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23 Involving the Community in Ageing Policy Design

The Cascais Protocol

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Introduction

The quest for an age-friendly urban environment is already a multi-decade-long endeavour with a varied range of interpretations, scales, and scopes across the globe. Theories and policy frameworks have typically focused on the 'margins of the life course': childhood, youth, and old age. Recently, the global demographic trend towards an unprecedented growth in an older population has made 'old-age' friendly cities a priority in terms of political and academic interests.[1]

The Active Ageing Framework[2] and the World Health Organization's (WHO) Age-Friendly City and Community' (AFCC)[3] model have emerged as the main reference points to address ageing in urban environments. This has coincided with the so-called age-friendly movement,[4] which continues to expand rapidly since its inception in 2005.[5] Recently, at least one journal special issue[6] and three books[7] were dedicated to the Age-friendly movement. As observed in other 'city models', the academic debate has been translated into policy in various ways.

The Cascais protocol was developed by the authors as part of a government-contracted research project. As the fifth largest city in Portugal with 215,000 residents, 20% of whom are 65 and older, Cascais wants to adapt and prepare for a never-before-experienced population structure. The project was developed based on two central premises: (i) age and old age should be conceptualized beyond a mere accumulation of problems and (ii) the project should be co-constructed with residents adopting an action-research approach.

Our proposal adopted critical gerontology[8] as a theoretical framework, and the WHO-AFCC as its main conceptual tool. During the research process, we reviewed the latest developments in the age-friendly debate and advanced an innovative approach towards the construction of age-friendly cities focusing on the deconstruction of age-related stereotypes and the transformation of cities into places where the right to care is established as a central axis. This implies the recognition that each person is an interdependent, vulnerable being, and an active agent in the production and reproduction of everyday life and the city.

Through the lenses of critical gerontology this paper aims to describe and critically reflect on the research protocol designed for Cascais. This paper starts by reviewing key debates in the Age-friendly movement. We then describe the approach taken to develop the Cascais protocol, including its guiding concept and setting and focusing on a series of workshops we conducted. The paper's third section describes the results of a survey that was distributed before the workshops and the qualitative analyses of the workshops with participants. Finally, in the discussion, we revisit the main findings, outline the project's limitations, and present our contribution to the AF movement. We claim that the Cascais Protocol not only

acknowledges the importance of the life course and intergenerational approaches but also a third dimension represented by the linking ages approach, which advances the promotion of care as a coherent agenda for action.

Ageing policies in a contested cities framework

Demographic facts about the older population are usually presented without further contextualization.[9] Older persons are portrayed simplistically, as a fast-growing homogenous group of frail[10] and dependent individuals.[11] Very often, there is no balance between addressing the important issue of declining functional capacity—present in many older persons' lives—and highlighting the diversity of ageing experiences. The latter is frequently subsumed by the former.

In this context, the idea of a 'demographic tsunami'[12] is a powerful argument that simultaneously raises a dilemma for 'Age-friendly cities' advocates'. Highlighting the unprecedented nature of the current demographic change towards an older and urbanized population usually taps into the growing ageism we have been witnessing in all societies. In contrast to such approaches, the theoretical current of critical gerontology has been gaining ground in the analysis and formulation of public policies. On the one hand, it posits that there is not a single type of old age, while, on the other hand, it recognizes that 'gerontological knowledge' is not only a particularly powerful tool for disciplining and controlling older people but also has direct implications for the meanings that this same population attributes to ageing.

In 2007, the WHO published a guide intended to be used by individuals and groups interested in making their city more Age-friendly, that is, a city that promotes 'active ageing by optimizing opportunities for health, participation, and security to enhance the quality of life as people age'. The guide offers an Age-friendly features checklist that older people can review and contrast with their own experiences.

Fifteen years after the first publication of the WHO 'Age-friendly Cities Guide',[13] the initiative has progressed both in terms of global program implementation and as an academic topic. This network's expansion since its foundation in 2010 is noteworthy. It now includes approximately 760 cities and communities in 28 countries, covering over 217 million people worldwide.[14] A new guide was published in 2023,[15] aiming at national authorities and stakeholders involved in national programs for AFCC. An interview Lisa Warth did with Thibauld Moulaert[16] gives a good recollection and discussion of how the network developed over the last decade.

In Portugal, the movement continues, despite a lack of adherence among major municipalities, including Cascais. To date, only 14 out of 308 municipalities are affiliated with the network, accounting for 12% of the national resident population aged 65 and over: Arouca, Matosinhos, Santa Maria da Feira, Setúbal, Porto, Castro Marim, Oliveira de Azeméis, Gondomar, Maia, Ponte de Sor, Torres Vedras, Vila Nova de Foz Coa, Odivelas, and Alfândega da Fé.

In the introductory chapter of their book, Fitzgerald and Caro[17] provide a glimpse of the diversity of approaches, and of the sometimes confusing and overlapping frameworks related to and generally associated with the so-called Age-friendly Movement. The authors call attention to the variety of scales that have been reported as 'Age-friendly initiatives', which is one of the reasons why the terms 'city' and 'community' have been used interchangeably in the literature.

The literature on this subject usually deals with similar, but not identical, concepts, the Age-friendly Movement, the WHO Age-friendly Cities and Communities framework (AFCC), and the WHO Global Network of Age-Friendly Cities and Communities (GNAFCC).[18] A fundamental distinction is the fact that the Age-Friendly Movement is an umbrella for different research and policy streams that address the relationship between population ageing and the environment in different contexts. Although the other two ideas are closely connected, several cities, e.g., Lisbon, Berlin, Tokyo, and Singapore, are using the WHO-AFCC framework to some extent but are not network members.

Although the active ageing framework has been established as the lowest common denominator for older person's policy debate, its interpretation and translation into policy remain controversial. As a global catchword, all the major international organizations, such as the United Nations (UN), the European Union (EU), and the Organization for Economic Development (OECD), have adopted it indiscriminately. This results in different and sometimes contrasting interpretations that ultimately lead to empty meaning and content.[19]

The WHO defines Active Ageing as 'a process of optimizing opportunities for health, participation, and security, to increase the quality of life as people age'.[20] This perspective highlights the importance of adopting a life course perspective[21] and the influence of the socio-environmental context. Here, the term 'active' is associated with continuous participation in social, economic, cultural, spiritual, and civic life, going far beyond the possibility of being physically and professionally active.

More than the simple 'absence of disease', the perspective of active ageing that the WHO advocates centres on quality of life, embodied in the individual's unique trajectories and perception of their life positions, reflecting both the cultural context and values in which they live and their goals, expectations, standards, and concerns. In addition to the quality of life, interdependence and intergenerational solidarity are important principles for active ageing. Thus, the family, the community, and society have an impact and influence on the way people age.

The WHO underscores that older people are not one homogeneous group, and that individual diversity tends to increase with age. Ageing transforms both opportunities and constraints. As such, a single-minded focus on constraints obscures the opportunities that emerge as people age and policies that take such advantages into account. The WHO has generally been consistent in understanding what the guiding principles of these policies are. It is nonetheless important to note that the concept itself, even within the organization, has undergone some changes. It has, for example, oscillated between the use of 'active ageing' and 'healthy ageing' with similar meanings.

To mention one out of many alternative interpretations, the OECD defines active ageing as 'the capacity of people, as they grow older, to lead productive lives in society and the economy'.[22] According to Walker,[23] this institution's perspective is coherent with the influence of its acceptance of the neoliberal doctrine. Thus, it employs a narrowed and focused life-course conceptualization and policy approach that emphasizes the critical transition from work to retirement.[24]

In addition to criticizing the OECD, Walker has also expressed concerns about the AF movement's lack of clarity about what active ageing comprises. He claims that the comprehensive all-ages aspect of active ageing is often ignored in favour of an old-age focus. According to him, this risks the dominance of an 'Age-friendly' instead of 'Ageing-friendly'[25] focus. Other critiques have outlined how the AF movement reinforces traditional 'silo thinking', in this case, age-segregated silos,[26] which circumvents the discussion on active ageing

by focusing on the built environment arguing for multigenerational or intergenerational approaches.[27] The Universal Design framework, which focuses on how buildings, products, and environments are designed to ensure accessibility to people with a wide range of abilities, disabilities, and other characteristics, also raises essential questions about frailty and disabilities in contemporary societies.[28]

Another topic of contention in the AFCC theoretical field is Bufel et al.'s[29] suggestion that the academic discussion move away from questions such as 'What is an ideal city for older people?' to the question of 'How Age-friendly are cities?'. Moulaert and Garon[30] argue that such approaches would trap researchers into either an 'expert position' or a 'lay position'. Experts would tend to 'defend' the AFC practices and discourses from a 'helicopter view', mitigating their limits and difficulties. The lay position would need to capture the person-environment fit and the experience of 'ageing in place'. Therefore, the authors suggest a move towards a 'pragmatic practitioner position' that would be capable of linking both positions by addressing an intermediate question: 'How are Age-friendly Cities and Communities developments experienced?'

Christopher Phllipson's[31] recent intervention within the scope of the *Interações Symposium* (2023) highlights three main challenges for the AF movement: (i) older people's strengthened and effective participation in decision-making; (ii) empowering marginalized groups to enable them to claim and enforce their rights; and (iii) a better recognition of diversity, both from socio-political and cultural points of view. For Phillipson (2023), equity, diversity, and co-production must be key factors for the future of the AF movement.

At this point, it is also crucial to acknowledge that strategies and plans regarding ageing may potentially conflict with other legitimate aspirations that people may have for space. Furthermore, their presence in and perhaps influence on the public debate is still relatively modest compared to other urban paradigms. While cities strive to become more age-friendly, various stakeholders also advocate for cities to become more innovative, child-friendly, smart, sustainable, green, compact, creative, resilient, inclusive, etc. It is worth recognizing that some of these frameworks share common goals. However, there are notable divergences and occasional conflicts in terms of priorities and objectives.[32] Attention should also be given to the many questions in terms of its effectiveness and sustainability that the model and the network are not yet fully capable of answering.

The Cascais Protocol – age construction and reconstruction in an ageing policy design process

Age-friendly initiatives are perhaps the best available source to take the pulse of the macro influence of the construction of ageing in specific contexts. A typical feature of AF initiatives is their roots in the 'health and care department', the Cascais Protocol is no exception. Such a singular affiliation might present a challenge when the aim is to embrace a life course (all ages) approach. Attitudes towards ageing and disability play crucial roles in promoting or hindering new sources of inspiration and participation possibilities.

In this section, we will outline the general protocol used in Cascais and argue that the age-friendly movement can benefit from the 'linking ages' approach. This practice helps to expose age stereotypes and biases while providing an opportunity to reconstruct life stages based on a concrete, context-based policy development process. Specifically, we focused on ageism, as a key topic of discussion, and on care, as a mobilizing framework for research and policy alternatives.

Making age or reproducing ageism?

The Cascais Protocol was developed in response to a public tender launched by the munici-pality, which required proposals to be based on co-creation action research methodologies and to have a transdisciplinary scope that was not restricted to older persons with disabili-ties. Table 23.1 summarizes the research design adopted.

Table 23.1 Research design summary

	Specific aim	*Method*	*Sources*
Top-down	Ensuring that we have complete and up-to-date information about the object of the research, and obtaining information that may not appear in the reports.	Interviews with technical staff and other key informants	Key persons in social policy services
	Identify global projects, trends, and studies on the topic of age-friendly cities and communities as well as those in Cascais, with a focus on ageism and involuntary isolation. Systematize data, initiatives, and programs already underway, as well as the history of ageing policies in the municipality.	Desk review	NSI, Open data Cascais, GeoCascais, LxHabidata, Social Diagnostics, etc.
Bottom-up	Raise awareness among the public about the study, share information and knowledge between the municipality and the research team, and involve other actors in the study design and strategy.	Inaugural Seminar	Municipality and research team / National and international experts / Participants survey
	Identify positive and negative points for the construction of policies for good ageing in the municipality, questioning stereotypes about ageing and old age.	Workshops with reference groups	Analysis of the content of the discussions and surveys conducted during three workshops held for each of the six reference groups
	Explore the phenomenon of ageism in Cascais. Understand positive/negative perceptions about ageing and old age. Understand whether socio-economic factors influence perceptions. Investigate priorities for political action around ageing. Check knowledge/satisfaction with current measures.	Resident's survey	Representative sample for parish population 40+
	Co-creation of responses to ageing in a concrete and prepositional perspective.	Case Study (Social Dreaming)	Residents or Local Actors

Given the intended transdisciplinary approach, the perspectives of action research, and the co-construction of the strategy, we opted for a research strategy that was strongly based on the population's involvement and inputs (bottom-up). It is important to emphasize that the different phases aimed to achieve two methodological objectives: First, to enhance participation opportunities throughout the diagnosis process, and second, to challenge stereotypes and prejudices related to ageing and old age.

Ageism is a serious problem, as it involves systematic stereotyping and discrimination against people because of their age. While ageism can manifest in both positive and negative ways, negative ageism is the most common when it comes to older persons. Ageism is a ubiquitous[33] issue that affects not only our perception and actions towards older individuals but also how we view ourselves as we age.[34] This kind of discrimination poses the greatest threat to older individuals' potential contributions. The WHO's Global Report on Ageism also highlights the pervasiveness of ageism, emphasizing that it is real and has negative consequences on people's lives. It proposes three recommendations for action: changes in policy and law, educational, and intergenerational interventions. Therefore, the Cascais protocol unintentionally promoting an 'ageism-friendly Cascais' would be worse than settling for a 'frail-elderly-friendly Cascais'.

To combat ageism, a recent systematic review[35] suggests that education about ageing and positive intergenerational contact can be effective in reducing ageist attitudes and increasing knowledge about ageing. Additionally, these interventions can also increase comfort in interacting with older adults and interest in careers working with them. Ultimately, we determined that it would be crucial to take action against ageism to ensure that we did not limit older individuals' potential but that the protocol would contribute to promoting a more inclusive and equitable society.

To enhance participation opportunities, we created conditions that allowed participants to jointly reflect on individual and collective aspects of ageing and old age, exchange experiences and opinions, and change their minds throughout the entire process. To achieve this, we held three meetings and prepared summaries of our observations (debriefings). These documents were shared with the participants before the next workshops so that discussions could be held during the following workshops.

Workshops were held with 'reference groups' to give participants the opportunity and time to reflect on the proposed themes. The English expression 'workshop' was chosen because it reflected the spirit of this moment of investigation that aimed to make a diagnosis collaboratively, by involving the participants. While this paper focuses on the workshops (see Table 23.1), other research components were also key to the project's ambitions to produce a diagnosis, a strategy, and an action plan.

Workshops with reference groups

Together with the Cascais Municipal (CM) team, six reference groups were defined to ensure that the topic of ageing and old age in Cascais was approached from a broad perspective. These groups comprised: (1) representatives from different CM departments, (2) Citizens, (3) Social Responses and Organizations, (4) Formal and informal caregivers, (5) Older people, and (6) Organizations and Places of Work.

The CM team was responsible for identifying the participants and making the initial contact. Subsequently, our team organized the strategy for monitoring and recruiting other participants in the groups. The location chosen for the workshops was the DNA Cascais auditorium, which provided all the required COVID-19 mitigation conditions, privacy, and

accessibility. A transport plan was also organized in collaboration with the CM for those participants who requested it.

Three workshops were held between February and June 2022, each lasting a maximum of two hours. Three surveys were designed according to each of the workshop themes. The first workshop focused on ageism and participants' perspectives of ageing. The second workshop discussed the AFCC paradigm, departing from the Vancouver protocol[36] and looking at the priorities the Council had outlined for each of the eight model domains. The third workshop aimed to confront the participants with previously applied questions and obtain their perceptions on the local (Parish or Parish Union) that offers better conditions for ageing, as well as a set of questions on the evaluation of this process and the organization and opportunities for participation throughout this process.

To investigate the change in participants' perceptions, a longitudinal component was included. Each participant was assigned a code to complete the surveys, meaning that the responses belonged to the same person in each of the three surveys. Whenever possible/appropriate, we tried to make the study compatible with other data sources, such as, for example, the European Social Survey, the Census, and the Expectations Regarding Ageing Survey (ERA-38).

Before each workshop began, participants completed the surveys on paper. Their answers were then digitalised. Surveys were completed before each of the workshops to ensure that impressions were extracted from each respondent before they were influenced by the discussions about the themes that were conducted during the sessions.

Although CM identified potential participants, those who could not participate on a scheduled workshop date could send someone on their behalf. The initial list of potential participants included 86 people. Fifty-three people attended the first workshop; although all 53 were invited to participate, 39 participants attended the second workshop because of personal/work schedules. For the third and final workshop, participants who had already been present at one of the workshops were contacted, and 30 participated.

Although age was not a criterion for participation, the average age for all groups was 55 years, with the exception of the group of older people, with the youngest person being 19 years old and the oldest, 97 (see Figure 23.1).
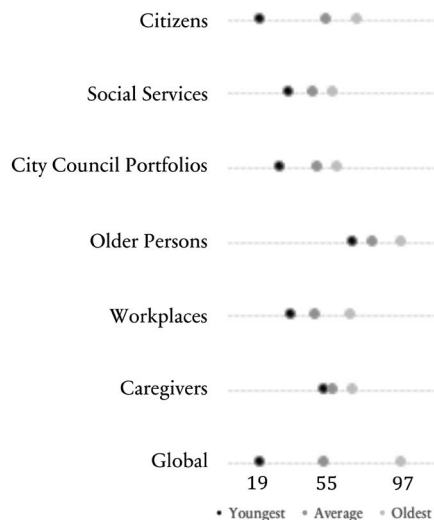

Figure 23.1 Reference groups

Several participants dropped out of the third workshop because they experienced personal difficulties participating. Therefore, a mitigation strategy was used by using online solutions such as sending the survey to be filled online and a workshop was held online (using Zoom) for those who wanted to participate (three participants, two from the citizens' group, and one from the Cascais City Council representatives' group). In the group of older people, one participant needed help to complete the 1st and 2nd surveys. As they were not present at the 3rd Workshop, the survey was sent on paper to be filled out, which was later sent scanned via email by the reference contact—which accounts for another mitigation strategy that was used to keep people enrolled in the project.

In line with the study's general objective, the analysis strategy aimed to triangulate qualitative and quantitative data. The rationale behind this strategy is that the strengths of each method can offset the weaknesses of the other, leading to a more comprehensive and integrated knowledge of ageing in Cascais.

Two senior members of the team (GS and MOM) conducted most of the workshops, supported by the other two who observed in the background taking notes (IS and SC). After each workshop, meetings between the team were held to reflectively discuss and to debrief impressions. After reaching a consensus, the debriefings were prepared and sent to participants in advance before the following workshops took place. The results presented in the following session were derived from the descriptive analysis of the surveys, the debriefings, and the notes taken during the final workshops.

Reporting expectations and perceptions about ageing and old-age

The first workshop aimed to understand participants' social representations of ageing and old age. Participants were asked to bring objects with them (that they though was a good representation of 'ageing' and 'old-age'). These objects catalysed the discussion. The diversity of objects refers to some main ideas related to (a) time and its passage (clock, hourglass, bird, sun hat), as well as the passage of time associated with ideas of (b) memory, family, and connections (camera, frame, family album, wedding ring); with (c) activities that older adults do (car keys, pruning shears, hiking stick, Pilates stick, book, crossword puzzle, company business card, theatre group script); with (d) supports that people need to support their changing bodies and motor skills (hearing aids, pill box, post-its, fan, cane, incontinence diaper, scale); (e) with wisdom and accumulation of knowledge and experiences (matryoshka, Rubik's cube, tree branches, African statue of a thinking man); and also some objects related to (f) communication (cell phone) and accessibility (cobblestones).

When asked if they thought about their old age, many participants said they had not reflected on the matter because they were 'highly active' people and refused to think about it because it was linked to the final stage of life, death. Those who said they had already thought about their old age were participants who had gone through some illness or who had already been/formal and informal caregivers, and those who were linked to social/community services.

In addition to dependence and illness, old age was also associated with a utility/uselessness binary that positioned an 'active' 80-year-old person as not being old but an 'inactive' 80-year-old person as being old. This division arises from a limited view of what is 'useful' and 'productive,' considering only what is done in the sphere of the labour market or produces what is considered valuable, which will be very noticeable when we look at the perceptions that people have demonstrated about discrimination in the labour market, education, and health.

Some participants spoke in the workshops about the need to 'prepare for ageing' and lose the fear associated with this life stage. For the vast majority, ageing coincides with a loss of functional capacities as well as fear caused by inaccessibility and a lack of support for life in a state of dependence.

The surveys offered nuances for these perspectives. For example, when asked about how they feel about their age, most participants (35) stated that they feel younger or considerably younger (65%). About 33% (17) said they feel exactly their age. Only one participant indicated feeling older than their age. Forty participants, the majority, said they felt younger (49.2%) or considerably younger (14.3%) than their age. About 32% (20) of participants reported feeling exactly their age. There were only two participants who said they felt older than their age.

It is also important to point out that the distribution of responses regarding statements about decline in physical capacity and health as an inalienable part of old age had quite dispersed responses, without clearly defined trends, as Figure 23.2 depicts. Furthermore, the answers related to social relations showed a great disagreement with another stereotypical perspective that links ageing to loneliness: ageing and distance from the family. When asked about the expectation that they would spend less time with family and friends, the vast majority disagreed with this scenario.

On the specific issue of loneliness, the vast majority answered that the statement that it only occurs in old age is completely false (Figure 23.3).

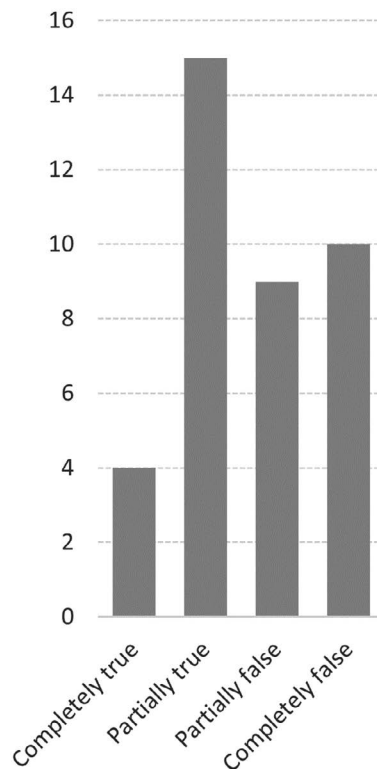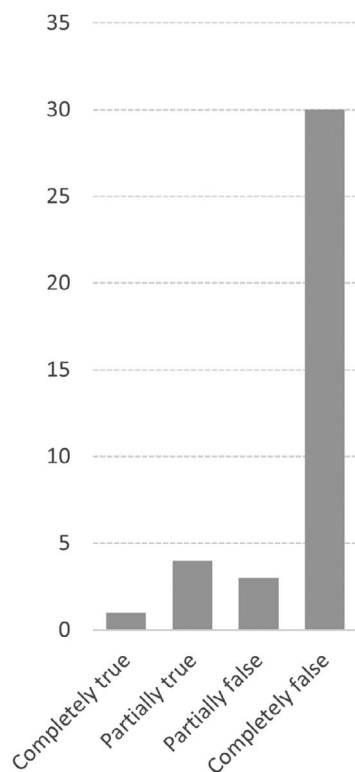*Figure 23.2* Having more aches and pains is part of ageing (*n* = 38)

Figure 23.3 Loneliness is just something that happens when people get older (*n* = 38)

Another group of questions focused on issues related to dementia and memory. Here, a significant part of the responses pointed to a perspective that corroborates the image that forgetting, and 'mental slowdown' are inevitable characteristics of growing old (Figure 23.4).

The surveys asked the participants if they ever felt or witnessed discrimination, disrespect, or mistreatment related to their or someone else's age. The results obtained from the first and last surveys are summarized in Table 23.2.

Most participants reported having observed situations of ageism in certain contexts but identifying situations in which they were ageist was less common (see Table 23.2). Regarding perceptions of discrimination, mistreatment, or lack of respect due to age, only 1 and 7 people (out of 63 surveyed), respectively, initially reported feeling mistreated or disrespected. While only 22% of respondents (13) reported feeling that they were discriminated against because of their age, 64% (36) reported having witnessed someone being discriminated against for being older.

Among the people who reported not having felt discriminated against due to their age at WS1 (*n* = 41), 59% responded that they had already seen someone being discriminated against for being older, meaning they do not feel that they were targets of ageism, but they have seen it happen to others (Table 23.2).

While only 40% (*n* = 4) of the 10 men surveyed reported having seen someone discriminated against due to their age, 69% (*n* = 31) of 45 women who answered this question indicated that they had witnessed this situation.
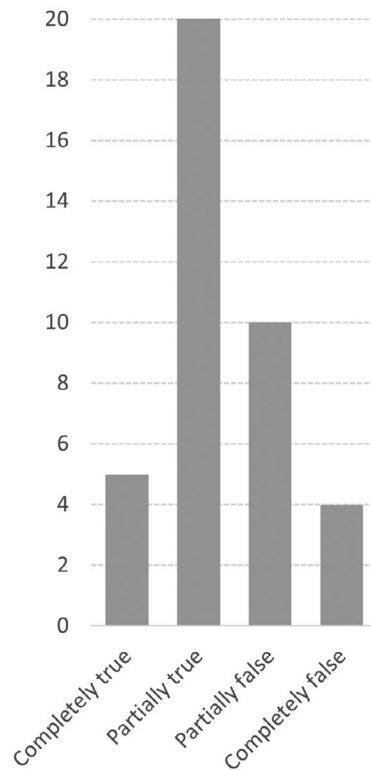
Figure 23.4 It's impossible to escape the mental slowdown that happens with ageing (*n* = 39)

We were also interested in capturing changes over the course of the workshops. From a statistical point of view,[37] the crude comparison of the differences found between responses in workshop 1 and workshop 3 was not statistically significant. However, as the survey had a longitudinal design, it enabled the analysis of individual trajectories (Figures 23.5 and 23.6), reported only for those who answered the questionnaire at the beginning and the end.

In Figure 23.5, we observe that between the first and the last workshop a significantly larger number of people changed their perception concerning having ever experienced age discrimination. It is important to clarify that it is not possible to establish a direct link

Table 23.2 Self and other perceptions of ageism reported on workshops 1 and 2 *N* (%)

|	WS1 02/2022		WS3 06/2022	
	No	*Yes*	*No*	*Yes*
Have you ever felt discriminated against because of your age?	45 (70.3)	13 (20.3)	21 (60)	14 (40)
Have you ever felt mistreated because of your age?	61 (95.3)	1 (1.6)	36 (94.7)	2 (5.3)
Have you ever felt that you were disrespected just because of your age?	52 (81.3)	7 (10.9)	31 (81.6)	7 (18.4)
Have you ever seen someone being discriminated against for being older?	20 (31.3)	36 (56.3)	6 (16.2)	31 (83.8)
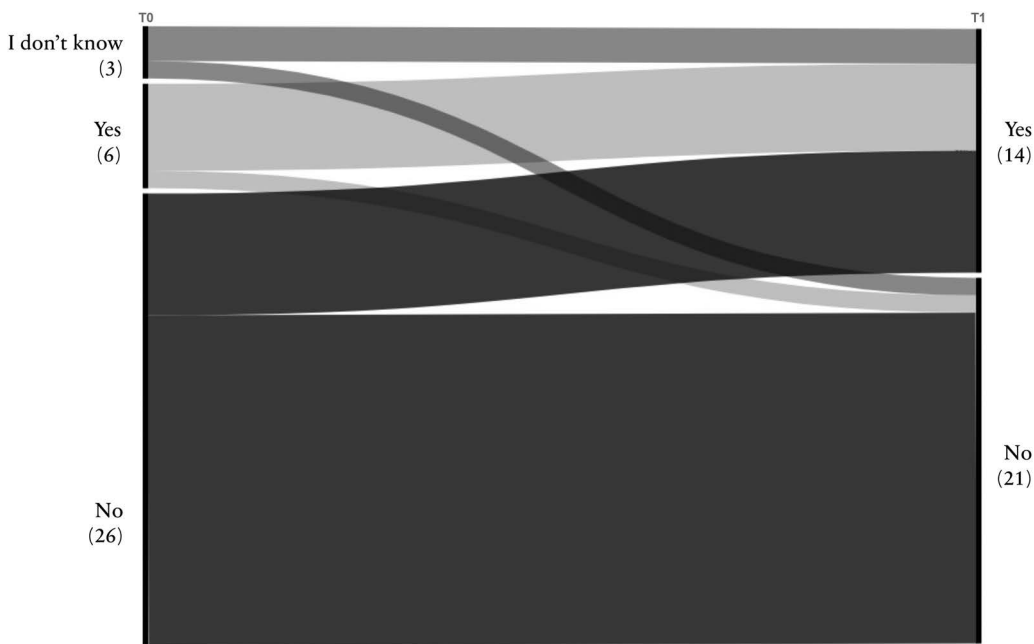
Figure 23.5 Have you ever felt discriminated against because of your age?

Figure 23.6 Have you ever seen someone being discriminated against for being older?

between participation in the workshops and this 'awareness'. The increase, however, does coincide with the project's desired direction. The alluvial diagram also allowed us to observe that one person changed their opinion in the opposite direction, and three defined their position.

A similar movement occurred when comparing responses about having seen discrimination (Figure 23.6). This time, three participants changed their minds and their answers after the first workshop and denied ever having seen someone being discriminated against for being older. The vast majority, however, maintained their answer, and nine changed their answer to yes.

Five additional participants defined their stance by acknowledging that they had witnessed instances of age discrimination. It is noteworthy that the repetition of the questions during the concluding workshop did not alter the interpretation of the findings presented in Table 23.2. Based on these findings, it appears that ageism is often concealed and more readily observable in others than in oneself.

During the last workshop, the participants corroborated the trend observed in the descriptive analysis of the surveys, which helped to identify, on the one hand, whether participants felt they had undergone profound changes in the way they see the ageing process and old age, because of their participation in the workshops and, on the other hand, having a space for reflection that allowed them to have contact with the notion of ageism and the ageing process as something continuous throughout life:

> Yes and no – yes because I've always thought about getting old, because it's something that scares me, getting old is becoming dependent, but I liked other people's ideas that were different, but that complemented mine.
>
> Participant WS 3 Group 3

> I didn't know the concept, not the way it was exposed and the way we dissected the concept.
>
> Participant WS 3 Group 5

> We live in our sphere and the rest is landscape. We live in our sphere, we are the best in the world and the rest is landscape, I had never heard of ageism. This drew my attention to ageism, and I did not know that I had also been a victim of ageism. I was one of the first to leave the factory because there was a hunt for fifty people, and I volunteered to leave. I started to be more informed, and in terms of volunteering, and the permanent fight against whining professionals
>
> Participant WS 3 Group 4

They also reported that, throughout the workshops, they experienced new notions about ageing, which allowed them to acquire new perspectives on themselves and others:

> It has not changed my view of my ageing and my old age. But I have heard certain opinions from people in a social sphere than mine, and I see myself walking in that sphere, and it is a reality that could become mine. Everyone thinks there is no crisis, but it is taking place
>
> Participant WS 3 Group 1

The questions they asked on the questionnaire made me confront some issues that I don't think about as often, which made me think more about ageing. I am also very much at a stage in life where I am thinking more about what my ageing will be like.

Participant WS 3 Group 3

For the first time, I thought about myself, and it made me reflect on what I want for my future. We started to lose our friends' parents. Although I live in Estoril, and I love it, I walk to the beach, the only supermarket I have is the traditional one, which is not for a social worker's purse. I like the area where I live, but it is really important to think about what we want for our future.

Participant WS 3 Group 2

When I participated in the 1st workshop I had a feeling of sadness, I had never realized that I was getting old, I had never put ageing on the agenda. I went to read a book about ageing in Portugal and I was stunned. Another thing that I had never looked at carefully was the word ageism and I found very funny questions, it made me think and made me look around me.

Participant WS 3 Online Event

(…) in a light way it made me think and reflect, listen to different experiences, pass by the bus stops and remember that you are not sheltered, there was a trigger here, there is a positive balance more because of being more attentive.

Participant WS 3 Group 5

Normally we only talk about active ageing, we do not talk about supports, architecture, or the house; I have now received a Manual on how to make the house safe and this is also important for both informal and formal caregivers to facilitate the service. People think we are not getting old.

Participant WS 3 Group 6

The concept of discrimination thus generated some discussion, with it being pointed out that discrimination based on age can also be positive. In this sense, being discriminated against is also different from feeling discriminated against, since the person can be discriminated against for several reasons, including in relation to attention/respect, while the feeling of discrimination is already associated with something negative:

I hate the word ageism. Cultural, economic, financial, and political issues. I think it has nothing to do with age, it has to do with socioeconomic, cultural, employment policies, low wages, it has nothing to do with age alone

Participant WS 3 Group 1

Discussion

Before moving forward, we will take the risky step of boiling down the theoretical contentions of AF-related public policies to a conundrum between two agendas: (i) the mainstreaming of ageing issues, and (ii) the practical acknowledgment of a life course, intergenerational (and 'age-linked') perspective.

In an article published in 2016, Buffel and Phillipson[38] asked if global cities can be Age-friendly Cities. The authors argue for a stronger integration between research, AF movement policies, and the analyses of the impact of global forces transforming the physical and social contexts of cities. We suggest this integration should acknowledge the tensions and contradictions arising from the implementation of AF initiatives.

It also entails the explicit recognition of human interdependence, the influence of the socio-environmental context on health and well-being, and that 'gerontological knowledge' is not only a particularly powerful tool to discipline and control older people but also has direct implications in the meanings that this same population attributes to ageing.

Although we have observed significant changes in the discourse on ageing, an ageist perspective still prevails. As our results showed, co-creation processes must be aware of this challenge and allow room for change. In our case, the participants' general perspective about ageing and old age was also marked by ambiguity/ambivalence, with a clear focus on the 'problem of being old' directly linked to an independence/dependence binary, alternatively, the idea that being old means being sick and/or dependent.

Just as ageing and old age are associated with illness and dependency, the same often happens with the notion of care. In our final report to Cascais, we argued that a strategy for ageing and old age should adopt a broader notion of care[39] that is separate from dependency. This same notion also offers alternatives to integrate the linking ages approach to the AF movement.

This project would not have been possible without a pre-existent openness to a broad discussion on ageing that influenced the call for applications (or terms of reference). The complete Cascais protocol is ambitious; it is still being debated. In this sense, it is not possible to comment on any important concrete implications it might have.

We must, however, register the lessons learned for future improvement of the protocol. Although the Vancouver protocol[40] was an important reference source, we are convinced that the inclusion of people of all ages (without missing the focus of the debate on old age) was an important and positive deviation. Future initiatives should aim for the inclusion of people under the age of consent, something we decided not to do in the face of the extra challenges of the COVID-19 restrictions, and our team's inexperience conducting intergenerational activities in such a broad age range. Despite the diversity we managed to mobilize and the enriching discussions we had; we are aware that we failed to include those with the most challenging disabilities.

The revision of the original domains[41] is another well-known issue among age-friendly scholars. Apart from our focus on ageism (part of the respect and social inclusion domain), we also adapted the domains reflecting the specific challenges and suggestions we collected during the workshops.

Conclusion

Our contribution to the linking ages practice approach departed from 'one of the newest margins' of the life course. The unprecedented extension of life brings pervasive and 'retroactive' effects to the entire segmentation of life. The life course approach is particularly important here, not only because it reinforces the notion of interdependence, but also the idea that people grow (age) in very different ways depending on the contexts in which they are inserted.

By revisiting the protocol applied in Cascais, we contributed both concrete tools that can be used in the development of age-friendly cities and communities movement and critical

reflection on the challenges and opportunities in participatory action research methods. We showed that inclusion and participation might risk the reproduction of stereotypes and prejudices, ultimately working against an agenda to promote a more inclusive all-ages public policy design. The transformation of cities into places where the right to care is established as a central axis implies the recognition that each person is an interdependent, vulnerable being, and an active agent in the production and reproduction of everyday life and the city.

Notes

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