

# The World Health Organization's impacts on age-friendly policymaking: A case study on Australia

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## Abstract

This paper reflects on whether and how the World Health Organization (WHO) inspires age-friendly policymaking across different levels of government. This is done via a case study in which we analyse the policies of Australia's three-tiered federated government system against the WHO's eight core age-friendly cities domains. Findings suggest that membership of the Global Network of Age-Friendly Cities and Communities did not appear to overtly inspire the development of age-friendly policies across Australian governments. Content analysis shows there is an overwhelming policy focus on care and support services, with little attention to cultural diversity. This reflects an outdated portrayal of debilitation in later life and a lack of recognition of how diverse circumstances impact the ageing process and corresponding support needs. Our findings also reveal the challenges of a three-tiered federated system, where varying financial and authoritative capacities have influenced how different governments acknowledge and respond to population ageing. Notably, local governments—the main level of implementation targeted by the WHO—are invariably constrained in developing their own age-friendly policies and may opt to adopt those of

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higher levels of government instead. These challenges will likely impact other resource-limited governments in responding to the needs of their emerging ageing populations.

#### KEYWORDS

age-friendly cities, age-friendly policy, Australia, policy analysis, policymaking

## 1 | INTRODUCTION

It has been two decades since the World Health Organization (WHO) first published its policy framework on active ageing (WHO, 2002) and around 15 years since the publication of its now seminal guide to age-friendly cities (WHO, 2007). In the time since, policy focus in this area has continued to grow globally (Atkins, 2016; Judd et al., 2020; Torku et al., 2021). Age-friendly initiatives are now widely considered and incorporated across many policy areas, often taking guidance and inspiration from the WHO's (2007) *Global Age-Friendly Cities: A Guide* (henceforth referred to as “the *Guide*”). Such measures recognise the shared global challenge of population ageing and an aspiration to ensure a quality standard of living into later life, physically, mentally and socially. Together with the active ageing policy framework (WHO, 2002), the coordinator of the Global Network of Age-Friendly Cities and Communities (GNAFCC) described this *Guide* as “the centrepiece of WHO's age-friendly cities approach” (Warth, 2016: 38). Yet there is still much to learn about how well different jurisdictions take guidance and inspiration from this to implement age-friendly initiatives and how well these match heterogeneous demographic challenges.

In this paper, we report on a qualitative policy analysis conducted alongside a quantitative spatial analysis (Liu et al., 2020). The latter involves a web-based thematic mapping exercise that highlights the uneven speed of ageing at a fine geographic scale.<sup>1</sup> Importantly, it also emphasises how the spatiality of changes to infrastructures and services that support active ageing did not correspond to that of population ageing. This spatial mismatch may disrupt older persons' ability to age in place, leaving them vulnerable to unsuitable support (cf. Channer et al., 2020).

The policy analysis reported in this paper interrogates the extent to which Australia's policy settings across federal, state/territory and local levels align with—and/or are inspired by—the “centrepiece” *Guide* on age-friendly cities. This is done by assessing Australian governments' ageing-related policies, strategies and guidelines (henceforth referred to as “policies”) against the eight core age-friendly domains promoted in the *Guide* (see Figure 1). In doing so, we show both the practical penetration of the guidance and offer an indicative evaluation of Australian governments' political commitment toward facilitating age-friendly built environments and ageing in place (Australian Government, 2012). Through this, we highlight the potential challenges lesser resourced governments, like Australia's local governments, may encounter in translating international policy guidance.

### 1.1 | Challenges to the global age-friendly cities movement

The *Guide* was designed through a bottom-up participatory process—involving focus groups with older persons across 33 cities worldwide—to provide broad-level guidance that can be contextualised and adapted to suit different local contexts. As such, it does not offer



FIGURE 1 Eight core age-friendly cities domains of the WHO.  
Source: WHO (2007: 9)

one-size-fits-all templates. As noted by the coordinator of the GNAFCC herself, “[i]t provides the key ‘ingredients’, but remains flexible enough to be adapted to the local realities that local governments operate within” (Warth, 2016: 39). This local focus, however, has been criticised as “diminutive; too localized to meet the needs of senior citizens more substantially” (Joy, 2018: 49) as programmes are found to be “small in scale, short term, [and] inadequately resourced” (ibid), owing in some ways to the “small scale competitive funding support from central governments” (ibid: 55) and “a lack of intentionality and political symbolism among leaders” (ibid: 50). Our findings, as discussed below, further resonate with Joy's (2018: 50) observation of “the minimal state powers of municipal governments” that have contributed to this customised but highly fractured approach to age-friendly policymaking, especially in a federated government system like Australia's.

While it is “a comprehensive tool” that identifies—through its bottom-up, participatory approach—“significant dimensions of older adults' lived experience that impact on quality of life” (McDonald et al., 2021: 20), recent research has highlighted a number of other challenges and shortcomings pertaining to the *Guide*. Notably, despite its aspiration for global applicability, there is little recognition or accommodation of the diversity of places and different geographical contexts (Kendig et al., 2016: 1410; McDonald et al., 2021: 20). Likewise, there are questions about the *Guide*'s ability to recognise and reflect the cultural and socioeconomic diversities of older persons and their communities (Kendig et al., 2016: 1410; McDonald et al., 2021: 2). This may lead to questions of inequity as to who has access to initiatives if financial, physical, language, political and other barriers are not identified and appropriately addressed.

Others, however, have countered these critiques, noting that the *Guide*'s target is designed for local government-level implementation and recommends participatory approaches so that the local diversity of needs and aspirations of older persons in the community are both captured and addressed. Plouffe, Kalache and Voelcker (2016: 28) thus question whether these critiques more readily reflect “the extent to which this advice has been followed in age-friendly

initiatives undertaken in different locations” rather than as inherent shortcomings of the *Guide* itself. In their review of literature on the GNAFCC, however, Torku et al. (2021) note that appropriate participation by, and active contribution of, older people remain a challenge to age-friendly policymaking that the *Guide* still needs to consider and develop into the future. Joy (2018: 55) notes such meaningful contribution and participation as essential but likely “more time consuming and costlier in the short term,” resourcing that may now be even less readily available in a new round of post-COVID economic recovery and austerity.

Another critique of the *Guide* is about its ability to recognise the political nature of public policies. McDonald et al. (2021: 20) highlight the common “interplay between age-friendly policy and other public policy.” They note that age-friendly policies and initiatives must work within existing local policy settings and complement, rather than compete against, other public policies. It also needs to recognise the very political nature of policymaking (age-friendly focussed or not). For example, Kendig et al. (2016: 1410) note that the guide ignores the need for initiatives' ability to attract sustained political leadership. This is especially so for governments that run in relatively short-term cycles (such as the 3- to 4-year terms in the case of Australian governments). It was, however, hoped that membership of GNAFCC may facilitate this sustained institutional and political leadership and commitment beyond political cycles.

Last, but not least, the coordinator of GNAFCC acknowledged that the Network's considerable growth during its first 5 years has been uneven (Warth, 2016). Much of this growth has concentrated in established, already-aged societies in Europe and North America, especially in economies that have (and can) dedicate the resources required for implementing initiatives. With the Global South now also experiencing rapid ageing, the WHO's aspirations to assist emerging communities to develop age-friendly initiatives would likely encounter notable financial barriers. As Torku et al. (2021) show, the corpus of research into age-friendly cities and communities has mainly come from, and remains largely focussed on, these well-resourced, already-aged, developed societies. This has led to a dearth of examples from developing societies as well as cross-country comparisons and knowledge exchanges. The applicability of the examples from developed societies in a developing context is, therefore, brought into question.

As our discussion below shows, limited resourcing is not only a barrier to developing countries of the Global South, but also for remote, geographically or populationally smaller jurisdictions, such as many of Australia's local government areas. This is supported by calls from scholars such as Phillipson (2011: 290), who emphasised the importance of often costly engagement and ethnography to understand the complex relationships between ageing and the built environment in order to design and implement appropriate initiative responses at a local level.

## 1.2 | From policy transfers to assemblages

Research into policy transfers—described by Dolowitz (2000: 3) as “a process by which knowledge of policies, administrative arrangements, institutions and ideas in one political system (past or present) is used in the development of similar features in another”—first came to prominence in the late 20th century. As Benson and Jordan (2011) note, early research focussed on who participated in policy transfers (i.e. agents) and what policies were transferred, before more recent work shifted to focus on the multiplicity of transfer processes and approaches. Research interest into policy transfers has seen exponential growth since the late 1990s, expanding and diversifying into subbranches, including questions about whether such transfers may be voluntary or more coercive in nature (e.g. Dolowitz & Marsh, 2000).

In their response to Benson and Jordan (2011), McCann and Ward (2012: 326) concur, noting that the early research focus “on agents [may come] at the expense of an attention to agency.” They highlight that more nuanced explorations on “how, why, where and with what effects policies are mobilised, circulated, learned, reformulated and reassembled” (McCann

& Ward, 2012: 326) are required. In this way, international exemplars may be understood “as a means to guide and even stimulate policy innovation” (Benson & Jordan, 2011: 367) rather than act as implementable templates. This is especially in recognition of the “socio-spatial, power-laden process” (McCann & Ward, 2012: 329) that is present in cross-jurisdictional policy learnings.

With this understanding of how policies are mobilised across geo-spatial and political geographies and that inspirations for new policy innovations may come from more than one exemplar, McCann (2011: 145, original emphasis) proposes that policies are not merely transferred from one place to the next, but are “purposive assemblages of *parts of here and elsewhere* that both shape and serve certain purposes at certain times.” This contrasts with earlier critiques, such as by Knill (2005), concerning the likelihood of policy convergence in the face of globalisation (cf. Benson & Jordan, 2011). Instead of convergence, McCann and Ward (2012: 328) argue that “parts of the near and far, of fixed and mobile pieces of expertise, regulation, institutional capacities, etc.” are dissected, separated and reassembled for “inventing alternative visions of the future and innovative ways of achieving other possible worlds” (McCann, 2011: 144) through assembled means of policy learnings. That way, fears—such as those of Benson and Jordan (2011: 375) on policy transfers being mere “net importer[s] of ideas developed elsewhere”—may be somewhat lessened, with (re)assembled policies the outcome of processes “negotiated, struggled over, made and then negotiated some more” (McCann, 2011: 144) to respond to their specific, local needs.

In this paper, we follow McCann and Ward's (2012: 327) observation that research into policy transfers and assemblages has thus far tended to focus on the national scale while “[eliding] the various sites and scales, including the local or urban, in and through which policies are produced.” This is done in view of the WHO's *Guide*, which is designed as guidance for local-level policy design and implementation. We discuss, however, that within a federated system like Australia's, policy learnings and assemblages may also occur *across* different levels of governments, dictated and constrained by “insufficient technological, economic, bureaucratic and political resources” (Benson & Jordan, 2011: 372), thereby limiting the inspirations for policy innovations such as those put forward by the *Guide*.

## 2 | METHODS

The policy search was conducted during the second half of 2019 by the lead author. The search was conducted via the Google search engine and government websites based on common keywords applied across all three different levels of Australian governments. The keywords employed were selected using the authors' expertise in ageing, geography, planning and their subdisciplines, concentrating on five broad policy areas (see Table 1). These keywords included “planning,” “housing,” “multicultural,” “diversity,” “care,” “aged care,” “health,” “community service,” “support service” and “transport.” A policy is included in the analysis if it is identified as the current (or issued in draft for public consultations) document of the specific policy areas. We acknowledge that this approach is comprehensive but not exhaustive; for example, the search excluded legislated standards, such as building codes, that mandate minimum requirements as they are not normally considered policies.

The five policy areas broadly aligned with seven of the eight WHO core age-friendly domains and the availability of fine-level data topics included in the spatial analysis exercise (Liu et al., 2020). Only policies in place at the time of the search, or that had been issued in draft version for public consultation, were included in the analysis. Notably, all of the policies included in the analysis were developed after the publication of the WHO's active ageing policy framework (2002) and the *Guide* (2007), as well as the establishment of the GNAFCC in 2010. Further, a policy may be relevant to more than one broad policy area for each jurisdiction;

TABLE 1 Alignment across areas of policy analysis, WHO's core age-friendly domains and spatial analysis

Policy areas	Core age-friendly domains	Spatial analysis
Cultural diversity	Respect and social inclusion Social participation Civic participation and employment	Socioeconomic profile of areas
Care and support services	Community supports and health services	Government-funded aged care
Transport	Transportation	Transit classification
Walkability	Outdoor spaces and buildings	Remoteness Transit classification
Housing	Housing	

*Note:* Housing was excluded from the spatial analysis because person-level (including age-related) housing data were not available. Only housing data relating to the household or dwelling were available. Policies on cultural diversity are included as an indicator of respect, social inclusion and civic and social participation in the absence of other policies—excluding legislations such as anti-discrimination acts—that directly address these domains. It also reflects the concerns of Kendig et al. (2016) and McDonald et al. (2021) regarding the *Guide's* recognition and guidance on cultural diversity within ageing populations.

likewise, each jurisdiction may have developed multiple policies that addressed the same policy area. These were all included in the analysis and are listed separately in the outcomes table (see Table S1). A total of 85 policy documents across the three government levels were included for analysis.

## 2.1 | A case study on Australia

The policy analysis was conducted at all three Australian government levels, encompassing policies developed by the Australian federal government, all eight state and territory governments, and four case study local government areas. While the *Guide* was designed as a flexible tool that mainly targeted local government-level implementation (Warth, 2016: 39), it is recognised that the membership of the GNAFCC encompasses a mix of city/municipal, regional and national governments as well as regional, national and multinational affiliate bodies. As such, the *Guide* has been applied across different levels of governments globally. We argue, therefore, at least within the Australian and other similar federated government systems, that local governments operate within the broader federal and state/territory policy settings. Thus, it is important to examine the policies across all these levels of government, to determine how each takes the *Guide* into account when policymaking and how policies of higher levels of government take precedence and priority.

Of the eight Australian states and territories, only one (Western Australia) is a member of the GNAFCC at the time of research, with the state of Queensland since joining in 2022. The four local government area case studies represent a mix of metropolitan (Sydney, Liverpool) and regional (Dubbo, Kiama) government areas. Two of these—one metropolitan (Liverpool) and one regional (Kiama)—are also members of the GNAFCC. All four of these local government areas are within the state of New South Wales, selected so they all worked within the same federal and state policy settings.

## 2.2 | Policy analysis

A mix of textual and detailed content analysis was employed for the policy analysis. First, a textual analysis was conducted to identify whether the policy referred to the WHO's active ageing policy framework and/or the *Guide*, as an indicator of whether and how these international

policies may have inspired Australia's policymaking. The search terms were the names of these respective policies and guides, the WHO, as well as their commonly used acronyms. References to other WHO reports on ageing, mainly the *Global Report on Ageing and Health* (WHO, 2015), were also searched and recorded.

Following this, a detailed content analysis of each policy was conducted to examine and record the acknowledgement of age-related challenges and any policy or strategic actions that responded directly to these challenges. Particular attention was paid to the common occurrence where the acknowledgement of a challenge and its corresponding responses may not be published on the same pages or in the same sections. All analyses were conducted by the lead author, with comments on the initial findings provided by the other co-authors. Following the commentaries, a small number of additional policies were further included and this analytical process was repeated.

The final outcomes of the policy analysis are presented in the [Table S1](#). The outcomes are represented by three main codes following a “traffic light” system, where:

- Green represents policies that acknowledged ageing-related challenges experienced and/or encountered by older persons and that these challenges were directly addressed by the policy, such as through a published action plan;
- Amber represents policies that acknowledged ageing-related challenges experienced and/or encountered by older persons, but no direct actions to addressing these challenges were articulated; and
- Red represents policies that did not acknowledge or mention any ageing-related challenges experienced and/or encountered by older persons, nor were any age-related redressing responses articulated.

In view of the three-tiered hierarchical system of Australian governments, an additional code (grey with italicised texts) was included to denote cases where the policy of a higher level of government was adopted in lieu of a locally specific version. This code typically reflects state or local governments' adoption of the centralised federal government platform for assessing aged care support needs, *My Aged Care*, or one of its components, the *Commonwealth Home Support Program*.

### 3 | RESULTS

This section summarises the findings of the two-stage policy analysis. First, whether and how the WHO's policies inspired Australian policymaking is presented. This is followed by a presentation of the detailed analysis by policy areas and then by jurisdiction.

#### 3.1 | How the WHO inspires Australian policymaking

[Table 2](#) shows the number of policies analysed for each governmental jurisdiction and their alignment with WHO policies.

The degree to which WHO policies were cited and referenced varied across jurisdictions and policy areas. It is notable that in most policy descriptions, the *Guide* and its associated checklist are more readily cited—as inspiration, an evidence base or both—in policies across most jurisdictions than the active ageing policy framework that preceded it or other ageing-related reports by the WHO. This was especially the case at the state and territory levels. Membership of the GNAFCC did not appear to influence the likelihood of a jurisdiction's referencing of the *Guide* in its policy documents. This is highlighted by comparing South

TABLE 2 Policies' reference to WHO framework, guides or reports

		No. of policies analysed <sup>a</sup>	Active ageing policy framework	Age-friendly cities and communities	Other WHO guides/reports
Australia		11	0%	0%	18%
States/Territories					
	New South Wales	4	0%	25%	25%
	Victoria	11	18%	27%	27%
	Queensland	7	14%	43%	14%
	South Australia	7	43%	57%	14%
	Western Australia <sup>b</sup>	7	14%	43%	0%
	Tasmania	9	0%	11%	11%
	Australian Capital Territory	8	0%	25%	0%
	Northern Territory	5	0%	20%	0%
Local government areas					
	Sydney	4	0%	0%	0%
	Liverpool <sup>b</sup>	4	25%	25%	25%
	Kiama <sup>b</sup>	5	0%	20%	20%
	Dubbo	3	0%	0%	0%

<sup>a</sup>Number of policies analysed for each respective jurisdiction. Some policies may cover more than one policy area and core age-friendly domain; some jurisdictions also developed more than one policy that addressed the same policy area.

<sup>b</sup>Members of the GNAFCC at the time of research.



Australia, a non-GNAFCC member, with Western Australia, Australia's only GNAFCC member at the state and territory levels at the time of research. About 43 per cent and 57 per cent of analysed South Australian policies cited the active ageing policy framework and the *Guide*, respectively, the highest percentage in both instances. By contrast, 43 per cent of Western Australian policies analysed made references to the *Guide*, the second-highest percentage along with Queensland, another non-GNAFCC member state government.

Policies at the Australian federal and local government levels were observed to be less likely to cite any of the WHO's policies and guides analysed. At the federal level, only one policy cited the WHO's website to highlight increasing (not ageing-specific) obesity as a risk factor for chronic diseases. The lack of inspiration from the WHO on policymaking at the local government level in Australia is particularly stark. Neither of the two non-GNAFCC member local government case studies examined cited WHO policies across any of the five policy areas. By contrast, the two GNAFCC member local governments did cite different WHO policies, but these were only limited to their respective policies relating to care and support services. The observed skew in policy focus on care and support services is also noted across policies of other governmental jurisdictions, which we discuss in more detail in the next section.

### 3.2 | Age-friendliness of Australian policies by policy areas

The “traffic light” findings of the detailed policy analysis are presented in the [Table S1](#). This table shows that policies that actively promote active ageing and age-friendly initiatives vary across policy areas and jurisdictions.

Regarding policy areas, there is a notable concentration of ageing-related policies on care and support services, followed by housing. This is highlighted by the predominantly green coding of the care and support services column (and to a lesser extent the housing column) in the [Table S1](#), where only one policy (at the local government level) failed to acknowledge any ageing-related challenges experienced and/or encountered by older persons. Within this policy portfolio, only three policies—one at the state government level and two at the local government level—acknowledged ageing-related challenges without developing any corresponding action plans or initiatives.

This notable policy focus on care and support services reflects a decade of aged care reforms in Australia. These reforms, therefore, are likely to have instigated a need to update related policies in care and support services across all governments to reflect the continuing change (Chomik & Townley, 2019). The reform process continues to change the way that aged care is delivered in Australia, by offering older persons “greater choice and control over their care arrangements” (Australian Government, 2012: 3), including through the federal government's *My Aged Care* platform. The individual care needs of eligible service recipients are assessed by approved assessors, who determine their eligibility for fully or partially funded support and recommend customised packages of support based on need—ranging from day-to-day housework assistance, meal deliveries, visits by nursing and medical staff, to home modifications—that are largely delivered by third-party providers at the recipients' homes. In some instances, relocation to residential aged care and/or respite services may be recommended.

As part of the reform process, and as revealed in the Royal Commission into Aged Care Quality and Safety (2021), however, many questions have emerged regarding the equity of access to supports. For example, it is especially difficult for older persons who live in precarious housing or experience—or are at risk of—homelessness to access services and supports. It is also challenging for older persons who do not own their residence or are in co-ownership arrangements (such as in an apartment block where the physical structure of the building is co-owned among all owners) to gain permissions, particularly for home modifications (Cornell, 2018; Easthope, 2014; Easthope & van den Nouweland, 2013). There are also questions concerning

the timeliness of support: (1) the assessment period may be protracted, and (2) depending on the ownership of the home, older persons may also need to seek additional permissions before these individualised supports can be delivered (Faulkner et al., 2021). These equity questions are most starkly contrasted by the disparate patterns of population ageing and changes to the number of government-funded aged care packages, whereby increases were more likely in areas of higher socioeconomic status associated with high rates of homeownership (Liu et al., 2020).

Beyond accessibility, such a strong emphasis on care and support services also reflects these governments' ideas of ageing, one that focuses on older persons' diminishing abilities, and as a mounting cost to taxpayers (Judd et al., 2020; Moore, 2021). Such a portrayal of older persons is in strong contrast to the increase in academic and community attention on the Third Age and on Positive Ageing, both of which highlight the active contributions older persons can make within and outside their households (Ayalon & Tesch-Römer, 2018; Keeble-Ramsay, 2018; Villar et al., 2021).

At the other end of the spectrum, there was little observed policy attention on ageing-related challenges concerning cultural diversity. This is highlighted by the predominantly red coding of policies across all Australian government levels in the [Table S1](#), denoting not only a general lack of initiatives for a culturally diverse ageing population, but also the absence of acknowledgement of this diversity in relation to ageing. This further emphasises common criticisms of the *Guide's* “cultural blindness” (Kendig et al., 2016; McDonald et al., 2021). It is also notably surprising for a country like Australia that has a long, though chequered, history of migration and multiculturalism (Longley Arthur, 2018), yet failing to recognise how different cultural and socioeconomic backgrounds result in a diversity of needs that require tailored responses.

### 3.3 | Age-friendliness of Australian policies across jurisdictions

As discussed above, the age-friendliness of Australian policies varied across policy areas as well as jurisdictions. Much like the inspiration of WHO policies on Australian policymaking, our analysis shows that state/territory-level policies more readily acknowledged and responded to ageing-related challenges than policies developed by the federal or selected local governments (see [Table S1](#)).

At the state and territory levels, most governments developed multiple policies to acknowledge and respond to ageing-related challenges under each policy area. This was especially the case under care and support services, where only New South Wales and the Northern Territory had developed one strategy each under this policy area. By contrast, Victoria developed five policies to provide guidance on needs assessment, across different home settings as well as aspects of life. This may partially be because, until recently, the Victorian Government operated its aged care system more independently of the Commonwealth. Only the Australian Capital Territory did not develop its own care and support services policies, referring instead to *My Aged Care* and other commercial or nonprofit providers.

When analysed across the five policy areas, only two jurisdictions—the states of Western Australia (a GNAFCC member) and New South Wales—developed strategies that directly acknowledged and responded to ageing-related challenges. All other jurisdictions did not acknowledge and/or respond to ageing-related challenges in at least one policy area. Only the policies of the Australian federal and the two regional local governments were analysed to be age-friendly in one policy area. For the Australian federal government and Kiama local government area, these were their *Commonwealth Home Support Program* (federal), which is also commonly referred to by other lower level governments as one of their support mechanisms, and delivery plans (Kiama). For Dubbo local government area, it was their community strategic plan and delivery programme, both of which referred to the same strategy for delivering

“a variety of residential housing types [that] are located close to appropriate services and facilities” ... “to meet the needs of [their] ageing population” (Dubbo Regional Council, n.d), including via the New South Wales Government's *State Environmental Planning Policy (Seniors Living) 2004*.

These observations of age-friendly public policies resonate with Kendig et al.'s (2016) explanation of Australia's federated government system. While the federal government may be in the most financially advantaged position—through tax collection and other revenue sources and has jurisdiction over national initiatives such as residential aged care, home support and *My Aged Care*—it has no constitutional authority over direct service provision or land use (therefore, most infrastructure and all housing developments), which is the responsibility of state and territory governments. By contrast, states' and territories' main incomes come from revenue sharing from the federal government as well as some duty collection, which is used to directly fund services and infrastructure. Finally, local governments work under the delegated authority of state or territory governments and have very limited income streams, mainly through rate collection from residential households and businesses, which are typically spent on local infrastructure and services such as waste collection and community programmes.

Such clear distinctions in financial resources and delegated authority across Australia's three levels of government provide an evident explanation of the patterns observed in our policy analysis. This is critical, especially when considering the WHO's intention for age-friendly initiatives to be local government-led (Warth, 2016: 39). Given its limited resourcing and delegated authority, it is understandable that local governments have been less able than their state/territory counterparts to develop policies that not only acknowledged ageing-related challenges but addressed these through corresponding action plans.

## 4 | DISCUSSION

This paper reports on a detailed analysis of Australian policies across the three tiers of its federated government system, to (1) examine whether and how WHO policies such as the *Age-Friend Cities Guide* inspire policymaking and (2) the overall extent of age-friendliness of Australian policies. Our findings resonate with some existing critiques of the WHO's *Guide* where local contexts—in socioeconomic and cultural diversity—are often less readily reflected in ageing-related policymaking. The heavy policy focus on care and support services also contrasts growing acknowledgements of older persons' continued contributions to society. Further, it conflicts with the *Guide*'s recommendations for a holistic approach to action plan development that connects and intersects with multiple policy areas so that a diversity of needs is catered to.

Our case study of a three-tiered federated government system extends contemporary critiques of age-friendly policymaking that it does not exist within its own silo but rather must work with and complement other public policy domains. It has also highlighted that local governments, the *Guide*'s intended implementation level, are often lesser resourced and face barriers on multiple fronts in having the capacity to develop corresponding action plans, or the financial or authoritative resources to implement initiatives (Kendig et al., 2016). This is despite local governments, as acknowledged by the WHO, being in the best position to assess and engage with needs at the local level. Such limitations have resulted in the mere adoption of policies and programmes developed by higher levels of government such as the national *My Aged Care* platform or state-level planning mechanisms. Such cross-government-level policy adoption may be mistaken as alignment (McDonald et al., 2021: 21) and harks back to questions over equity, especially when higher government-level policies may not be as nuanced to local-level contexts because they need to cater to a broader state or national population. This is particularly highlighted in our corresponding spatial analysis exercise (Liu et al., 2020), where

not only does the spatiality of ageing vary greatly across a geographically vast country like Australia, it also does not correspond to changing patterns of support because of inequitable eligibility.

Further, our findings also resonate with an acknowledged concern of the WHO (Warth, 2016) that the continued growth of the GNAFCC may be hampered by the limited resources of emerging ageing societies such as in the Global South. While many of these societies may not share the same three-tiered federated government system as Australia, challenges may still exist in countries that are similarly vast geographically (such as India) where competing regional priorities may exist and where limited resources may need to be shared among large and diverse populations including competition between national, provincial and local governments. This noted resource limitation may lead to a similar (or even more pronounced) skewed pattern of ageing-related policymaking as that of Australia, where support is concentrated in very narrow policy areas that are viewed as more directly related to ageing, such as care services. This is especially in cases where legislated minimum standards—while out of the scope of the analysis reported in this paper—that mandate more general accessibility such as housing and public transport designs may be less commonly enacted. Such a skewed outcome would also contradict the *Guide's* and the policy framework's original intention: to provide guidance on age-friendly initiatives across different policy silos to ensure a holistic approach to quality of life in older ages.

Last, but not least, our analysis of ageing-related policies across the three tiers of Australia's federated government system resonates with McCann and Ward's (2012) observation that cross-jurisdictional policy transfers, assemblages and learnings do not only occur at the national but also at regional and local levels within. With an expectation of local-level implementation, the WHO's *Guide* serves as a pertinent case study for exploration, but as discussed above, the limitations as identified in Benson and Jordan (2011: 372)—“technological, economic, bureaucratic and political”—were also observed. Such constraints may have further facilitated the assemblage of policies at the state/territory and local levels inspired (to a limited extent) by international guidelines as well as national-level policies and programmes. As discussed above, the uneven distribution of governmental responsibilities and financial resources has resulted in the current pattern of ageing-focussed policy innovations (or lack thereof), irrespective of whether the jurisdiction is a GNAFCC member and/or makes overt reference to WHO guidance within the policy documents.

## 4.1 | Research limitations

This research focussed on analysing 85 policy documents across three levels of Australian governments in relation to whether and how the WHO's *Guide* may have inspired age-friendly policymaking across these different government levels. It deliberately excluded legislated standards that may also potentially contribute to an age-friendly environment. These may include the abovementioned building codes that mandate minimum standards concerning dwelling designs, planning codes that facilitate walkability and access to green and recreational spaces, and anti-discrimination legislations that address issues of ageism and encourage broader civic and social participation. A legal analysis on how such acts and standards may similarly take guidance and align with the *Guide's* age-friendly domains is a particular research gap that would complement the policy analysis discussed throughout this paper.

In lieu of any evidence that suggests direct causal influence of the *Guide* on age-friendly policymaking in Australia, this research has focussed on whether overt references were made to WHO guidance, which was understood as inspirations for policy innovation. As such, policies that may have been inspired by the WHO guidance, but which do not directly reference this, would not have been captured in this analysis. This approach is, therefore, largely unable to address the “how, why, where and with what effects” as noted by McCann and Ward (2012:

326) of cross-jurisdictional policy transfers and assemblages. In future research, researchers may consider other qualitative approaches—such as interviews and workshops with policy-makers—to gain more detailed understandings of these processes and their outcomes, and what other exemplars may provide similar policy inspirations.

## 5 | CONCLUSION

This paper presents an effective way of empirically analysing a large volume of policy documentation across scales, from the national to the local. This was done by using a “traffic light” template to examine the policies of Australia's three-tiered federated government system against the WHO's guidance on age-friendly policymaking. Through the analysis of five policy areas that broadly align with the WHO's core age-friendly domains and a case study on Australia, we have demonstrated the penetrative potential of the WHO's age-friendly guidance on policymaking across different levels of government. It shows that, at least within the context of Australia, membership of the GNAFCC has provided limited inspiration to policymaking across these different government levels, with nonmember governments almost just as likely to cite the *Guide* and its preceding policy framework as inspiration and/or evidence base for their initiatives. Our case studies have, therefore, demonstrated McCann and Ward's (2012) observation and policy transfers and assemblages may not only occur at the national scale but also at provincial and local levels. The extent to which such more localised assemblages of policymaking occur, however, may be constrained by some of the known challenges governments face in developing and implementing age-friendly initiatives, from resource and capacity limitation to the political nature of policymaking. Further, our analysis also highlights the Australian governments' ideas of ageing, with its focus on care and support services, which continues the outdated portrayal of debilitation and deficiency in later life. This is a notable suite of practical and ideological challenges that will likely hinder the GNAFCC's expansion to involve other ageing societies.

### AUTHOR CONTRIBUTIONS

Liu conducted the policy searches and primary analysis, and Atkins, Chomik and Judd provided comments and suggested additions. Liu drafted the manuscript, with Atkins, Chomik and Judd provided comments.

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### CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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### ENDNOTE

<sup>i</sup> This exercise includes a set of seven thematic maps that shows the extent of change between 2006 and 2016 at a fine geographic scale (Statistical Area 2). The maps demonstrate the rates of numeric and structural ageing as well as the changes in government-funded home and residential aged care places in each area. These are accompanied by an indication of socioeconomic advantage (based on the ABS's Socio-Economic Indexes for Areas Index of Relative

Socio-Economic Advantage and Disadvantage), geographic and service remoteness (based on the Hugo Centre for Migration and Population Research's Accessibility and Remoteness Index of Australia ARIA+) and transit accessibility (based on Gordon's 2016 classification).

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## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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