senior leaders in public services and consider very deeply how i can impact on improving outcomes for older people in my own community.

This fellowship has provided valuable insights into how different countries are addressing the challenges of aging populations. There is an emphasis on the need for a holistic approach that combines health, housing, and community support to improve the quality of life for older adults. The experiences gained from this fellowship will inform ongoing efforts to influence policy and practice in the UK to better support its aging population.

QR CODE: BIBLIOGRAPHY

QR CODE ACKNOWLEDGEMENT