Re-Examining Age-Friendly Communities for Older People with Insecure Housing Histories

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Abstract

In many countries, population aging and increasing rates of housing security among older people are unfolding simultaneously. While the World Health Organization's Age-Friendly Cities and Communities (AFCC) framework is largely considered the leading framework for developing age-supportive communities, it does not adequately account for the ways in which a community may be inclusive, supportive, or age-friendly for older people with lived experience of housing insecurity. This paper began with a question: What would an age-friendly community look like for older people with experiences of housing insecurity? Drawing on the Aging in the Right Place (AIRP) framework, a rights-based conceptual model of six indicators developed through community-based participatory research, this paper re-examines and extends each of the WHO AFCC framework's eight domains: housing, transportation, social participation, respect and social inclusion, civic participation, communication and information, community support and health services, and outdoor spaces and buildings. This paper argues that age-friendly approaches must recognize housing as a human right and housing security as a cornerstone of age-friendly communities, requiring protections including rent control, eviction prevention, and incentives for non-market housing development. Recommendations are offered for municipalities seeking to embed AIRP and rights-based perspectives into age-friendly strategies and evaluation.

Keywords: homelessness, housing, age friendly communities, social integration

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Population aging in Canada, the United States (US), and many other Western countries has resulted in populations marked by high proportions of adults aged 65 and above (United Nations, 2013), with projected increases yet to come (Statistics Canada, 2025). Concurrently, these same countries are reporting a rise in homelessness and housing insecurity among older people (Culhane et al., 2019; Infrastructure Canada, 2023). Housing insecurity encompasses a range of unstable, unaffordable, inadequate, or precarious housing circumstances, ranging from difficulty meeting housing costs and living in unsafe or inadequate housing to temporary or informal living arrangements, imminent risk of eviction or displacement, living in an emergency shelter or transitional housing, and unsheltered homelessness. According to reports in Canada and the US, people aged 50 and older constitute approximately one third of adults using shelters—a significant uptick since the 1990s (Alston et al., 2024; U.S. Department of Housing and Urban Development, 2024). Many are experiencing housing insecurity for the first time after the age of 50 due to structural factors and personal circumstances, including the widespread erosion of affordable housing stock, fixed and limited incomes, unmet health and social service needs, and relationship breakdowns (Brown et al., 2013; Canham et al., 2020). Together, these trends highlight the immediate need for decision-makers and practitioners to reconsider how communities are meeting the diverse needs of older people of different socioeconomic statuses.

Globally, many frameworks have been used to promote healthy aging at the community level; most notably, the World Health Organization's (WHO) Age-Friendly Cities and Communities (AFCC) framework (2007). This framework, which was developed following community consultations in over 20 countries, organizes conditions for health and inclusive

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aging across eight domains: 1) housing; 2) transportation; 3) social participation; 4) respect and social inclusion; 5) civic participation and employment; 6) communication and information; 7) community support and health services, and 8) outdoor spaces and buildings. Since its publication, this framework has been adopted in 57 countries to varying degrees (WHO, n.d.-b) and is largely considered the leading framework for developing age-supportive communities.

The WHO AFCC framework is widely adaptable as it considers dimensions of physical, social, relational, and structural aging which communities can apply to the context-specific needs of local populations. It also acknowledges the role of person-environment fit, explicitly recognizing that an age-friendly community "adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities" (WHO, 2007, p. 1). Despite these strengths, the AFCC framework has been critiqued. For example, it recommends that older people be included in age-friendly planning efforts (e.g., local decision-making and community development), but it fails to acknowledge how those facing structural vulnerabilities and exclusions (e.g., homelessness, poverty) may be authentically involved in these processes (Chung et al., 2021). Currently, the framework does not adequately account for the ways in which a community may be inclusive, supportive, or age-friendly for older people with experiences of housing insecurity. Further, age-friendly policies that adequately address diversity and the intersectional realities of aging have been underdeveloped (Buffel et al., 2024), indicating a clear and ongoing need for work in this area. Thus, while the framework has been widely adopted, there is room for iteration and improvement. This paper began with a question: *What would an age-friendly community look like for older people with experiences of housing insecurity?* Following several years of community-based participatory research investigating homelessness among older people in Canada, this project has compiled evidence about

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promising practices to support older adults with experiences of housing insecurity through community-based participatory collaboration with 40+ community partner organizations and lived expertise advisors across three Canadian cities. Using these years of learning as a starting point, we ask: 1) *Where does the WHO AFCC framework fall short in terms of suitability for older people with experiences of housing insecurity?* and 2) *How can an "aging in the right place" lens inform an expanded and more inclusive AFCC framework that meets the needs of this population?*

Older people with experiences of housing insecurity and/or homelessness represent a heterogeneous population spanning the housing continuum, from unsheltered older adults to those in shelters or transitional housing to formerly homeless older adults now precariously housed. The recommendations that follow are not uniformly applicable across the continuum; rather than exhaustively differentiating subpopulations within each domain, we illustrate where this variation is most consequential. Importantly, chronological age thresholds used to define 'older adult' status in most age-friendly and entitlement programs assume a rough alignment between chronological age and functional health status. Yet, this alignment does not necessarily hold true for older people with experiences of housing insecurity. Cumulative exposure to chronic stress, unstable housing, and unmet health needs can accelerate biological aging such that people in their 50s who have experienced housing insecurity may present with the health and functional statuses more typical of people 10 to 20 years older (Brown et al., 2017). This premature or 'accelerated' aging is a central reason that age-friendly and entitlement programs anchored in chronological age may systematically underserve this population.

Aging in the Right Place: A Framework

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In 2022, Canham and colleagues published a conceptual framework of indicators of aging in the right place (AIRP) for older people with experiences of housing insecurity, developed through consolidation of existing aging in place models and community partner input. The AIRP framework moves beyond traditional aging in place models, which have been critiqued as not relevant or optimal for equity-deserving older people, including those without the social or financial resources to age in the homes or communities where they have lived most of their lives, or who have not had stable housing (see Canada's Drug Agency, 2025). Instead, AIRP suggests that there is a "right" place for older people at various stages of later life as their social, physical, mental, and financial situations change, building on Golant's (2015) recognition that older adults should be supported according to their unique and changing vulnerabilities and lifestyles.

To better understand the factors needed to support these groups, Canham and colleagues (2022) sought input from diverse community entities using iterative community engagement, resulting in six indicators relevant to AIRP for older people with experiences of housing insecurity: (a) built environment of the housing unit and surrounding neighborhood; (b) offsite and onsite health and social services and resources; (c) social integration; (d) emotional place attachment; (e) stability and affordability of place; and (f) broader political and economic contexts. Adopting a rights-based approach to housing (UN General Assembly, 1948), the framework identifies housing as central to one's ability to age in the right place. The built environment includes both the shelter/housing unit and surrounding neighborhood, encompassing barrier-free design private secured spaces, and access to social, recreational, and natural spaces. Offsite and onsite health and social services include healthcare and non-medical resources (e.g., food, transportation, financial management, technology) that support functional ability, activities of daily living, mental and cognitive health, safe substance consumption, and

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quality of life. Social integration encompasses belonging and acceptance (i.e., free from stigmatization and discrimination), having opportunities to participate in meaningful activities, and satisfaction in the quality and quantity of social connections. Emotional place attachment refers to safety, security, and privacy; satisfaction with their home/community/neighborhood; the desire to remain in place; and a sense of autonomy and control over their environment.

The AIRP framework's final two indicators—the stability and affordability of place and the broader political and economic context—were identified as particularly relevant to this population, as these were absent from other aging in place models. The stability and affordability of place is conceptualized as the subjective determinations of whether an older person's shelter/housing unit and neighborhood are locations where they can remain (and for how long), whether the locations are affordable, and whether an older person's needs are being met in these locations. The broader political and economic context includes policies and programs that directly are available through entitlement programs (e.g., Canada's Old Age Security, the US's Social Security) and the indirect effects that these policies and programs have on older people. The AIRP framework is currently being used to guide research examining shelter/housing interventions for diverse subpopulations of older people with experiences of housing insecurity across a variety of settings and jurisdictions. Moreover, the framework can be applied by practitioners and policymakers when developing, implementing, and assessing programs that respond to the needs of older people with experiences of housing insecurity to ensure effectiveness across all six domains of AIRP. In this Forum paper, the AIRP framework is used to re-examine and extend the WHO AFCC framework to better address the needs of this population. In alignment with other critical scholars who have called upon modifications to the prominent WHO AFCC framework (see Buffel & Phillipson, 2024), the analysis below suggests

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expanding this framework to significantly enhance its utility and applicability across a range of settings and environments inhabited by diverse older people.

Across its eight domains, the AFCC framework implicitly assumed a baseline of housing stability and, at times, financial security. In this framing, housing operates as a backdrop against which other domains are evaluated, rather than as an unstable or absent condition. An AIRP lens inverts this perspective by treating housing stability as a distinct and foundational to age-friendliness. Each individual AIRP indicator describes what is required when secure housing cannot be assumed. Applying the indicators of the AIRP framework to the domains of the AFCC framework, therefore, means asking not only how an AFCC domain can be more inclusive, but also what taken-for-granted assumptions about housing must be addressed.

Re-Examining WHO's AFCC Framework Through the Lens of AIRP

In the sections that follow, the eight WHO AFCC domains are re-examined through the lens of the AIRP framework and its six indicators.

Domain #1: Housing

Within the WHO AFCC framework (2007), AF housing is defined as housing that is "affordable, well-designed, and safe" and offers "a range of options with good connectivity to social services and the community". This definition acknowledges the role of accessibility and emphasizes the importance of adaptations and accessibility features (e.g., grab bars, elevators) that support older people with varying mobility needs. Similarly, it acknowledges the relationship between housing and community and suggests that age-friendly housing should meet diverse service needs. Through an AIRP lens, housing is also a place where security, autonomy, and opportunities for personalization are central to feeling "at home". For older people with experiences of housing insecurity, age-friendly housing must also promote place attachment,

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social integration, and community connections. Safety, both real and perceived, should also be explicitly acknowledged as an age-friendly principle in housing options and design.

Perhaps above all, housing retention should be a cornerstone of any age-friendly housing; housing or tenancy that is precarious or at-risk cannot be considered age-friendly. Using an AIRP lens, we are reminded that housing stability and affordability of place are foundational, particularly against the backdrop of increasing prevalence of homelessness among older adults in North America (Crane & Joly, 2014; Culhane et al., 2019). When considering the domain of housing within the broader context of age-friendly communities that can support all older adults, it is insufficient to only consider accessibility and a range of housing options; municipalities with age-friendly programs must also take efforts to promote rent control, eviction prevention and "renoviction" policies, and incentives for non-profit, non-market housing developers to build affordable housing. These steps can promote housing stability, and by extension, age-friendly housing for residents of all ages and income levels.

Domain #2: Transportation

Within the WHO (2007) AFCC framework, age-friendly transportation is defined as transportation that is safe, affordable, and accessible, and that enables older people to participate in social, recreational, civic, and economic activities. This definition acknowledges that a range of transportation options support social inclusion. Adding an AIRP lens broadens the framing of transportation to more than a mechanism for mobility. Transportation for older people with fixed, low incomes is a key determinant for healthcare access, food, income, and community connections. Through this lens, determining whether a transportation system (including modal options, costs, and geographical reach) is age-friendly must consider the extent to which the system can fully include the needs of older people of income groups living in all neighborhoods.

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An AIRP lens on age-friendly transportation also calls to attention a lack of development in one dimension of transportation for older people: active transportation and mobility infrastructures. Critically, research has consistently found that older people experiencing housing insecurity are disproportionately reliant on public transit and active transportation modes (e.g., biking, walking, wheeling with scooters or mobility aids) due to limited access to private vehicles or other modes of transportation (Hui & Habib, 2017; Murphy, 2019). Infrastructure such as bike paths, multi-use paths, sidewalks, and other forms of accessible pedestrian infrastructures are therefore critical, non-negotiable components of an age-friendly transportation network that can support all older adults.

For municipalities with age-friendly plans, an AIRP-informed approach to transportation requires a spatial equity audit of existing and planned infrastructures, assessing whether adequate, accessible, and affordable options serve neighborhoods inhabited by high proportions of older and low-income households, and directing upgrades to close identified gaps. Such planning can help prevent transit deserts (Jiao & Dillivan, 2013) and reduce reliance on car ownership. Affordable transit subsidy programs should also extend eligibility beyond age-based thresholds, as people experiencing housing insecurity may not otherwise qualify.

Domain #3: Social Participation

Within the WHO AFCC framework, age-friendly communities should provide "a range of accessible and affordable activities" and encourage "participation and intergenerational integration" (WHO, n.d.-a). This framing suggests that older people should be encouraged and supported to engage in diverse forms of recreational, cultural, and social activities in their communities. An AIRP lens expands the emphasis on social *participation* (and inclusion; Domain #4 below) to consider the extent to which older people are socially *integrated* into their

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communities, neighborhoods, and municipalities. Broadly, social integration captures the extent to which a person is integrated into their communities through social participation, relationships, engagements, and connections (Quilgars & Pleace, 2016). For older people with experiences of housing insecurity, integration into community may be challenged by financial barriers, experiences with discrimination, and broader forms of social exclusion (McDonald et al., 2009; Weldrick & Canham, 2024). Without meaningful social integration, participation in various forms of (in)formal activities may not be feasible. Social networks and supports can be disrupted during homelessness (Joly et al., 2014), and re-building networks takes time. Age-supportive programming (e.g., recreation, intergenerational activities) must take this into account.

Expanding the 'social participation' domain to more robustly consider social integration presents several implications for AFCCs. Accessible programming for older people should be delivered in ways that ensure this population can be meaningfully included and free from stigma and discrimination (Canham et al., 2026). When possible, programming should include peer-led and/or peer-supported activities that involve people with past experiences of homelessness (e.g., peer-led system navigation). Shared lived experience confers a form of trust that formal providers cannot easily replicate because peers are often interpreted as insiders rather than as agents of exclusionary institutional systems or structures. The trust-building potential of peer support aligns directly with the AIRP framework's emphasis on social integration, which identifies belonging and freedom from stigmatization as core to aging in the right place. Meaningful participation and integration in the community involves more than simply attending community events and research suggests that programs involving peer support can improve outcomes, including quality of life and social support, amongst people experiencing homelessness (Barker et al., 2018).

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Domain #4: Respect and Social Inclusion

Within the WHO AFCC framework, age-friendly communities are guided to promote the respect of older people, combat ageism, and promote "social and economic inclusion" (WHO, n.d.-b). An AIRP lens suggests that combatting negative stereotypes and perceptions of aging involves a more intersectional consideration for the ways in which ageism compounds and intersects with other "*-isms"*. For example, recent work has highlighted the compounding impacts of ageism and discrimination based on housing status (Weldrick & Canham, 2024), now referred to as *homeism* (Canham, Moore, et al., 2022). Addressing ageism alone is insufficient to promote the respect and inclusion of all older people, particularly those from equity-deserving and/or minority groups. Age-friendly communities should instead take an expanded approach to respect and social inclusion to promote the full social integration for all older people.

For older people with experiences of housing insecurity, community inclusion and integration can be challenged by harmful narratives, prejudice, and stereotypes about who is homeless and why—all of which are forms of homeism (Canham, Moore, et al., 2022; Canham, Weldrick, Erisman, et al., 2024). This stigma and discrimination can intersect with forms of ageism, leading to pronounced exclusion from community services and supports (Gonyea et al., 2010; Kisor & Kendal-Wilson, 2002). Given this, an AIRP-informed AFCC framework would necessitate municipalities to clearly articulate and actively work towards dismantling homeism and other -isms alongside ageism. Using this lens, an age-friendly community is one that earnestly works towards a discrimination-free community for everyone.

For municipalities with age-friendly plans, anti-discrimination training across sectors that interact with older people (e.g., municipal offices, housing & health agencies) could reduce stigma and prejudice. Municipal advisory committees (e.g., citizen standing committees, older

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adult advisory committees) can inform priorities via spending, bylaws, programming, etc. Municipalities are encouraged to recruit older people with experiences of housing insecurity to these committees, to ensure that these perspectives are 'at the table' when policy and planning decisions are made (Canham, Weldrick, Cartledge, et al., 2024). Embedding lived experience of housing insecurity into local decision-making reflects a structural commitment to social integration in governance, not only in service delivery, and complements the strategies outlined under *social participation* (Domain #3).

Domain #5: Civic Participation and Employment

Within the WHO AFCC framework, an age-friendly community provides opportunities for older adults to participate in fulfilling paid and/or unpaid labor and civic activities, positioning older people as active contributors rather than passive recipients of care (WHO, 2007). Importantly, the WHO's framing acknowledges that opportunities must meet older people's diverse needs, preferences, and skillsets—a perspective that aligns with the AIRP framework. By adopting a comprehensive AIRP approach, this domain can be extended to more fully include the realities of housing insecurity. The dominant narrative embedded within the AFCC framework is one that implicitly assumes housing stability and reliable transportation. For older people experiencing housing insecurity, sustained civic participation may not be feasible or realistic (Norman et al., 2015). While volunteering or working can be beneficial for this population (Canham et al., 2026), such activities should not be idealized in ways that further exclude older people whose participation is hindered by their circumstances.

An AIRP lens calls for a more inclusive understanding of what 'counts' as civic participation. Activities such as peer mentoring, tenant leadership, and advisory roles within shelter/housing and social service organizations are meaningful forms of civic engagement that

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may not be adequately recognized in the existing AFCC framework. Further, lived expertise of housing insecurity is a form of expert knowledge that can inform service and housing delivery, and yet people who bring these perspectives to various settings are not always acknowledged or appropriately compensated (Rose et al., 2026). In terms of employment, an AIRP-informed approach highlights the structural barriers that older people with experiences of housing insecurity may face when attempting to access paid work, which may include discrimination from employers, not having a fixed address, and not having access to necessary technology (Golabek-Goldman, 2017).

For municipalities with age-friendly plans, programs should embed peer support and lived expertise advisory roles within existing structures and fairly compensate lived experts for their time, rather than relying on volunteer contributions (Rose et al., 2026). Municipalities should actively promote local hiring practices that do not penalize people for employment gaps or lack of a permanent address and broaden definitions of civic participation to celebrate and include the informal, relational, and community-based contributions older people make beyond formalized labor and volunteering.

Domain #6: Communication and Information

Within the WHO AFCC framework (2007), older people should have access to information that is clear, relevant, and timely to their lives and communities. This domain acknowledges that technology can affect the extent to which a person is included/excluded in their community and that there may be literacy or affordability barriers to technology use that may affect older people. Using an AIRP-informed approach, efforts to promote accessible and inclusive communications must also consider the needs of older people with experiences of housing insecurity—a group which often experiences challenges with technology and internet access (Raven et al., 2018).

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When communication strategies and dissemination tactics rely predominantly on digital channels (e.g., social media, e-newsletters, websites), they risk systematically excluding people who are already facing marginalization from community participation.

An AIRP-informed approach in this domain requires an information equity lens (Cancro, 2016) (i.e., that all people should have equal and meaningful access to the information needed to navigate their communities and supports, regardless of income, housing status, or technology access). This approach draws attention to both the platforms and media through which critical information is shared, but also the relational elements of how information is transmitted. For example, some individuals with experiences of housing instability may be more likely to trust information received through personal relationships, community networks, or known service/health providers (see Allen et al., 2022). For unsheltered older people, word of mouth may be a primary means of receiving health and social service information (Heaslip et al., 2022), whereas housed but low-income older renters may have some digital access but face affordability or digital literacy barriers – underscoring that information equity strategies cannot be applied uniformly across all unstably housed people.

For municipalities with age-friendly plans, several AIRP-informed improvements can be made to communications and information dissemination. Communications about local services, supports, amenities, and events should be shared via multiple platforms and modalities, ideally including a combination of posters, radio, peer-led or peer ambassador networks, and in-person outreach. Additionally, public libraries remain a critical social and community infrastructure for people of all ages and are a cornerstone of age-friendly communities (Buffel & Phillipson, 2024). Municipalities should further invest in the information and communication services offered through libraries and launch or expand programs such as device loaning, digital literacy, and

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others that work to close the digital divide experienced by older people with experiences of housing insecurity. Municipalities are also encouraged to solicit frequent feedback from diverse older people in the community to determine the extent to which their information and communication needs are being met. Thoughtful AIRP-informed improvements in this domain can help to ensure that critical information is reaching those who need it most.

Domain #7: Community Support and Health Services

Within the WHO AFCC framework (2007), an age-friendly community should provide accessible and affordable health and community support services that help older people remain healthy, independent, and active. This framing rightly positions health and social care as foundational to aging well and acknowledges that the availability, affordability, and proximity of services shape older people's ability to participate in all aspects of community life. Through an AIRP lens, this domain now considers whether supports are reachable, adequately coordinated, and responsive to the realities of older people with experiences of housing insecurity. For this population, personalized supports that are both geographically and financially within reach are not a convenience but a precondition for AIRP (Canham, Weldrick, et al., 2022). A service that exists on paper, but is inaccessible in practice (e.g., due to cost, distance, eligibility requirements, or the need to navigate multiple disconnected systems), does little to support older people with experiences of housing insecurity who have complex health and social needs.

An AIRP-informed approach also calls for a broader and more integrated definition of what constitutes health and community support. Rather than siloing medical care, mental health, harm reduction, and social connection, the AIRP framework emphasizes wrap-around supports in which a range of onsite and offsite resources are coordinated to meet older people 'where they are at'. For older people with experiences of housing insecurity, this means recognizing that

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needs related to (past or present) substance use, mental health, social isolation, and chronic illness frequently co-occur and that fragmented, siloed systems of care can compound—rather than relieve—these challenges (Canham et al., 2020). Defining health and community support too narrowly (e.g., exclusively around clinical services) risks overlooking the supports that often matter most for this population, including but not limited to harm reduction services, mental health care, and opportunities for meaningful, discrimination-free social interaction (Weldrick et al., 2023).

For municipalities with age-friendly plans, funding structures must account for the historically siloed systems and networks that older people with experiences of housing insecurity are required to navigate, emphasizing coordination across health, housing, and social service sectors. Delivery methods must be adapted: mobile clinics, outreach, and at-home or in-shelter visits can reduce access inequities by bringing services to older people rather than requiring them to travel (Ye et al., 2019). Staff across all sectors should receive training in person-centered practice in their respective fields. Interventions should be designed with older people's lived expertise and evaluated to ensure that those in greatest need are being reached.

Domain #8: Outdoor Spaces and Buildings

Within the WHO AFCC framework (2007), an age-friendly community should offer clean, safe, and accessible outdoor environments, including green spaces, rest areas, and well-designed pedestrian infrastructure that encourage activity, mobility, and inclusion of all people. Through an AIRP lens, several indicators inform an expanded conceptualization of this domain, including built environment, emotional place attachment, stability/affordability of place, and the broader political and economic context (Canham, Weldrick, et al., 2022). Together, these indicators call attention to the fact that outdoor environments are more than venues for leisure

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and social gathering. For many, and particularly those living in forms of shelter/housing where access to outdoor space is limited, outdoor public spaces function as an extension of one's home (Rennels & Purnell, 2017). For some, these spaces serve as third places (Weldrick et al., 2025), where relaxing, socializing, and gathering critical community updates can happen without having to spend money or risk being accused of loitering.

An AIRP-informed approach to this domain also draws attention to the ways in which the design and governance of public space can actively exclude older people (Yarker & Buffel, 2022), particularly those with insecure housing histories. Hostile or defensive architecture (e.g., design features that deter sitting, lying, or otherwise lingering in a space) should be avoided in age-friendly communities, as such features can disproportionately harm older people with experiences of housing insecurity (Weldrick & Canham, 2024) while simultaneously degrading the usability and comfort of spaces more broadly (Starolis, 2020). Related, the increasing privatization of public spaces poses a distinct threat to older people both through the closure of formerly public spaces, the commercialization of formerly free spaces, and/or the growing presence of security personnel that police how and when spaces are used (Buffel & Phillipson, 2024; Glyman & Rankin, 2016; Kohn, 2004). Whereas access to public space is conditional, surveilled, or designed to discourage presence, the result is a narrowing of the very environments upon which many older people rely.

Older people with experiences of housing insecurity also face disproportionate exposure to extreme heat, cold, and poor air quality, given greater time spent outdoors or in inadequate housing or shelter conditions. Age compounds this vulnerability, particularly as chronic health conditions or frailty may reduce one's ability to regulate body temperature. Age-friendly outdoor

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planning should treat weather readiness infrastructure (e.g., cooling and warming centers) as critical infrastructure (Cronley et al., 2024).

Municipalities should support affordable housing developments and proposals that incorporate gardens and accessible outdoor space, treating these as integral to age-friendly design rather than as amenities, and should fund the (re)development of parks, parkettes, gardens, waterfronts, resisting proposals that render public space hostile or exclusionary. When these spaces are (re)developed, engagement processes should hold deliberate space for this diverse population, tenants, and low-income older people to shape decisions rather than privileging the input of property owners and upper-income people (see Tranjan, 2023). Participatory design approaches offer one promising avenue for ensuring outdoor spaces reflect the needs of older people who would benefit from them.

Conclusion

Using the rights-based AIRP framework to critically re-examine each of the WHO's eight AFCC domains identified opportunities for expanding the AFCC framework's relevance, inclusivity, and responsiveness to the needs of older people with experiences of housing insecurity (see Table 1 for a summary of recommendations and examples of approaches from global cities). This AIRP-informed expansion of the WHO AFCC framework centers housing retention and stability, affordable public transit and non-motorized transportation options, meaningful social integration, diverse forms of civic engagement, communication equity, integrated wrap-around health and social supports, and free and equitable access to welcoming public spaces as essential components of age-friendly communities for older people with experiences of housing insecurity. To be comprehensive, age-friendly approaches must recognize that housing is a human right; housing security is a cornerstone of aging well and therefore must

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be treated as a central policy priority through protections including rent control, eviction and "renoviction" prevention, and incentives for non-market housing development. Without explicitly integrating housing stability and lived expertise into age-friendly frameworks, age-friendly initiatives risk reproducing exclusion rather than enabling equitable AIRP.

Beyond affordable housing policies, there is a need for comprehensive audits of transportation networks to identify and address inequities in access, as well as investments in affordable and inclusive transit programs that extend eligibility beyond rigid age thresholds for low-income people. Similarly, programming for older people should be delivered in ways that are accessible, stigma-free, and inclusive of people with lived experience of housing insecurity, including through peer-led models and incorporation of advisory roles that are fairly compensated. Communication strategies must be multi-modal and relational, drawing on peer networks, public institutions such as libraries, and in-person outreach to ensure equitable access to information. Civic participation must recognize informal, relational, and community-based contributions made by diverse older people, which requires institutional commitment to anti-discrimination practices. Lastly, cross-sector coordination between housing, health, and social services and sustained investment in inclusive public spaces is key to a comprehensive AFCC framework. Future iterations of the WHO AFCC framework, as well as municipal age-friendly plans, should explicitly embed these perspectives within their strategies and evaluation processes to ensure more equitable, inclusive, and justice-oriented approaches to aging in diverse municipal contexts. Tangible indicators could include the presence of housing retention or eviction prevention strategies in age-friendly plans, the presence of compensated lived expertise advisory roles on municipal aging committees, and the availability of non-digital, relational channels for service information and communication.

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Table 1. Summary of AIRP Recommendations for an Expanded AFCC framework

AFCC[a] Domain	Recommendations	Examples in Practice
Housing	- Treat housing retention and stability as the cornerstone of age-friendly housing - Promote rent control, eviction prevention policies, and incentives for non-profit, non-market housing development - Embed security, autonomy, and personalization as explicit age-friendly housing principles	The City of Toronto, Canada, has developed a coordinated municipal housing strategy that combines rent-controlled housing, eviction prevention, renoviction protections, and financial support for non-profit/non-market housing development, with a target of 65,000 new rent-controlled homes by 2030.
Transportation	- Conduct spatial equity audits of transportation networks to identify access gaps in neighborhoods with high proportions of low-income older residents - Invest in active transportation infrastructure as core components of age-friendly transit - Expand affordable transit subsidy eligibility beyond age-based thresholds to include people with experiences of housing insecurity who may not qualify under current criteria	To support equitable transportation, the Municipality of San Isidro in Lima, Peru provides free, accessible bus services across the district with frequent stops no more than two minutes apart, supporting the diverse transportation needs of service users.
Social Participation	- Shift programming emphasis from social participation to social integration, ensuring inclusion that is free from stigma and discrimination - Incorporate peer-led and peer-supported programming models, which can improve quality of life and support for older people with experiences of housing insecurity - Reframe evaluation of meaningful participation to capture depth of social connection and inclusion	The Fred Victor Centre Garden Group in Toronto, Canada – aims to reduce discrimination and isolation experienced by people with experiences of homelessness through meaningful social activity with peers and members of the general public in a community garden setting (Zerger, 2009).
Respect and Social Inclusion	- Adopt an intersectional approach to combating ageism that explicitly addresses homeism and other forms of compounding discrimination	For example, the City of Montreal, Canada, employs a framework to include people experiencing homelessness in urban planning project development and provides

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	- Provide anti-discrimination training for staff and service providers across municipal, housing, and health sectors - Recruit older people with experiences of housing insecurity to municipal advisory and standing committees to embed lived expertise within local governance and decision-making	trainings to municipal employees on social profiling of people with lived experience, which could be expanded to include older people with experiences of housing insecurity.
Civic Participation	- Broaden definitions of civic participation to recognize peer mentoring, tenant leadership, and informal community contributions - Fairly compensate lived experts for advisory and consultation roles - Promote inclusive local hiring practices that do not penalize applicants for employment gaps or lack of a permanent address	The City of Melbourne, Australia's Homelessness Strategy 2024–2030 provides a municipal example of incorporating people with experiences of homelessness into the design of public spaces, committing to co-designing facilities, buildings, parks, gardens, and other open spaces with people with lived experience of homelessness and ensuring that public spaces are safe, accessible, and welcoming, which could be expanded to include older people with experiences of housing insecurity.
Communication and Information	- Use multi-modal, relational communication strategies, not just digital channels - Invest in public libraries and expand device-loaning and digital literacy programs to close the digital divide experienced by older people with experiences of housing insecurity - Solicit frequent feedback to assess whether information and communication needs are being met by older people with experiences of housing insecurity	For example, Senior Services of Southeastern Virginia in Norfolk, Virginia, US, offers a "Homeless Older Adults Program" that connects to older adults experiencing homelessness through in-person outreach, an information phone line, and a centralized a website to deliver individualized support and housing assistance.
Community Support and Health Services	- Coordinate funding and service delivery across siloed health, housing, and social service systems to provide integrated supports - Expand delivery methods (e.g., mobile clinics, outreach) to meet older people	In London, UK, the "Homeless Healthcare Outreach Service" delivers primary care directly in shelters, hostels, day centres,

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	with experiences of housing insecurity "where they're at" and reduce access inequities - Train staff across sectors in person-centered practice and involve older people's expertise in service design	and street settings for people experiencing homelessness.
Outdoor Spaces and Buildings	- Fund the (re)development of accessible green spaces, parks, and gardens, including within affordable housing developments - Avoid hostile architecture and resist the privatization or over-policing of public spaces that disproportionately exclude older people with experiences of housing insecurity - Center older people with experiences of housing insecurity, tenants, and low-income older people in participatory design and community engagement for outdoor space planning	For example, the City of Calgary's "Connect: Calgary's Parks Plan" is a 20-year municipal strategy guiding the development, redevelopment, management, and funding of parks and open spaces, with a key direction to create inclusive and supportive spaces for equity-deserving communities.

[a]Age-friendly Cities and Communities (AFCC)

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