Ageing, Housing and Urban Development

OECD

Ageing, Housing and Urban Development

OECD

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

Pursuant to Article 1 of the Convention signed in Paris on 14th December 1960, and which came into force on 30th September 1961, the Organisation for Economic Co-operation and Development (OECD) shall promote policies designed:

- to achieve the highest sustainable economic growth and employment and a rising standard of living in Member countries, while maintaining financial stability, and thus to contribute to the development of the world economy;
- to contribute to sound economic expansion in Member as well as non-member countries in the process of economic development; and
- to contribute to the expansion of world trade on a multilateral, non-discriminatory basis in accordance with international obligations.

The original Member countries of the OECD are Austria, Belgium, Canada, Denmark, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Turkey, the United Kingdom and the United States. The following countries became Members subsequently through accession at the dates indicated hereafter: Japan (28th April 1964), Finland (28th January 1969), Australia (7th June 1971), New Zealand (29th May 1973), Mexico (18th May 1994), the Czech Republic (21st December 1995), Hungary (7th May 1996), Poland (22nd November 1996), Korea (12th December 1996) and the Slovak Republic (14th December 2000). The Commission of the European Communities takes part in the work of the OECD (Article 13 of the OECD Convention).

© OECD 2003
Permission to reproduce a portion of this work for non-commercial purposes or classroom use should be obtained through the Centre français d'exploitation du droit de copie (CFC), 20, rue des Grands-Augustins, 75006 Paris, France, tel. (33-1) 44 07 47 70, fax (33-1) 46 34 67 19, for every country except the United States. In the United States permission should be obtained through the Copyright Clearance Center, Customer Service, (508)750-8400, 222 Rosewood Drive, Danvers, MA 01923 USA, or CCC Online: *www.copyright.com*. All other applications for permission to reproduce or translate all or part of this book should be made to OECD Publications, 2, rue André-Pascal, 75775 Paris Cedex 16, France.

FOREWORD

In response to the challenges posed by the unprecedented increase in elderly people, the OECD is investigating the broad policy implications of this major demographic trend to assist Member countries to introduce strategic frameworks in order to harmonise ageing reforms. Virtually all areas of public policy will be affected. For example, labour markets will have to be adjusted; education reformed to introduce life-long learning; adjustments will have to be made to pension schemes and age of entitlement to pensions to prevent bankruptcy; policies for "ageing in place" and "active ageing" will be required; and solutions will have to be found for the long term care of the very elderly.

Cities are home to the vast majority of the elderly in OECD countries. The results of the OECD Conference on Ageing, Housing and Urban Development held in June 2000 in Oslo, Norway, therefore provide an important contribution to the OECD Activity on Ageing.

A set of Policy Conclusions (page 24) was developed at the Conference on the basis of the information, analysis and discussion shared by participants about the most innovative policies already being pursued in Member countries. They concern in particular

- adapting governance arrangements to better take account of the ageing trend and capturing the benefits of innovation for the population as a whole;
- tailoring policies for the financing, provision, and design of housing and urban development to fit more closely with the specific circumstances and needs of individual older people;
- improving accessibility for older people both in terms of the interior of their home and its location to employment, services and facilities and using more fully the opportunities offered by ICT.

The Conference encouraged OECD governments to pursue work in the following policy areas in order to enhance outcomes for older people:

- further develop statistical tools and pursue research and exchange of experience nationally and internationally;
- mainstream age sensitive policies;

- explore the opportunities for the elderly offered by ICT;
- pursue work on financial and fiscal issues;
- analyse the broader benefits which adapting cities to the elderly can bring;
- identify innovative measures to attract private sector investment and voluntary support for infrastructure and services which are more user friendly;
- support exchanges of experience about how to give older people "voices and choices";
- support the "people and places" approach advocated in Oslo; and
- develop governance guidelines on how to better integrate older people into the economy and society.

The Conference was organised by the Norwegian State Housing Bank and the Ministry for Local Government and Regional Development of Norway in co-operation with the OECD Territorial Development Policy Committee. The OECD thanks the Norwegian co-organisers for their warm welcome and for their very substantial contribution to the OECD Programme of Work in the form of this conference. Special thanks go to Ms. Anne Ruden of the Norwegian State Housing Bank who was also the Chair of the OECD Urban Working Party at the time of the Conference. Thanks are also extended to all the speakers and participants whose interventions ensured the success of the Conference. The report of the Conference was prepared by the Conference General Rapporteur, Ms. Susan Parham in co-operation with Ms. Lindsay McFarlane of the OECD Secretariat.

Although, of course, no ideal set of policies or programmes can be universally applied in respect of ageing, the dissemination of information and the exchange of ideas and experience can substantially contribute to inform the debate and facilitate appropriate solutions for each country, region and city. This type of review and comparative analysis of policy experience about ageing reforms will, of course, remain high on the policy agendas of OECD countries in the years ahead in order to provide support to Member countries in tackling this major challenge.

This report is published under the responsibility of the Secretary-General.

TABLE OF CONTENTS

FOREWORD 3

EXECUTIVE SUMMARY 9

Introduction 9
Housing design, social services, transportation and urban development.....9
Cities and ageing: introducing and disseminating new technologies and innovation 13
Urban governance and the future of urban areas in an ageing society 14
Housing the elderly: finance/fiscal options 18
Policy conclusions and follow-up.....22

CHAPTER 1 BACKGROUND OF THE CONFERENCE 27

Rationale.....27
Aims of the conference.....28
Conference structure.....29
The organisers 30

CHAPTER 2 INTRODUCTORY STATEMENTS 31

Statement by Mr. Sverre Bugge, State Secretary, Ministry of Local Government and Regional Development (Norway) 31
Statement by Ms. Eva Jupskås, Political Adviser to the Minister of Health and Social Affairs 35

CHAPTER 3 HOUSING DESIGN, SOCIAL SERVICES, TRANSPORTATION AND URBAN DEVELOPMENT 41

Introduction 41
Key points.....41
Questioning assumptions about housing and services.....43
Underlying trends in housing and services.....44
Trends and implications for housing design, social services, transportation and development.....48
Case studies 51

CHAPTER 4 CITIES AND AGEING: INTRODUCING AND DISSEMINATING NEW TECHNOLOGIES AND INNOVATION 59

Introduction 59
Key points.....59
Background.....61
Problems in take-up of ICT solutions.....62
A user centred approach 63
Technological possibilities 63
Supply side issues.....65
Challenges for the future 66
Case studies 68

CHAPTER 5 URBAN GOVERNANCE AND THE FUTURE OF URBAN AREAS IN AN AGEING SOCIETY.....79

Introduction 79
Key points.....79
Urban governance issues 81
Population ageing and the changing needs of the elderly.....83
Impact of population ageing on urban governance.....86
Integration or segregation? 87
Guidelines on integrating older people into the city.....88
Broad lines for action in urban policy 90
Case studies 100

CHAPTER 6 HOUSING THE ELDERLY: FINANCE/FISCAL OPTIONS.....103

Introduction 103
Key points.....103
Demographic issues that impact on financing old age 105
Case studies 118

REFERENCES OF CONFERENCE PAPERS OECD-Norway Conference: *Ageing, Housing, and Urban Development, 2000* 123

ANNEX I CONFERENCE BACKGROUND PAPER
by Barbara Chabbal, OECD Consultant 127

BIBLIOGRAPHY 182

ANNEX II PLANNING FOR AN AGEING SOCIETY CHALLENGES FOR TERRITORIAL DEVELOPMENT POLICIES
by Atsushi Koresawa, OECD Secretariat 187

BIBLIOGRAPHY 215

ANNEX III PROGRAMME OF THE OECD-NORWAY CONFERENCE.....219

ANNEX IV CONFERENCE ON AGEING, HOUSING AND URBAN DEVELOPMENT 21-23 MAY 2000 LIST OF PARTICIPANTS 225

Tables

Table 1. Elderly people co-resident with a child, mid to late 1980s/ early 1990s.....45
Table 2. General specification.....65
Table 3. Positive and negative factors relating to the proportional financial position of the elderly 107
Table 4. Growth of the number of people aged 65 and over in OECD countries 133
Table 5. Population structure in selected OECD countries.....135
Table 6. Extension of life expectancy at age 65 and 80 for males and females 137
Table 7. Prevalence of severe disability among the elderly aged 65+ and 80+ 148
Table 8. Concentration of total health expenditures on older people, 1993 149
Table 9. Generic types of the ageing population in a territorial context197
Table 10. Dependency ratios, 1960-2030 212

Figures

Figure 1. From stand-alone systems and services to integrated smart homes 64
Figure 2. Service Diamond.....70
Figure 3. Proportion of aged persons in the Canadian population 1921-2041 84
Figure 4. Growth of the number of people aged 80 and over.....138
Figure 5. Shares of the labour force and employment in total population 139
Figure 6. Growth in the proportion of elderly people living alone.....142

Figure 7. Proportion of elderly people residing in institutions by age group and sex.....144
Figure 8. Nature of housing tenure among the elderly population.....145
Figure 9. Proportion of transfers in gross income among the elderly .147
Figure 10. Territorial patterns of ageing.....189
Figure 11. The degree of problems by the size of city, town and village.....193
Figure 12. Available housing options relative to level of frailty.....200

Boxes

Box 1. Housing the Older People, 11th Informal Meeting of European Union Housing Ministers, Kuopio, 27-28 September 1999 130
Box 2. The concept of Lifetime Homes in the United Kingdom.....151
Box 3. The senior citizen label in the Netherlands.....153
Box 4. The choice of 'compact cities' in the Netherlands.....156
Box 5. The Housing Plus Approach in the United Kingdom 170
Box 6. An example of active citizen participation: the Charters of Hameenlinna City (Finland).....172

EXECUTIVE SUMMARY

Introduction

Major trends related to ageing now pose substantial challenges for policy makers in OECD countries. There is a huge growth in numbers of older people, a decline in the birth rate and increased life expectancy; more people are staying in their own homes and there is less intergenerational living. Fewer economically active young people are having to support more economically inactive retirees. If extrapolated from current trends this problem will get sharply worse, especially after 2010 when the baby boomers start to retire. However, some counterbalancing signs to the developing "dependency ratio" are emerging: more people may be beginning to stay in work longer, helping maintain the material standard of living.

There are, however, still many perverse incentives for older people to stop working early: distortions in benefits systems between people of different ages, a loading of most leisure time to the end of life; and a wasteful under-use of older people's potential. A key conclusion is that older people are not homogenous in expectations, needs or behaviour. Projections are risky and life course data is poor, so there are significant risks in basing policy on what is thought to be known demographically about existing individuals and communities (Hicks, 2000).

This shift in the age distribution of the population will test Member countries' ability to adapt and innovate in two directions: first, to minimise the negative impacts of the phenomenon; and second, to seize the opportunities for innovation and improvements to the quality of life of people of all ages which the adjustment to an older demographic structure will undoubtedly also present.

Housing design, social services, transportation and urban development

As noted above, there is a need to avoid generalisation about what can be determined from demography about older people's needs solely on the basis

of the present generation. There is a lack of knowledge of good practice and it is all too easy to draw wrong or misleading conclusions, as a number of research examples make clear. Policy makers must take into account a range of underlying trends and implications for all older groups in housing design, social services, transport and development.

Clearly, the design and shaping of cities to suit older people is part of broader economic, cultural and social changes that governments should not be too confident about predicting. Instead they must understand that the next generation of older people is likely to be both very different from today's elderly and that their lifestyles will equally be diverse. Exploration of the "aesthetics of ageing" demonstrates that design, culture and lifestyle need to be central to thinking about ageing. Issues of food, architecture and living space design may be just as important to an artist, restaurateur or musician at ninety-two as they were at thirty-two.

People are staying in their homes as they age and have made clear in various forums that they overwhelmingly want to keep doing so. There is a general agreement that this preference should be supported. Simplistic arguments about "underoccupancy" of housing should not be used to force older people to move prematurely. Equally there is a need to "unpack" the assumption that staying put is always best. Questions were raised for example about the most efficient use of social housing for which there are competing demands from different households and age groups. The conclusion is that this is a complex policy area, which needs considerably more research attention.

Policy makers cannot assume that more intergenerational living will end loneliness among older people. Research shows that older people can still be very lonely when living with younger families in countries like Italy and Greece, whose societies are traditionally assumed to be based on successful extended families. A key conclusion is the need to acknowledge older people's preference for independence despite increasing frailty as well as for "intimacy at a distance".

Moreover, the extended family often relies on unpaid work of women in the family to maintain it. This burden may be associated with low fertility, which is a concern in a context of the increasing dependency ratio. Although a key determinant of ageing is the increase in longevity, it should not be forgotten that the other key factor is the decline in the birth rate. This should stimulate OECD governments to reflect more upon the lifestyles we have developed which have led to declining birth rates. Awareness of ageing and gender are related. If public policy were more gender sensitive, then many western women would not have had to face the choice between work or a family. Policies in

favour of the elderly and in favour of women share many common concerns, for example in terms of housing design, part time work, caring for the weaker members of society. Synergies between these two key policy areas need to be strengthened.

A number of alternative urban development futures, including the development of segregated communities for older people were presented in the Conference. There was no agreement about which scenarios work best but most participants argued that close links to the rest of the community should be encouraged. It was generally concluded that traditional "institutional" care, which keeps older people apart and medicalises old age, is no longer desirable.

Likewise, the "golden ghettos" model may be appealing to those who can afford it but does not contribute to producing diverse, inclusive urban places. The question remains: should older people have to protect themselves from urban society or should urban society be reshaped to make all places work for older people? Some level of "segregation" is apparent in the way that older people (like younger groups) demonstrating "communities of interest" are coming together to share housing and services.

Changing patterns of family life are resulting in more small households especially one-person households. Thus we need smaller and sheltered accommodation that is flexible in terms of tenure, design, and financing.

There are changing perceptions about who will provide these services, although technological advances may help in making what is delivered more responsive. More appropriate provision of health care services is needed including 24-hour and substitute care. There is also a need for research into costing of care of various kinds including home based care. In work for the Royal Commission on Alternatives to Institutions Tinker, *et al* (1999) showed that it is not always cheaper to keep someone in their own home. This depends on the level and quality of care provided.

Urban regeneration is a positive step forward but it must deal with social inclusion of older people as much as with the physical repair of declining neighbourhoods. Social inclusion is multifaceted. This should include supporting the exchange of experience on how to improve local democracy in order to give the elderly "voices and choices". A lack of participation among older people must be overcome. Older people must have a real say in all issues relating to them including urban regeneration. We need "people-led" social processes, which accept the logic that the factors contributing to making urban space better for older people would improve it for everybody. Urban areas

generally need to be designed so older people can walk safely and easily. Residential elderly friendly zones should be created. This would encompass better public transport, more sensitive new build and housing refits, more and better infill housing and a human scale environment that encourages walking and cycling in comfort and safety.

The connection between older people's locational preferences and sustainability issues is ambiguous. For example, in the United Kingdom, new developments are not necessarily provided where people want to live. Moreover, older people (like other households) are continuing to prefer suburban and semi-rural locations. Older people with reduced mobility may be especially dependent on private cars and this conflicts with the need in all countries to restrain car dependant urban sprawl. Should older people's mobility preferences be traded off against wider sustainability requirements? The best way forward remains an unresolved issue.

Problems of evaluation are one of the difficulties of comparative research. There is a general lack of evaluation of schemes and approaches. Evaluation should include:

- feasibility (whether schemes can be put into operation successfully);
- acceptability (to older people, carers and service providers);
- outcomes (whether schemes meet key objectives such as keeping people at home for longer than would otherwise have been the case); and
- economic costs.

There is also a need for the dissemination of research and good practice. A good example is the Housing for Older People in Europe (HOPE) network established in 1993 that brings together not-for-profit housing providers in Europe to:

- challenge the perceptions of ageing;
- review the traditional housing and care responses;
- stimulate debate on housing and services for older people; and
- disseminate good practice.

Cities and ageing: introducing and disseminating new technologies and innovation

Changes to communications technologies have both physical design and social process implications. Technological innovation has great potential to help improve quality of life for older people but also offers some negative potential. In moving from a machine to a digital age, we can theoretically fit out new housing and retrofit older dwellings with technological aids that will help older people to be part of developing information-based networks and receive health, social, cultural and other services online. Equally there is the possibility that this process will reinforce the polarisation between the information rich and the information poor among older people, adding another kind of segregation to cities and rural areas.

Attitudes of older people to new technology vary from warm acceptance to strong resistance. We need to find easy ways for older people to participate and share the benefits. Different applications of technologies will suit different users. New technology should not be a substitute for social care. This is not an "either/or" option but based on understanding and making use of potential new benefits offered by the possibility of providing distributed, remote services to individual homes. This is increasingly possible as quality of services increases and costs reduce.

Equally there is a need to think about how urban space and housing are designed with information technology in mind; both for new build and retrofit of existing areas. Scandinavian case studies of older people's early adoption of new technologies are particularly apposite in showing the possibilities especially for remote places to be linked into information and service provision networks. We have to be very careful to make sure older people benefit rather than lose out from space-time compression. The key conclusion is that technology facilitates rather than replaces community.

Low cost generic equipment may be a good entry point as it is widely applicable. A performance based "general specification" should underpin such application. Case studies show how such universal application can be personalised to suit particular users. Scandinavian development of concepts of "design for all" or "universal design" are valuable innovations in thinking and practice which should be built on more broadly in developing new technology applications. The OECD can assist in promoting a more informed debate about the role of industry, government and care and service providers. It can also champion demands for more demonstration projects with trials that involve placing end-user and carer needs at the centre of research (Gann, 2000).

There is a lack of empirical evidence on the ways in which older people use technology in relation to their needs, activities and participation in wider social networks. This reinforces the need for caution in advocating particular solutions. There is no single best practice model of delivery. A number of research requirements have been identified including the need for more detailed work with different user groups. Research on the possibility of using ICTs to assist people with dementia is particularly important.

Many different systems exist or could be introduced and there is a need for more empirical analysis of the benefits and costs in use, in order to inform policy makers about future development and investment options. The financial implications of new methods of care delivery need to be properly assessed in the context of capital and operating costs. Different financial models should be evaluated.

Policy makers require better policy frameworks in which all stakeholders -- including the elderly -- take part of the debate. More demonstration projects focusing on consequences for end-users and care providers are needed to understand the potential benefits and risks of introducing new technologies in this area.

These trials need to represent different cultures of use, and evaluations should explore the social and economic contexts within which new systems and services are provided. Simulation of different care delivery systems involving the introduction of new ICT systems to support people in their own homes can help providers address 'what if' questions relating to alternative demand, supply and technology scenarios.

Urban governance and the future of urban areas in an ageing society

The conference elicited a rich array of conclusions in regard to the territorial aspects and implications of ageing, in the context of massive ageing trends, economic globalisation and the move to a knowledge-based economy. Implicit in many of the presentations was the need to find the right balance between spatial segregation and integration, exploring techniques and models by which older people could remain "richly engaged" with their local communities as these communities themselves are transformed by globally based economic, social and cultural changes.

There is a lack of connection and integration between processes. Not enough has been debated or written about the effect of urban development and ageing on urban governance. Urban policy and ageing policy are two very separate worlds: different ministries, different local authority areas of

responsibility, and different sectors. Running cities is a very complex matter and we should be careful not to generalise, be simplistic or just try to copy solutions from elsewhere. We need innovation not streamlining.

In a context of increasing urban sprawl and the development of agglomerations, there is piecemeal responsibility for different aspects of urban policy, a layering of institutions and increasing spatial segregation as well as social inequity. We are now entering a society of networks, so actions in towns depend on a whole range of players that are not necessarily local or governmental.

Urban governance and population issues are major concerns in cities that can be expected to have significant impacts in future. Economic globalisation and technological advances are making governments reassess roles, responsibilities and financial arrangements previously handled through the welfare state. The other key contextual issue is the demographic revolution of population ageing that is profoundly changing the structure of society. There remain problematic lag times between understanding ageing trends and reflecting these in legislation, institutions, budgets and private sector initiatives for older people.

It is equally important to overcome damaging myths and avoid stereotypes that cast older people as always change resistant and focus on the negative aspects of ageing. Older people are no longer a homogenous group with similar and limited aspirations and expectations but increasingly diverse, demanding and "young" in outlook. Instead of stereotyping older people we should look to them as a huge untapped resource.

One aspect of this diversity is related to widely varying purchasing power and lifestyle preferences. Although many older people are benefiting from positive change in terms of incomes and services, some are still marginalised, excluded and poor. Equally while some older people want to remain connected to the wider community, others are choosing exclusive and exclusionary housing arrangements. Participants considered that cities should avoid "luxury geriatric parks" which sideline older people from urban life to the detriment of all. Housing provision should aim to meet heterogeneous needs that represent "communities of interest" around ethnicity, occupation and cultural values and preferences and promote social mix and diversity. The conclusion is the need to avoid further segregation of older people by using a comprehensive strategic approach aimed at achieving consistency and social inclusion from the level of the separate dwelling to the urban region.

There was an agreed need to shift away from large scale institutional care and an increasing need for small scale housing at least some of which should be integrated into the urban fabric. Generally care should come to people rather than people having to move to care. However, some participants concluded that de-institutionalisation policy has been carried too far with specific needs of the very frail or demented elderly being underrepresented. Others concluded that institutions will find new roles, for example, for respite care and other forms of short-stay.

Broad lines for urban policy that respond to ageing appear already in practical demonstration projects which are helpful in raising awareness, testing ideas, and developing innovations and best practice. They include:

- adapting old and new housing;
- offering a range of well integrated housing options;
- promoting small accommodation units;
- promoting greater access to public spaces and public transport;
- redesigning and broadening the range of services; and
- improving home-care.

The shift from city government to urban governance in preparing for "the age of longevity" means adopting new decision making and operating methods based on partnership that is interactive and flexible and includes older people as key stakeholders. Willingness to innovate and to think differently from the past, to change accepted attitudes towards older people, are key ingredients for moving the policy agenda forward. Older people should be empowered to take more decision-making responsibility.

Participants concluded that virtually all areas of public policy will be affected by ageing. To mention only a few:

- labour markets will have to be adjusted;
- education must be reformed to introduce life-long learning;
- adjustments will have to be introduced to pension schemes and age of entitlement to pensions to prevent bankruptcy;
- policies for "ageing in place" and "active ageing" will be required; and
- solutions for the long term care of the very elderly will have to be found.

Broad lines of action that could move communities closer to the objective of "good urban governance" will rely on:

- developing both the functions and the resources of local communities;
- designing co-ordinated territorial development strategies;
- providing the conditions for participative democracy, firmly based at local level;
- changing the role of central government into one of facilitator, strategist and lead partner;
- widely extending the use of new forms of public sector initiative;
- promoting efficient methods of vertical co-operation among the various tiers of government; and
- improving co-operation between the public and private sectors.

All of these tasks will clearly call for sustained effort. However, there are prerequisites for the emergence of innovative and effective methods of local government. Without them, the concept of "urban governance", which in just a few years has assumed the importance it has today, will be just empty words or one of those ill-defined, neologisms that we hear repeated like a magic spell (Cavallier, 2000).

This will require support for the "people and places" approach advocated at the Conference in Oslo as the "Oslo Spirit". This substitutes the present functionalistic approach (whereby urban planning and policies seek to accommodate activities (economic, leisure, transport or housing) with a new approach (social, humanistic, people centred) whereby policies are more place-related, multi-sectoral, and outcome-oriented, determined by the specific needs of people: the elderly, persons at risk, women, immigrants, disabled people, youth, etc.

There is a profound need for strategic, integrated policy frameworks that take a holistic view of urban development. These can be neither externally imposed or fragmented. A holistic approach to ageing needs professionals, the public and older people to communicate with one another and work out solutions to problems and challenges in collaboration. Joined up government is needed. Of particular note are programmes and structures that cross boundaries. There are examples from urban regeneration that could be emulated. But this is not an easy matter. Nonetheless, it should be possible to develop a new "architecture of ageing" for social and physical infrastructure in cities.

An ancillary conclusion is that co-ordination needs "an injection of realism" or in other words recognition that different cultures and practices among institutions and organisations mean that integration does not necessarily come naturally or easily. Likewise structures are only part of the story; education of professionals and the public will be a key area for improvement (Tinker, 2000).

New integrated frameworks of urban governance, which are more strategic and flexible can, help to bring together the more socially and culturally diverse groups who live in cities today. Better governance means change at all levels. National government can help with knowledge and research, policy co-ordination, positive messages about ageing and ensuring horizontal fiscal equity between individuals. Regional government can ensure effective co-ordination of various institutions while local government should bring in as many partners as possible to the process of reconfiguring space and institutions to suit older people.

Housing the elderly: finance/fiscal options

Important to making this process more responsive and user-centred is to deal with the legal, financial and fiscal arrangements that underpin housing and services for elderly people. Ageing is challenging both urban living and care policies. Demographic issues are having a fundamental impact on financing old age. We are beginning to experience a demographic deficit, as the "dependency ratio" of older people to younger workers financing their retirement becomes more and more unbalanced. Transfers are still the main source of income for elderly people and this poses an increasing dilemma for governments and for national solidarity as the cost burden on a shrinking working population rises.

Elderly people's financial resources have improved over the last twenty years. In part this reflects a better level of education, higher incomes and greater provision for old age than in the past. However, while it is evident that the better educated elderly are in a better position to organise living and care arrangements they are also expected to want more freedom of choice about these matters.

Retirement incomes have until recently been seen as part of an "inviolable social right" but this is no longer universally accepted as governments respond to the fiscal restraints on spending imposed by economic globalisation.

Elderly people's incomes are subject to both positive and negative factors, including on the positive side: higher pensions, greater labour force participation, more highly educated seniors, growing owner occupancy of housing and greater labour participation of women. A case study from Minneapolis (USA) demonstrated how support for staying in employment longer can dramatically improve the financial position and social inclusion of older people. On the negative side, there is a decrease in savings, greater social benefit dependency, greater income differences between workers and pensioners, lack of inflation-related pensions, and poor pension coverage of immigrants. Action on poverty is needed among older people, especially older women who are over represented in this regard.

There is also a need to avoid urban development approaches that reinforce unfair financial outcomes between individuals and genders, and a need to reinforce integrated fiscal action across government to avoid different aspects of financial policy contradicting each other. Participants were keen to explore what financing innovations are being introduced to help society meet the long-term care needs of the elderly, especially the ill and disabled so that they can live their remaining years in a dignified fashion. This is particularly important in view of the increase in social exclusion and poverty in our cities today. How can measures at the urban level complement national responses? Various case studies show some of the ways by which this can be done.

Meanwhile pension and tax systems are lagging behind ageing trends across Western Europe and need reform. Increasing segmentation is evident between higher and lower income older people, with older women and immigrants suffering the worst financial circumstances. More prosperous older people are in a position to make their own arrangements, but a dichotomy in care provision is threatening to emerge, polarising the self-supporting elderly, and those who are on waiting lists, or who depend on publicly funded provision. We need to undertake more work on financial/fiscal issues to ensure that the largest number benefit from a fair and dignified pension and to introduce sources of complementary income for example by freeing up savings of the elderly trapped in housing through reverse mortgages.

A key issue for local authorities in urban areas is how to finance the accelerating cost of housing and services for older people. This is especially problematic given the context of fiscal constraint, vertical fiscal imbalance and competing demands due to decentralisation of policy control over urban financial management. There is a new emphasis on self-funding retirement housing and care that, if not carefully handled, is likely to exacerbate inequality of access.

Although financial issues are complex, there are a number of new ways developing to mobilise funds around more sensitive housing and service arrangements for older people who often tend to be asset rich and income poor. The emphasis is on meeting strong preferences by older people to stay in their own homes as long as possible. More work is needed to identify innovative measures to attract private sector investment and voluntary support for housing, infrastructure improvements and services which are more user friendly for all, including the elderly. Some solutions suggested include:

- More tailor-made approaches as regards living and care.
- Allocating budgets to older individuals, giving them more freedom of choice in spending, which will increase efficiency of provision.
- Different distribution of the financial burden, among other things through a higher contribution from the elderly, when they can afford it so that the care-burden is more balanced in the "crunch" years between 2010 to 2050.

It was concluded that a focus on the many healthy elderly and their housing situation will be an important "preventive" measure. Governments should take action so that older people's quality of life is not unnecessarily reduced, thus resulting in more institutional care than would otherwise be required or desired. In Canada, for example, a major focus of public policy is to respect and support the desire of most seniors to remain in their present homes as long as possible through measures such as income support, subsidies to reduce the cost of shelter, access to home equity, physical adaptations and repairs to the home, and on-site personal support and care services (Cluff, 2000). The adaptation needs of the present housing stock and the totality of welfare requirements related to housing the elderly should be understood to be as much an economic as a welfare issue.

New and innovative housing models are emerging and are now being expanded. This will need to continue and accelerate in order to meet the rapid increase in the number of older people in cities and increasingly diverse housing needs and preferences over the next two decades. Equally there will be a need to encourage more experiments in the development of housing related improvements and service schemes. The cost to society if such schemes are not mainstreamed will be substantial. The OECD can provide advice on how to mainstream age-sensitive policies in territorial development strategies and sectoral policies.

The experience of Canada is a good example of what is possible: alternative forms of housing for those who prefer or need other options are provided through the marketplace and partnerships between governments, builders, lenders and community groups. At this time, there is a great deal of innovation and experimentation going on in areas such as alternative tenure forms, new housing designs, re-use and conversion of existing buildings and various combinations of shelter and care. The Canadian experience suggests that solutions tend to be specifically tailored to meet local needs, circumstances and resources (Cluff, 2000).

Financial instruments for housing and social care include incentive schemes, life leases, home equity conversions, tax relief and shelter allowances, and various kinds of financial support for independent living. Financing alternative tenure arrangements is proving a productive area for innovation, as are supports for social and affordable housing. Collaborative or co-housing and supportive housing schemes are finding new ways to mix housing and care in non-institutional settings. Attention is also being paid to ways to finance a more accessible urban environment for example, rewarding developers for improving access arrangements in new build and retrofitted buildings and urban spaces.

Most capital financing for older persons housing comes from private sources. This includes loans from private banks and equity from individual seniors or community organisations. Governments can facilitate access to finance through insurance and guarantees, and also support the development of community-based partnerships. Governments can also provide direct assistance to reduce housing costs and for care and services, particularly for those on lower incomes.

One broadly agreed conclusion was the need for better information, research and evaluation in all areas including financial and fiscal instruments. We need to improve statistical tools and develop research and exchange of experience nationally and internationally to better understand the situation, evaluate the problems and specific needs of the elderly so as to develop more appropriate policy responses. The difficulty identified is the need to take policy action *now* on the basis of very partial understanding of complex dynamics. Participants suggested policy makers work on these issues with humility and empathy, keeping in mind the key question of how we ourselves would like to live in old age.

Policy conclusions and follow-up

a. Governance and ageing

- Governance arrangements at central level, in cities (and rural regions) will have to adapt to an ageing society in all countries. However, efforts to mainstream age-sensitive policies will come up against similar governance problems as other complex policy goals such as integrating sustainable development or increasing gender awareness. Governance approaches such as inter-ministerial bodies for co-ordination at the national level and multi-sectoral strategies at the local level will therefore be required to orchestrate the necessary adaptation of public policy in Member countries.

- In the present context of decentralisation, the role of municipal and city authorities will be critical in developing and implementing policies for older people as part of wider urban strategies for competitiveness and quality of life. However, there is much uncertainty about future trends regarding ageing. Demographic structures will vary from place to place as will the level of dependency ratios and pensions which will be affected by a number of variables such as the ability of healthier seniors to work longer. Better data is therefore needed to improve policy decisions at all levels of government.

- Despite a reduction of direct public sector provision of housing and services for older people in many countries, the state should continue to play a key (though different) role as a regulator of private provision and as a co-ordinator of partnerships with business and civil society. However, in some countries -- such as Japan and Mexico -- the state may wish to play a stronger role through national policies. The role of the state in setting appropriate legislative frameworks is also extremely important and will affects the context for urban policy (*e.g.*, statutory age of retirement, legal responsibility for the support of older parents).

- Integrated, joined-up governance at all levels is needed to overcome problems including the lack of fit between functional, spatial and institutional areas of responsibility. This good governance will work with all the key players: public, private,

voluntary sector and community based to develop strategic frameworks and action plans at appropriate scales.

- Better governance for older people means allowing older people to participate democratically as citizens. It means giving them a voice in deciding what type of housing and services are on offer and at what cost to them. Older voters are likely to become a more powerful political lobby in the future.

- To maximise cost-effectiveness, governments should lose no time in introducing a multi-sectoral policy approach to better meet the specific needs of older people, as well as to fully develop the important contribution, which they can make to society. But the overriding aim should be to improve accessibility and the quality of life in the city for all ages and levels of capabilities and mobility.

- Changing attitudes towards older people is fundamental. It should be stressed that older people can be an asset and that improvements for older people can benefit other societal groups such as the handicapped, women or parents with young children. This will help to reduce intergenerational conflict and competition.

b. Urban development and housing

- People-oriented approaches to urban development have more to offer than functionalism, which divides urban space, time and activities into sectoral units (housing, leisure, transport, etc). Older people include very active and also very old people. These groups have very different requirements which age-sensitive governance strategies must take into account. The multifaceted nature of older people's needs must be reflected in urban development, regeneration and city planning and design. This needs to be tackled at all scales from robust, flexible, smart housing in many forms (including co-housing, mixed tenure, sheltered, multi-use, communal or hotel like) through new and infill development, to creating human scaled local areas set within sustainable, safe, accessible urban regions. Building adaptability into new housing, and the renovation of existing housing, must be encouraged.

- How to finance housing and services for older people will be a growing issue for urban governments. "Ageing in place" whereby older people are housed in their own home or in sheltered housing as opposed to institutional settings will require to be supported by the construction of new or adapted housing. Innovative financing approaches, which help older people to move to smaller, more appropriate homes, or to supplement their income, include reverse mortgages which allow older people to access savings trapped in housing. Emphasis is also being put on the need to integrate other age groups into housing which is adapted for older people and the handicapped. There will, however, be a need for institutional care for very old sick elderly and persons suffering from dementia as life expectancy increases. There may be a case for segregation in certain circumstances but generally we should seek to integrate older people's housing into lively, diverse, engaging, and safe urban spaces.

- Caring for the poorest older people, often in bad health, should be a priority in all countries. A portion of older people population is likely to be affected by socio-economic exclusion, which is increasing in many urban areas. Policies to combat social and economic exclusion and poverty will increasingly have to include provision for older people. There should be a focus on user-centred social inclusion, which moves beyond the paradigm of passive, "medical model" based, institutional cultures and spaces. We must work with older people's diversity of living preferences to deal with issues of isolation and loneliness and foster a sense of community.

- We need to share best practice and strategies but recognise we cannot import solutions "off the peg". Good participatory and consultative processes need to be central to policy development and service provision.

c. Innovative services

- Accessibility is a key priority for older people both in terms of the interior of their home and its location to employment, services and facilities. In the near future the development of information and communications technologies and call centres will provide an essential tool for enabling older people to access care in their own home. The market will increasingly provide a wide range of

services and products for older people. However, because the private sector tends to supply the most lucrative service functions, the state is likely to become responsible for solving residual problems related to older people. This will include caring for the poorest older people. The state may also have to regulate some sectors of the market for housing and services for older people in terms of price and quality.

- There is equally a need to understand the benefits and the potential pitfalls of new communications technologies (ICTs) related to housing and ageing and establish the conditions within which innovative technologies can thrive. At the same time we should not assume that any "technical fix" is going to resolve all the problems and issues faced by ageing communities and could lead to further segregation unless carefully handled.

- Finally, we need to pay attention to what older people themselves want. We must recognise older people's right to autonomy, independence and dignity whatever their living arrangements and choices.

d. Follow-up

Ageing is a question of growing importance. Governments have only a few years to prepare OECD economies and society for this major change, the consequences of which we do not fully master today. We therefore need to:

- **Improve statistical tools** and develop research and exchange of experience nationally and internationally to better understand the situation in its territorial dimensions, evaluate the problems and specific needs of older people so as to develop more appropriate policy responses.

- **Provide advice on how to mainstream age-sensitive policies** in territorial development strategies and sectoral policies.

- **Explore how ICT can be adjusted to the specific needs of older people** (communication, information, education and training, employment, leisure, shopping, care, medical assistance, and daily services).

- **Undertake more work on financial/fiscal issues** to ensure that the largest number benefit from a fair and dignified pension and to introduce sources of complementary income (for example by freeing up savings of older people trapped in housing through reverse mortgages).
- **Analyse the benefits to cities** from a population of elderly residents, and consider the impact of zoning and planning principles on their quality of life.
- **Identify innovative measures to attract private sector investment and voluntary support** for housing, infrastructure improvements and services which are more user friendly for all, including older people.
- **Support exchange** of **experience on how to improve local democracy** in order to give older people "voices and choices".
- **Support the "people and places" approach** advocated during the conference (the Oslo Spirit), *i.e.* substitute the present functionalistic approach (whereby urban planning and policies seek to accommodate activities (economic, leisure, transport or housing) with a new approach (social, humanistic, people centred) whereby policies are more place-related, multi-sectoral, and outcome-oriented, determined by the specific needs of people: older people, persons at risk, women, immigrants, handicapped people, youth etc.
- **Develop governance guidelines** on principles and ways and means to facilitate the life of older people and their integration in the economy and society.

CHAPTER 1

BACKGROUND OF THE CONFERENCE

The Conference on Ageing, Housing and Urban Development was co-organised by the OECD Territorial Development Policy Committee, the Norwegian State Housing Bank, and the Norwegian Ministry for Local Government and Regional Development. It was designed as a contribution by the Working Party on Urban Affairs of the Territorial Development Policy Committee (chaired by Ms. Anne Ruden, Director of Planning, Norwegian State Housing Bank) to the broader OECD Activity on Ageing. The Conference assessed the scope for innovative urban policies and governance to better integrate the elderly into urban society and to make fuller use of their potential, and enhance their quality of life.

Rationale

OECD countries are currently observing an unprecedented increase in the proportion of elderly people among their total population. Between 1960 and 2030 the proportion of people aged 65 and over in OECD countries is forecast to more than double, with the share of the elderly rising from 10 to 20 per cent of the total population on average. By 2025 the number of people world-wide aged sixty and over is expected to rise to 1.4 billion, an increase of 240 per cent from 1980. Over the next 25 years around 70 million people will retire to be replaced by just 5 million new workers. This contrasts strongly with the past period where 45 million new pensioners were replaced in the workforce by 120 million baby boomers. Because in OECD countries the majority of the population already lives in cities and because half of the world's population will live in a non-rural setting by 2005, cities everywhere will have to gear up now to meet the challenges posed by the ageing phenomenon.

The social and economic consequences of this major demographic shift will be ubiquitous, affecting, for example, labour markets, education, pensions, long-term care systems, as well as housing design and the future development and sustainability of cities. The OECD is already advising its

Member countries (OECD, Policy Brief on Ageing) to introduce strategic frameworks to harmonise ageing reforms over time and to ensure adequate attention to implementation and build up of public understanding and support. The OECD-Norway Conference on Ageing, Housing and Urban Development is part of the OECD-wide effort to developing public policy to meet the economic and societal challenges which the phenomenon of ageing presents in the majority of Member countries.

In many Member countries, government, business and civil society are already gearing up to face the changes, which are expected in about l0 year's time. But the bulk of the task lies ahead. Because most elderly persons in OECD countries now live in urban areas, the ageing of urban populations will not only provoke demand for changes in the provision and design of housing and ancillary services such as caring and transport, it will also influence the lifestyles of all age groups and the trajectory of urban development. In the context of economic globalisation, decentralisation, fiscal constraints and technological advances, the public sector, at both the national and urban level, will have to develop innovative responses to the new demands created by the ageing of urban society. This complex task will require a cross-sectoral approach focused on achieving specific outcomes such as increasing the access of the elderly to adapted housing and to urban amenities and services. Success will depend on the public sector's ability to work more in a more cross-sectoral fashion and to develop partnership approaches, which facilitate co-operative ventures with the private sector and civil society.

Aims of the conference

The aims of the OECD-Norway Conference were to:

- Contribute to the OECD Activity on Ageing, in particular the implementation of the concepts of "active ageing" and "ageing in place".
- Assess how urban policies and governance can become more responsive, innovative, and better integrated so that the elderly in cities make full use of their potential, and enjoy a high quality of life.
- Identify the implications of ageing for urban design and development in terms of housing, land-use, transportation and the urban environment, and advise how modifications to adapt cities

for the aged can also contribute to enhancing the quality of life of all social groups and overall sustainability in urban areas.

- Provide Member countries with information about best practice and policy advice about adapting cities to the ageing phenomenon.

The conference was multidisciplinary, open minded, widely international and dynamic thanks to:

- An appropriate combination of academic presentations and pragmatic examples.
- The participation of people coming from many different horizons. Nine professions were represented: economists, scientists, statisticians, architects, bankers, urban planners, sociologists, psychologists, and gerontologists.
- Representatives from 17 countries from diverse ministries (health, interior, environment, employment, urban development, housing, local/regional development, social affairs), as well as local authorities of several cities (Seoul, Vienna, Oslo, Vancouver, Minneapolis, Mexico, Reykjavik).

Conference structure

As well as opening and closing sessions, plenary sessions focused on:

- Housing Design, Social Services, Transportation and Urban Development.
- Housing the Elderly — Financial/Fiscal Options.
- Key Issues of Governance.
- Innovation and Diffusion of Best Practice.

Panel discussions were held to encourage debate in each session involving city mayors/chief executives and speakers, with questions and comments from the floor. A site visit of housing developments and services for the elderly in the Oslo Region also took place.

The Conference was open to government officials, representatives of city administrations, international organisations, non-governmental bodies, representatives of business and the community, and academics. Speakers from Canada, USA, Mexico, Australia and European countries reviewed policy analysis and innovative experience relative to the key issues in ageing, housing and urban development.

The organisers

OECD Territorial Development Policy Committee

The conceptual framework for the Conference is based on the principle that a balance has to be achieved between economic growth, social stability and effective governance. These issues are reflected in the Territorial Development Policy Committee of the OECD, which examines the spatial implications of economic, social and environmental trends in OECD countries and develops policy analysis and advice for Member governments. The Programme of Work focuses in particular on the following aims: improving the competitiveness of OECD economies, reducing territorial disparities, enhancing the quality of life (social and environmental) of inhabitants of OECD cities and rural regions, and strengthening political stability and democracy.

The Norwegian State Housing Bank

The Norwegian State Housing Bank is the main implementing agency of the Norwegian Government's housing policy. Its primary goal is to ensure that all people live in satisfactory homes in good housing environments. Five objectives contribute to the achievement of this primary goal: *1)* good housing coverage and a well-functioning housing and building market; *2)* good housing distribution; *3)* high quality housing in a good residential environment; *4)* housing security; and *5)* a functional and just organisation of ownership and tenancy. The Housing Bank provides loans, grants and housing allowances. The Bank works closely with local authorities and private builders to improve housing distribution and housing quality in the general housing market. This market is dominated by self-ownership.

The Norwegian Ministry of Local Government and Regional Development

The Ministry of Local Government and Regional Development (KRD) was established in 1948. The Ministry was originally responsible for issues involving the labour market and local government finance and administration. Today, the Ministry is responsible for matters as diverse as immigration policy, the working environment, safety on the Norwegian continental shelf, wage disputes and mediation, housing and building policy, regional and district development, local government and the administration of elections.

CHAPTER 2

INTRODUCTORY STATEMENTS

Statement by Mr. Sverre Bugge, State Secretary, Ministry of Local Government and Regional Development (Norway)

I have the pleasure -- and honour -- to welcome you all to this conference on behalf of Ms. Sylvia Brustad, the Minister of Local Government and Regional Development. We are glad to host this important OECD Conference. The OECD provides important input to co-operation between the industrialised countries. Although we are different, we often share common challenges. The theme of this Conference — to meet the challenges on how to properly house the growing number of elderly people in an urban context — is probably no exception.

Housing policy is an important portfolio of my Ministry. We are responsible for different types of legislative and economic policy instruments in the housing field. The Norwegian State Housing Bank and the National Office of Building Technology and Administration are subordinate institutions under the authority of the Ministry. The Housing Bank offers loans and grants for construction of new housing to first-time buyers, to renewal of urban areas -- and for purchasing housing for disadvantaged groups, including the most vulnerable.

The Norwegian model for building and management of housing was established after the Second World War. The model is based on a division of responsibilities between central and local levels of government and the private sector. The municipalities play a particularly important role in the Norwegian system, and have a large degree of autonomy.

The Central Government sets goals, proposes housing laws and regulations. This level provides also funds for loans, grants and housing allowances through the Norwegian State Housing Bank. The central government has also a major responsibility for research -- and for the dissemination of relevant information to all the actors in the housing field.

Municipalities provide planning in terms of local housing structure as well as necessary infrastructure for housing construction and rehabilitation. Local authorities are responsible for providing adequate housing for disadvantaged groups. Our 435 Municipalities have a strong position in the Norwegian welfare model. They have extensive authority to prioritise between various measures within the housing sector.

The private sector, including the housing co-operative movement -- private firms and organisations -- are responsible for the actual building, rehabilitation and management of the housing stock. In Norway, the housing co-operative movement has played an important role in providing homes to the average man and woman.

There is an active co-operation between the central government, the municipalities and the private sector.

The same model is applied for policy for the elderly; the State provides grants, loans and legislation -- while the municipalities are the executive bodies -- they are planning and providing dwellings often in co-operation with housing co-operatives and other organisations, for example foundations.

Norwegian housing policy has one major ambition -- to provide decent homes in a decent residential neighbourhood for the whole population. Current objectives are:

- to meet the demands of housing by adequate supply and to establish well functioning housing and construction markets;
- adequate distribution of housing;
- adequate housing quality and housing environments;
- security of tenure; and
- a functional and just organisation of ownership and tenancy.

The housing situation in Norway is in general very good. All surveys of general housing conditions using common indicators show that housing

standard is very high and the supply of housing is good. The majority of the population -- 80 per cent -- owns their own homes.

Even though the situation in the housing sector in Norway in many ways is satisfactory, important challenges lie ahead. The main challenges can be summarised as follows:

- to make it easier for young people, refugees and other disadvantaged groups to establish themselves in the housing market;
- to improve the existing housing stock, especially for those living under poor conditions;
- to build environmentally sound housing, with optimal use of resources -- and, last, but very important;
- to adapt housing to the needs of the elderly and handicapped.

To meet the needs of the elderly and disabled, the Norwegian Parliament in 1997 adopted a four-year Plan of Action for local authorities on nursing and care services. The plan runs from 1998 to 2001. The Ministry of Local Government and Regional Development, through the Norwegian State Housing Bank, has the responsibility for providing 24 400 units — both specially adapted dwellings and new nursing and care posts — during a period of four years. Investment grants are awarded to local authorities. On 19th May, 2000, the Government presented a White Paper on the experiences gained so far. The Plan of Action seems to have been a success. My colleague, Eva Jupskås, from the Ministry of Health and Social Affairs will tell you more about the Plan of Action and the experiences.

A major objective in Norwegian policy for the elderly is that everyone should be able to live in their own home as long as possible. To achieve this goal we need good home care service and greater accessibility in houses and residential areas. New homes are to a certain extent built with a so-called “life span quality”, which means that the house is accessible for persons in a wheel chair. Even though the Housing Bank provides supplementary loans for dwellings with a “life span quality”, during the last years the amount of housing built for “life span” has decreased. At the same time the needs for dwellings adjusted for elderly and disabled have increased. Many elderly live in urban areas and many of them prefer living in the city-centres. When people get older, many would prefer to live in a small flat which is easy to look after. In city-centres there also is easy access to all kinds of services and social events. Adequate planning in urban areas is therefore very important when meeting the needs of elderly and disabled persons.

The scope of the Conference has been chosen to encompass " Ageing, Housing and Urban Development". It appears both wide and yet concrete, dealing with important aspects of life that are vital both to individuals, the families, local communities as well as nations. The topics we have focused on are not new. We have a huge bulk of experience and research to rely on in our deliberations, as well as in policy formulation and implementation. But I anticipate that by making a triangle of related topics "ageing", "housing" and "urban development" we can gain new insights. More important, most nations are facing large challenges in the area of this triangle and exchange of ideas and experiences, positive and negative, could be of great importance.

Statement by Ms. Eva Jupskås,
Political Adviser to the Minister of Health and Social Affairs

It is a great pleasure for me to welcome you on behalf of the Minister of Social Affairs, Guri Ingebrigtsen. to this OECD-Norway Conference.

Legislation and structure of public health and social care

Norway has a three-tier system for the provision of public health and social care based on the *Municipal Health Care Act*, the *Social Service Act*, *the Hospital Act* and the *National Insurance Act*. Our 19 counties are responsible for providing specialised health and social services. Our 435 municipalities are responsible for primary care. Service is to a great extent paid for by National Insurance, which is a central government responsibility. National Insurance is also responsible for old age and disability pensions.

Population

Norway has a small population (4.4 million). Except for the major cities and their suburbs, population tends to be sparse. The pension age is 67 years. Between 1980 and 2000 the population of people aged 67 years and over has increased 11 per cent. From 1980-2030 the population of people aged 67 years or more is expected to have increased by 55 per cent. Mean life expectancy (based on 1998 data) is 75.5 years for men and 81.2 years for women.

People living alone

The living conditions of old people living in cities are different from those of old people living in the countryside. In the city most old people live alone in their apartments, in the countryside they often have younger family members in the same house or in the immediate neighbourhood who can give some help or at least "can keep an eye on" them.

We know that old people living alone make more use of health services than those sharing a household with others. Calculations indicate that old people over the age of 80, who live alone, use the health services twice as often and spend more time in institutions than old people living together with others do. In the period 1990-2020 the number of people over the age of 75 living alone may be quadrupled.

Strategies for the ageing population

All "western" countries are more or less in the same situation: increased urbanisation, increased mobility in the labour market, weakening of the social networks, improvement of the material standards of living, increased equality in the status of men and women, decreased birth rates and increased life expectancy. This has resulted in a new demographic challenge: how will we be able to provide health and social care for an increasing number of elderly when at the same time there is a decreasing number of people in the work force and young people are choosing the care occupations to a lesser degree?

Norway is in no unique position concerning these questions. But maybe these issues have been in political focus earlier here than in many other countries because of our tradition of a welfare society with strong focus on the weakest groups of the population.

Action Plan For Care Of the Elderly 1998-2001

In 1997 the Storting (Norwegian parliament) adopted a four-year Action Plan for care of the elderly. The main reason for this plan was that the capacity of the local social and health care services was lagging behind the increasing number of elderly people during the last decade. Also the quality of care, measured by housing/institution standards and amount of qualified personnel, was not considered satisfactory. Taking into consideration the demographic changes and the expected increase in the need for nursing and care services in the years to come, the need to "catch up" with the development was considered urgent.

The main aims of the Action Plan are:

- To provide social and health care services that provide the elderly a secure and, to the maximum possible extent, a worthy and independent life.

- To enable elderly persons to live in their own homes for as long as possible, if they so wish.
- To provide sufficient capacity to ensure that services are available when and where needed.

The Action Plan will be implemented from 1998-2001 and has the following targets:

- Twelve thousand new man-years in the health and social service; 6 000 for services in the home and 6 000 for services in nursing homes or specially adapted dwellings featuring 24-hour services.
- Five thousand more places offering 24-hour service in nursing homes or specially adapted dwellings.
- Seven thousand two hundred new specially adapted dwellings.
- Close to 11 000 new places in specially adapted dwellings or nursing homes to replace worn down institutions and establishing single-occupant rooms.

To ensure that the objectives of the Action Plan are attained, Parliament will appropriate about 30 billion Norwegian Kroner.

The investment program is going as planned, and the results are very close to the goals set for investments (in nursing homes and specially adapted homes/buildings) by the Action Plan. The economic subsidies have resulted in improved building standards of existing buildings. They have also resulted in changes in the mix of services. A large part of the increase in capacity is in specially adapted homes rather than institutions.

The personnel was increased by 3 066 man-years from 1997-98. This is in accordance with the aims of the Action Plan. For 1999 preliminary reports indicate that the increase in man-years will be another 3 000 posts.

Action plan for disabled people

To describe the present Norwegian policy towards disability we have to take a short look back in time. More than twenty years ago the White Paper no 23 (1977-78) stated that *sector responsibility and social integration* should be guiding principles in public administration. It read: “The ordinary service institutions have the full responsibility for all persons with disabilities and each of them builds up their own necessary specialised measures.” These are still the

guiding principles. The concept of “social integration”, is however, today often replaced by “equal opportunities” or “participation for all”. "Sector responsibility" is in other countries such as members of the European Union often termed "mainstreaming".

The most distinctive manifestation of these principles during the last 10 years has been the deinstitutionalisation processes and especially the national reform for persons with developmental disabilities. Between five and six thousand developmentally disabled persons have moved out of institutions. The institutions have been closed and the responsibility for services has been transferred from a segregated regional health service to service providers in the municipalities.

The foundation stone of policies towards disabled people in Norway is the individual right to education, health and social services and the right to a decent income from employment and/or from the national insurance scheme. The National Insurance Scheme aims at securing income and compensating for some of the extraordinary costs due to unemployment, pregnancy and birth, single parenthood, illness, disability, old age and death.

The action plans have also contributed to better accessibility within several fields, even if there are still a lot of tasks to be done.

Care for people with dementia in Norway

In 1989, the Ministry of Health and Social Affairs decided to establish a three-year *development program* to achieve a suitable development of specialised knowledge in the field of old age dementia. The length of the program was later extended to five years (1990-1994). A greater professional and political interest for people with old age dementia was reached through this development program.

In 1995 the Standing Committee on Health and Social Affairs suggested that a national research centre for old age dementia be established. This suggestion was later approved by Parliament. *The Norwegian Centre for Dementia Research* began its operations in 1997.

In The White Paper, *Security-Respect-Quality: Action Plan for Care of the Elderly 1998-2001* pointed out the importance of adapting a sizeable part of the Action Plans building program specially to this group. Small and simply arranged environments and stable personnel are important in the care of people with old age dementia. Some Norwegian municipalities have in recent years

built types of sheltered housing for people with dementia. They live in their own flats, 6-8 people together. The municipality is responsible for the staff providing 24-hour care.

The institutional concept has to a large extent been maintained, but in addition specially adapted dwellings featuring 24-hour services are being built. The Action Plan for the years 1998-2001 aims at increasing both institutional facilities and specially adapted dwellings and man-years by year 2001.

There have been several reports in recent years documenting how *groups for relatives* can be useful in enabling relatives to cope with problems of dementia in the family. Discussion groups for relatives of people with dementia have been based partly in the specialist health service and partly in the local health service, or on the initiative of an association of relatives.

In Norway today, work is going on both in the municipalities and in the counties to build up a more varied service for people with dementia and their relatives. This sort of development demands a supply of qualified personnel and measures to increase the expertise of personnel already working in the field. This provides an extra challenge to the educational establishments.

We need to know more

Today's social and health care statistics do not give satisfactory information about the situation and development of care services. The statistics are based on summary reports of a few data, such as the number of beds in nursing homes and adapted housing, the number of patients/inhabitants, the number of users of home care services and the member of man-years personnel.

The statistics do not give any information of the needs of the individual patients/users, their health problems or the amount of services they receive. Neither do the statistics give information of how the "chain of services" is used. The quality of the statistics is inadequate. The central government and the municipalities therefore do not have sufficient information for decision making.

In December 1997 the Ministry of Health and Social Affairs decided to design a national information system for the social and health care services based on information about each individual person receiving or applying for these services. This system is intended to replace most of today's statistics in the field. We intend to decide on introduction of it later this year. If successfully introduced, the new statistic will provide for better information on

disability in old age than we have today. This will provide better projections for the future, which is, I know, a matter of great concern to the OECD. And rightly so!

Better plans — increased user participation

All municipalities have in accordance with the National Plan of Action developed their own local plan for strengthening the care of the elderly. User participation is secured through participation in the planning process by the municipal advisory councils for the elderly. This has been secured either through direct participation in the planning process or through hearings on the plans. This work has strengthened the position of councils of the elderly and given them a greater influence in the political processes in the municipalities.

The urban areas

What we also do know is that many handicapped and old people live in old and unpractical flats. Many, especially old women live alone. This may make the daily life very difficult. And we also know that old people do not wish to move to other places, they want to live in the neighbourhood which they know and where they have a network. This we have to take into account when building for the future. It is more cost effective to build suitable dwellings in the first instance than to adapt them afterwards to the needs of old and disabled people. And most of us develop various disabilities when we get old.

It is also necessary to think and plan for a society for all people, both indoors and outdoors, and here we have lot to learn from other countries. "Universal design" is the principle that should be applied. (Here in Norway we also have our own problems during the wintertime with snow and ice of which we have no simple solutions).

CHAPTER 3

HOUSING DESIGN, SOCIAL SERVICES, TRANSPORTATION AND URBAN DEVELOPMENT

Introduction

Chapter 3 brings together the findings of Session One on Housing Design, Services and Urban Development Issues. The Session was chaired by Ms. Maria Lourdes Poeira, of the Ministry of Public Works, Planning and Regional Development (Portugal). The session comprised a Keynote Presentation "Social Services, Transportation and Urban Development" by Professor Anthea Tinker, Age Concern Institute of Gerontology, Kings College London (United Kingdom). It included Case Study Presentations: "Continuing Care Retirement Community of Hartrigg Oaks" by Cedric Dennis, Director of Care Services, Joseph Rowntree Foundation (United Kingdom). The second case study presented in this session, "Enhancing Employment Opportunities for Older Persons" by Michael Brinda, Minneapolis Neighbourhood Employment Network, (USA) is reported in Chapter 6 which deals with housing finance issues.

Key points

- We need to avoid generalisation about what can be determined from demography about older people's needs solely on the basis of the present generation.

- There is a lack of good practice knowledge and it is all too easy to draw wrong or misleading conclusions.

- We must take into account a range of underlying trends and the implications for all older groups in housing design, social services, transport and development.

- There is a general agreement that older people should be able to stay in their own homes as long as they prefer and simplistic arguments about underoccupancy of housing should not be used to force them to move prematurely.

- We cannot assume that more intergenerational living will end loneliness among older people and must acknowledge the need by older people for independence and "intimacy at a distance".

- Close links to the rest of the community are still needed. Segregated provision in most cases is not the answer although we should acknowledge and support the way that some older people demonstrating "communities of interest" are coming together to share housing and services.

- Changing patterns of family life are resulting in smaller households especially one-person households. Thus we need more smaller and sheltered accommodation that is flexible in terms of tenure, design, and financing.

- There are changing perceptions about who will provide services although technological advances will help in making these more appropriate and responsive. We need more appropriate provision of health care services including 24-hour and substitute care.

- A lack of participation among older people must be overcome. Older people must have a real say in all issues relating to them.

- Regeneration is a positive factor but must deal with social exclusion of older people as much as with the physical repair of declining neighbourhoods. Urban areas generally need to be designed so older people can walk and access services safely and easily. Residential elderly-friendly zones should be created.

Questioning assumptions about housing and services

The following discussion of housing and services (based largely on the paper by Professor Anthea Tinker) must be prefaced by a number of important caveats, which concern:

- The dangers of generalising.
- Assumptions should not be made solely on the basis of the current generation.
- The lack of knowledge about what is good practice.

First, there is a danger of generalising about very different countries and within that, regions and towns. OECD countries span so many different economies, demographic profiles and lifestyles that there will probably be exceptions to every statement made in this report. However some conclusions can be drawn when comparative figures are available. For example a survey of problems for older people in European Union countries revealed that the main ones in urban areas were loneliness followed by lack of lifts [Lujanen and Vesanen (eds.), 1999, p. 18]. Third came fear of crime and violence. In rural areas the major problems were long distances and lack of shops.

Second, one should avoid making assumptions based on the current generation. One example is the expected increase of over 4 million people in the UK in the next 20 years, with half expected to come from outside the country. Will they come from the European Union or from elsewhere? In some countries there is such a shortage of carers that younger people are being recruited from other parts of the world. For example, Japan is planning to ease its strict immigration rules to allow more nurses into the country to care for its ageing population (*British Medical Journal*, 25.3.2000). The living patterns and expectations of people who come into a country may be very different from the indigenous population. And, if they do not return to their own countries, what will be their expectations when they age? That is why it is important for each area to look carefully at its expected demographic profile together with its housing and services.

Third, there is a great lack of knowledge about what is good practice. There are books which have ‘before’ and ‘after’ photographs which show the physical changes to buildings but what do they tell us about how it feels to live there? Evaluative research is in its infancy and a description of a scheme that sounds ideal may be very different when scientifically evaluated. Professor Anthea Tinker cited the example of a large retirement community in the

United States. It had small shops each one of which could hold one or two customers at a time: "*The managers were explaining how they were the architecturally and visually ideal. One of the older people took me on one side and said in no uncertain terms that she and many other people hated them as they felt as if they were being treated like children with 'toy shops'. They would have preferred help to get to 'real shops'*."

Another example of the confusion around good practice relates to falls. "Research on falls identified innovations which often turned out not to exist, to have been found not to work or were very different from the written description" (Adams *et al*, 1991). The Royal Commission on Long Term Care reported that it was difficult to find schemes and services, which had been evaluated. Anthea Tinker therefore, expressed concern about some ideas, services, schemes etc. which are published and held to be good practice without a thorough appraisal of the views of older people, carers, service providers and costs let alone the impact on other members of society.

Underlying trends in housing and services

A range of *underlying significant trends and implications* for all groups need to be taken into account in discussing housing design, social services, transportation and development. Some are obvious and certain, others less so. Many of these trends reflect the demographic profile of an ageing society presented above and are themselves interconnected.

The first trend is the desire of older people to live in homes of their own. Older people are tending to "age in place". More old people want to stay in their own homes to be near known facilities and services as well as family and friends. They can thus avoid the problems and expenses associated with moving. Ageing in place can also encompass "mainstream" housing nearby, or moving to specialised housing, which allows independent living.

The notion of "underoccupancy" may explicitly define the use of larger family homes by single older people as inappropriate. Especially in the social rental sector, where demand for such accommodation can be acute, allowing older people to age in place may be perceived as unethical use of scare resources. Underoccupancy is also a concern of those interested in housing allocation as part of broader macro economic approach to the efficient use of urban space. Incentives to move such as assistance with removal costs (without pressure to accept) may be a way around this difficulty but must be backed up by viable alternative accommodation locally.

However the whole idea of underoccupancy needs to be thought through in a more subtle way. Older people often use the "spare" rooms in their houses in a rich variety of ways to accommodate visiting family, pursue hobbies or act as carer to grandchildren. Specialised smaller housing with help on hand can be a valuable alternative.

The second trend is a further decline in intergenerational living. The demographic data presented at the Conference showed that there were national differences but decline is a key development everywhere (Table 1).

Table 1. Elderly people co-resident with a child, mid to late 1980s/early 1990s

In per cent

Co-resident per cent	Country
5-15	Denmark, Sweden, Netherlands, Norway, Britain, USA
16-25	France
26-35	Poland, Spain, Hungary
36-45	Italy, Greece
65	Japan

Source: Grundy, 1999, p. 111, Table 5.5.

Intergenerational living is not necessarily correlated with less loneliness. Work by Walker (1993) shows countries with a high level of intergenerational living, such as Greece and Portugal, also have high rates of loneliness. In regions such as Scandinavia, with a very high rate of single person living, older people have low rates of loneliness. The trend among older people is a desire for "intimacy at a distance".

The third key trend is related to changing patterns of family life. These include the growth in the number of small households, a growing number of households from different backgrounds, and possibly, more people who are not related who wish to live together in old age. This last trend is particularly interesting. With a declining birth rate more people will not have children and may wish to live with unrelated adults. There is a range of relevant examples:

- In the UK and the Netherlands groups of older women have banded together in old age to live together (Brenton, 1998).

- In Stockholm a block of 43 flats with communal facilities has been built by a collective of middle aged people and now about half the residents are aged 65 and over (Randall, 1999).
- In Denmark there are shared housing projects where elderly people live in a small "community" with individual homes and shared facilities (co-operative housing) (Lujanen and Vesanen, 1999, p. 32).
- In Spain there is a 'shared dwellings' programme where groups of 10-12 older people have decided to share the dwelling and organise their own affairs *(ibid.*, p. 38).

One study found that the key difference between these kind of schemes (often called co-housing) and conventional sheltered housing is that they are planned in co-operation with incoming residents. Moreover, co-housing members often choose like-minded people who they want to have as fellow co-housers. This means having co-housers from similar backgrounds, education, or selecting people with 'similar values' (Riseborough, 1998*b*, p. 28).

Another key trend is a decline in institutional living. Most OECD countries are committed to lowering the number of people living in institutions for reasons including poor conditions and lack of personal autonomy. Some have deliberate policies to this end (Belgium, Netherlands) and have programmes to replace them with sheltered and other forms of housing and care (Pacolet *et al*, 1998). If conditions were more like good hotels with people treated as guests rather than residents, and allowing use of services by the outside community, then this form of care might become more welcome. However, research has shown that this hasn't always worked, with views of residents not taken into account, and a sense of privacy being invaded, cited as reasons for failure (Wright, 1996). The decline of institutional living is likely to require more services in the community yet dispersed service may be more expensive. More data is needed to compare on-site and decentralised services.

A fifth trend is the well documented, growing proportion of one-person households. Growing expectations, including among older people, do not necessarily mean that accommodation with only one bedroom is always needed or wanted. The flexibility of a second bedroom is obvious as has been noted. However, when even high earners, for example in London, are making do with studio accommodation, expectations may not always be matched by what is affordable.

Also interesting is the changing balance between urban and rural living in old age although more evidence is needed. Likewise more research is needed on the advantages and disadvantages of remaining in or moving to urban areas. We are warned against generalisations. With most research on inner cities, the problems of older people in suburbia have been under reported. Problems include deteriorating community facilities, declining local shopping centres, poor public transport and large areas of ageing housing of a single type. These problems particularly affect older people but will also affect others especially the poor and those who do not have a car. It should also be remembered that while the emphasis of this conference is on urban living some of the worst housing and transport problems of older people are in rural areas.

A seventh trend is changing perceptions about who should provide services and facilities for older people and the appropriate contributions of the public, private and voluntary sectors to their care. Key developments are the rise of the "mixed economy of welfare" and the decline of state provision across Western Europe. In some countries such as the UK housing provision has been ceded to organisations such as housing associations and there has a been a greater emphasis on voluntary sector provision in many OECD countries. Strengths are in entrepreneurship and speed of response to provision needs but they are not democratically accountable and for less popular recipient groups they may not be the answer.

An eighth trend is in technological advances, which have the potential to make a large impact on urban living. (These are discussed in detail in Chapter 4). Better forms of home based communication should mean a better informed elderly population able to access advice and be monitored for health status etc with less need to make journeys for social, business or emergency reasons. On the other hand, technological advances may hasten the closure of local banks and shops leading to a decline in social interaction and other adverse social consequences for those without access to computers.

The final trend noted is related to citizenship, the rise of consumerism and the participation of people of all ages in decision making. This is one of the most remarkable features of social policy in recent years. It has been acknowledged that people of all ages should have the opportunity to influence policy at all levels whether this is on a macro scale or on an individual basis". Although consultation is time-consuming and complex, the rise of consultation methods and techniques means more people have a say no matter how frail or elderly.

Real participation is more than merely consultation. Again, there is a range of good examples. The rise of groups like the 'Grey Panthers' in

Germany who have developed initiatives for self-help housing projects (Brech and Potter, 1994, pp. 185-189) show what can be achieved by a single age group. In Denmark too people aged 50 and over approach non-profit housing associations with proposals for group homes of flats with communal facilities. Where their bids are successful, they are involved in the planning of the schemes and their subsequent management (Randall, 1999, p. 4).

Another striking example is the development of a 'Senior's Label' in the Netherlands (see Annex 1, Conference Background Paper). Also in the Netherlands are examples of older people in sheltered housing in Amsterdam being actively involved in redesigning their scheme and including community areas which are open to the public. The latter is an example where the groups to gain are not only the older people themselves. In France older people in a residential home in a large social housing estate with a predominantly poor population have sponsored the local youth football team. Visits by the children to the home have also increased understanding and led to a decline in vandalism.

Trends and implications for housing design, social services, transportation and development

Having dealt with underlying trends it is time to turn to trends and implications for housing design, social services, transportation and development. Here some key trends can be identified relating to the context for urban regeneration and social exclusion, in housing, social services, transport and development. We look at each in turn below.

An obvious point is that housing, social services, transport and development cannot be considered outside the general context of urban living. Spatial issues like the decline of inner cities and subsequent inner urban regeneration efforts are common to many OECD countries. Counterbalancing trends toward some gentrification in inner areas and toward working at home prefigure the potential for transformation of urban areas. While for some professions this has been the norm, a move towards a more widespread practice could transform urban areas. Instead of just older people and those with small children being at home all day, people of working age are joining them. This may have immense implications for the provision of housing (larger units or higher densities), leisure facilities and for safety. More people at home may lead to a more communal atmosphere in an area. Local economies may also benefit.

Equally, urban regeneration needs to deal with social exclusion as well as physical redevelopment if it is to succeed. "Endogenous" activities like voluntary or third sector activity and associations, community trusts, small businesses such as shops and cafes, cultural producers (artists and craftspeople) need to be factored in (Tinker, 2000). So, alongside investment in fixed capital (buildings, infrastructure) and human capital (training, childcare etc.) poor neighbourhoods require investment in and support for their endogenous social capital, networks of trust which sustain small-scale socio-economic activity. These strategies should be 'people-led'.

Social exclusion initiatives often fail to focus on older people. Policies have focused on young people, jobs, education, and areas rather than on things older people would like such as links between community care and public transport. Moreover, many older people have considerable resources in terms of time, commitment and life experience which could be utilised to great effect in tackling social exclusion.

Turning to trends and implications for housing older people, four areas are identified as particularly relevant:

- First, there is a need for more small accommodation. Given the overall trend to living alone across age groups, providing more small housing will help people of all ages.
- Then there is providing housing, which helps families and older people to live close to one another. A number of policies including greater flexibility in the social rented sector and provision of granny flats are required.
- Next is the need to ensure mainstream housing — new and adapted — is suitable for older people. Housing needs to be built to a 'lifetime' standard so it can be lived in by people of all ages and at any level of disability.
- Finally, specialised housing must be properly designed. Given the great deal of research about designing appropriate sheltered accommodation this should not be too difficult. Yet problems remain. Schemes are not large enough; have shared bathroom facilities; are placed in areas of low demand, built far from shops and amenities; and house people who do not want to be there.

In relation to social services, the importance of appropriate provision of primary health care services cannot be overstated. Healthier older people will need fewer services and be more able to contribute to the community. Informal care is much the dominant care form compared with

publicly provided social services even in OECD counties with the most highly developed welfare states. Innovations include policies for "substitute families" to care for older people. Frail elderly people will need flexible round the clock services, which respond to 24-hour needs. Equally, social services need to be co-ordinated with other services such as housing.

Many groups in urban areas require easy access to facilities and services. But those with mobility constraints are penalised by the shape of cities. Although good public transport is high on the priority list for many older people, this is rarely considered as part of community care. Older people are increasingly pressured to walk as a healthy activity but find the traffic environment physically demanding and difficult to negotiate. Safer, better designed pavement routes would help older people to stay active as in Scandinavia where it is common for older people to cycle.

The issue of personal mobility, and the apparent contradictions between social inclusion and environmental sustainability that it raises, was one that the conference did not resolve. There were however some useful explorations of the key tensions. While it was acknowledged mass transport is better for the environment, equally some older people with mobility problems need cars in urban areas as well as safe and convenient parking. There were also some possible opportunities flagged to improve inclusion while limiting environmental damage by use of new technologies for information and services, better public transport and reorganising spatial arrangements in cities to emphasise integration of land uses, create 'residential elderly friendly zones' and provide better routes for pedestrians and cyclists. These themes were picked up in regard to use of new technology (Chapter 4) and integrated housing (Chapter 5).

Differences in attitudes prevail concerning the level of integration of housing for older people. Some participants were critical of segregated provision. Various issues related to the form of segregated housing available to older people in the past were highlighted at the conference; especially the failure to plan effectively for frail people. These perspectives are further explored in Chapter 3. It was argued that there is a need for both integrated and segregated service provisions including sheltered housing for different groups of older people. *The key point is the need for choice.* For instance, in some OECD countries groups of older people with shared values, cultures, etc. (for instance artists, women, retired civil servants, actors, retail staff) are coming together to live in communal housing. There are an increasing number of examples of schemes with elements of both segregated and integrated provision. Cedric Dennis (Joseph Rowntree Foundation) outlined a housing scheme in the

United Kingdom purpose built to meet the needs of older people - the Hartrigg Oaks Continuing Care Retirement Community.

Case studies

Hartrigg Oaks Continuing Care Retirement Community

Hartrigg Oaks is a continuing care retirement community developed by the Joseph Rowntree Foundation in the United Kingdom. Years of planning preceded the final completion of Hartrigg Oaks in 1998. It took approximately 18 months to build at a cost of around GBP 18 million. This included the cost of the building works, the land (23 acres), fees and interest.

The aim at Hartrigg Oaks is to answer some of the concerns of older people such as loneliness, worries over security, and where they will live as they grow older. Health problems and managing their existing homes are another major factor. In addition there is concern over the needs of partners and family as well as the planning of finances to pay for higher levels of residential or nursing care should it ever be necessary.

The complex is now complete and includes a central building "The Oaks" in which are situated a coffee shop, restaurant, library, spa pool, jacuzzi, fitness centre, music room and craft room. In addition to this is the 41-bedroom care centre in which higher levels of care are delivered, either on a temporary or a permanent basis. Surrounding The Oaks are the Hart and the Rigg bungalows. A Hart is a two-bedroom bungalow and the Rigg is a one-bedroom bungalow. On all but a few of the properties there is the option of converting the roof space to include an attic room for an additional bedroom, study or storage space.

Hartrigg Oaks has been developed to provide:

- High quality housing. The bungalows are spacious and are built with the needs of older people in mind.
- High quality care either in a resident's bungalow or in the Care Centre depending on the levels of need involved.
- Independence for as long as possible, helping people to stay in their own homes for longer and feel much more in control of their lives.

- An active, vibrant community in which to share skills and interests — as well as developing new ones — and enjoy an enhanced quality of life where people can actively enjoy their retirement as independently as possible, but in the security of knowing that care and support is on hand.
- The aim is also to provide financial flexibility and security so that residents can plan for the future, with peace of mind in terms of the longer term affordability of Hartrigg Oaks.
- Last but not least, Hartrigg Oaks is designed to be a model for other similar developments in the UK and Europe.

Residents can join the community from the age of 60 onwards, subject to a Health and Care Check to ensure that their care needs are (or in the future will be) no greater than those of someone at a similar age. The development is currently completely occupied with a shortlist of 20 people actively waiting for a place to become available in a bungalow. A further 500+ names are registered on the mailing list of people who are interested in the more medium to longer term. Some of those people are under the age of 60 and are waiting to reach the eligible age so that they can apply for the shortlist.

In order to come to Hartrigg Oaks, a resident must pay two fees: the Residence Fee and the Community Fee. These have been based on actuarial calculations and the aim is that the Community will fund itself in the long run.

The Residence Fee covers the occupation of a bungalow at Hartrigg Oaks or the right to a room in The Oaks should it ever be required. The Community Fee covers:

- bungalow maintenance and insurance,
- general services such as landscaping,
- communal facilities at The Oaks Centre, and
- care support either in a bungalow or at The Oaks, depending on how much care is required.

In addition to the fee structure and care packages the other component of Hartrigg Oaks is the community. In a market research programme carried out in May 1999, residents were asked what were the main reasons for their choosing Hartrigg Oaks. The top three responses were: care on hand when needed, independence and community, and living with people of a similar age.

The residents of Hartrigg Oaks take a very active role in the running of the development. Every year the Residents Committee is elected of which there are 11 members, who represent the community. They contribute to all aspects of the management of the community, and organise all their own recreational activities and the running of the growing number of 'groups' that inhabit the communal facilities. The community is a vibrant, active one, which is being run by residents more and more each day. It is a Community that provides for independent living, in spacious accommodation, with facilities in The Oaks Centre, but with peace of mind for the future.

The actual design of the bungalows at Hartrigg Oaks, reflects another Joseph Rowntree Foundation project "Lifetime Homes" which was developed in 1991. The concept is about ensuring that housing is flexible in design and adaptable to accommodate long or short term needs in terms of space for prams and wheelchairs, no steps to get outside, and design standards to make the home more accessible for everyone. Through the 1990s the Foundation worked closely with the British Government, which has recently implemented new regulations that take the Lifetime Homes standards into account.

There are sixteen design features incorporated in Lifetime Homes, which cover the following areas:

- Sloping ground around the home.
- Level access entrances.
- Ground level living areas, WCs, and consideration for future bed-space requirements.
- Stairs should be easy to climb with consideration given to the future installation of a stair lift.
- All doors should be wide enough to accommodate wheelchairs and adequate turning circles should be provided for.
- Windows should be at a low enough level to allow opening whilst seated.
- Switches, sockets, and service controls should be at a suitable height to reach from sitting or standing.

Essentially what Lifetime Homes means is that the home can be adapted in the future to accommodate changing care needs. For residents at Hartrigg Oaks, this means that grab rails can be fitted into their bathrooms more easily. The provision of level access showers means that people can walk straight in without having to negotiate a step, and they can also still use it if they

are using a wheelchair. There are no steps leading up to the front doors and all the rooms have plenty of room for wheelchair access. Consideration has even been given to the fitting of a hoist to allow transfer of someone from their bedroom to their bathroom. In the longer term this will allow the continued independent living of more residents for longer.

Sun City West (Arizona, United States) — an extreme example of segregated housing for older people

As part of his wider presentation on the contribution of governance to facilitating the integration of older persons through mixed forms of housing throughout the community, Georges Cavallier, former Chair of the OECD Group on Urban Affairs, gave the example of an extreme case of segregated provision which he perceived to be socially divisive, although it corresponds to the choice of the inhabitants. In Sun City entrance depends upon age (no one under 55) and ability to pay. Although those who still work are not specifically excluded, no provision has been made for them. Sun City West, population 31 000, typifies the exclusive retirement communities which are multiplying all over the United States. Life in Sun City replicates life in a chic suburb, but with very reduced contact with the rest of US society. The retirement complex is endowed with gymnasiums, swimming pools, golf course, tea-rooms and ballrooms providing the residents with ample leisure and sports activities.

Sun City West is independently run. Residents participate in providing community services as receptionists, dancing instructors, or even as policemen or gardeners. Its broad avenues are lined with large, often luxurious, houses and gardens. The owners' association is the only body that can approve new building.

Residents make every effort to keep physically fit, as long as possible. However, apartments with medical facilities are available for the frail elderly. When asked if they do not feel too isolated, living so cut off from the rest of the world, some residents respond that they felt more lonely in settings where adults left to work and the children to go to school, while in Sun City the pace of life is the same for everyone.

A majority of participants at the Conference favoured more integrated provision which was able to deal with care needs. Two case studies below show some of the possibilities available:

"Sheltered Housing" replaces retirement homes — an example of more integrated housing provision for the elderly in Denmark

In Denmark, nursing homes for the retired, new types of accommodation for older people, home nursing care, home helps and other forms of community-care are the responsibility of the municipalities, of which there are 275, for a total population of 5 220 000 in 1995, of whom almost 800 000 were aged 65 and over.

In each municipality, there is a council of elders, which advises on all projects that affect the life of older people. Nursing homes, in the institutionalised format of pre-1987 are now a thing of the past. The new 1987 Act prohibits the construction of such establishments, many characteristics of which are no longer considered acceptable: not enough room, concentrations of older people requiring intensive nursing, closed off to the outside environment and often with an unsatisfactory staff-to-resident ratio. As these establishments gradually disappear, the Danish authorities intend to offer older people who require care their own self-contained accommodation in sheltered housing developments. In these developments, the old will have contact with other people, both older and younger than themselves, who do not need care and will also have all the care centres and services their state of health requires close by.

In Fakse, a "sheltered housing development" (*Aeblehaven*) was built along these lines and one of the two nursing homes was closed. Older people were consulted on the development of the project. Instead of rooms, the municipal services proposed to provide two-room flats with bathroom, toilet and hall. A satisfactory level of care services was proposed. Many activities are held in close conjunction with the world outside the environment of the sheltered housing scheme, which is managed as the law requires by a board on which older persons and their families hold a majority (Cavallier, 2000).

"Long-stay residents" move back to town, Saint-Nazaire (France)

In 1991, at the request of local elected representatives of the Basse-Loire (9 municipalities, including Saint-Nazaire), a population ageing plan was formulated as part of a project to base geriatric care in the local community. At the same time, Saint-Nazaire hospital was working on the restructuring of its 240 bed long-term facility, six kilometres outside the town. Both projects shared the same objectives: to encourage participation in community life, keep people in a familiar environment, prevent older people

being banished from the town centre, reinstate a community dynamic and take the trauma out of going into institutional care.

The conviction and determination of the elected representatives on the one hand, and the Director and Head of the Hospital's Geriatric Service on the other, convinced the institutional backers and raised the funds needed to build small homes for older people who until then had been in the long-stay ward, something that was considered shameful. Six sites were made available by the municipality and large town houses well integrated into the urban fabric, were purchased. Ten or so houses each accommodating no more than 25 or so people, were opened in 1995, near a school, opposite a market, in the middle of a low-rent housing estate, and also in villages.

All were designed along the same principles: built around a patio area, with a common room on the town side and an enclosed exterior extension to reassure residents. The new residents received more visitors than when they had been in the long-stay centre. Even people diagnosed as suffering from "advanced dementia" found a place there and have managed to regain some independence (in a small place they are less confused and can find their way to their own rooms). Thanks to the financial support of the local authorities, prices per day are the same as before. Despite this success story, this type of restructuring of a hospital facility has not yet been replicated elsewhere in France.

Co-ordination of institutions: an example from the Netherlands

Researchers at the Netherlands Institute of Care and Welfare set out to assess initiatives to maintain the autonomy of the country's elderly while still affording them the environment their state of health requires. A number of Netherlands local authorities set up small groups of housing units dispersed around town so that seniors needing health care could live their lives as independently as possible.

In comparison with traditional forms of group housing, the researchers found that the most highly distinguishing variable was in fact psychological: people living in independent dwellings felt at home and had a much more positive self-image than those who were institutionalised.

The researchers also looked at the range of activities that help make the stay-at-home option as satisfactory as possible. They drew a distinction between two types of co-ordination. The first aims to harmonise the policies and practices of institutions that encourage the elderly to remain at home. The

institutions in question encompass social work, health care and housing. The researchers noted the magnitude of the difficulties involved in ensuring that organisations with different ways of planning and operating complemented each other properly. Their conclusions were similar to the findings of Monique Legrand and Yvon Schléret who concluded from work carried out in French towns that co-ordination was more like a continuously evolving process than the institution of rigid and immutable structures.

The second form of co-ordination involves interaction with old people themselves. The activity of care managers makes them what could be described as "personalised social workers" accompanying the elderly to co-ordinate the activities of various institutions. Their role is to be effective yet remain in the background, so that seniors can live as independently as possible. Such co-ordination seeks to ensure co-operation between agencies in their respective dealings with the elderly. Care managers help see to it that information circulates, and in so doing they play a paramount role in activating inter-institutional dynamics.

CHAPTER 4

CITIES AND AGEING: INTRODUCING AND DISSEMINATING NEW TECHNOLOGIES AND INNOVATION

Introduction

This chapter is based on Session Two of the Conference, which was chaired by Josef Konvitz, OECD. It is mainly based on the Keynote Presentation by Professor David Gann, University of Sussex, (United Kingdom). Case Study Presentations came from Païvi Tahkokallio, The International Institute of Gerontechnology (STAKES) (Finland) and Martin Van Rossum, Telecites Network. The session was concluded by a panel discussion. Chapter 4 looks at some of the innovations in new technology, which offer the promise of low-cost systems for support and care for older people. It includes substantial case studies from Finland and the Netherlands.

Key points

- Attitudes to new technology among older people vary from warm acceptance to strong resistance. We need to find easy ways for older people to participate in and share the benefits of new technologies. Different applications of technologies will suit different users.

- New technology should not be a substitute for social care. This is not an 'either/or' option.

- We need to understand and make use of potential new benefits offered by the possibility of providing remote services to individual homes. This is increasingly possible as the quality of services increases and costs reduce.

- Equally we need to think about how urban space and housing is designed with information technology in mind; both for new build and retrofit of existing housing.

- Low cost generic equipment may be a good entry point as it is widely applicable. A performance-based "general specification" should underpin such application. Case studies show how such universal application can be personalised to suit particular users.

- Scandinavian development of concepts of "design for all" or "universal design" are valuable innovations in thinking and practice which should be built on more broadly in developing new technology applications.

- There is a lack of empirical evidence on the ways in which older people use technology in relation to their needs, activities and participation in wider social networks. This reinforces the need for caution in advocating particular solutions. There is no single best practice model of delivery.

- Many different systems exist or could be introduced and there is a need for more empirical analysis of the benefits and costs in use, in order to inform policy makers about future development and investment options.

- Policy makers require better policy frameworks in which stakeholders — including the elderly — take part in the debate.

- More demonstration projects focusing on consequences for end-users and care providers are needed if we are to understand the potential benefits and risks of introducing new technologies in this area.

- These trials need to represent different cultures of use. Evaluations should explore the social and economic contexts within which new systems and services are provided.

Background

The rapid advent of new technologies set the context for the discussion. Professor Gann emphasised the revolution from the machine age to a new "digital age". Attitudes of older persons to these changes vary from alarm to surprise that we do not already live in wired-up, modern, clean, sustainable, affordable and healthy homes (Gann, 2000). Key questions relate to how such technologies and systems might be developed, supplied and used to improve the provision of care and support services for older people.

Increasingly, older people will be able to take technology with them. Wearable computers and communication technology have made the world truly a global village with the possibility of instant contact. Older persons are capable of joining the "bandwagon" and travelling the information highway. Costs will decrease. Size of product will become smaller and more user-friendly, permitting older persons without training to participate. The development of lightweight, mobile Personal Computers that combine speed, memory, power, and applications of a desktop computer with the utility of hands-free operations and complete user mobility will enable utilisation in new ways that enhance a caring community (Davis, 2000).

Development of a "transferable core" means that business users and consumers will not need separate devices, such as desktop PCs, laptops, cell phones, and pagers. They will be able to access the information they need independently of these devices anywhere including in their car, at home, in the office, etc. This new technology, as it becomes more affordable, will help bridge the gap between generations and resolve issues of mobility, which cause greater isolation for older populations (Davis, 2000).

However, issues of the use of technology in the home are still relevant. Given the huge rise in numbers of older people in cities there is a need to consider the provision of appropriate forms of housing together with new care and support services. Some of these services may be delivered using new digital infrastructure, systems and equipment. Over time, the use of these technologies is likely to have implications for the design and use of the physical environment within the home and for the development and regeneration of towns and cities. These changes themselves need to be situated within the OECD's concern for "active ageing" and "ageing in place" and have implications for policies required from government, industry and service providers if the benefits of new technology are to be harnessed in urban development and regeneration to provide vibrant adaptable and affordable places to live for older people. (Gann, 2000).

We are cautioned against assuming what will suit one group of older people in technological terms will necessarily suit others. Cultural differences, related to preferences for staying in one's own home, for instance, or changing levels of care need due to increased frailty, will all have an effect on what kinds of services should be provided.

Some of the concepts governing such care systems are not new. The notion of moving doctors to patients within systems of "Telemedecine" and "Telecare" have been mooted since the 1960s when the potential of new information technology became evident (Gann, 2000[1]). Among possible benefits noted are remote diagnosis, continuous monitoring and enhanced visual, real-time communication between recipients and carers in which the home becomes an extension of the care infrastructure.

Problems in take-up of ICT solutions

Although smart homes pilot projects have demonstrated the potential of ICT for in-home care delivery, a number of problems are also highlighted. There are constraints on implementation including finding systems for older people and their carers that are easy to use. Voice-activated, customised systems are needed. There are many purely technical solutions available, but there is equally a technical failure to realise potentialities and a commercial failure to capitalise on these.

Gann identified several factors that have slowed the exploitation of ICT for in-home care delivery:

- A mismatch between the narrowly focused technical approaches and often cumbersome and incoherent social delivery and policy systems.
- Telecare and smart home industries are fragmented and the majority of companies are small and medium sized enterprises (SMEs) and niche players, who lack the resources to invest in generic technologies and systems integration.
- Confusion over which technologies to choose, which applications to implement, how to evaluate them, and how these fit within other national initiatives.

1. Gann uses the definition of Telecare developed by Tang *et al* (2000) as the remote provision of care and medical services to people in their homes using digital information and communication systems.

- A lack of rigorous evaluation and analysis of benefits, risks, costs and problems associated with new forms of care delivery.
- Difficulty in developing cost-effective systems that can easily be fitted into existing housing stock.
- Forms of housing tenure and questions over who is responsible for adaptations and paying for new installations and services hinders the delivery of new systems (Gann, 2000).

A user centred approach

Research for the Smart Homes project in the UK asked potential users what they would like to gain from the installations of new systems. The researchers developed user specifications based on focus group findings (including participants with dementia and physical impairments, as well as care providers). They needed to respond to fears that remote care delivery could lead to isolation reducing the amount of face-to-face contact they have with carers and other visitors as well as acknowledge more positive views about creating virtual communities.

The development of generic, universal technologies offering a range of customisable, simple user interfaces might provide a solution to some of these issues. The Japanese example of *design for all* or *universal design* has been adopted by many consumer goods and systems manufacturers. It has enabled the design of a range of household products suitable for almost anyone. Similar approaches to the design of home systems could help suppliers to develop mass-markets for their products and services. These might be used equally to provide entertainment, meet educational and business needs and deliver in-home care and support. Such systems can be used to increase the participation of older people in social activities. For example, a group of elderly Internet users in Brighton have been able to expand their recreational and business interests, contribute in local debates and assist in teaching from their own homes, using on-line systems.

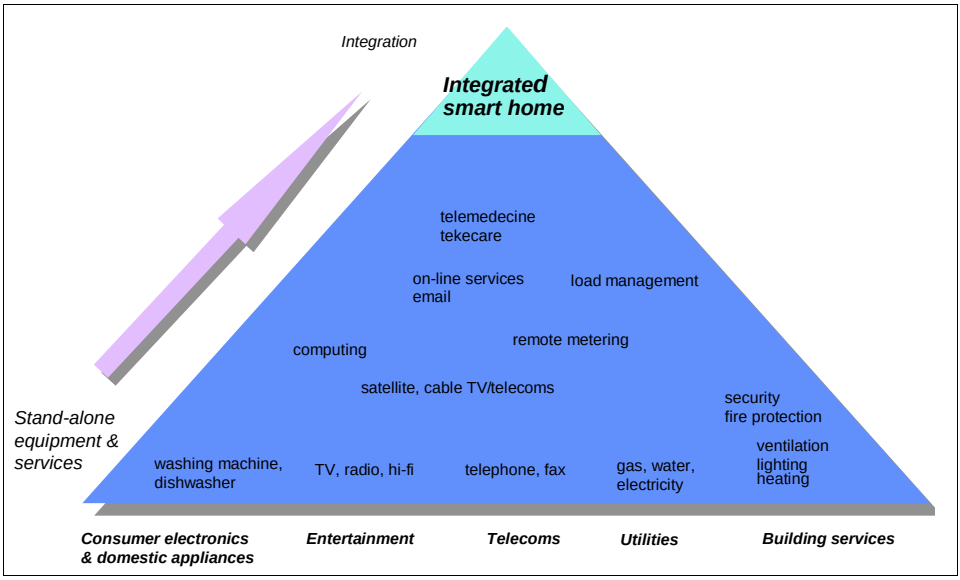
Technological possibilities

The Conference was told about a number of core technologies that underpin developments in Telecare and Telemedecine. These will be augmented with new “applications technologies” and together these will increase the possibilities for delivering care and support in people’s homes. New technologies include broadband transmission of video and data, including

digital TV, new types of radio communication within homes and the wireless application protocol (WAP) — which is likely to provide mobile access to the Internet; as well as cableless technologies offering interconnection between appliances, such as Bluetooth.

The cost of equipment, systems and services is falling and quality of transmission is improving. However interfaces for home use of Internet based services remain cumbersome, requiring keyboarding skills and perseverance on the part of users. Another issue is the extent to which systems will need to be integrated. Although there are many stand alone systems in use, this does not help realise the benefits of integration. The Smart Homes "pyramid of systems integration" (Figure 1) gives an indication of what is possible. One issue is whether integration is necessary, whether the costs of delivery outweigh the benefits, if appropriate standards can be developed, enabling equipment and systems to communicate. Another is how far the cost advantages of low cost generic equipment which can be used to provide a broad range of services and functions can be exploited (Gann, 2000).

Figure 1.From stand-alone systems and services to integrated smart homes



Source: Gann, 1999.

Demonstration projects have tested many technologies and systems. However, many systems and pieces of equipment remain immature because the rapid rate of improvement in underpinning technologies renders them obsolete before there is time for a wide user base to develop. A performance based "general specification" as used in the Smart Homes project (Table 2) is one way round this problem.

Table 2. General specification

Functionality	Ease of use
The system must have clear and unambiguous functions.	The system must be capable of supporting use by a wide range of different types of occupants, visitors and where necessary their carers. It must be safe and easy to use, assisting independent activities within the home.
Affordability	**Replicability and ease of installation**
The system must be inexpensive, with demonstrable benefits for individuals and housing providers.	The system needs to be available as a standard, reproducible product, which has a low-installation impact and is easy to install in refurbishment and new build projects. Suppliers must be prepared to train for necessary installation skills required.
Reliability and maintainability	**Flexibility and adaptability**
Manufacturers must indicate data on reliability, provide a full back-up and maintenance service, and where required train maintenance and operations staff.	The system must be programmable, accept add-ons and interface with other suppliers' equipment. Systems need to be capable of development as user needs change.
Upgradability	**Interactivity**
The basic infrastructure must have a long shelf-life, it must be upgradable at low cost and effort.	The system must offer wide interconnectivity and comply with recognised standards.

Source: Gann, 1999.

Supply side issues

Supply side issues — including whether housing is new-build or refurbished — will affect the take up of new technologies in remote care. Where the market for new build is bigger (North America, Japan) more effort goes into developing systems for new housing which can be difficult to "retrofit" into existing buildings. For this reason, portable, plug-and-play

systems, which have a low installation impact, are likely to be more desirable and achieve greater market penetration in the long-term.

It is argued that market size and technical choice have a direct bearing on the size and structure of the supply industry. Unsurprisingly, SMEs tend to focus on niche specialisations and can face problems obtaining finance for new product development or to compete with big healthcare, ICT, utility providers and consumer appliance manufacturers despite their inertia. Moreover, issues about who will pay the capital and operating costs of new systems remains unresolved across the OECD countries. It is important that technology be developed, procured and used within a viable business model for whole systems and service delivery.

Challenges for the future

Research findings suggest there are significant issues and changes ahead. Telecare markets, technologies and supply industries are immature. Consumers are ignorant or sceptical about potential benefits; technologies are difficult to integrate for interoperability; supply industries are fragmented and often populated by SMEs who lack the resources for large scale trials with users and there are no one-stop-shop suppliers providing a full range of bundled products and services. Yet there is a real need to move away from traditional, medicalised views of treatment, such as hospitalisation, and institutionalised forms of care provision in ‘special-needs’ housing.

ICTs have huge potential to improve older people's quality of life, as well as help them live longer in the place of their choice and participate more fully in society. In the longer term the structure of cities and the shape of urban development may be significantly affected (Gann, 2000). However we need to remember that science and technology does not hold all the answers but raises complex issues. In relation to the introduction of new technologies we lack unambiguous evidence of cause and effect, likes and dislikes.

Unresolved user issues include the extent to which older people are capable and interested in adopting new technologies. Moreover, access to systems, privacy, security, ethical matters concerning surveillance and remote monitoring, confidentiality, and the possibility of exclusion, require further research. Telecare systems will have big implications for the work of care providers and potentially pressures associated with the extra contact with users. Carers working in remote monitoring and support will themselves require support.

Cost and benefit issues will only be resolved through more long term and widespread trials. Public and professional acceptability of delivering Telecare is an important issue for its successful implementation (Gann, 2000).

Remote care provides a new range of possible services, but will not replace social care or be a substitute for mechanical aids and good house design. Technical issues associated with integrating new systems may be the easiest to resolve. The main requirements will be to provide housing with simple, robust, basic infrastructures to support many types of increasingly portable equipment. Robustness, reliability and ease of installation are likely to be the key determinants for success in generic infrastructure systems. People are unlikely to be willing to invest in such technologies if there is a legacy of systems failures and software bugs.

All these issues reflect the need for attention to policy frameworks. Changes in government policy are needed to integrate health, housing and social/welfare services agencies within government. As for so many areas of governance there is a need to cut across traditional departmental and sectoral boundaries to adopt new systems. Interdepartmental and interagency co-ordination is needed. Interestingly it is non-government organisations who seem more ready to accept the rationale and the implementation requirements for new technologies of this kind. However, all stakeholders need to be engaged in the debate on the development and implementation of such technologies. Government has a role to play in setting the framework and creating a positive climate in which the debate can be held. Organisations such as OECD can play an important part in fostering this debate and calling for better integration of activities between different government departments in Member states.

Paradoxically, it is those with the least ability to invest in or assess the new technologies who will most benefit from them. This means that government has a responsibility for ensuring their needs are properly taken into account; that provision is adequately regulated, and that suppliers and providers act with a duty of care.

Various issues remain for future research. By bringing together technical capabilities, engineering and social sciences, in projects, which involve end-users and carers, a more robust understanding can be developed of how new assistive technologies can be deployed. This will involve assessments of the social and medical benefits and risks, costs effectiveness of new forms of care provision.

Case studies

Case studies from the Netherlands, Finland and the USA outlined below, explore successful examples of introducing and disseminating new technologies for older people in cities.

SERCAL — Service Centre Solutions for Autonomous Living

Just as the life expectancy and expectations of elderly and disabled people in Europe are increasing, the cost of social health care is increasing, as is the requirement for professional carers. Cities and other organisations will have to re-structure their service provision and implement new technology to meet the increasing demands and needs of their citizens and clients. Cities should transform their role from care provider to promoters of care services.

The Dutch project SERCAL (Service Centre Solutions for Autonomous Living) is a consortium of partners which includes public and private care operators and is sponsored by the City of the Hague. It focuses on service delivery to users through call centre technology. SERCAL provides an innovative method of how services can be provided in a more efficient and more effective way by enabling call centre technology and packaging services.

The Service Centre guarantees 24-hour accessibility to users of a service care operator. It focuses on efficient and high quality service provision at low cost. The service is provided either by the client visiting a front office or a professional carer visiting the client and accessing information through a mobile telephone. It also allows for mediated service delivery through the DECT-NET telephone or PC/Web phone where the client contacts the front office online.

SERCAL is testing the feasibility of such a programme in the market place and seeking to validate it. It follows on from previous work to analyse user needs and tailor services to those needs. Participants are currently analysing the technical and market possibilities of how to implement call centre technology within their respective service organisation. SERCAL is developing both common and optional services. The common services will be implemented and validated in three pilot schemes while the optional services will be implemented in one or two pilot environments.

SERCAL has been developed by a consortium of interests. The consortium is seeking to develop a generic and a business model for call centre technology in the social services area. The model has a number of features within its "technical architecture":

- A generic platform for existing technology.
- An organisational model to rebuild the current organisational structures to support the call centre concept.
- Training and dissemination component for the professional and/or voluntary carers as well as end users of the services.

The SERCAL consortium is publicising its pilot project activities through a variety of means: participation in fairs, exhibitions, developing a project website, CD-ROM, a brochure etc. Organisational barriers are often appearing to be more difficult than technical barriers. SERCAL has had to undertake a lot of preliminary work and negotiation to introduce this new concept. There are several kinds of users and user categories to be taken into account in the development of a call centre. It is very difficult to meet the customers needs unless they are identified and their objectives listed.

SERCAL argues that it will meet the needs of its different user categories by ensuring the quality of the programme on three levels: quality of the product, the process and the production and delivery systems. It conceptualises these relationships in (Figure 2) the SERCAL "Service Diamond".

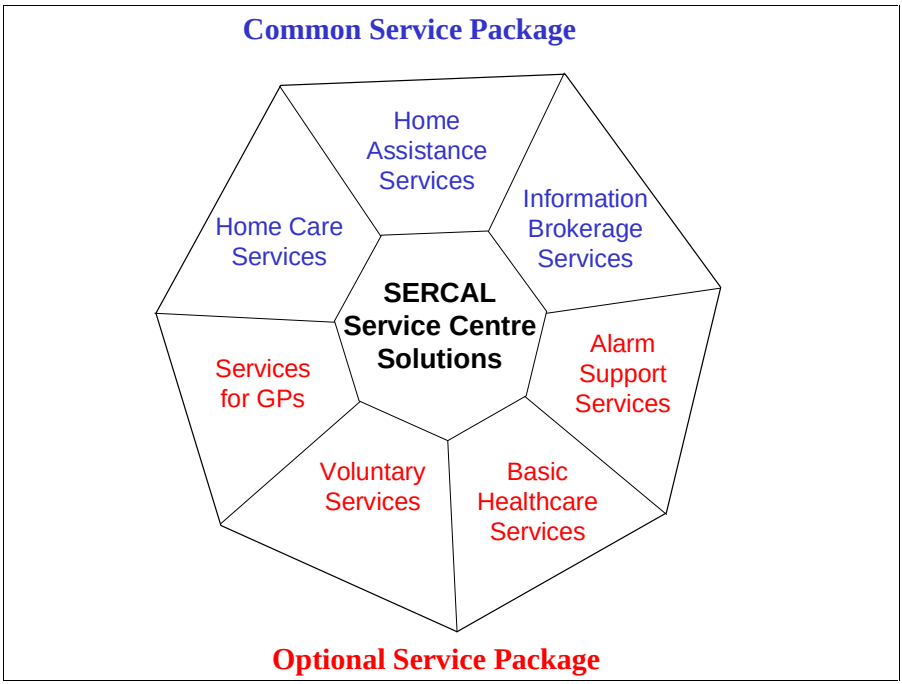
The SERCAL Service Diamond (generic services divided into two service packages)

SERCAL has developed a "service package" accessible through an Intranet where the information is stored in a database or through the Internet by use of DECT-Net with ISDN switch, TCP/IP or GSM connection. Both common and optional services are intended to be accessible by visiting the front office in person and receiving immediate service delivery. Or the client can access services on a remote basis by contacting the call centre using one of a number of accessibility devices.

"Common" (*i.e.*, available to all) services include the following:

- Home care services (nursing, counselling, home care).
- Home assistance services, including ADL support (moderately urgent medical assistance, sending alarms, monitoring, shopping including teleshopping).
- Information brokerage services including timetables, expiration dates, appointment-booking, applications, registrations, financial transactions (on topics including housing, transport, social services, financial information, legal, public administration, public health and events/entertainment).

Figure 2.Service Diamond



Source : Van Rossum, 2000.

The "optional" (*i.e.*, extra) services include the following:

- Basic healthcare support/basic rehabilitation services (counselling, rehabilitation support, immediate service provision).
- Alarm support services (panic alarms for elderly and women, burglar and fire alarm support).
- Service Centre for GPs and other professionals (appointments at healthcare services, doctor's night and weekend telephone service).
- Services supplied by voluntary workers.

It is argued that the SERCAL system provides benefits to service and information providers as well as to end users. These include:

- Better service provision by connecting the client with the appropriate professional.
- Professionals at the service provider's organisation to handle more questions from clients and in a more efficient and effective way.
- Integration of technical infrastructure is embedded in the organisation.
- Better communication with the client.
- Higher customer satisfaction which might increase loyalty of customers.
- An integrated approach by combining technical, organisational and training components.
- More efficient use of the capacity of the service provider.
- Increased productivity of the service provider (people are doing what they are best at).
- Increased clarity and simplicity of complex service provision for the employees of the service provider and for the clients.

The SERCAL project has dealt with a number of the technical issues in setting up ICT systems, however there are still a number of constraints. These relate to the cost effectiveness of call centre-based solutions for social care operators, the need for the redesign of various business processes in service provision, the affordability and usability of end user equipment and social care market restrictions for billing individual clients.

The customers for the SERCAL system fall into three groups: social care providers, carers and clients. SERCAL envisages its primary target group as the elderly end-user or clients of the services it provides. The social care providers are the second group and comprise a number of sub groups: first, the front office professionals who operate the call centre and connect the client to the right service; next, the professionals who are available to meet their requirements situated in the back office. The third group is the carers who provide home based services.

In its first 18 months the SERCAL is being piloted in Livorno (Italy) and in the Hague (The Netherlands). Over 5 years it is intended to extend coverage to Tuscany (Italy) and Haaglanden (The Netherlands). Assuming there is successful market validation the concept will be implemented in other European countries. The concept is being promoted by the Telecities Network.

A key basis for the SERCAL pilot work is the need to respond to the changing role of cities in care provision due to demographic, economic and technical developments (noted elsewhere in this report). SERCAL anticipates this shift in the role of cities and the ageing of European populations by setting a model for better and more efficient service provision by public and commercial organisations. The needs of older and disabled people have been the starting point for developing SERCAL, stressing both accessibility and equal opportunities. SERCAL has found that by sharing the costs across previously separate care providers it is possible to decrease the price of care. It is also possible to improve working conditions for carers and provide better quality services to end-users thus improving their quality of life.

The SERCAL partners believe that there is a good business case for wider application based on fast increasing market size, the rigour of the SERCAL system, and falling operational costs associated with technical and standardisation advances. They have not only innovated using widely available technology (ISDN, Internet, PSTN, TCP/IP, GSM) but have concentrated attention on interoperability between Intra/Internet and different platforms.

Market validation is testing the sustainability of SERCAL using a range of charging, packaging and billing scenarios. The partners argue that SERCAL is creating a highly standardised, fully operational, and economically viable call centre concept that will work over the long term.

Ageing and urbanisation in Finland and Norway — disseminating innovations such as "Universal Design"

Finland is a vast territory that has experienced slower rates of urbanisation and industrialisation than is the European norm. The country is now experiencing both high rates of urbanisation and a very rapid take up of new information technologies. The goal of Finnish policy for older people is to promote their well being through independence, autonomy and social integration. Care is available through both public and private providers and has traditionally been available to a high standard, rather than as a residual service. Finnish people are living longer and, although their health is better, there are inevitably increasing needs among more aged people with implications for financing, structuring and delivering care service.

A great challenge for policy is to allow the majority of the post 75 age group to live in their own homes as normally as possible. This has been most difficult to arrange in rural areas where more housing lacks basic facilities. Nearly 60 per cent of households headed by a person aged 65 or more live in urban areas and attention is now turning to deficiencies in housing in urban areas (including lack of lifts).

It is argued that accessibility and social care services should be developed simultaneously. Innovative technology has an important part to play. Finland is in the forefront of information society development: the country is strategically progressing towards a knowledge-based society, promoting interaction and exchange of knowledge between individuals, actors in the public sector, business enterprises and other organisations. The vision is based on Finnish society developing and utilising the opportunities inherent in the information society to improve the quality of life, knowledge, international competitiveness and interaction in an exemplary, versatile and sustainable way (Topo, Tahkokallio, Tiapale, Kärkkäinen, 2000).

This poses a challenge for Finland: to guarantee to senior citizens the right to participate fully and reap the benefits of an information and knowledge-based society. Finland has developed a range of projects since 1995 to realise the possibilities for older people in relation to local information, cultural and information products and services, personal navigation and knowledge intensive work. It was also noted in this connection that older Finnish people participate heavily in lifelong learning.

Finland has pursued an active role in developing products within the context of “design for all”, “inclusive design” or “universal design” as a way to enhance the inclusion of all citizens. There is a growing recognition though, that better design for older or disabled people can be better design for all. Hence the concepts of universal design in North America and inclusive design, or design for all, in Europe, have gained their present status as a manifestation of the slow shift of focus from special group needs to mainstreaming (Topo, Tahkokallio, Tiapale, Kärkkäinen, 2000).

In Norway meanwhile the State Housing Bank works to influence the next generation of planners and to model their thinking in the direction of universal design. A project has been initiated where various user organisations representing elderly and disabled are working together to promote accessibility of the built environment. The project aims to directly influencing the curriculum of higher educational institutions such as institutes for architecture, ergonomics, technical colleges and other education of planners (Ruden, 2000).

“Design for all” reaches far beyond increasing the accessibility of the built environment. It encompasses a growing demand for user-friendly information technology solutions. Understanding of the importance of such products is shared across public and private sectors. In industry, however, there is still a sense that design is to compensate special needs groups rather than being a mainstream requirement for all products. There is a need for further cross-sectoral integration so that all parties in welfare, health, industry and end-users can together develop appropriate products and services.

The implementation of inclusive design or design for all is still hindered by too little being known about the needs of users — both from the point of view of inclusion as a strategy for the society for all, and from the point of view of industry and the product development process. There is also a need for deeper understanding of the cross-disciplinary, multi-professional nature of product and service development processes (Tapaninen, Kauppinen and Kurenniemi, 1999). This knowledge is valuable in understanding the nature of the innovation process, but also in developing tools for knowledge transfer and for supporting innovations to become common practice.

Four Finnish case studies presented below are all pilot projects, which feature inclusive and accessible design linking ageing, social and health care, housing and information society.

Marjala housing area for all in Joensuu

In 1995, in the context of the Annual Housing Fair in Finland, the Marjala housing area in the city of Joensuu in the eastern part of Finland became known as the first truly accessible, barrier-free housing area in the country (www.jns.fi/palvelut/marjala). Originally, Marjala was planned to become a housing area for 3 000 inhabitants, with accessible, barrier-free houses and apartments and with a well-developed information technology infrastructure built in to support the participation and independent living of the inhabitants. In the first phase, for the Housing Fair, apartments were built for approximately 800 people. Recession in the Finnish economy hit the plans in Marjala hard, and today the total number of inhabitants there is less than a third of what was originally planned.

What is still exceptional in Marjala, compared to other recently built housing areas in Finland, is that accessibility and inclusion have been holistically integrated in both the built environment and service structures. The urban structure, including streets, pavements, street signs and bus stops, are all accessible to a wider range of users than is usually the case. Because the needs of wheelchair users, people with walkers and visually impaired persons were taken into consideration in the planning phase, the urban structure is accessible to these users and to all others as well. The accessibility of houses and apartments is based on the same concept.

Severe winter weather conditions are an important reason to develop accessible urban structures in Finland. Snow not only becomes a barrier especially for older people, reducing their mobility, but slippery conditions also cause a large number of accidents, leading to hip fractures and other injuries that entail long convalescent periods (Rissanen and Noro, 1999).

The City of Joensuu had a special interest in using Marjala as a test bed to develop information technology applications to provide inhabitants with advanced access to ICT services. Information technology infrastructure was built into the whole housing area to make this possible. ICT services were developed for users in the area and users were provided with training courses in the use of these services.

The local multi-service model developed in Marjala is based on a cross-disciplinary, collaborative network called the Marjala Team. The team includes public and private service providers, various administrative actors within the City of Joensuu and residents in the Marjala area. Together they have created and tested a development model to support the participation and

independence of people living in the area. All parties have confirmed the benefits of networking and especially cross-disciplinary collaboration. The model should be re-tested, re-developed and adopted elsewhere in Finland (Karjalainen, 1999).

Satakunta Macro pilot — seamless service chains

Satakunta is a region in Western Finland with about 200 000 inhabitants. The Satakunta Macro Pilot is a major three-year pilot project with an annual public budget of about FIM 20 million, approximately a third of Finland's total "Welfare Cluster" budget. The Welfare Cluster is a national network model where private and public actors undertake joint action. Participants include local service producers, municipalities, relevant ministries, major research and development organisations, private non-profit organisations and enterprises in the field. The main aim of the cluster is to encourage co-operation across the public sector and between public and private sector actors, to recognise potential development projects and to support them in finding funding. The aim is that all the partners benefit from co-operation although their targets might be different.

The primary goal of Satakunta Macro Pilot is to develop a seamless health care and social service chain for the customer, one that smoothly crosses the traditional organisational boundaries. The chain is at present being developed in approximately 20 sub-projects that among others support independent living, define service chains, develop information and client services, and develop data security and data protection. This service organisation style will especially benefit older people, who typically have multiple service needs. The idea is to move information, not the patient/consumer. All projects will be evaluated throughout the three-year period, both internally and externally (for more information, see www.makropilotti.fi).

ILSE — Independent Living Solutions for Everybody

ILSE — Independent Living Solutions for Everybody — is a research and development project co-ordinated by STAKES, the National Research and Development Centre for Welfare and Health, and co-developed with Finpro, the expert organisation in Finland that supports export industry, and with the University of Art and Design in Helsinki. The primary aim of ILSE is to support various actors in the welfare field to develop products and services that

enhance the quality of independent living and that are competitive in the international market.

As a research and development platform, ILSE brings together all key actors in the welfare sector: researchers on welfare and health; technology, design and marketing experts from industry; experts on export; and users. ILSE provides the platform for this collaboration with information on independent living, on accessibility, and on the needs of users, including senior and disabled users. ILSE also encourages and manages collaborative, cross-disciplinary and cross-sectoral development projects, and provides methodology and evaluation for the projects.

ILSE is a user-centred project, supporting and developing the concept of design for all. One of the concrete aims is to offer ILSE as an e-knowledge platform. This is at present under development, and will become a channel for knowledge transfer on results from both national and international projects on welfare.

A recent survey shows that there are a large number of mainly small and medium sized enterprises (SMEs) in the field of independent living, both product and service providers, in Finland. The market seems to be fragmented but is clearly growing. ICT companies especially seem to have an interest in redefining their market segment, often in the direction of mainstreaming. In an ambitiously developing industry the major challenge now will be for the public sector to participate in creating the market, as well as bringing new initiatives to the shared platform to further support the development of independent living for everyone.

To enhance inclusive design, ILSE's main aim is to provide participants (in the various projects initiated on the ILSE platform) with knowledge on the needs of various user groups. It is well recognised that too little is known about the qualities, needs and aspirations of older people, and especially about the relationship between age and life-style. The challenge for ILSE is to provide industry with this knowledge to improve inclusion. The challenge is met on two levels: both by improving the inclusion of users in the product development process, and by improving the inclusive quality of products and services in living environments (for more information, see www.stakes.fi).

Smart homes: the housing of tomorrow

One of the case studies presented in Chapter 3 described a project that is relevant to technological innovation. As part of the previously described Hartrigg Oaks housing development in the United Kingdom is a "smart house" of the future. The scheme incorporates high-tech "gismos" that makes the home work harder for someone who encounters physical impairment (Dennis, 2000). The Smart Home is plugged in to a central computer system which is controlled by touch screen or an infra red remote control. The various features include:

- Lighting and heating controls -- lights come on as you enter the room, or are linked to the doorbell so that when the bell is pressed, the lights flash on and off.

- Doors can be opened and closed at the touch of a button, or by automatic triggers as it is approached.

- Taps — allow a person to run a bath by remote control, even to a specified temperature.

- Door entry systems include a video screen that will display a picture of the caller.

- Central locking like that which most of us now have as standard on our cars, closes and locks all doors from one key fob.

- Electric windows can be operated by a number of methods, as can curtain and blind openers and closers.

- Kitchen units and sinks can also be adjusted in height to allow access by those in a wheelchair.

- The home security system not only checks that all doors and windows are locked, but can be programmed to switch on lighting, etc., to give the impression that the house is occupied when the resident is on holiday.

CHAPTER 5

URBAN GOVERNANCE AND THE FUTURE OF URBAN AREAS IN AN AGEING SOCIETY

Introduction

Chapter 5 is based on Session Three chaired by Lindsay McFarlane, OECD. The Keynote Presentations were by George Cavallier, National Co-ordinator for Habitat II (France) and Professor Dianne Davis, of the International Council for Caring Communities (ICCC), USA. These contributions were supported by case studies: "Experiences from a Nordic Perspective" by Svein Olav Daatland, NOVA, Norwegian Social Research, (Norway) and "Ageing in Urban Areas in Finland" by Heli Saijets, Ministry of the Interior, (Finland). Presentations from further afield came from Rodriguez Castañeda, Deputy Director for Communications and Information of the Secretary for Urban Development and Housing of the Mexico City Government, (Mexico) and "Legal Frameworks in support of Ageing, Housing and Urban Development" from Masahide Sugiyama, National Land Agency (Japan). A panel discussion again concluded the session.

This chapter explores some of the governance and spatial planning issues associated with ageing and cities as well as touching on policy frameworks for housing and urban space which have an impact on older people.

Key points

- Urban governance and population issues are major, structural concerns in cities that can be expected to have significant impacts in future.

- Economic globalisation, technological advances and decentralisation are requiring governments to reassess roles, responsibilities and financial arrangements previously handled through the Welfare State.

- The demographic revolution of population ageing is profoundly changing the structure of society.

- There remain problematic lag times between understanding trends and reflecting these in legislation, institutions, budgets and private initiatives for older people.

- We must overcome key myths and avoid negative stereotypes that cast older people as always change resistant. Older people are no longer a homogenous group with similar and limited aspirations and expectations but increasingly diverse, demanding and "young" in outlook.

- Although many older people are benefiting from positive change in terms of incomes and services, some are still marginalised, excluded and poor, especially older women and migrants.

- There is an agreed need to shift away from large-scale institutional care towards small-scale housing integrated into the urban fabric. Care should come to people rather than people having to move to care.

- Housing provision reflects "communities of interest" around ethnicity, occupation and cultural values and preferences but also promotes social mix and diversity.

- Broad lines for urban policy are already represented in practical demonstration projects which are helpful in raising awareness, testing ideas, and developing innovations and best practice, and include:

    * Adapting old and new housing.
    * Offering a range of well-integrated housing options.
    * Promoting small accommodation units.

* Promoting greater access to public spaces and public transport.
* Redesigning and broadening the range of services.
* Improving home-care.

– The shift from city government to urban governance in preparing for "the age of longevity" means adopting new decision making and operating methods based on partnership that is interactive and flexible.

– There is a profound need for strategic integrated policy frameworks that require a holistic view of urban development and are not either externally imposed or fragmented. This should also empower older people to take on more decision making. It should be possible to develop a new "architecture of ageing" for social and physical infrastructure in cities.

– There are distinct roles for governance at three levels. The national level should concentrate on improving understanding, knowledge and dissemination as well as co-ordinating public policies. Intermediate governance should take up opportunities for innovation and co-ordinate service planning. Local level governance should tailor services to local needs including development of "one-stop-shops".

– Finally attention should be given to mainstreaming important innovations and best practice. The elements of good practice are well known: they include using a holistic approach, having accurate and up-to-date information, targeting of resources, using problem solving approaches, sharing of resources, developing community capacity and using new ways of working.

Urban governance issues

Urban governance and population issues are major concerns in cities, concerns that rest on the structural importance of their underlying causes and their expected impacts (Cavallier, 2000). In the past few years public governance has become a central issue in all countries, both OECD and non-OECD countries. Economic globalisation and technological advances are obliging governments to reassess roles, responsibilities and financial

arrangements for a wide range of public services which in many OECD countries were previously provided through various forms of the Welfare State (McFarlane, 2000).

Although local authorities will continue to play a major role in cities, Habitat II showed that even where they maintain democratic legitimacy, they will no longer be able to meet all the demands for better management of urban development. Many factors have produced this situation:

- The expansion of urban areas means that several local authorities may be operating in one city.
- The different levels at which governmental power is vested means that several overlapping tiers of government may be involved in urban policy.
- The emergence of a "network" society with links based on interests rather than places.
- The increased heterogeneity of social groups where individuals may have multiple affiliations and short-term associations which may result in territorial imbalances and loss of civic identity.
- Traditional institutions are becoming weaker and more fragmented.
- Collective interest in cities increasingly needs a dynamic partnership between different actors private, public and not for profit to develop.
- Purely rational decisions are not enough: what is needed is processes and decisions that encourage the involvement of the maximum number of stakeholders.
- Urban trends now rely on the interaction of many actors so the boundaries of the field of action are changing.

Given the foregoing, the shift from city government, to "urban governance" will mean integrating all of these factors by adopting new decision making and operating methods that are more partnership oriented, more interactive and more flexible. It will require the ability to set up efficient partnerships as part of co-ordinated strategies involving the different players who — together and usually unorganised today "make" the city. It requires the ability to bring together the initiatives of all of the actors on whom the development of the urban area in fact depends (Cavallier, 2000).

A key problem is that there exists an enormous lag in legislation, institutions, budget and private initiatives relating to "senior citizens" (Castañeda, 2000). This makes serious demands on good urban governance. It will need a strategic integrated policy framework and collective implementation of an approach that transcends institutional boundaries, mobilises local actors in positive ways and promotes efficient co-ordination and synergies between initiatives (Cavallier, 2000).

Population ageing and the changing needs of the elderly

The changing needs of the elderly must be set within this context. An unprecedented demographic revolution is profoundly changing the structure of society. Population ageing has been a silent trend that is gradually and radically changing the very nature and structure of western societies (Cavallier, 2000).

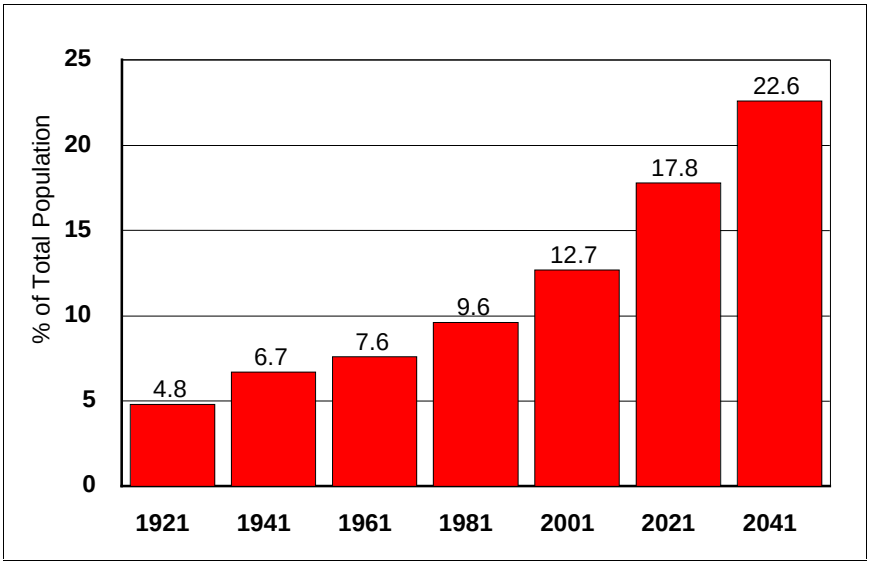
By the year 2005, it is reported that every second human being will live in a non-rural setting. World-wide every month 1.2 million people turn 60. The number of persons age 60+ by 2020 will be at 1.4 billion, an increase of 240 per cent since 1980. The fastest growth (by 70%) will be in developing countries. This demographic transition is occurring much faster in the developing world. France, for example, took 115 years to increase its older population from 7 to 14 per cent. In the decades ahead, the same transition process is estimated to take only 18 years in Jamaica and 15 years in Tunisia, to cite just two examples of many (Chabbal, 1999 and Davis, 2000).

According to the latest data there are nearly 60 million people aged 65 and over in European Union countries. This population will increase rapidly during the next couple of decades, reaching an estimated peak around 2040. At that time, there will be well over 100 million people aged 65 and over. After, the age structure is expected to stabilise gradually. The proportion of the population aged 65 and over was 15.4 in 1995 and is estimated to be 24.2 in 2030. Not all EU countries are at the same level. At the moment Italy, Sweden and Belgium have the highest proportions of people aged 65 and over. In 2030, Italy, Germany and Finland will be leading. "'Double ageing' is taking place. The number of people aged 80 and over is expected to rise by 80 to 130 per cent" (Van Oostrom, 2000).

Trends in Canada show a similar pattern. In 1999, there were nearly 3.8 million Canadians aged 65 and over, representing 12.4 per cent of the national population. The proportion of Canadians aged 65 and older has steadily increased from 5 per cent in the 1920s and 1930s to over 10 per cent in the 1980s. During the next forty years, the total number of elderly people in Canada is expected to grow to nearly 10 million people, representing nearly

one quarter of the population. Persons over 85 years represent the fastest growing segment of the older population. The size of this age group is expected to increase by more than four times by 2041 as demonstrated in Figure 3 (Cluff, 2000).

Figure 3.Proportion of aged persons in the Canadian population 1921-2041



Source : Cluff, 2000.

Mexico's ageing population, for example, follows the same trend as other OECD nations but the population aged over 65 will grow more quickly than in most western countries. While today fewer than seven million people belong to this group, the expected growth rate over the next fifteen years is 73 per cent, as compared to 22 per cent for the overall population. In Mexico City, of a population of nine million in the year 1998, close to seven hundred thousand, or 7.5 per cent, were aged 60 and over. Mexico is also less prepared than many of its European counterparts to deal with this explosive trend. By 2010 there will be seven million elderly residents and 10.4 million by 2020. Urban policy must use the resources of those currently in their 30s and working to assist those who will be elderly in 30 years time (Castañeda, 2000).

In Japan, meanwhile, the percentage of the aged population aged 65 and over, which increased from 14.6 per cent in 1995 to 17.2 per cent in 2000, is predicted to be 22.2 per cent in 2010 and 27.4 per cent in 2025, nearly doubling over a thirty-year period. The aged population was over 18 million in 1995, and it is predicted to increase by 150 per cent to over 28 million in 2010, and to reach more than 33 million in the year 2020. One characteristic is that the speed of the expansion of the aged population in Japan is significantly faster than that in other countries. Like Mexico City, much of this aged population will be congregated in Tokyo and environs (Sugiyama, 2000).

The Mexican experience is that old age is characterised by increasing restriction or loss of autonomy and this is attributable to phenomena which occur at this stage in the lifecycle. It is also marked by serious limitations in legal, institutional, labour and budgetary mechanisms that do not foresee or compensate the reduction in physical, mental or working capabilities of the elderly. The result is an increased dependence on family, the economy and society in general (Castañeda, 2000).

Yet, in order to better understand older people's needs myths about ageing must be dispelled. A key myth is that older people are always change-resistant. Over the twentieth century education opportunities have expanded. Adult literacy is age-graded and even if the older persons of the early 20th century lacked education, those of the early 21st century will not. Moreover, age provides an ability to place information in a wider context. It does not deter an ability to absorb, process and use new information (Davis, 2000).

Bernard Hugonnier, TDS Director, asked: “What measures should Member countries be taking here and now to raise awareness about the ageing phenomenon, change attitudes towards the elderly, and better integrate them as active and valuable members of society? Can cities contribute to this effort? For example, do cities need to develop Action Plans for Ageing? What information is available about such initiatives?”

Georges Cavallier stressed that the older generation “is not what it used to be”. Behaviour and expectations have both altered radically. Older people are no longer homogeneous in their aspirations and expectations although “the common denominator of age creates a mistaken perception of uniformity” (Castañeda, 2000). Older people are much “younger” than they used to be. The third age has changed and more, older people not only live longer but retain status and resources. At the same time we must avoid seeing these positive changes as uniform. There are still those older people who suffer from isolation, illness, illiteracy, exile and poor living and working conditions.

The very elderly tend to have serious problems associated with physical decline and dependency.

Organisations like the International Council for Caring Communities are focusing on holistic approaches to ageing, to create cross-sectoral and multi-generational dialogue and to emphasise mainstreaming of issues related to the "age of longevity". The key to their approach is to use creative thought to imagine new ways to use the social and physical resources at our disposal. Key questions include how to improve the 'blueprint' for the way we live and to prepare for the 'age of longevity'? How to foster new attitudes needed for 21st century solutions? How, as individuals and collectively, to stimulate new conversations, and innovative solutions? (Davis, 2000).

Related questions are: How can responses to the ageing phenomenon be mainstreamed into both sectoral policies and modern strategies of governance? For example, do the broader multi-sectoral frameworks and agendas which many cities are now introducing in order to meet the challenges posed by globalisation, environmental degradation and social exclusion offer an opportunity for integrating the ageing dimension much more than at present? (Hugonnier, 2000).

Impact of population ageing on urban governance

Population ageing is now a main concern of policy makers and poses many challenges for urban areas. One that requires a paradigm shift, a shift from a fractured view to a holistic approach to urban development. This change is essential if we are to enhance the advancement of sustainable environment that are "people-friendly" and inclusive.

"An agequake has begun to rumble", said Dianne Davis. The combination of demographic realities indicates that all countries must rethink the way the way they build, rebuild, and create homes, hospitals, open space, and effective quality-of-life systems. Cities are facing a two fold formidable task meeting older persons needs, while at the same time including them in the productive life of the community. Therefore, an essential element in coping with this silent revolution is to incorporate the talents, insights, experiences and wisdom, the untapped "capital" of older adults.

With more older people in cities, policies and programmes have to be tailored to respond to their changing needs. Physical and social infrastructure needs to be adapted to older people's needs to improve their quality of life. Changes that help old people will also be useful to many other people. Failure to respond to these needs is creating a social problem. But how can city leaders enhance the role of business and civil society in responding to the needs and developing the opportunities created by ageing?

The metropolis of Mexico City, for example, has faced the challenges of a fast ageing population in the midst of governance changes which saw it move from government by Presidential appointee to that by an elected Governor. The task consists of transforming government in order to fight for a city in which everyone can live, overcome vice and vested interests, resist the inertia of tendencies that undermined the rule of law, emptied the urban core, generated urban sprawl and conditioned growth to the fluctuations of both legal and illegal real estate market. A recently enacted Citizens Participation Law has consolidated participation based planning processes and helped in developing a social programme for older people. In the last year fourteen public institutions and seven non-governmental organisations have participated in a forum on social policies and legislative proposals. Their work has produced a proposal for a law of "integration, assistance and promotion" of the rights of senior citizens in Mexico City (Castañeda, 2000).

Integration or segregation?

It is important to avoid creating dedicated areas for older people which are too exclusionary. Cities need to be places where all kinds of people can meet and interact. Sharing and exchange are vital to mutual empowerment and acculturation. If older people are left on the sidelines in areas separated from the urban fabric they will be exiled from urban life. While there is a generally agreed need to move away from large-scale institutionalised care, the issue of integration or segregation of housing remains a live debate. New elder cohorts are probably more heterogeneous than the earlier, and they place more value -- and expectations -- on individuality. Svein Daatland argued that we should design housing and environments which are supportive to individuality, and particularly so for the weak and vulnerable.

Furthermore, suitable housing is a major factor in segregation or integration of older people in cities, and ordinary housing that can be adapted, is to be preferred over specialist, segregated accommodation (Cavallier, 2000). There is, however, a countervailing tendency to develop smaller and more homogeneous units within the growing heterogeneity. We may find people

(both old and younger) actively choosing their own type and kind of housing, based on ethnicity, religion, language, or simply class and financial capacity. How should government respond to these and other forms of segmentation?

The dominant view of participants was that, to the extent possible and with due respect for the right of the individual to exercise his preference, the basis of responsible, sensitive urban policy should be to encourage social mix and urban diversity, giving breadth and meaning to public policy. Outdated models have to be replaced to adapt to change. For many years, the alternative to independent living was either an institution or family care at home. It was noted that although the Nordic countries early adopted an "ageing in place" policy, for many years they did so more in rhetoric than in practice (Daatland, 2000).

Governance has to be adapted to deal with certain aspects of policies specifically implemented for old people. Such policies are highly complex because they are characterised by a wide range of different public and private actors, a number of highly specialised players, numerous administrative frameworks at different territorial levels and complicated financial management systems (Cavallier, 2000).

Guidelines on integrating older people into the city

A range of policy areas will need to be adapted if older people are to be successfully integrated into the city. A key problem is overcoming negative stereotypes through which older people are stigmatised as not socially useful (Cavallier, 2000). To be effective such approaches need to be based on fundamental shifts in orientation. It is necessary to move from an emphasis on the negative characteristics of older persons to also seeing their contribution; and from responding to ageing as a problem to seeing it as a potential for wealth creation and a catalyst of flourishing lives (Davis, 2000).

Part of this will be about encouraging older citizens to choose for themselves. From now on, respect for people's independence should be the basis of all decisions taken and initiatives implemented to find answers that will really take into account people's wants, even when the older person is "dependent" (dependency should not be synonymous with disempowerment) (Cavallier, 2000). This should be reflected in important decisions such as whether to remain at home or move into other accommodation.

Urban governance can work to improve the participation of older people in public life. We need to accept that older people should have a right to

a say in specialist bodies dealing with the issues that primarily concern them. To avoid ageism or corporatism an intergenerational approach should be pursued inasmuch as co-existence and a mix of ages seem to be important factors for social cohesion. In addition to a collective voice, older people should be encouraged to take a personal stake in the life of the city and socially useful activities. Every opportunity should be seized and the resources made available to inform them of the opportunities open to them and support them in undertaking voluntary work (Cavallier, 2000).

Urban governance should encourage intergenerational approaches and family ties so that wherever they live older people feel that they are respected and useful. Local initiatives should allow different generations to mingle, in education, in the neighbourhood, and in the city to cement bonds between generations (Cavallier, 2000).

There are practical and demonstration projects underway to reinforce this empowerment of older people. For example, student design projects under the auspices of the International Council for Caring Communities address ways to improve the performance of the built environment, emphasising projects that meet the following criteria:

- Location: within walking distance of facilities where older persons can contribute.
- Connectivity: physical and possibly electronic connectivity to amenities and services.
- Symbiosis: between talents and interests of older people and the needs of society.
- Dignity: preserving the integrity and personal domain despite some reduction in faculties.
- Access: to healthcare, food, educational facilities and neighbourhoods from which they came.
- Security and safety: in physical and psychological terms.

The direct and indirect influence of this programme has been most notable for raising greater awareness of older people's needs, “while fostering a unique opportunity for cross-sectoral dialogues by jury members representing local authorities, gerontology and architecture” (Davis, 2000).

Broad lines for action in urban policy

Such project criteria fit well within 'best practice' thinking about the main areas for action for urban policy to adapt the day-to-day environment to the needs of the very old. Much more innovative, outward looking approaches to ageing are needed, especially actions which integrate services and housing for the elderly with other age groups living in the city (McFarlane, 2000).

Adapting old and new housing

Meeting the housing needs of older persons has frequently been carried out without consultation or involvement of the user and without consideration of the total living environment. Choice of accommodation has been limited and the options for independent living have been restricted though inflexible and poor housing design. Lack of long-term and co-orientated planning and action has exacerbated the situation (Davis, 2000).

Ageing should be factored into new housing design to take account of mobility requirements and patterns of use. Alteration of existing dwellings could be helped by low cost loan schemes to encourage the right modifications by both occupiers and tenants. Schemes of this kind are reported in Chapter 6. However, the finance, design and implementation of alteration work will require a major effort on co-ordination and practice, professionalism and great expertise (Cavallier, 2000). A case study from France later in this chapter describes how this can be done.

In Japan, a series of detailed instructions has been developed to guide adaptation of existing housing and new build to ageing. These are implemented through the "Guidelines of Housing Design Devised to Cope with Aged Society and its Supplementary Standards" (Sera, 2000).

Offering a range of well-integrated housing options

The desire to offer a range of housing options reflects a paradigm shift. The traditional paradigm of service provision was one where the client had to move between various standardised forms of service, firstly to a retirement flat, next to serviced housing, and eventually to old age homes and nursing homes. Within this paradigm the services are placed in centre, while clients have to move and adapt. This paradigm was confronted in the 1980s by a person-centred paradigm, where services should be adapted to the individual,

not the other way around. A general feature of the new paradigm is the emphasis on general and flexible arrangements, which may accommodate a variety of needs and preferences and prevent unnecessary moves (Daatland, 2000).

A range of options should be available to people when they do decide to move from their homes — by choice and preference — into smaller or sheltered accommodation. This would include new build and existing property conversions, single accommodation, small sheltered developments preferably of a few well designed flats well dispersed through the urban fabric so older people can be part of the community and their area. Such options, which allow for various levels of independent living, have been designed in OECD countries. The failures tend to be those which make older people move twice from housing to temporary accommodation and then to sheltered housing (Cavallier, 2000).

In Norway, researchers have identified four levels of housing that fit within the previously noted paradigm of user-centred services. There is considerable variation within and between these categories, and this variation -- and the overlap between them -- is seen as a quality in its own right. Residents are able to "stay put" as long as they want, without having to move from one level to another (Daatland, 2000). The levels are:

- *Senior housing:* high standard flats for older people, to which one moves because of preference rather than need, in order to have an active lifestyle among one's peers.

- *Adapted housing* and *assisted housing:* the former are separate flats, often situated close to services, and the latter are often some form of congregate housing, with collective areas and functions in addition to the individual apartment, but without the depersonalising features of a traditional institution. These types and the one below represent housing that older people move to for needs related to physical or mental frailty.

- *Nursing flats* represent the fourth level, sometimes called "the new nursing home" (Daatland, 2000).

In Mexico, it is proposed that housing development should pursue the notion of social co-responsibility "as a fundamental ingredient" in housing. Housing developers who are capable of incorporating the experience of the elderly into their developments — both as residents and as providers of a variety of services — can give themselves a distinct competitive advantage. In

producing housing for the wider market, it is possible to set aside ground floors for mature adults. People in the third age in such dwellings can assume administrative and maintenance roles and provide such services as daycare for the young (Castañeda, 2000).

Various schemes are presently used to encourage "ageing in place" by providing design services that enable independent living for as long as possible. Future construction must consider multi-generational accommodation and provide incentives for barrier free design, built in flexibility, electronic connectivity (Davis, 2000). In Japan, young people flocked to live in large "new towns" when they were developed over 20 years ago. The age of the population in these new towns is expected to rise rapidly, and thus the improvement of day service centres and other facilities for senior citizens, the widespread reconstruction of housing to make it "barrier-free", and the elimination of height difference for sidewalks have become major issues (Sugiyama, 2000).

In Japan, ageing issues have become particularly important in relating housing and work. According to survey results, 80 per cent of the people who live in new towns say they would like to continue working until they are no longer able to, and would like to work in flexible jobs (*i.e.*, a few times per week) located close to their homes. They also have a strong interest in new work styles, such as worker collectives (*i.e.*, recycle shops and lunchtime services), teleworking and SOHO (*i.e.*, information processing and communications-related services), and the launching of businesses (*i.e.*, senior citizen nursing care and welfare services and communications software development consultation). On the other hand, they will have less interest in the traditional senior citizens' employment centres, which mainly offer simple work (Sugiyama, 2000).

Promoting small accommodation units

Existing large establishments will have to change to give way to more, smaller institutions that respond better to demand and individual cases. People are willing to visit large institutions less whereas in smaller groups of say 15 residents visitors tend to become "part of the family". Frail older people should not have to give up a sense of independence and their own space, furnished with their own things. The idea is to build small groups of studio or one-bedroom flats, which are provided with care services (which no one is forced to use) and are widely distributed. Older people should be able to find accommodation of this type close to their former residences (Cavallier, 2000).

Promoting access to public spaces and public transport

The physical environment directly determines the capacity for independent living of anyone with a difficulty or disability (difficulty walking, poor sight, impaired hearing, etc.). The idea is to encourage independent living through careful attention to architectural and urban design and services. In buildings, the absence of lifts or ramps can make life impossible for the elderly. The design of interior traffic and services areas can do the same. Outdoors, the absence of public benches, footpaths that are too narrow or too high, a road that is dangerous to cross, the difficulty or impossibility of boarding a bus or tram can force someone with impaired mobility to curtail their activities, or to stay at home. Bad design turns disabilities into handicaps. Poor design can be exacerbated by the "rudeness, insecurity and violence" that can be attendant on going outdoors. If these issues are not dealt with a vicious circle of dependence develops (Cavallier, 2000).

This pattern of depending upon one's local neighbourhood is true for all members of society. In one way or another, everyone experiences constraints on their mobility and so relies more fully on that which is easily accessible from his/her home (Cavallier, 2000). Constraints on mobility also suggest that access to services should increasingly be through connections to the electronic realm of telecommunications (see Chapter 4 for detailed discussion). Future communities must accommodate all generations by mainstreaming integral components that are natural meeting places for older adults: barrier-free designed town centres with easy access to shopping centres, entertainment, community centres and healthcare will greatly enhance the quality of life for all citizens (Davis, 2000). Chapter 6 looks at some innovative methods of financing such improvements.

In the area of urban development, measures addressing the aged should focus on the design and regulation of infrastructure and equipment. This would include types of pavement, ramps, pedestrian walkways, rest areas, cycle paths, parking lots, public telephones, restrooms, areas with tables and games. All must all be designed with the dimensions, support bars, textures and signs appropriate to this population (Castañeda, 2000).

Redesigning and widening the range of public, health and social services

In most welfare states "care in the community" means "care by the community", which in actual fact implies that these needs are left to the family, or more precisely to the women of the family (Walker and Qureshi, 1986, and Daatland, 2000). Instead public services need to be both properly funded and

decentralised as “one-stop-shops” to improve their accessibility and support functions. Likewise public services need redesigning so that specific services for older people are improved. The elderly health care sector (health, social, medico-social services) is under-funded in comparison with other fields in the health care sector.

Recognition is also needed that the relationship between service providers and older people often goes far beyond the merely technical. Providers need to develop good relationships with their clients to create social ties that break down isolation (Cavallier, 2000).

Improving home care

Most old people want to remain in their own homes for as long as possible so home care is very important to their quality of life. Support mechanisms for ageing in place must be tailored strictly to changing circumstances and take account of the loss of physical and psychic capabilities that sets in gradually with age. This requires co-ordinated care mechanisms which are comprehensive -- combining medical, social and cultural aspects (Cavallier, 2000). The SERCAL case study described previously is one such example.

The Norwegian experience is also interesting in this respect. Although ageing in place was viewed as the ideal, most resources were for years directed towards institutions. During the 1970s it was realised that the traditional model of care was no longer sustainable. While needs varied over the whole spectrum from short-term help to long-term personal care, services were standardised either as 24-hour institutional care on the one hand, or a couple of hours of home help on the other. “Lack of alternatives made older people line up for institutional care, even when they could have managed better in sheltered housing or a community care arrangement. Needless to say -- this would also have been much cheaper” (Daatland, 2000).

Lack of support for assisted accommodation can have perverse outcomes. The reluctance of states to invest in services may be the major reason for the now record low fertility rate in many of these countries (Daatland, 2000). The irony is that what is considered as a pro-family social policy in these countries, maintains family responsibilities by force (or by the lack of alternatives), but at the expense of family formation. A sustainable policy for the future has to relate to the changing demography, the equal right of women, and the new forms of families (Daatland, 2000). Countries would be well advised to invest in services for the aged, and in particular in sheltered housing and community services as alternatives to institutions. This will be

both rational as far as the economy is concerned, and reasonable for the elderly and their families, in particular for the women of the families. Families should be supported, not forced to care for their elders because of lack of alternatives (Daatland, 2000).

Implications for urban governance

All these changes rest on the assumption that governance frameworks are capable of delivering such an approach. But, this is not easy. Because ageing is a phenomenon which cuts across boundaries and sectors, it seems obvious to say that it requires a holistic integrated policy approach. But attempts to improve the governance capacity of city authorities to deal with the ageing phenomenon come up against the same barriers as do other complex policy goals such as sustainable development. In most countries jurisdictional and sectoral fragmentation still characterises policy development and implementation. And there is still not enough emphasis on making policies less top-down and more demand responsive. As with other complex urban policy goals, a pro-active response on the part of local authorities to the onset of ageing will require sustained political leadership, interministerial co-ordination, and concerted strategic action at the local level (McFarlane, 2000)

Urban governance must be tailored in such a way as to make this possible. Governments need to take a strategic, holistic and longer-term view of the needs of their ageing populations rather than the compartmentalised and short-term perspective so frequently employed. The net result would also be a more efficient and effective use of public resources (Davis, 2000). It is suggested that a complete reversal of the top-down or external approach is needed for effective urban change.

This will ensure that the externally imposed and fragmented approach to urban management becomes one that is driven internally by the needs of local communities and which belongs to those communities themselves. Some features of this inside delivery system are sharing of power, a continuous process, consensus priorities, and empowered independence rather than depending on external agencies. As a result of this approach, local people and communities are able to develop and grow in self-esteem as they take increasing responsibility for some of the factors that control their quality of life. This approach also has a greater potential for employing local people and keeping money within a communities" (Davis, 2000).

There is evidence that more strategic long-term and forward-looking approaches are emerging. At the central level, some countries have established a special co-ordinating agency for ageing, for example, the Office of Ageing in

the US Department of Health and Human Services, the Office for Ageing in the Management and Co-ordination Agency in Japan, and the National Council on Ageing and Older People in Ireland" (McFarlane, 2000).

Meanwhile, programmes like the United Nation's Inclusive Cities have given special attention to the governance needs of older people as "equal shareholders" in cities. Inclusive cities have two characteristics. They provide all citizens with access to urban goods and services. They allow for full participation in decision making. Building an inclusive city requires good urban governance. Urban governance, taken to mean the effective mobilisation and use of resources, is greatly improved when it is based on strategic planning, participatory urban management, and the promotion of civic, cultural values. These practices also point to the catalytic role played by access to secure land and housing. Secure tenure can help stabilise communities, improve living conditions, and promote local investment in shelter, infrastructure and business (Davis, 2000).

Dianne Davis proposed the following key element for better governance:

- Developing programmes across sectors.
- Identifying way of measuring joint success.
- Involving both politicians and officers in the process.
- Transferring knowledge and skills from experts.
- Promoting citizenship education at all levels.
- Developing short-term rewards within a long-term process in order to retain interest and enthusiasm.
- Ring-fencing local budgets in order to retain resources in the community.
- Relaxing agency rules and encouraging community free ports.

National governance

At national level there are various requirements for better governance that begin with improved understanding and knowledge. For example, gerontology policy cannot remain strictly medical in focus but must take account if the many dimensions of ageing: social, cultural, economic, medical and urban. To change the way western countries have traditionally looked at

ageing, take a comprehensive approach to the problem, and shape public policies that truly match needs, a better grasp of the urban repercussions of an ageing population is crucial (Cavallier, 2000). Listening to older people is also necessary. Innovations in urban governance should also mean greater participation by the elderly in decisions which concern them. The elderly are not a homogenous group. It is important to fully reflect the diversity of their needs and potential (McFarlane, 2000).

National government has a key role to "lay the ground" for stakeholders to come together (ministries, medical and paramedical bodies, practitioners, associations, researchers, pension funds, etc.) to share knowledge, positions and points of view. Such interdisciplinary dialogue should yield guidelines and spur proposals for research and government action. It could also provide an active resource for communications and awareness-building campaigns (Cavallier, 2000). Moreover, if the state is to withdraw from direct provision, it must remain present in terms of regulation and ensure the introduction of quality standards and labelling to so that housing and services for the elderly do not deteriorate (McFarlane, 2000).

Building on and disseminating knowledge is vital. A great deal of work is done on ageing issues but in most cases the work is not co-ordinated and disseminated beyond a narrow circle of specialists. Equally, policy options could be evaluated more effectively were a forum set up. For instance, housing for people with reduced mobility is an issue that requires all available information to be structured and networked, with participation from all operators and professionals in the construction (not to mention home automation) industry and information made accessible to the public at large. Positive messages about old age are also needed to inform and educate people about the problems and challenges of old age and balance the tendency to focus only on social costs and negative dimensions (Cavallier, 2000).

Co-ordination of public policies could help undo the damage caused by institutional barriers. Sectoral divisions which treat urban planning and elderly care as separate harms older people. One example of this is the separation between health care and social services, which keeps medical treatment and homemaker support apart whereas the emphasis should increasingly be put on the social and environmental causes of loss of autonomy. Finally as the "guardian of national solidarity" central government needs to offset structural inequalities between people, areas and generations (Cavallier, 2000).

Intermediate level governance

Regional government is seen to offer opportunities for innovation in governance. Despite the problems they face, sub-national governments such as city authorities are perhaps better suited than other levels of government to play a key role in the financing and delivery of housing and services for the elderly (McFarlane, 2000).

It is at intermediate level too that co-ordinated planning can best be organised: between planning for physical facilities, planning for the health care systems, social and medical/social planning and regional and urban planning. The "intermediate" level is considered the most appropriate to provide co-ordination between institutions, funding providers and other stakeholders. It is at this level that a gerontology network can best be organised, delineating territorial limits for the various players in the field (such as medical social teams), identifying core institutions and main resource centres and, where appropriate, mapping out the various types of government aid available (Cavallier, 2000).

Local governance

Some services, programmes and structures are best handled at local level:

- Local authorities are well placed to take local conditions into account and can tailor policy better to local needs.
- Local authorities are more likely to administer assistance more effectively if there are spending their own resources.
- Local authorities can experiment on a small scale with different approaches, thereby adding to knowledge about good practice.
- Local provision can lead to more personalised service provision by improving co-ordination and management through, for example, the use of single-point entry or one–stop-shops where an individual can have one office deal with all his or her specific housing, social service and health needs at one time instead of having to go around different departments (Koresawa, quoted in McFarlane, 2000).

Included among services provided at the local level are information services for older people and their families, based in facilities where people are attended to and listened to, and where there is dialogue and help in finding personalised solutions harnessing the full range of expected services (Cavallier, 2000). Information and services should be more than just co-ordination of interventions and should encompass custom tailored plans of assistance. Examples from France include co-operation between health care and medical/social services in the rural Nivernais Morvan area (Cavallier, 2000). Here a critical threshold of 37 000 inhabitants and 1 000 beds and home nursing positions has been attained by consolidating public health care facilities and medical/social housing for elderly people. The aim is to:

- afford elderly patients improved guidance, by promoting co-ordination and continuity of care;
- foster institutional adaptability and redeployment;
- enhance the coherence of professional services by putting the focus back on individuals; and
- maintain the link between people's homes and care facilities.

The "unity and continuity" of home care are ensured by creating a network of key players. This would include those involved in aid and service co-ordination and delivery as well as medical and paramedical staff and arranging transfers between home and hospital, co-ordinating caregivers, hospitals, doctors, responding to urgent requests, and ensuring personalised plans are implemented. The ageing dimension also needs to be reflected in comprehensive local development schemes whatever their form. Likewise the inter-sectoral development strategies of metropolitan areas cannot disregard the "ageing" dimension and should henceforth all include gerontological components (Cavallier, 2000).

Mainstreaming best practice

Although much good practice has been identified much of it remains in the form of initiatives and projects and does not transfer to become a more sustainable and widespread accepted process. The elements of good practice are well known: they include using a holistic approach, having accurate and up-to-date information, targeting of resources, using problem solving approaches, sharing of resources, developing community capacity and using new ways of working. The challenge is to transfer these successful approaches into a process that is central to the policy and practice of local agencies (Davis, 2000).

Case studies

A range of case studies illustrates the variety of initiatives underway around better housing and integrated services, as well as improved governance arrangements.

Departmental Unit for Processing Housing Assistance [Instance départementale décisionnelle d'étude pour les aides au logement (IDDEAL)]

This is a French initiative by a number of pension funds and the national federation of Pact-Arim associations (associations working mainly on housing improvements). The aim is to facilitate the processing of applications for subsidies for improvements or alterations to the homes of older people, dependent or otherwise. It is also aimed at promoting measures to help improve community care services for the old by providing better information and streamlining the administrative procedures.

As well as a special dependency allowance, pension funds provide support, under certain conditions (mainly means-tested) to help primarily with maintenance, health and sanitary improvements, basic amenities and alterations to houses occupied by retired people. For example, alterations to housing in the event of loss of independent function, work and fittings that will enable people to continue living at home despite disabilities, as well as building work (roofing, masonry, carpentry, water supply, retro-fitting, façade renovation), installation work (heating, plumbing, electricity) and environmental improvements (sound and heat insulation, security, floor and wall coverings).

The persons concerned usually need a rapid solution to their problem and a system that is flexible, transparent and offers good quality at an economical price. The objective in setting up IDDEAL is to achieve genuine co-ordination among the various sources of finance (mainly pension funds and local authorities, or central government) by providing clear information on all the sources of finance open to eligible applicants and charging a flat rate for a number of housing services (mainly carried out by Pact-Arim) to establish the specification (after a preliminary examination of the house and consultations with contractors), monitor the works in progress and issue the completion certificate. This should also reduce delays in processing applications, since the decision to provide finance will be taken at meetings at which all the funding sources will be present.

A trial scheme will run from January 2001 in 7 *départements*, after the results of a pilot conducted in the Loire Atlantique at the beginning of May 2000 are published. A review of the whole scheme will be conducted at the end of 2001, before it is adopted nation-wide.

Shiawase-No-Mura: "The Village of Happiness"

College campuses, theme parks and rehabilitation centres are usually conceived of as separate and unconnected sites. Rarely have they been designed as a multi-generational, comprehensive health and wellness park. "Shiawase-No-Mura," overlooking the city of Kobe, Japan, is an exceptional example of "imagining the possible" (Davis, 2000).

The park is equipped with a variety of facilities designed to help the disabled and older people become more self-sufficient and participate in society, while also serving as a meeting point for all the citizens of Kobe. The park, opened in 1987, is composed of 27 facilities that include a rehabilitation hospital and job training centre; day-care for severely disabled living at home, senile dementia care centre; recreation and accommodation short-stay centre; general welfare centre for working people; spa with hot springs, a swimming pool and gymnasium. In 1993, a respite resort hotel was opened, providing primary caregivers with a place to study, exchange ideas, and relax. Special features of the hotel include a comprehensive display hall to promote the use of products and equipment for home care providers and retrofitted apartments that accommodate the needs of the disabled or elderly. The Silver College offers 420 residents a place of study and fosters life-long development.

Due to the Hanshin-Aqaji earthquake in January 1994, the park today also includes temporary group housing, which eases the Kobe housing shortage. The unexpected result from this multigenerational housing has been the demand by older people to continue to stay in the temporary housing because they like the communal, congenial, intergenerational atmosphere.

In addition, over 2 million visitors a year enjoy the tennis courts, archery range, athletic and recreation fields, gardens, gold courses and horseback riding. The outdoor activity centre serves as a core facility and provides overnight lodging for 228 people, and a campground with 150 campsites and 45 vehicle spaces.

Local cross sectoral co-ordination in Oslo

To supply the elderly with good housing, solutions must be found locally by the local authority with the relevant responsibility. The City of Oslo is administered by 25 city-districts, each with extensive responsibility for health and social care as well as social housing. In 1996 an initiative was taken in Oslo to prepare co-ordinated plans for each of the city's districts for social housing. Primarily this was aimed to co-ordinate work within health, housing and the social sector. The process was designed to support the development of local characteristics of the plans, and also to some extent to involve private user organisations and other interests in each region. The districts chose somewhat different foci, according to their needs. One chose to undertake an in-depth analysis as a supplementary plan dedicated to the housing of the elderly in one of its areas. Another chose to focus on an area approach where housing for the elderly was seen as one of several challenges to promote improved overall living conditions for a particular area.

An important lesson from Oslo is that the participatory base should be wide. Equally, strong political support to the process is crucial. Today such plans have been developed for all 25 city-districts. What makes the schemes particularly attractive is that in a situation where central government would normally need to mandate such action, the proven benefits at local level are the best advocate for the scheme (Ruden, 2000).

CHAPTER 6

HOUSING THE ELDERLY: FINANCE/FISCAL OPTIONS

Introduction

Chapter 6 is based on Session Four. The Chair of the Session was Lars Wilhemsen, Director, Norwegian State Housing Bank. The Keynote Presentation was by Matthé Van Oostrom, Ministry of Housing, Physical Planning and Environment (Netherlands). Case Study Presentations were on the Canadian Experience by David Cluff, Director, Canada Mortgage and Housing Association (CMHC, Canada), the Norwegian Experience by Anne Ruden, Director of Planning, Norwegian State Housing Bank and Swedish Experience by Hans Almgren, Director of the National Association of Co-operative Housing (Sweden). A panel discussion concluded the session.

Key points

- Demographic issues are having a fundamental impact on financing old age, especially the increasing dependency ratio of older people to younger workers financing their retirement, becomes more and more unbalanced.

- While elderly people's financial resources have improved over the last twenty years, transfers are still the main source of income and this poses an increasing dilemma for governments and for national solidarity as the cost burden on a shrinking working population rises.

- Retirement incomes have until recently been seen as part of "inviolable social rights" but this is no longer universally accepted as governments respond to the fiscal restraints on spending imposed by economic globalisation.

- Elderly people's incomes are subject to both positive and negative factors including on the positive side: higher pensions, greater labour force participation, more highly educated seniors, growing owner occupancy of housing and greater labour participation of women.

- Case studies from the USA demonstrate how support for staying in employment longer can dramatically improve the financial position and social inclusion of older people.

- On the negative side are a decrease in savings, greater social benefit dependency, greater income differences between workers and pensioners, lack of inflation-related pensions and poor pension coverage of immigrants.

- Meanwhile pension and tax systems need reform as they lag behind ageing trends across Western Europe. Increasing segmentation is apparent between higher and lower income older people with older women and immigrants suffering the worst financial circumstances.

- A key issue for local authorities in urban areas is how to finance the accelerating cost of housing and services for older people. This is especially problematic given the context of vertical fiscal imbalance and competing demands due to decentralisation of policy control over urban financial management.

- There is a new emphasis on self-funding retirement housing and concern that if not carefully handled, this is likely to exacerbate inequality of access.

- Although financial issues are complex, a number of new ways are being developed to mobilise funds for more sensitive and affordable housing and service arrangements for older people who often tend to be asset rich and income poor. The emphasis is on meeting strong preferences by older people to stay in their own homes as long as possible.

- Financial instruments for housing and social care include incentive schemes, life leases, home equity conversions, tax relief and shelter allowances, and various kinds of financial support for independent living.

- Financing alternative tenure arrangements is proving a productive area for innovation, as are supports for social and affordable housing. Collaborative or co-housing and supportive housing schemes are finding new ways to mix housing and care in non-institutional settings.

- Attention is also being paid to ways to finance a more accessible urban environment by rewarding developers for improving access arrangements in new build and retrofitted buildings and urban spaces.

Demographic issues that impact on financing old age

As noted in the Conference Background Paper (Annex I) the potential working population (aged 20 to 64), is expected to grow only slightly in the decade to come. Meanwhile, with a growing number of over-65s, the financial base for taking care of older people will decrease. Those between 20 and 64 are "net-payers" used to paying a higher premium for medical expenses that they receive in return. In reverse, those over-65 are "net-recipients". Public health costs are notably higher among older people 75 plus.

Financial resources of the elderly

The standard of living and wealth of the elderly population across OECD countries has undoubtedly increased over the past two decades, if compared to other segments of the population. The financial situation of the elderly has improved due to three major factors (Hicks, 2000):

- Improved pension benefits with increased coverage (although this is now threatened by the ageing trend).
- Favourable tax treatment for the elderly.
- Appreciation of property values for homeowners as a result of low cost of fixed-interest mortgages in the inflationary years of the 1970s and the early 1980s (Hicks, 2000).

Despite overall improvement there are still important disparities among segments of the elderly population. In most OECD countries, single elderly women, minorities and renters have markedly lower incomes. In Canada for example, older men had higher incomes (CAD 26 150) than older women (CAD 16 070) in 1997, as the result of higher employment income and

benefits from private pensions (Cluff, 2000). Furthermore, socio-economic spatial disparities are increasing in urban areas and also affect elderly populations (Conference Background Paper, Annex I).

These trends are related to the sources of income on which elderly people rely. Transfers[2] remain the major source of income for elderly people in OECD countries. Wages and profit from rental property and other financial investments only represent a small part of elderly revenues (Conference Background Paper, Annex I).

The resultant heavy pension costs for younger generations (as the proportion of elderly people is growing steadily) has led most OECD countries to reform their retirement pension systems, with the aim of gradually supplementing the public system by private pension arrangements. Governments are also seeking to increase the age of retirement by restrictions on access to early retirement pensions and incentives to encourage longer workforce activity, both before and after statutory retirement ages. Elderly groups, who have the possibility to do so, are thus expected to diversify their sources of income over the coming years (Conference Background Paper, Annex I).

Developing incomes for older people

Various forms of the Welfare State (social-democratic, liberal, corporate) have provided "inviolable social rights" for their citizens providing access to services and benefits to the vulnerable. However the driving forces of globalisation and entry into the EMU on the one hand and growing socio-cultural diversity on the other are producing profound financial changes to (and constraints on) the way services for older people are delivered (Van Oostrom, 2000).

These transformations have important implications for incomes of older people. Unless income can be guaranteed, problems of lack of solidarity between generations and between those who are employed and those who are unemployed risk becoming more serious and divisive. This in turn will affect decisions about the best and fairest way to fund services; by private or public funding or by some mixture of the two (Van Oostrom, 2000). There are both positive and negative factors relating to older people's financial position, outlined in Table 3.

---

2. Transfers include any benefits received outside savings and investments.

Table 3. Positive and negative factors relating to the proportional financial position of the elderly

Positive factors	Negative factors
Average higher gross incomes from supplementary pensions and annuities	Decrease in free savings
Encouraging labour participation among older people	Greater (social) benefit dependency among those aged 55-64
More highly educated seniors	Greater income differences between workers and pensioners due to the pension build-up of earning couples being inadequately taken into account
Growing owner-occupancy	Annuities and part pensions not inflation-resistant
Growing labour participation by women (largely part time jobs)	Incomplete AOW build-up among households of migrants

Source: Adapted from Van Oostrom, 2000.

The funding mix for income maintenance and services for the elderly varies by country, mainly due to the method of financing pensions. There is an apportionment system in most countries: the active working population annually produces the current pension benefits for over 65s. Solidarity between generations is the broad base of the apportionment system. A drawback which is increasingly recognised is that there is no (or hardly any) saving activity for the situation when the demographic burden is expected to reach its highest point, in a couple of decades.

State funded pensions can be supplemented by employment-based pensions and capital funding based systems in the form of individual pensions and single premium insurance policies. The latter two are based on a capital funding system where in the second stage of life savings are made for spending in the third and fourth stages of life. However, few governments have made much progress in implementing supplementary capital funding systems, nor have employers shown much activity in this respect. In countries with an apportionment system, the ratio of employed people and pensioners will increasingly form a problem. Despite growing internationalisation, pension legislation in European countries is progressing badly.

The tax situation meanwhile represents a variety of problems for older people. First, tax systems are disconnected. Migrating employees may wholly or partly lose their pension rights. Pensions themselves are not taxed in the same way. Some EU nations provide for tax reductions of pension

contributions and use the tax income to pay pensions afterwards. Other member states neither provide for the deduction of pension contributions nor for the payment of pensions. This may result in extreme situations of double taxing or double exemption from tax for people who are employed in one member state and wish to settle in the other when retired.

A key advisory body to the Netherlands government has suggested further changes to the financing of care. These would include shifting the tax burden so that older people (65+) who can afford it take on more of the financial responsibility for their own care in the years with the expected heaviest burden namely between 2010 and 2050. A range of options to reach a more balanced allocation of the care financing burden have been developed.

Those older people who are financially secure can look forward to choosing from an increasingly responsive range of care options and living arrangements. However, there is a "hard core" of elderly people who have built up no or too small a (supplementary) pension and will have to rely on the basic arrangements of the welfare state. As a result, poverty and social exclusion can be expected to be frequent for this category.

Women and immigrants are likely to suffer most in terms of low supplementary pensions owing to low paid labour participation and high dependence on social security. A negative tone prevails in projections about the future of western countries, notably when linked to the consequences of ageing. Ageing undermines the required demographic base which is necessary to finance the welfare state in general, and particularly the (basic) pension and health service built on the appointment system (Van Oostrom, 2000). The one bright spot in this scenario is that as women increase their workforce participation their pension entitlements will also improve (Almgren, 2000).

Urban public finance and the elderly

A key issue which local authorities in urban areas will have to address in the years ahead is how to finance the accelerating cost of housing and services for the growing aged population. During the generous decade -- the 1980s -- central and local government provided the elderly with extended services as well as housing facilities. During the 90s -- with both a real estate crisis and an economic crisis in the public sector -- we have seen a reduction in spending on the elderly (Almgren, 2000).

As decentralisation proceeds, local authorities are taking over responsibility for many services which were once the charge of higher levels of government. This has frequently resulted in what is termed 'unfunded mandates' which put stress on municipal finance. This situation affects the provision of housing and services for the elderly living in urban areas. It has led local authorities to work more in partnership with business and civil society, to privatise housing and services, and to pursue policies for 'ageing in place' and 'active ageing' (McFarlane, 2000).

Financial issues for government are complex. Government will have to decide whether it is prepared to guarantee the resources for required facilities for older people in the context of the need to maintain social solidarity. To achieve solidarity means ensuring both the affordability and accessibility of living and care facilities. Government also has to decide what will be the quality and quantity levels of services. This is a vital question, politically and morally. It also has to decide in what way demand should be steered and what cost ceiling for public facilities should be set. Public expenditure costs must be controlled (Van Oostrom, 2000). Some questions remain unresolved. What will be the role of the private sector and civil society in responding the demands of the elderly, and how might this affect urban development? (McFarlane, 2000).

Fiscal and financial options for housing the elderly

OECD countries employ a wide range of policies to respond to the above issues, including financial instruments and organisational arrangements to improve the housing position of older people.

The policy challenge — as part of mainstreaming housing policy for the elderly — is to find ways to mobilise these funds so that elderly people can prolong their stay in suitable homes with improved living conditions. The challenge is to provide a full range of appropriate housing options for an increasingly diverse population of older people with various needs, preferences, lifestyles and incomes. Support for the elderly in the existing housing stock is a major issue since most prefer to remain in their current homes as long as they can. Addressing this challenge involves removing physical barriers to independent living, and helping people to meet their physical health and financial needs (Cluff, 2000). The context is a pressured housing market with escalating prices. In these conditions developers are not interested in providing housing for older people that is specially adapted and reasonably priced (Ruden, 2000).

Many older people are asset rich but income poor. Attitudinal changes are needed to convince the elderly to use their funds for their own needs. Many elderly still put higher emphasis on their future heirs than on their own well-being. The attitude that services connected to health and care should ideally be free is also firmly rooted (Ruden, 2000).

In Canada, a wide range of housing finance options are employed to deal with the rapidly rising population of older people. With the increase in the age 50+ population and longer life expectancies, the differentiation will grow between relatively healthy and independent persons who might be interested in new housing options to support an active lifestyle versus those who might require increasing support to help them to live as independently as possible. The need for personal care and support applies to new housing options as well as to support ageing in place. Moreover, many seniors are generally interested in housing choices that can accommodate an active lifestyle including recreation and travel, without being over-burdened by housing costs or responsibilities. Others such as those in their earlier senior years (*e.g.*, age 65 to 75) share more in common with early retirees and working Canadians in the 50-55 age group in terms of lifestyle and aspirations, including housing, than seniors age 80 and over (Cluff, 2000).

Older Canadians, like those in other OECD countries, prefer to stay in their own homes and many of the financial instruments used in Canada are intended to support this choice. First income security programmes such as the national pension system is intended to assist older people to maintain reasonable housing. Tax deductions and credits include a basic age deduction for seniors, and expenses for certain health and disability related expenses may be deducted from income. Low-income households receive a credit for the payment of Canada's Goods and Services Retail Sales Tax (VAT) (Cluff, 2000).

Direct financial instruments include home equity conversion schemes. Home equity conversion permits seniors to access the accumulated equity in their homes. There are three main methods -- deferred payment plans, sales plans and reverse mortgages.

- A deferred payment plan permits regular or periodic expenses such as property taxes to be postponed until a later date. Usually the deferred payments accumulate a debt against the home which becomes repayable once the home is sold or is no longer occupied by the senior.

- Sales plans involve an investor purchasing a home from a senior, usually at a price lower than market value, and then granting the senior lifetime occupancy rights at specified terms and conditions. Most involve regular rental charges. The senior would use the lump-sum payment for the home to purchase an annuity or other investment that would provide a regular stream of income. The investor would be responsible for the maintenance and operating expenses for the home (Cluff, 2000).

- Reverse mortgages allow older people to earn income by allowing them to borrow against the value of their homes. The amount borrowed can be larger or smaller based on a senior's need and the lender's requirements. A reverse mortgage can take the form of a series of loan advances or regular payments, or can be used to purchase an annuity. In either case, the house serves as collateral for the up-front loan and the loan and accrued interest are not repaid until the senior dies or sells the home (Cluff, 2000).

Another form of equity conversion involves the elderly person selling the home and using the proceeds to purchase a new, more modest home. The senior then uses the residual proceeds from the sale to produce an income stream through the purchase of an interest bearing investment or annuity. This can appeal to people who no longer need to live in a large home or who no longer wish to maintain a home (Cluff, 2000).

Financial incentive schemes

In Norway, the state operates various kinds of financial incentive schemes through the State Housing Bank to encourage the building of reasonably priced and designed dwellings (for example featuring lifetime standards). Most are geared towards owner occupiers and include first mortgage loans for new construction. Financial subsidies have increasingly focused on quality aspects such as incentives to increase accessibility within and around dwellings and better physical planning of housing environments. Meanwhile substantial state grants are used as a means of supporting an ongoing investment plan for housing the elderly while more modest grants are used to improve existing housing for the elderly. Given the low rate of construction of new stock, real influence over the housing situation of the elderly can only be achieved through a major drive putting the financing of improvements of the present stock on the agenda (Ruden, 2000).

A somewhat similar loan instrument as incentive is used in Japan where the private sector is encouraged to provide housing that is friendly to the elderly and the disabled through loans from Japan's Housing Loan Corporation. A lower interest loan is available to build housing units that meet the standard laid down by the Guidelines for Housing Design Devised to Cope with Aged Society (Sera, 2000).

Tax relief and shelter allowances

In Norway older people receive extensive support in the form of housing allowance. Housing subsidies for the elderly play a dominant part in total subsidies and investment goes mainly to the 80+ group (Ruden, 2000).

Canada uses tax relief to reduce housing costs for homeowners and tenants. A number of provinces and territorial governments offer property tax relief to older homeowners to reduce the ongoing cost of remaining in their homes. As a general rule, the school tax component of local property taxes is not charged to them (Cluff, 2000).

Several provinces in Canada also offer a shelter allowance for elderly renters to reduce the amount of income they are required to devote to shelter costs. The Province of British Columbia, for example, administers Shelter Aid for Elderly Renters (SAFER) which provides rent assistance to low and moderate income seniors living in private rental housing. To be eligible, individuals must be over age 60 and pay more than 30 per cent of their gross income for rent. Financial assistance is based on the difference between the actual rent and 30 per cent of gross income, up to a maximum rent level. Benefits are paid to most program participants through direct deposits to their bank accounts. A total of 12 480 seniors received average benefits of CAD 134 per month in 1998/99 (Cluff, 2000).

Financial support for independent living

Governments in Canada have provided financial assistance to older homeowners and renters to help them to improve their properties. Several provinces offer home renovation grants to elderly people and most participate in a national home renovation program (the Residential Rehabilitation Assistance Program — RRAP) which provides financial assistance to ensure housing meets basic health and safety standards. As a general rule, these programs are means-tested to ensure targeting to lower income people (Cluff, 2000). In Japan too a lower loan rate is available for those wishing to make improvements to

existing dwellings. Extra loans are available for works to install equipment designed for the elderly (Sera, 2000).

Studies funded by Canada Mortgage and Housing Corporation in the early 1990s showed that the cost of adapting existing homes to facilitate independent living need not be expensive for many older people. In co-operation with most provinces, the federal government introduced Home Adaptations for Seniors Independence which provides one-time grants of up to CAD 2 500 for home modifications for lower income elderly. The focus is on improvements which improve liveability in the home for people with relatively minor barriers to mobility. The installation of grab bars in washrooms and relocation of laundry facilities to the main floor of a house (*e.g.*, clothes washer and dryer) are common adaptations funded under this program (Cluff, 2000).

Canada demonstrates several other financial supports for independent living. A variety of community-based organisations including organisations representing seniors provide various types of support and in-home services to seniors in their homes to help them to remain independent. This includes assistance in obtaining homemaker and maintenance services such as lawn care and snow removal. It also includes health care and nursing services and meals through voluntary services such as Meals on Wheels. New technologies permit the health status of frail seniors to be tracked through remote medical monitoring devices (Cluff, 2000).

In Japan financial efforts are made to promote care for elderly people by their family members. The Housing Loan Corporation encourages elderly people's relatives to live with them or in the neighbourhood through the supply of public housing units and through loans from the Housing Loan Corporation. Loans are available to build larger dwelling units in which relatives can cohabit (Sera, 2000). The Silver Housing project uses subsidies for construction costs of housing, day centres and costs of employing support advisors.

Sweden has developed financial support for family members who are caring for elderly relatives. Direct forms of support for the family include measures such as home-help and day care. About 7 400 people are granted leave of absence each year for an average of 10 days receiving compensation in the form of a close person's allowance, which is a social insurance benefit (Almgren, 2000).

In Canada shared accommodation schemes include the Nova Scotia Housing and Municipal Affairs which provides low-interest rate loans to homeowners to create housing accommodation for senior family members (over 50 years of age) within their homes. A maximum loan of CAD 25 000 is

available to homeowners earning less than CAD 20 000 per year for additions, alterations and renovations to the home, or the purchase of a garden suite. Additions and alterations must provide at least 120 square feet of bedroom and closet space for the resident. The loan is repayable over a maximum of 10 years (Cluff, 2000). In Japan a pilot project is exploring the use of subsidies to cover part of the planning costs and housing improvement works for rental housing to be leased to elderly people (Sera, 2000).

Financing alternative tenure arrangements

Canada has also explored the financial implications for older people of alternative housing tenure arrangements. While most older Canadians prefer to live in their present homes as long as possible, a good deal are moving to alternative housing. This can be attractive to people who may no longer require a large amount of space because their children are no longer at home, people who do not want or who may not be able to maintain a large home, those who may find the design or location unsuitable to their needs, and those who may wish to reduce their housing expenses in favour of other spending priorities (*e.g.*, health, leisure, family). Increasingly, various types of joint ventures and partnerships are being used to develop ownership and rental options for seniors. Funding may come from a variety of sources including the seniors themselves, the private sector, service and community organisations and the various orders of government (Cluff, 2000).

The Canadian government eliminated long-term subsidy funding for the development of new social housing in 1993, although long-term support for existing housing projects funded by the federal government continues, and some provinces are constructing new social housing. Since the early 1990s, there has been increased emphasis on support for public-private partnerships for new housing as a means to address housing needs (Cluff, 2000).

Canada has seen the development of “mature market” communities. Moving to a new home represents a lifestyle choice for people who no longer need or wish to maintain their current housing situation. In some cases, people may no longer be able to maintain or live independently in their current home. People in this situation, be they older or younger “empty nesters”, may choose to move into a home in one of the fast growing number of “adult” or “retirement” communities. The tenure and types of housing in these communities varies from condominium ownership, to life lease arrangements, to rental tenure, with and without support services. In recent years, an increasing number of older Canadians have been selling property in high cost communities and purchasing smaller, often “maintenance free” homes in

smaller communities with less expensive housing. This allows them to reduce their housing consumption while converting former home equity into liquid funds, which they can use to support a lifestyle of their choosing. In many cases, people would have sufficient residual funds from the sale of the original home to purchase a less expensive home (Cluff, 2000).

Social and affordable housing

Social and affordable housing is necessary for lower and middle-income seniors. Canada's governments currently spend approximately CAD 3.5 billion annually in support of some 640 000 "social housing" units, generally for lower income people. Older people occupy roughly one quarter of these units. This is housing which is rented at below market prices or at rents-geared-to-income rates. Governments usually cover the difference between project costs and revenues (Cluff, 2000). In Japan low-income rental housing for older people is provided through the private sector supported by various kinds of public subsidies for construction and operation including rent support (Sera, 2000).

Many new affordable housing developments involve local non-profit and benevolent organisations working in collaboration with other groups including seniors' organisations. The resources of the Canadian Centre for Private-Public Partnerships in Housing (CCPPPH) and Canada Mortgage and Housing Corporation (CMHC) mortgage loan insurance are often used to provide credit support for these new developments. Affordable housing partnerships for older people are becoming increasingly creative and often involve the re-use or redevelopment of existing properties. Multi-use facilities are becoming more common, as are the financing techniques for these facilities (Cluff, 2000).

Equity co-ops are also increasingly used in Canada. An equity co-operative is a form of non-subsidised housing in contrast to social housing co-ops. There are approximately 20 equity co-ops across Canada and most are exclusively for seniors. People purchase a financial interest in an equity co-op through a lump sum payment. This may cover all or a portion of the cost. The rest would be financed through a lender. In addition to the up-front payment, there are ongoing charges for the common elements of the co-operative. Many of the elderly who join equity co-ops are former homeowners. This means they can use the proceeds from the sale of their homes to purchase into the equity co-op without the need for a loan (Cluff, 2000). In Sweden too co-operative and private housing solutions have developed as alternatives to municipal care. Some 10 per cent of care for elderly people is now provided in Sweden by

co-operative or private organisations and the proportion is increasing (Almgren, 2000).

Collaborative housing (co-housing) is a concept originally developed in Denmark that is increasingly used in Canada. Currently, most co-housing communities in Canada are organised as condominiums. This type of arrangement is well known and thus makes it easier to obtain financing for co-housing developments. Residents purchase an interest in their co-housing unit. They may borrow the money from a lender or purchase their housing for cash. The common elements are co-owned by the co-housing development. Residents pay monthly fees to service the debt on the common elements and to cover operating costs, maintenance and repairs. When co-housing members move they sell their units on the open market. Prospective members are encouraged to spend time in the community before they move in, to ensure that they are comfortable with living in co-housing (Cluff, 2000).

Life leases provide older people with the right to occupy a residential unit in a multi-unit development for a time corresponding to the life of the occupant. Most life lease projects for seniors provide a range of amenities with limited responsibilities for maintenance work (*e.g.*, snow clearance, lawn maintenance) normally associated with home homeownership. A few life-lease projects provide a full range of support services. The resident acquires the right to occupy a residential unit in a development for an up-front payment and the payment of ongoing monthly maintenance fees. The occupant enters into a contractual relationship with a sponsor, which does not fit the traditional concept of simple ownership or rental tenure. The occupant's original up-front payment may be recoverable when the unit is no longer needed (Cluff, 2000).

Five basic types of life lease redemption arrangements are:

1. Zero balance — the occupant of the housing makes a small initial payment, with no redemption value regardless of the time of death or departure.

2. Declining balance — the redemption value declines to zero over a specified period of time, typically 20 years.

3. Redemption without gain — the purchase and redemption values stay the same in nominal terms, therefore, the redemption value declines in real terms over time.

4. Redemption based on a price index — the redemption value varies with annual changes in a specific factor such as the national Consumer Price Index.

5. Redemption at market value — the redemption is determined by the marketplace at the end of the occupant's tenure.

Supportive housing schemes

Canada has a number of supportive housing schemes. One scheme in Manitoba, addresses the need for accessible housing with personal support and homemaking services as a more cost-effective alternative to admission into Personal Care Homes. Congregate residential facilities provide accommodation for the elderly who are frail or cognitively impaired and people with disabilities who need 24-hour on-site assistance. Health care services are funded by the provincial health department and are delivered by a sponsor organisation along with other services for tenants. A number of the facilities have been developed by the private sector and private non-profit groups. One project was created in an existing subsidised rental housing complex (Cluff, 2000).

Somewhat less "sheltered" is aged accommodation developed in Sweden which is primarily a form of housing for older people (55+) in similar social circumstances. It does not tend to provide personal services, food or health care. Located near town centres and near facilities, it is often taken by nation-wide co-operative organisations or by private investors like building contractors. The objective is to form a local co-operative of tenant-owners, which takes over the block of flats when the construction is completed. The members of the co-operative adopt by-laws and elect a board, while professional real estate mangers and administrators take care of day-to-day co-operative business. This form of housing forms a high proportion of the housing market (about 18 per cent of the market overall) and many co-operatives have a high proportion of elderly members (Almgren, 2000).

Sweden believes that, given the shortcomings in the way that the public sector has handled elderly housing in the past, the need for alternatives — private or co-operative — solutions is growing (Almgren, 2000).

Financing a more accessible urban environment

Buildings which older people may need to use in their daily lives should also be considered in terms of accessibility. The recent "Heart Building Act" in Japan obliges constructors of buildings open to the public to make them barrier free. Buildings which meet certain standards are given preferential treatment in the subsidy, loan and tax systems. Low interest loans are available from the Japan Development Bank and partial exemption from taxation is applied. "Human friendly" urban development projects meanwhile have the objective of constructing facilities that guarantee the comfortable and safe movement of elderly people and buildings friendly to elderly people (Sera, 2000).

Case studies

Minneapolis neighbourhood employment network

A case study presented by Mike Brinda (USA) in Session One is noted in this chapter because it reflects important issues associated with financing life for older people. One of the implications of the demographic changes highlighted in this chapter and in Annex 2 is that more older people will want and need to stay in work longer. An innovative response to joblessness among older people comes from Minneapolis. This is the Minneapolis Neighbourhood Employment Network (NET) which for two decades has been helping residents of all ages to find and keep jobs close to home. The NET is described as an innovative urban employment strategy that assists with training, job preparedness and daily living skills. It is a long-term, integrated, community-based approach which recognises that the causes of joblessness are often a complex intertwining of personal, social, economic, and environmental conditions which present barriers to productive employment. The NET strategy focuses on breaking down these barriers with flexible services made available to unemployed persons and employers in their own communities.

The initiative grew out of a Mayoral Taskforce in the early 1990s, which looked for ways to assist chronically underemployed or unemployed people. An important part of the context was the paucity of targeted support for older workers. A key problem in tackling this issue was a lack of co-ordination of services. In response a flexible employment strategy was conceived and implemented. Instead of developing a centralised "program," the Task Force opted to articulate a framework within which various community-based efforts

could be developed; efforts which would utilise diverse resources to address the specific needs and opportunities of each community.

Over ten years the Strategy based on partnerships and joint action has become an integral part of the city's system for delivering employment services. The strategy sought to break down barriers of all kinds: illiteracy, lack of reliable transport, low self-esteem, lack of child care, family instability, and lack of information about where to find jobs. The city was divided into geographical units covering areas with greatest need. Community facilitators and lead businesses worked in collaboration to bring together those in need of jobs with employers and providers of support services (Brinda, 2000).

NET has a "comprehensive but decentralised" presence in Minneapolis. It is argued that this innovative and efficient management structure has allowed NET to serve the employment needs of young and old alike. As the population continues to age, and the strong economy continues to put pressure on the search for new workers, NET expects to focus more of its time and resources on facilitating projects that help older workers access good jobs that both pay well and fit into the life style that they have chosen for their retirement years.

Costs of an ageing society: the example of Finland

The Finnish welfare system evens out income and effectively prevents poverty. More even income distribution is achieved principally through progressive taxation, the income transfer system and extensive public services. A security network created by the welfare state has considerable advantages not only for individuals but also for economic growth and social exclusion. An extensive welfare system was based on high employment and economic growth. The welfare share of GDP fell after the recession years and is expected to remain beneath 50 per cent in 1999. Welfare expenditure accounts for 70 per cent of public expenditure. The most serious challenge for the public welfare system comes from its financing system which requires a high rate of taxation with negative consequences on employment and on economic growth. With an economic growth rate of 2-3 per cent per year growth in public expenditure is expected to be small until 2010.

After 2010 the biggest increases in public expenditure will be caused by pensions and social and health services. Without taxation increases, public sector finances will begin to show a deficit. However the major cost pressures arising from the age structure will not focus on central government finances but will be related to pensions and social and health services which are provided by

local government finances. The local government sector will turn to deficit in the 2010s mainly because of social and health expenditure (Saijets, Honkanen, 2000).

The experience of Mexico

How does one go about building housing for people of the third age? The Urban Development and Housing Secretariat of the Government of Mexico City's has taken up the task of designing various financial and judicial instruments that complement new legislation. One proposal is to modify pension systems, so as to devote a percentage of savings to financing housing while providing the elderly with an initial down payment. The pension constitutes a fixed income which, while in many cases is unsubstantial, at least guarantees that its recipient is creditworthy. Where the pension itself is to be used as collateral, it is hoped to associate it with savings systems that benefit today's elderly and generate individual savings accounts for the aged in the future.

Both individual savings and pay-as-you-go retirement savings systems must be given a solid foundation. They require to be linked to a system of homes facilitating collective life and providing workshops in which the old can earn income by transferring their knowledge and skills to the young (Casteneda, 2000).

Care provision in the Netherlands

In the Netherlands, there are three kinds of collective provision for health care.

First, those on lower incomes have been insured for medical expenses. Premiums are deducted from wages or benefits. Insurance covers a fixed package of care provision. An additional premium is levied on privately insured higher income earners.

Second, for risks which cannot be covered in this way an Exceptional Medical Expenses (Compensation) Act (AWBZ) has been developed. This covers risks which are difficult to cover like long-term hospitalisation in, for instance, nursing homes or psychiatric homes, as well as for home care and domestic help. On applying for these benefits, individuals must make an income-related contribution. The financial basis for this collective insurance is via compulsory premiums on wages.

Third, anyone who meets medical criteria is eligible for facilities allowed under the Disabled Provisions Act, *i.e.*:

- house adjustments, like staircase lifts, adaptations to dwelling access, adjusted sanitary facilities;
- appliances, like wheel chairs; and
- transportation facilities, like supplementary public transport.

In practice this system creates problems which are causing political discussions in the Netherlands. The benefits available to lower income people and to those suffering "exceptional risk" funded from collective insurance are putting to the test the ideal of solidarity. Guaranteed access to care and facilities requires that collective insurance be annually increased. The level of the collective insurance premium has an impact on pay negotiations and thus on macro-economic development. This also slows down the increase of the premium and consequently impacts on the national budget. Politically there is increasing demand for the introduction of basic insurance for all, enabling individuals to take out additional insurance.

Meanwhile, difficulties have also become evident in relation to the Exceptional Medical Expenses (Compensation) Act (AWBZ). The total budget is fixed nationally, and is divided regionally using a distribution formula. So far, in many regions the budget has proved too limited. This has caused waiting lists for services such as home-care, and places in care institutions. Due to unmet demand, various perverse effects follow. Not only are there grey areas, for example, about which budget should finance facilities, but people also substitute less appropriate private solutions to make up for inadequacies in supply. This is particularly prevalent in the elderly service sector. If this phenomenon continues, it is expected that a growing category of elderly people with lower incomes who are dependent on the availability of living and care facilities will emerge. This group will contrast with elderly people who have higher incomes and/or some capital. These older people will remain self-sufficient as regards care and make most use of scarce care workers to the detriment of more financially vulnerable groups (Van Oostrom, 2000).

There are no simple solutions to these complex problems. However, of the financial instruments available, there seem to be some good opportunities to improve provision. Solutions for living and care should be tailor-made to improve provision. Solutions which "deconnect" the cost of living and care would enable all kinds of variants in types of dwellings to be realised in both owner-occupied and rental sectors. Investors and administrators may be variously residents themselves, housing corporations, or private care

institutions. In housing where long lasting care merges into nursing both elements should be paid from public insurance. Area based groups which cover a broad range of care related services could offer another alternative. It would also be possible to tie budgets to the person. This would give clients the discretion to spend care budgets in the ways that best suit their needs. Older people should have a broad choice of services to choose from.

REFERENCES OF CONFERENCE PAPERS

OECD-Norway Conference: *Ageing, Housing, and Urban Development, 2000*

ALMGREN, H. (2000),
"Housing the Elderly in Sweden", Case Study Presentation, National Association of Co-operative Housing, Sweden.

BRINDA, M. (2000),
Enhancing Employment Opportunities for Older Persons, Minneapolis Neighbourhood, Employment Network, USA.

BUGGE, S. (2000),
"Opening Statement", Ministry of Local Government and Regional Development, Norway.

CAVALLIER, G. (2000),
"Urban Governance and the Future of Urban Areas in an Ageing Society", Keynote Presentation, Ministère de l'Equipement, des Transports et du Tourisme, France.

CHABBAL, B (2000),
Planning for an Ageing Society — Challenges for Territorial Development Policies.

CLUFF, D. (2000),
Canadian Experience, Case Study Presentation, Canada Mortgage and Housing Association, Canada.

DAATLAND, S. O. (2000),
Experiences from a Nordic Perspective, Case Study Presentation, NOVA, Norwegian Social Research, Norway.

DAVIS, D. (2000),
"Old Age in a New Age: New Mindsets for Governance", Keynote Address, International Council for Caring Communities, USA.

DENNIS, C. (2000),
"Continuing Care Retirement Community of Hartrigg Oaks", Case Study Presentation, Joseph Rowntree Foundation, United Kingdom.

GANN, D. (2000),
"New Care and Support Services to People at Home", University of Sussex, United Kingdom.

HICKS, P. (2000),
"Ageing Societies and OECD Countries", Directorate for Employment, Education and Social Affairs, OECD.

HUGONNIER, B. (2000),
"Opening Address", Territorial Development Service, OECD.

JUPSKÅS, E. (2000),
"Opening Statement", Ministry of Health and Social Affairs, Norway.

KONVITZ, J. (2000),
"Session Introduction", Territorial Development Service, OECD.

LOURDES POEIRA DE, M. (2000),
"Notes on the Portuguese Case", Ministry of Public Works, Planning and Regional Development, Portugal.

MCFARLANE, L. (2000),
"Ageing Housing and Urban Development: Issues of Governance", Session Introduction, OECD Secretariat.

OECD, (1998),
"Background Paper for the OECD-Norway Conference on Ageing, Housing and Urban Development", Note by the Secretariat.

RODRIGUEZ CASTAÑEDA, R (2000),
"Legal Frameworks in support of Ageing, Housing and Urban Development", Case Study Presentation, Urban Development and Housing, Mexico City Government, Mexico.

RUDEN, A. (2000),
"Norwegian Experience", Case Study Presentation, Norwegian State Housing Bank, Norway.

SAIJETS, H and HONKANEN, M. (2000),
"Ageing in Urban Areas in Finland", Case Study Presentation, Norway.

SERA, T. (2000),
"Ageing, Housing and Urban Development in Japan", Case Study Presentation, Japan.

SUGIYAMA, M. (2000),
"Ageing, Housing and Urban Development in Japan", Case Study Presentation, National Land Agency, Japan.

TOPO, P; TAHKOKALLIO, P; TAIPALE, V, and KÄRKKÄINEN, S-L. (2000),
Disseminating Innovations, National Research and Development Centre for Welfare and Health, The International Institute of Gerontechnology (STAKES), Finland.

TINKER, A. (2000),
"Housing Design, Social Services, Transportation and Urban Development", Keynote Presentation, Age Concern Institute of Gerontology, Kings College, London, United Kingdom.

VAN OOSTROM, M. (2000),
"Housing the Elderly: Finance/Fiscal Option", Keynote Presentation, Ministry of Housing, Physical Planning and Environment, The Netherlands.

VAN ROSSUM, M. (2000),
"Service Centre Solutions for Autonomous Living", Case Study Presentation, Telecites Network, The Netherlands.

WILHEMSEN, L. (2000),
"Session Introduction", Norwegian State Housing Bank, Norway.

ANNEX I
CONFERENCE BACKGROUND PAPER

by Barbara Chabbal, OECD Consultant

Introduction

OECD countries are currently observing an unprecedented increase in the proportion of elderly people among their total population. Over the next 25 years around 70 million people will retire to be replaced by just 5 million new workers. This contrasts strongly with the past period where 45 million new pensioners were replaced in the workforce by 120 million baby boomers.

The social and economic consequences of this major demographic shift will be ubiquitous. OECD is already advising its Member countries (OECD Policy Brief on Ageing) to introduce strategic frameworks to harmonise ageing reforms over time and to ensure adequate attention to implementation and build-up of public understanding and support.

A wide array of policy measures will be required in order to prepare now for the changes which are expected in about l0 years' time and which will affect labour markets, education, pensions, and long-term care systems, as well as housing design and the future development and sustainability of cities.

The focus of the OECD-Norway Conference on Ageing, Housing and Urban Development took place in the context of, and as a contribution to, the broader OECD activity on developing the capacity of public policy to meet the economic and societal challenges which the phenomenon of ageing presents in the majority of Member countries. Most elderly persons in OECD countries now live in urban areas. The ageing of urban populations will not only provoke demand for changes in the provision and design of housing and ancillary services such as caring and transport, it will also act as a catalyst in modifying the lifestyles of all age groups and will influence the future trajectory of urban development in a number of ways. In the present context of economic globalisation, decentralisation, fiscal constraints and technological advances, the

public sector, at both the national and urban level, will have to develop innovative responses to the ageing of society. This will, in particular, involve working more closely in partnership with the private sector and civil society.

Active ageing and ageing in place

Two concepts put forward by OECD -- “active ageing” and “ageing in place” -- are central to the future development of public policy for housing, service provision and urban development. Ageing in place, coupled with active ageing reforms suggests a comprehensive set of actions as opposed to previous short term and age-segmented policies. This approach seeks to offer a variety of life course arrangements for individuals through life-cycle analysis of people’s needs and abilities over time.

Active ageing implies increasing the capacity of people, as they grow older, to remain productive members of society and the economy. It entails a higher degree of flexibility in how individuals and families choose to spend their time over life -- in work, in learning, in leisure and in care giving. Public policy can foster active ageing by removing existing constraints on life course flexibility. It can also provide support that widens the range of options available to individuals via effective life-long learning or by medical interventions that help people maintain autonomy as they grow older. Available evidence shows that the more active older people are, the better the quality of life they enjoy. The concept is also of particular interest to OECD Member governments. Because the public pension accounts of OECD countries are expected to go into sustained deficit in about l0 years' time, governments will, inter alia, be encouraging people to retire later. Active ageing may well increase the capacity of the elderly to finance their housing and other needs.

Ageing in place is a concept which favours giving older persons the opportunity to remain in their own homes rather than be cared for in an institutional setting. The improvement of housing conditions, design and associated services which enhance the mobility/accessibility of the elderly and which contribute to improving their physical condition is critical to sustaining their level of activity, reducing their dependency and improving their overall quality of life. At a time when there is every likelihood that public pensions, and thus the revenues of many elderly persons, will be reduced in the future, it is important to recognise that poor housing is a main factor of social exclusion.

It has also been widely noted in surveys that loneliness and helplessness are increasingly signalled as priority concerns of the elderly. Thus, in addition to housing and the wider physical environment, ageing in place

policies for the elderly should include a strong focus on caring and maintaining social intercourse as key elements which make the life of the elderly joyous as well as comfortable. In this respect, measures which free up time and resources for family and friends for caring purposes should be considered as an important and innovative policy element.

The "ageing in place" policy considerably differs from traditional policies whereby ageing and housing were conventionally treated as sectoral issues, without significant spatial or urban dimensions. Current orientations of OECD public policies towards elderly groups are derived from a more comprehensive view of the ageing phenomenon, which identifies the linkages between housing, social service provision and urban facilities for the elderly, as well as their economic and cultural activity as key partners in society. In particular, a mix of social policy, employment and education policies, fiscal instruments, land use and building regulations can be usefully articulated in order to improve the quality of life of the elderly population and subsequently, to enhance their participation in the social and economic life of their communities.

This orientation will re-shape cities and introduce new forms of urban development. In particular, the need for smaller units and integrated service systems is likely to lead to more compact and denser human settlements in the future, thus supporting environmental goals for smart growth and urban regeneration. This trend not only illustrates programme objectives for the elderly, but also reflects the general desire of OECD governments to adapt public policies to the changing social/demographic patterns of Western societies. Thus in developing appropriate policies towards elderly groups, OECD governments will equally address the needs of other social groups, including the poorest and most vulnerable.

In line with decentralisation and the shift towards more "people-centred" forms of governance, OECD governments have been gradually re-structuring housing and social service delivery systems. Their aim is to meet the twin goals of ensuring that expenditures are more cost-effective and better tailored, while meeting the most pressing requirements. In particular, local bodies have been allocated greater responsibilities in long-term care service provision, city planning and housing. Innovative local projects based on cost-sharing arrangements between municipalities, the private sector and informal carers are considered to be more flexible in meeting the demands of recipients, although greater use of quality and performance controls is required to ensure a high level of provision. At the same time, the growing influence of elderly associations is forcing public authorities to develop 'bottom up

approaches' in decision making, whereby citizens are more involved in defining local policy orientations.

Box 1. Housing the Older People,
11th Informal Meeting of European Union Housing Ministers,
Kuopio, 27-28 September 1999

International organisations such as the UN, the OECD and the European Union are focussing the attention of governments on the need to adapt a wide range of policies to meet the challenge of ageing societies. For example the 11th Informal Meeting of EU Housing Ministers held in Kuopio (Finland) on September 27-28 of 1999 is emblematic of current EU policy orientations towards the elderly. In considering the increase of the elderly population as a major political challenge, the EU Housing Ministers stressed the necessity to develop an integrated approach to the ageing phenomenon, linking social health care, housing, environment, labour and urban development policies. The objective should be to respect the choices of the elderly with respect to their living conditions (for example, by allowing them to stay at home) and their work/retirement decisions (flexibility). Access to adequate housing for all, including the most socially disadvantaged and dependent elderly was identified as a priority.

In the Final Communiqué, the Housing Ministers particularly stressed the following points:

- All dwellings should be accessible, convenient and safe. Efforts should mainly be concentrated on adapting existing housing stock and enlarging the range of living arrangements for the elderly according to their wishes. New construction should automatically satisfy the needs of older people or should be designed to be easily adapted to satisfy such needs over life-course.
- Cross-sectoral co-operation between state agencies, local authorities and the private sector should be developed in a variety of fields like housing, health care, transportation and general social policy. In particular, elderly groups should be encouraged to participate more in decision-making processes.
- Housing policies should be regarded as an integrated set of policies supported by a *"holistic view of urban sustainability"*. Sustainable urban development implies engaging citizens in support of social cohesion and measures for environmental protection in cities.
- Exchanges of experiences and best practises should be intensified in the field of housing along the lines of the *EC Fifth Framework Programme of Research, Technological Development and Demonstration.* Regular meetings of EU Member States, as well as regular national progress reports will further the exchange of knowledge and experiences across EU countries. In this respect, the use of modern information technology should be encouraged.

While adapting urban and housing policies to the elderly, governments are simultaneously concerned to improve housing conditions and the quality of local democracy for the entire community, including disabled people, single mothers and children. It is envisaged that the adaptation of housing and services and the built environment to meet the needs of the elderly will lead to what has been termed by the Japanese (OECD--Women in the City Conference) as the "gentle city" -- a city better adapted to the needs of persons whose strength and physical abilities may fall below the average level of a young healthy person. Cities can also become more attractive for everybody thanks to a wider range of housing options and care services over life course. It is expected that by adapting the urban environment to the requirements of elderly populations, new forms of urban development patterns, conducive to more socially mixed integrated settlements which are more respectful of the environment, can also be encouraged.

THEME 1 — GENERAL TRENDS

AGEING SOCIETIES IN OECD COUNTRIES

Absolute and proportional increase of the elderly population

OECD countries are experiencing significant change in their demographic structure. It is estimated that by 2030, the proportion of people aged 65 and over will have more than doubled compared to the figures for 1960. Elderly populations will represent more than 20 per cent of the total population (as opposed to 10 per cent in 1960).

Demographic trends differ from one country to another. Ageing is also evolving at different pace among countries: in South European countries, with relatively young age-structures in the past, the ageing phenomenon is accelerating.

Table 4. Growth of the number of people aged 65 and over in OECD countries

Millions

	1960/1	1980/1	1990/1	2000/1	2020/1	2040/1
Australia						***2031***
0-14	3.18	3.66	3.74	3.84	3.66	3.63
15-64	6.44	9.49	11.44	13.23	14.69	14.59
65-79	0.76	1.18	1.53	1.81	3.08	3.68
80 +	0.13	0.25	0.37	0.58	0.92	1.39
Total	***10.51***	***14.58***	***17.08***	***19.47***	***22.35***	***23.28***
Austria						
0-14	1.55	1.54	1.35	..	..	..
15-64	4.63	4.85	5.21	5.44	5.43	4.70
65-79	0.74	0.96	0.88	0.98	1.21	1.57
80 +	0.13	0.2	0.29	0.28	0.42	0.62
Total	***7.05***	***7.55***	***7.72***	***..***	***..***	***..***
Belgium						
0-14	2.19	2.07	1.80	1.64	1.39	1.24
15-64	5.88	6.46	6.67	6.56	6.07	4.97
65-79	0.94	1.15	1.13	1.33	1.44	1.59
80 +	0.18	0.27	0.35	0.36	0.52	0.71
Total	***9.19***	***9.95***	***9.95***	***9.89***	***9.42***	***8.5***
Canada						***2036***
0-14	6.19	5.48	5.69	5.33	4.83	4.45
15-64	10.66	16.50	18.43	19.46	19.87	18.43
65-79	1.16	1.91	2.51	2.93	4.77	5.46
80 +	0.23	0.45	0.66	1.01	1.57	2.45
Total	***18.24***	***24.34***	***27.30***	***28.73***	***31.03***	***30.79***
Denmark						
0-14	1.15	1.08	0.88	0.95	0.78	..
15-64	2.95	3.31	3.45	3.47	3.22	..
65-79	0.41	0.59	0.61	0.58	0.76	..
80 +	0.07	0.14	0.19	0.21	0.21	..
Total	***4.59***	***5.12***	***5.14***	***5.21***	***4.97***	***..***
Finland						
0-14	1.34	0.97	0.96	0.89	0.77	0.68
15-64	2.78	3.25	3.36	3.42	3.08	2.70
65-79	0.29	0.49	0.53	0.58	0.85	0.72
80 +	0.04	0.09	0.14	0.17	0.21	0.30
Total	***4.45***	***4.79***	***5.00***	***5.06***	***4.93***	***4.39***
Japan						
0-14	28.44	27.58	22.81	19.28	19.62	18.41
15-64	60.47	78.83	85.90	86.19	75.32	65.64
65-79	4.72	9.03	11.94	16.94	22.96	21.61
80 +	0.68	1.62	2.96	4.57	9.01	10.05
Total	***94.30***	***117.06***	***123.61***	***126.98***	***126.90***	***115.71***
New Zealand						***2031***
0-14	0.85	0.85	0.78	0.90	0.80	1.19
15-64	1.41	2.01	2.21	2.48	2.77	2.34
65-79	0.12	0.26	0.30	0.33	0.52	0.63
80 +	0.04	0.05	0.08	0.11	0.16	0.22
Total	***2.41***	***3.18***	***3.38***	***3.81***	***4.25***	***4.39***

Table 4 (continued)

	1960/1	1980/1	1990/1	2000/1	2020/1	2040/1
Norway						
0-14	0.93	0.90	0.81	..	..	..
15-64	2.27	2.59	2.75	2.87	2.96	2.82
65-79	0.33	0.49	0.53	0.48	0.63	0.73
80 +	0.07	0.12	0.16	0.19	0.18	0.27
Total	***3.59***	***4.09***	***4.25***	***..***	***..***	***..***
Portugal					***2025***	***2035***
0-14	2.59	2.51	2.20	2.06	1.60	1.61
15-64	5.59	6.20	6.76	6.99	7.16	6.61
65-79	..	0.96	1.07	1.18	1.61	1.79
80 +	..	0.17	0.28	0.33	0.68	0.76
Total	***8.89***	***9.83***	***10.30***	***10.57***	***11.06***	***10.77***
Spain						
0-14	8.35	9.68	7.56	6.24	4.75	3.64
15-64	19.61	23.63	26.16	26.79	25.39	18.91
65-79	2.14	3.50	4.16	5.00	5.23	6.96
80 +	0.43	0.73	1.12	1.35	1.65	2.04
Total	***30.53***	***37.54***	***39.00***	***39.38***	***37.02***	***31.55***
Sweden						
0-14	1.65	1.62	1.55	1.86	1.78	..
15-64	4.95	5.34	5.52	5.57	5.72	..
65-79	0.75	1.10	1.16	1.07	1.44	..
80 +	0.15	0.26	0.37	0.45	0.45	..
Total	***7.50***	***8.32***	***8.59***	***8.95***	***9.40***	***..***
Switzerland						
0-14	1.37	1.34	1.21	1.22	1.07	0.98
15-64	3.44	4.12	4.46	4.53	4.45	4.04
65-79	0.47	0.71	0.73	0.81	1.06	1.10
80 +	0.08	0.17	0.25	0.27	0.33	0.43
Total	***5.36***	***6.34***	***6.65***	***6.83***	***6.92***	***6.55***
Turkey						***2005***
0-14	1.99	18.58	21.52	..	..	..
15-64	14.74	23.88	32.58	41.44	45.73	..
65-79	0.69	1.46	1.54	2.71	2.88	..
80 +	0.29	0.66	0.83	0.96	1.28	..
Total	***27.76***	***44.74***	***56.47***	***..***	***..***	***..***

Sources:

– OECD (1996), "Caring for frail elderly people: policies in evolution", *OECD Social policy studies*, No. 19.

– Replies to OECD questionnaires on the care of the frail elderly, 1992 and 1994.

Table 5. Population structure in selected OECD countries

Per cent of total

	1960/1	1980/1	1990/1	2000/1	2020/1	2040/1
Australia						***2031***
0-14	30.23	25.09	21.88	19.73	16.39	15.60
15-64	61.26	65.11	66.97	67.99	65.74	62.65
65-79	7.27	8.07	8.98	9.30	13.78	15.80
80 +	1.24	1.74	2.18	2.99	4.12	5.95
Austria						
0-14	22.05	20.40	17.43	..	..	..
15-64	65.73	64.18	67.45	..	..	..
65-79	10.44	12.74	11.43	..	..	..
80 +	1.77	2.68	3.69	..	..	..
Belgium						
0-14	23.84	20.84	18.11	16.62	14.78	14.58
15-64	63.94	64.94	67.08	66.30	64.38	58.40
65-79	10.28	11.53	11.35	13.43	15.28	18.70
80 +	1.94	2.69	3.47	3.65	5.55	8.33
Canada						***2036***
0-14	33.95	22.52	20.84	18.55	15.55	14.46
15-64	58.42	67.79	67.51	67.73	64.01	59.85
65-79	6.38	7.85	9.19	10.19	15.38	17.74
80 +	1.25	1.85	2.42	3.53	5.06	7.95
Denmark						
0-14	25.09	21.11	17.15	18.25	15.68	..
15-64	64.27	64.54	67.27	66.54	64.80	..
65-79	9.01	11.57	11.92	11.10	15.23	..
80 +	1.63	2.78	3.67	4.10	4.29	..
Finland						
0-14	30.14	20.16	19.29	17.58	15.72	15.40
15-64	62.49	67.78	67.24	67.51	62.47	61.52
65-79	6.45	10.25	10.59	11.42	17.18	16.30
80 +	0.93	1.81	2.88	3.34	4.35	6.79
Japan						
0-14	30.15	23.56	18.45	15.18	15.46	15.91
15-64	64.12	67.35	69.50	67.88	59.35	56.73
65-79	5.00	7.71	9.66	13.34	18.09	18.67
80 +	0.72	1.39	2.39	3.60	7.10	8.69
New Zealand						***2031***
0-14	35.26	26.72	23.23	23.47	18.95	27.14
15-64	58.28	63.32	65.54	64.97	65.14	53.41
65-79	4.95	8.26	8.94	8.78	12.18	14.42
80 +	1.51	1.70	2.29	2.79	3.73	5.03
Norway						
0-14	25.79	21.97	18.96	..	..	..
15-64	63.08	63.22	64.73	..	..	..
65-79	9.15	11.85	12.54	..	..	..
80 +	1.98	2.96	3.76	..	..	..
Portugal					***2025***	***2035***
0-14	29.16	25.51	21.36	19.54	14.50	14.92
15-64	62.87	63.04	65.57	66.19	64.79	61.35
65-79	..	9.74	10.34	11.18	14.58	16.64
80 +	..	1.71	2.73	3.09	6.13	7.09

Table 5 (continued)

	1960/1	1980/1	1990/1	2000/1	2020/1	2040/1
Spain						
0-14	27.35	25.79	19.38	15.85	12.83	11.54
15-64	64.23	62.95	67.08	68.03	68.58	59.94
65-79	7.01	9.32	10.67	12.70	14.13	22.06
80 +	1.41	1.94	2.87	3.43	4.46	6.47
Sweden						
0-14	23.03	19.42	18.02	20.83	18.94	..
15-64	66.00	64.20	64.21	62.25	60.91	..
65-79	10.03	13.21	13.46	11.91	15.32	..
80 +	1.94	3.17	4.30	5.01	4.83	..
Switzerland						
0-14	25.52	21.12	18.19	17.82	15.49	14.96
15-64	64.20	65.01	67.07	66.39	64.33	61.60
65-79	8.73	11.21	11.05	11.86	15.35	16.83
80 +	1.55	2.66	3.69	3.93	4.83	6.61
Turkey						
0-14	43.21	41.53	38.11	..	..	..
15-64	53.09	53.38	57.70	..	..	..
65-79	2.48	3.25	2.73	..	..	..
80 +	1.04	1.46	1.46	..	..	..
United Kingdom						
0-14	23.33	21.00	19.02	20.02	18.20	18.16
15-64	64.94	64.05	65.32	64.39	63.77	60.54
65-79	9.80	12.26	11.98	11.51	13.48	15.36
80 +	1.92	2.70	3.67	4.08	4.55	5.94
United States						
0-14	31.11	22.64	21.65	16.89	17.77	16.53
15-64	59.66	66.08	65.85	70.11	64.54	60.90
65-79	7.84	8.99	9.71	9.51	13.57	14.93
80 +	1.40	2.28	2.79	3.49	4.11	7.63

Sources:

- OECD (1996), "Caring for frail elderly people: policies in evolution", *OECD Social Policy Studies* No. 19.
- Replies to OECD questionnaires on the care of the frail elderly, 1992 and 1994.

Ageing arises due to many factors, the most relevant of which are: the decline in birth rates in OECD countries and the increase in life expectancy. In total, over the period 1960-1991, women reaching the age of 80 saw their future average life span increase by almost two years. For men aged 80, life expectancy increased one year over the same period. Among major reasons explaining this phenomenon in OECD countries, those most often cited are: a higher standard of living, healthier life styles, new medical discoveries, better rehabilitation services and investments in public health and social welfare programmes.

Table 6. Extension of life expectancy at age 65 and 80 for males and females

	65 years		80 years	
	Male	Female	Male	Female
Australia	15.8	19.6	7.0	8.9
Austria	15.2	18.7	6.6	7.9
Belgium	15.3	19.7	6.7	8.7
Canada	16.2	20.1	7.5	9.5
Czech Republic	12.8	16.4	5.8	6.9
Denmark	14.1	17.6	6.4	8.1
Finland	14.6	18.7	6.5	7.9
France	16.1	20.6	7.1	9.0
Germany	14.9	18.6	6.6	8.1
Greece	16.1	18.4	7.3	7.7
Hungary	12.1	15.8	5.5	6.5
Iceland	16.5	19.4	7.4	8.7
Ireland	13.5	17.1	5.4	6.7
Italy	15.7	19.6	6.8	8.3
Japan	16.9	21.5	7.5	9.9
Korea	12.3	16.1	5.2	6.7
Luxembourg	14.2	18.5	5.3	6.8
Mexico	15.6	18.8	7.2	9.5
Netherlands	14.4	18.6	6.2	8.1
New Zealand	15.4	19.0	6.9	8.7
Norway	15.5	19.5	6.7	8.6
Poland	12.9	16.6	6.0	7.1
Portugal	14.3	17.7	5.7	7.0
Spain	15.8	19.8	7.0	8.5
Sweden	16.1	19.7	6.9	8.8
Switzerland	16.1	20.2	7.2	9.0
Turkey	N/A	N/A	5.2	5.9
United Kingdom	14.7	18.4	6.7	8.6
United States	15.7	18.9	7.3	8.9

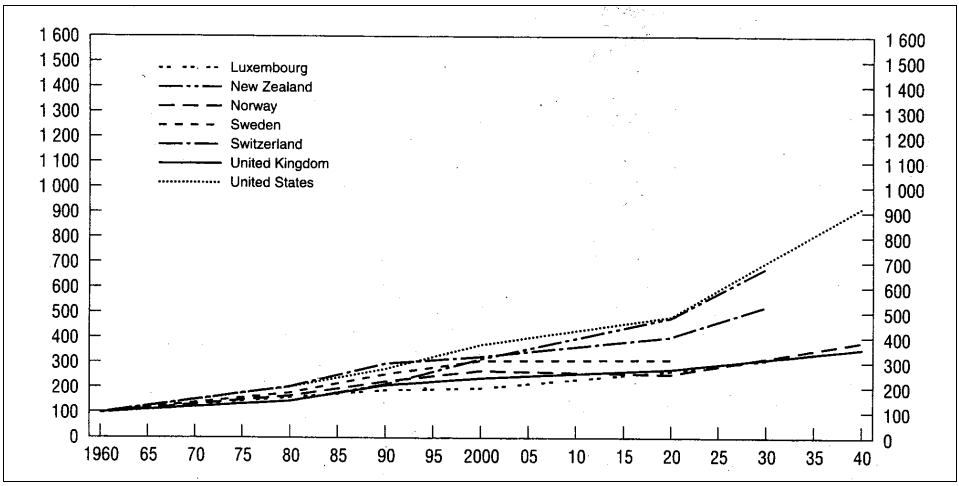
Notes:

1. For age 65, data refer to 1996 data with the exception of Austria (1995); Czech Republic (1995); Denmark (1994); France (1995); Greece (1994); Hungary (1995); Iceland (1995); Ireland (1993) and Korea (1991).
2. For age 80, the data refer to the same year cited above with the exception of France (1992); Ireland (1982); Italy (1994); Luxembourg (1987) and Turkey (1990).
3. N/A: Data not available.

Source: OECD Health Data 98.

In addition to this overall shift in population balance, another phenomenon is taking place within the elderly group. A secondary ageing process, termed as the 'ageing of the aged', is leading to a growing proportion of people aged 80 and over among the aged population. Although still small in relative terms, the number of the 80+ population is currently growing at an extremely rapid pace, especially in northern European Countries (at least 200% growth by 2040), but is also increasing in the United States, Australia, Canada and Japan (between 500 and 1 300% growth respectively).

Figure 4.Growth of the number of people aged 80 and over



Source : OECD (1996), "Caring for frail elderly people: policies in evolution", *OECD Social Policy Studies*, No. 19.

These trends highlight age segmentation among the elderly population between two major groups, namely:

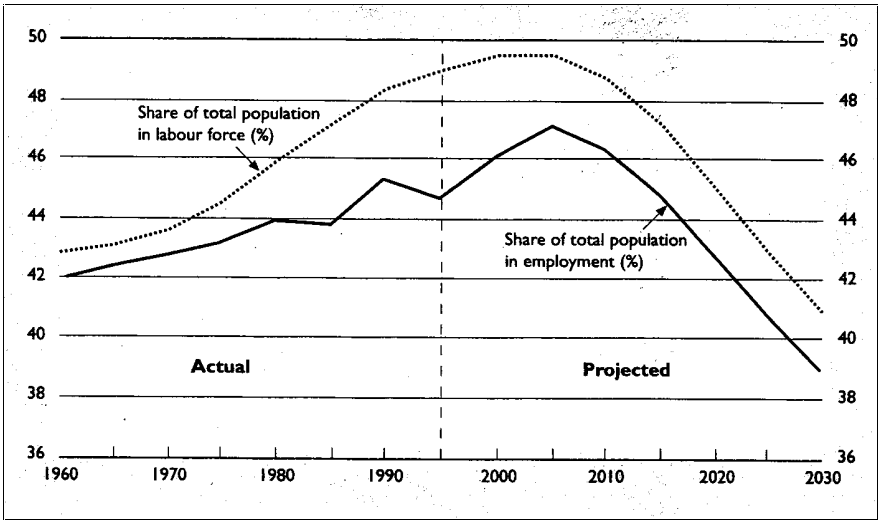
- people aged 65+, and
- people aged 75+.

Such age thresholds among the elderly are of paramount importance for defining and implementing appropriate social and housing policies. Indeed, the housing and social needs of the 'young elderly' substantially differ from those of the 'older' ones. Especially, the need for long-term assistance provided by professional care workers grows steadily with age, accelerating after 75. On

the other hand, the younger elderly are expected to work longer, be more active and develop quite innovative life-styles and consumer requirements compared to previous generations.

In this context, dependency ratios[1], after falling in many countries as the 'baby boom' generation reached working age, are currently increasing as a result of life expectancy gains at advanced ages. For the OECD as a whole, the aged dependency ratio is projected to rise by 75 per cent between 1995 and 2030. This will result in increased pension funding pressures on remaining workers and national governments. Pressures on the working population will be all the more important as labour force participation rates are expected to decline over the next decades. Indeed, for all OECD countries, the proportion of the population in employment is projected to continue to rise until 2005 but to fall steeply thereafter by 2030 (reaching less than 40%).

Figure 5.Shares of the labour force and employment in total population



Source: OECD.

However, the age-dependency burden must be evaluated in relation to a comprehensive view of demographic patterns in specific countries. For instance, while calculating the costs of ageing on the national economy, account must be taken of the national birth rate and its expected evolution. OECD countries with relatively high birth rates, mostly in Ireland and Scotland, may have more manageable ageing processes than countries confronted with decreasing generation renewal indicators.

Migration trends and international aspects of ageing

The territorial dimension of ageing has major impacts on regional economic development and the sustainability of cities. Two remarks can be made about recent migration patterns of the elderly (Cf. OECD, 1998*c*):

First, the concentration of elderly people in rural or urban areas differs considerably between countries. In countries where rural-to-urban migration is still in progress, such as Japan, Spain, and Mexico ageing is more a rural phenomenon. On the contrary, in countries like Germany or Australia, where internal migration related to industrialisation processes has abated, ageing has gradually shifted towards urban areas. Overall, in most of European countries, there is a higher proportion of elderly people in inner cities than in suburban areas.

Second, two types of migration patterns for the elderly can be observed across OECD countries: *amenity-related migration* on the one hand, and *support-related migration* on the other. The former (also termed as out-migration) implies elderly migrants, mostly couples aged below 70, moving to rural areas for environmental and 'life-style' reasons. The latter, support-related migration, is undertaken mainly by individuals or couples in their 70s or 80s, in search of more efficient service delivery systems in cities.

On the whole, older people now are more settled than their parents were. Indeed, residential mobility tends to decline after 65, especially for homeowners. Elderly renters are more likely to move to smaller and more suitable housing than owners who may not have completed full payment of their dwelling or who may find it difficult to leave.

International migration towards OECD countries, although driven by many factors, in particular employment related ones, has been encouraged in the past by some countries, such as France, as a means of increasing the proportion of young people in the total population when this has been substantially reduced by low birth rates and increased life expectancy. The demographic profile of

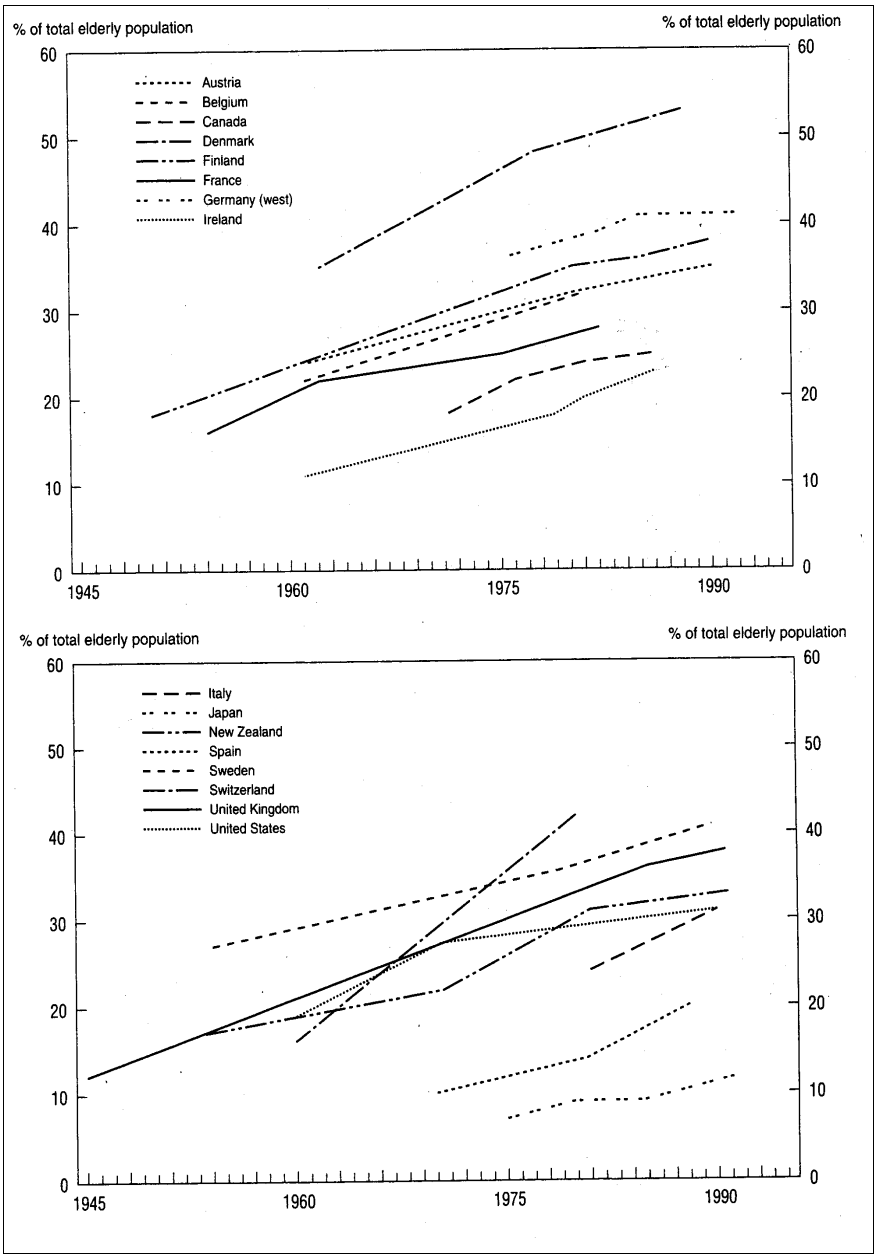
most OECD countries is in sharp contrast with that of many non-OECD countries which face an explosion of their under 20 age group in the years ahead. One corollary of ageing is therefore the transformation of the urban societies of OECD countries which are becoming increasingly ethnically and culturally diversified. One emerging issue is how to successfully integrate the young immigrants with the older OECD populations, in particular in social housing where increasing numbers of elderly persons may live in the future due to decreased resources.

The issue of the relation between OECD countries and non-OECD countries in a context of ageing populations also has to be viewed in wider economic terms. OECD is increasingly focusing attention on the need to assist emerging market economies to implement successful structural reforms and sound macro-economic policies in order to facilitate the mutually beneficial flow of trade in goods and services and financial assets between OECD and non-OECD economies. It is considered that this exchange can support the stronger economic growth in OECD countries which will be needed in order to alleviate pressures arising from population ageing and to ensure that there is sufficient wealth to avoid reducing the well being of one group of the population to improve that of another. These examples illustrate the wide ramifications of the ageing trend which affects international relations and underlines the important task which urban governments will have, via local policies for housing, services, education etc., to reconcile national policy objectives with local circumstances and policy objectives.

Household structure

National family patterns largely explain the household structure of the elderly population in each country. Countries where nuclear families are dominant tend to have a higher proportion of elderly people living alone, whereas countries with enlarged family traditions display greater solidarity between generations, resulting in a higher proportion of families living with, and taking care of, elderly relatives. As family patterns evolve towards nuclear families and greater intergenerational independence, the proportion of solitary households among the elderly has been rising steadily across OECD countries. It is high in Scandinavian countries, Austria, Belgium, United Kingdom and the Netherlands. It is low, but is gradually increasing, in southern Europe (Spain has reached 20%). Although increasing, it is still low in Japan where only one in seven elderly people live alone.

Figure 6.Growth in the proportion of elderly people living alone



Source: OECD (1996), "Caring for frail elderly people: policies in evolution", OECD Social Policy Studies, No. 19

Therefore, elderly people are now less likely to live with younger generations than they were in the past. Three reasons explain this trend, namely:

1. Social welfare programmes have gradually supplemented family carers.
2. There are fewer younger people in relation to older people.
3. The employment rate of women — traditional carers of the elderly — is rising across countries.

This shift towards more separate living arrangements between generations cannot be exclusively imputed to the younger families looking for more independence. It also expresses the desire of elderly groups to maintain a separate and autonomous life as long as possible.

Housing conditions

In many countries, residential conditions in city centres, where a large proportion of elderly people tend to concentrate, have been deteriorating. Many houses lack basic conveniences (*e.g.*, elevator, heating systems). Isolation from modern urban facilities (such as out of town shopping complexes) and increasing insecurity in inner urban areas are major problems faced by the elderly population, especially in big cities. The same problem, even more acute, can be observed in large housing estates located in suburban areas as a result of the mono-functional zoning policies of the post-war period. Therefore, in most OECD cities, access of the elderly to basic facilities is not improving. Additionally, the ageing of the elderly also results in reduced mobility when former car-drivers (for example in American suburbs) can no longer drive due to lowered physical capacity such as poor vision.

The proportion of elderly people living in specialised institutions is variable across countries. However, it is noteworthy that overall, only a very small proportion of elderly people (around 5.5%) are dependent upon institutional housing and virtually all countries are seeking to reduce this form of housing.

For countries with the highest rates of elderly people sheltered in institutional settings (Canada, Finland, Luxembourg, Netherlands, New Zealand and Norway), recent trends show that this proportion has been continuously decreasing over the last decade, along with government efforts to expand home and community care services as an alternative. By contrast, in countries with

the lowest rates of institutional settings (Italy, Japan, Portugal, Spain, Greece and Turkey), there has been a slight increase of the level of institutional housing provision, as the proportion of the elderly population became more significant among the total population.

Regarding the specific profile of the elderly people sheltered in institutional settings, figures show that potential beneficiaries are more likely to be women and people over 85 years old. Indeed, for all countries, 50 per cent of the elderly people sheltered in institutions are women and around 30-40 per cent are over 85.

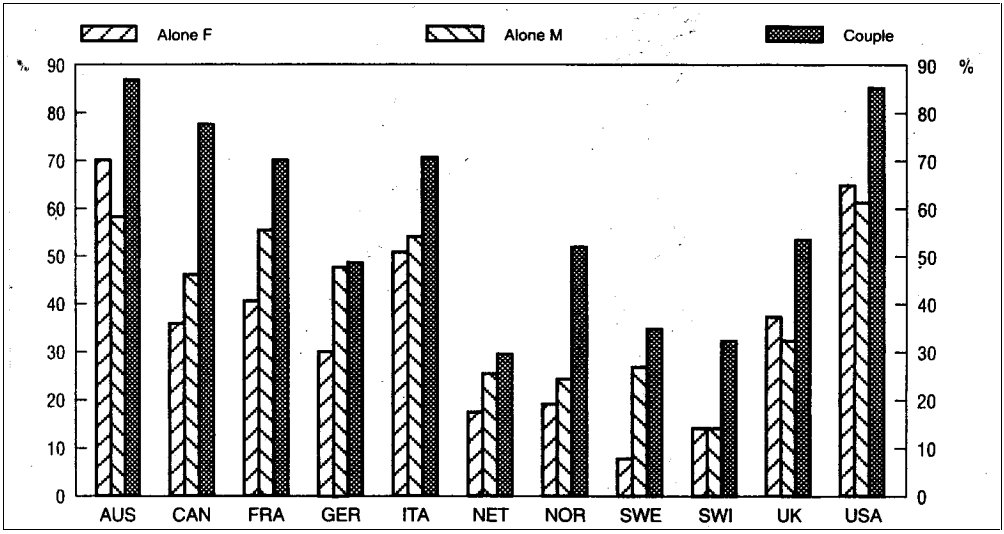
Figure 7.Proportion of elderly people residing in institutions by age group and sex

Age group	Australia 1986		Austria 1991		Canada 1991[a]		New Zealand 1991[b]		Portugal 1990[c]		Sweden 1988/90[d]		United States 1990	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Total 65 +	8.0	12.2	3.1	5.6	5.7	9.8	4.2	7.9	1.6	2.0	4.2	6.3	3.5	6.7
65-69	4.4	3.8	1.0	0.9	2.6	2.8	1.6	1.3	0.6	0.8	2.0	1.6	1.1	1.1
70-74	5.9	6.2	2.0	2.3			2.4	2.4	1.3	1.2	2.3	2.2	1.9	2.2
75-79	8.8	11.5	3.1	5.1			4.2	5.9	2.2	2.2	3.6	4.2	3.5	4.8
80-84	15.1	22.5	5.7	9.5	11.2	18.9	8.9	14.9	3.5	3.5	6.8	9.5	6.9	11.0
85 +	29.6	44.6	10.7	20.8			22.2	37.7	5.4	4.2	18.2	25.5	16.6	28.2

Notes: Includes all 65 + residing in communal establishments, excepting:
a) Age groups 65-74, 75 +.
b) Those "usually" resident.
c) Residential homes only.
d) Long-term hospitals, nursing homes and residential homes.
"Communal establishments" include non-health and social care establishments, *e.g.* residential hotels, boarding houses. In most OECD countries these cater for only a small number of elderly people.
Sources: Replies to the OECD questionnaire on the care of the frail elderly, 1991 and 1993.

The nature of housing tenure among older households conveys a good picture of current living conditions of the elderly because it is directly related to the type of financial support needed by the occupants to improve their living conditions. For example, owner-occupiers are responsible for general repair work and maintenance. They are thus eligible for home improvement grants if available. However, older owner-occupiers often lack knowledge about such financial arrangements and have difficulties in finding and supervising builders. On the other hand, older renters tend to have limited financial resources, which may prevent them from moving to more adequate but more expensive housing.

Figure 8.Nature of housing tenure among the elderly population



Financial resources of the elderly

The standard of living and wealth of the elderly population across OECD countries has undoubtedly increased over the past two decades, if compared to other segments of the population.

This general improvement of the financial situation of the elderly is due to three major factors, namely:

1. Improved pension benefits with increased coverage (although this is now threatened by the ageing trend).

2. Favourable tax treatment for the elderly.

3. Appreciation of property values for homeowners as a result of low cost of fixed-interest mortgages in the inflationary years of the 1970s and the early 1980s.

However, although the financial position of the elderly has generally improved, important disparities still exist among segments of the elderly population. Indeed, in most OECD countries, single elderly women, minorities and renters have markedly lower incomes. Furthermore, socio-economic spatial disparities are presently increasing in urban areas and also affect elderly populations.

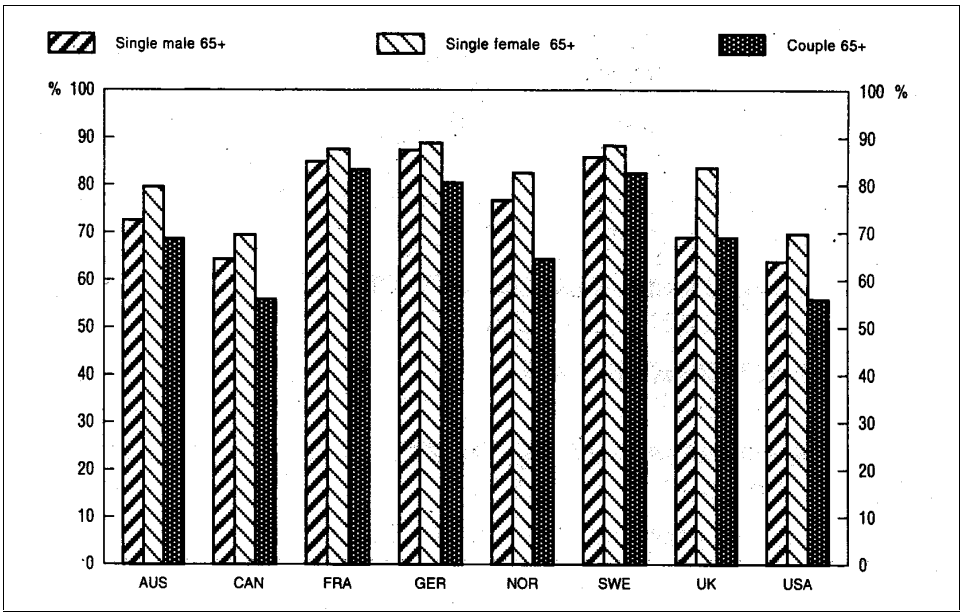
Concerning sources of income, it is noteworthy that transfers[2] remain the major source of income for elderly people in OECD countries. Wages and profit from rental property and other financial investments only represent a small part of elderly revenues.

This results in heavy pension costs for the younger generations as the proportion of elderly people is growing steadily. In this respect, OECD countries are seeking to reform their retirement pension systems, with the aim of gradually supplementing the public system by private pension arrangements. Also, governments are seeking to increase the age of retirement by restrictions on access to early retirement pensions and incentives to encourage longer workforce activity, both before and after statutory retirement ages. Elderly groups, who have the possibility to do so, are thus expected to diversify their sources of income over the coming years.

Urban public finance and the elderly

A key issue which local authorities in urban areas will have to address in the years ahead is how to finance the accelerating cost of housing and services for the growing aged population. Apart from government transfers, the less advantaged segments of the elderly population will increasingly depend upon local authority support. However, local authority budgets are under pressure and increasingly have recourse to partnerships and other arrangements with the private sector to provide a wide range of services including for aged persons. What then will be the role of the private sector and civil society in responding the demands of the elderly, and how might this affect urban development?

Figure 9.Proportion of transfers in gross income among the elderly



Source: Based on data from Luxembourg Income Study, database, Walferdange, gr. d. Luxembourg, September 1989.

Health status, dependency towards medical care

Recent data show that the incidence of disability increases with age. However, severe disability, requiring formal social interventions, only appears at the very end of life. Therefore, for the age group from 60 to 80, disability symptoms have tended to decline over time, while life expectancy without severe disability has increased mildly across countries. If such tendencies were to be confirmed over time, the impacts of ageing over social and long-term care systems would be substantially reduced. Moreover, the health constraints of people aged between 60 and 70 show similarities with the rest of the population.

As recent findings show, age is not the only factor for high disability risks. Other factors such as social status, education or healthy life style may have substantial impacts on dependency levels and disability-free life expectancy among other segments of the population. In particular, the elderly people from ethnic minorities tend to have lower life expectancy and worse health conditions than other groups. Where data are available, it seems that women suffer more from chronic conditions in later life than men in the same age group.

Table 7. Prevalence of severe disability among the elderly aged 65+ and 80+

Country	Share of population aged over 80 in total population	Share of frail elderly in population aged over 65	Share of very severe disability in population aged over 65
	1995	% of total	% of total
	(1)	(2)	(2)
Australia	2.5	16.7	N/A
Austria	3.5	25.0	2.9
Belgium	3.6	5.9 to 16.4	3.3
Canada	2.6	16 to 32	N/A
Finland	3.2	18 to 20	N/A
France	4.1	13 to 17	3.7
Germany	4.1	12.1	3.5
Italy	3.6	22.1	2.0
Japan	2.8	11.2	4.2
Netherlands	3.0	18.9	N/A
Norway	3.9	18.0	N/A
Sweden	4.5	15.1	3.4
United Kingdom	3.8	14.1 to 28	N/A
United States	3.0	12 to 26	N/A

N/A "Information not available"

1. OECD Health Data 98 for population and expenditure on health as of March 1998. Population data refer to 1994 for Denmark.
2. The share of frail elderly refers to the prevalence of severe disability prevalence. Data refer to the most recent published national disability survey, currently between 1990 and 1995. Secretariat estimates using various sources and experts reports, Pacolet *et al*. (1997) for European countries together with national sources (complete references are mentioned in the bibliography of Annex I):

   Australia Australian Institute of Health and Welfare (1995).
   Austria K. Leichsenring (1998).
   Belgium Pacolet *et al*. (1998).
   Canada Statistics Canada (1992), 11-001 an Census (1991).
   Finland Vaarama (1997).
   France Joel (1995).
   Germany Rothgang (1995).
   Italy Mengani *et al*. (1996).
   Japan Ministry of Health and Welfare, Comprehensive Survey of Living Conditions of the People on Health and Welfare.
   Netherlands CBS (1993).
   Norway Daatland (1997).
   Sweden Survey of Living Conditions (1995).
   United Kingdom Parliamentary reports (1996).
   United States Wiener *et al*. (1993).

Concerning health care expenditures, the heaviest health costs are concentrated in the year or two preceding death. Spending increases associated with ageing are particularly high for institutional care services such as intensive hospital care and nursing home care.

Table 8. Concentration of total health expenditures on older people, 1993

In Per cent

	Age group 0-64		Age group 65+		Age group 75+	
	Pop.	Expenditures	Pop.	Expenditures	Pop.	Expenditures
United States	87.3	62.8	12.7	37.2	5.4	20.7
Japan[1]	86.5	57.1	13.5	42.9	8.7	33.1
Germany	84.9	67.7	15.1	32.3	6.5	16.5
France[2]	80.4	58.6	19.6	41.4	—	—
United Kingdom[3]	84.4	58.0	15.6	42.0	6.8	27.1
Australia	88.5	65.5	11.5	34.5	4.5	20.1
Finland	86.2	61.5	13.8	38.5	5.7	22.1
Netherlands	86.9	60.1	13.1	39.9	—	—
New Zealand	88.7	67.0	11.3	33.0	4.6	21.2
Portugal	86.3	64.1	13.7	35.9	5.4	18.7
Sweden	82.5	62.2	17.5	37.8	8.1	21.4
Switzerland	85.7	60.1	14.3	39.9	6.5	26.0

1. Japan: 0-64, 65+, 70+
2. France: 0-59, 60+, 70+
3. United Kingdom: England only.

Source: OECD.

Increases in expenditure are less pronounced for consultations with physicians, pharmaceuticals, medical appliances and other ancillary services. For dentistry, spending reaches a peak around 60 and decreases steadily thereafter. One interesting lesson drawn from long-term care experience in most of OECD countries, is that the shift towards dependency for an elderly person does not result from gradual decline after 65. On the contrary, the need for constant intensive care generally follows a sudden loss of faculty with injury or illness requiring intensive care in hospital.

THEME 2 — HOUSING DESIGN, SOCIAL SERVICES AND TRANSPORTATION

The provision of suitable housing is of paramount importance in addressing the specific needs of elderly people in cities. Indeed, if current demographic trends are confirmed, it is likely that the elderly will continue living in their homes with a fair degree of independence, while participating in diverse social and even economic activities. It is therefore all the more important that housing conditions do not undermine either their health or their autonomy. In this respect, suitable housing for the elderly will require specific characteristics and meet specific standards, including appropriate design, proper heating systems, security, comfort and affordability as well as responding to locational characteristics such as proximity to services and other facilities and a pleasant social and natural environment which allows for social integration and interaction with people of all ages.

Furthermore, housing should not be considered as a separate issue from other social, environmental and urban concerns. Because housing, like caring and transportation, has significant impacts on elderly people's ability to live independently, OECD governments now consider social and urban policies as a set of interactive actions to be carried out in a complementary way. It is expected that this integrated approach to housing the elderly will lead to innovative forms of human settlements, with housing more closely adapted to life styles and supportive of more sustainable environments due to reduced commuting, new technologies, and integrated service delivery systems.

Adequate housing

Much of the debate on housing for older people is now more concerned with improving and adapting ordinary housing or building more adaptable homes than increasing the supply of specialised institutions for the elderly. This orientation is consistent with the 'Ageing in place policy' supported by OECD governments, as well as reflecting current housing programmes for elderly groups. Provision of housing by specialised institutions, whether sheltered housing or nursing homes, thus barely represents

more than 5-6 per cent of the retired population in OECD countries. Therefore, efforts to improve current housing conditions in the mainstream housing stock and some new housing developments are the main focus for improving the autonomy and quality of life of the elderly population.

Box 2. The concept of Lifetime Homes in the United Kingdom

Lifetime Homes are dwellings that incorporate specific design features to improve comfort and accessibility for people with mobility impairment. Among the principal characteristics, dwellings with the Lifetime Home label integrate the following characteristics:

- Car parking adjacent to the home, that can be enlarged (width of 3.6 meters).
- Level or gently sloping. Approaches to the entrance. All entrances should be covered and illuminated and have access over the threshold.
- Where homes are reached by a lift, it should be wheelchair accessible.
- The width of doorways and hallways should comply with the Access Committee for England's standards (doorways 800 mm minimum and corridors 1 200 mm minimum).
- There should be space for rotating wheelchairs in all ground floor rooms (a width of 1 500 mm is required).
- A downstairs toilet which is wheelchair accessible with drainage and service provision enabling a shower to be fitted at any time.
- A sitting room at the entrance level.
- Walls in bathrooms and toilets should be capable of supporting fixtures such as handrails.
- In two-storey houses, there should be space on the ground floor that could be used as a bed space.
- Ceiling in bathrooms and bedrooms should be strong enough to support a hoist.
- Walls between bathrooms and bedrooms should have a removable panel from floor to ceiling to enable tracking to connect the two rooms.
- In two-storey houses, the design should incorporate provision for the future installation of a stair lift and suitably identified space for a through-the-floor lift from ground to first floor.
- The bathroom layout should be designed with easily operated and accessible units.
- Windows sills should be no higher than 750 mm — except in special circumstances — and windows should be easy to open and clean.
- Switches, socket outlets, heating controls and consumer unit and fuse boxes should be at accessible height for all (between 600 and 1 200 mm from the floor).

Source: Eurolink Age.

Moreover, current housing policies are not only cost-motivated (the issue of whether adapting mainstream housing is cheaper than building new institutional settings would require further analysis) rather they reflect the overwhelming desire amongst older people to live independently in their own homes provided they are well-designed.[3].

For people to remain in their own house or apartment while ageing, the latter should be comfortable, safe and accessible inside and to external facilities. Accessibility is particularly important since a large proportion of current dwellings fails to provide access in and out of the dwelling, as well as access to essential facilities within it. Relatively simple design features can enhance independence in the apartment or house. In several countries, building codes have been specifically revised or amended to ensure that all dwellings, whether in the public or private housing stock, meet the present and future demands of occupants. The 'Lifetime Homes' in the United Kingdom, the 'Senior Citizen Label' in the Netherlands or the 'Fair Housing Act' in the United States are examples of such initiatives (cf. Box 1 and 2). In these programmes, flexible housing refers to specific measures that are both applicable to existing housing and to new constructions. For instance, installation of a downstairs lavatory or washing facilities, elimination of doorway thresholds, provision of wider doors and stair lift, special aids in bathrooms and kitchens, easy-to-use switches and taps are often mentioned as necessary adaptations. Such changes in building concepts not only benefit the elderly, but also serve persons with mobility impairment. Adapting housing for the elderly can thus improve housing conditions for other vulnerable groups, including the disabled or single mothers with children whose mobility may be reduced if they are not car owners.

In addition to these technical adaptations, adequate housing for the elderly implies smaller units, with reduced surface per person. Indeed, as estimates show, the proportion of elderly households living alone will increase significantly in the future, not only because elderly women are living longer, but also because current demographic trends are leading to drastic changes in household structures for all countries, with significant decrease of household size[4]. The higher number of single-person households (widowers, divorcees, separated couples or single people) will logically give rise to an increased demand for smaller units in the future. Therefore, the adaptation of dwelling surfaces to reduced household size will not only benefit the elderly but also address the needs of many other social groups, like single persons and divorcees. The reduction of household size cannot therefore be exclusively imputed to the ageing phenomenon across countries. Housing policies for the elderly are in line with policies directed to other segments of the population. In

this respect, there is likely to be a market for smaller standardised units over the coming years, where accessibility and comfort would be major selling criteria.

Box 3. The senior citizen label in the Netherlands

Upon the initiative of the Steering Committee for Experiments in Public Housing (SEV) and Dutch associations in 1991, the *Senior Citizen Label* was adopted, defined as a '*consumer quality certificate for housing for older people*'. It was created because an increasing proportion of new housing and building renovation, refurbishment and conversion work in the Netherlands was specifically aimed at the elderly.

Among other reasons why the Label was created, most important was the desire of elderly people to live independently and the anticipation by SEV regarding future empowerment of elderly associations (for them, the Label provided a tool to work with on local housing markets).

In order to be eligible for the Label (that is, for a house to be designated 'suitable' for older people) building projects should satisfy a package of 31 basic requirements based on four principles, namely:

- *Flexibility of the dwelling*: people living in it should not have to move if disability occurs in old age.

- *Cost neutrality*: the total cost of the set of requirements should not be higher than normal.

- *Importance of the environment*: not only the house but also the building and the neighbourhood must be considered. For example, the Label implies stair-lift for multi-storey buildings and accessibility to shops and public transport.

- *Space for local accents*: the set of requirement is not rigid. Only 31 out of 71 are mandatory, the rest is negotiable.

The Senior Citizens' organisations have set up a joint project office which is responsible for the organisation and further development of the set of requirements. This office also includes a national pool of auditors or inspectors before and during construction. The Label can only be delivered once the building is completed. In May 1993, the Label was tested in 60 experiments in the Netherlands.

Source. Eurolink Age.

Regarding more specifically the public housing stock, some governments have developed interesting concepts, such as the 'Granny flat' operated by the Victoria State Ministry of Housing in Australia. The 'Granny flat' consists of movable dwellings rented to families at a moderate price during the lifetime of the elderly person. The dwelling is temporarily placed next to the house of the family caring for the elderly person. After the death of the latter, the dwelling is moved and rented to another family. Similarly, some countries (Denmark, Sweden) are converting existing institutional settings, such as nursing homes, into settings that are more residential, with self-contained accommodation and appropriate care service providing more privacy, autonomy and choice for the occupants (the Danish concept of 'elderly-friendly housing').

For the frail elderly (people in need of constant nursing care), there has been continued expansion of nursing home bed numbers in most countries, as a substitute to hospital-based services. These institutions have become more specialised, catering for older and more disabled persons (such as people suffering from dementia) while long-term stays in hospitals have declined drastically over recent years. Also, structures like day-care or respite centres offer appropriate alternatives to nursing homes as they allow less disabled elderly to live in their own homes while benefiting from continuing care.

In all of the above public initiatives, the aim is to provide older people with autonomous housing while proposing an appropriate caring environment for the most vulnerable. Their design focuses on the integration of the buildings within the urban environment in order to avoid creating houses that look different or have the appearance of an institution. In this respect, particular attention is given to the vernacular architecture of the area, which is reflected in the design of the buildings. The objective is to create housing that blends as much as possible with its surroundings to complement the 'urban identity' of the area.

Supportive planning and zoning policies

Planning and zoning policies can play a critical role in improving general living conditions of the elderly, as well as inducing new forms of city development for the future. As most of the elderly population is concentrated in urban and suburban areas, zoning is a major policy instrument for promoting ageing in place reforms in cities. In this respect, some countries have developed the concept of 'exemptions' to common planning rules. This allows the use of vacant open spaces for construction projects when the latter serve elderly needs.

For instance, Denmark favours the injection of small groups of dwellings into spaces between blocks of apartments. Elderly people from the neighbourhood move into these dwellings, thus preserving their social and family networks while using existing amenities and surrounding services. In Sweden, an exemption allows the use of the normally mandatory communal open space for the construction of small community centres rented by the Municipality and used to address the needs of its elderly residents (hot lunches, medical care, social/cultural activities). In the United States, an ordinance (or bonus zoning) enacted in Newcastle, New York, allows 50 per cent more dwellings to be built on expensive, centrally located parcels of land, provided the apartments are occupied exclusively by elderly residents. Such an incentive permits developers to launch construction projects at higher density in areas that might not otherwise be financially viable. These experiences show that converting and adapting existing housing or introducing temporary accommodation for the elderly within an attractive environment is sometimes preferable to planned, purpose-built apartments. In Nordic countries, there have been several experiments where old or difficult-to-let flats have been successfully converted into 'service homes' for elderly people, including space for shops, dentist, post office and round-the-clock service delivery systems.

The development of 'exemption zoning' and the residential portions of brownfield redevelopments can contribute to re-shaping the cities, leading to more compact and dense human settlements. This will contribute to reducing urban sprawl and, if carefully designed, to improving the urban environment (*e.g.*, through reduced transport demand). The trend towards urban densification rather than urban sprawl is driven by an environmental and economic agenda as well as the ageing phenomenon. Recent findings indicate a political willingness in some countries (*e.g.*, "smart growth' policies in the United States) to promote denser human settlements and control urban sprawl. This trend is predominantly motivated by the drive to reduce the costs of urban infrastructures and preserve green areas on the urban fringe. Besides, the choice of more 'compact cities' can be viewed as an appropriate response to the growing social demand for comprehensively serviced cities with a human dimension. Such forward-looking and controlled urban development can be supportive of the elderly by reducing travel needs and improving urban service delivery systems (cf. Box 4).

The same trend towards compact cities, although driven by different objectives, can be observed in the United States, and to a lesser extent in Australia or Germany. In these countries, a specific approach of 'retirement communities' has been developed. This can be defined as '*a planned, purpose-built living arrangement which aims to meet the housing, personal and health care needs of older people on one site'* (Hearnden, 1983). In this

scenario, elderly people are offered housing, health care and supportive services on one site, most often sponsored by private companies and administered by non-profit organisations.

Box 4. The choice of 'compact cities' in the Netherlands

Nation-wide, the Dutch measures of urban planning aim to construct housing units in development areas or near arterial routes between existing metropolitan areas. For a long time the aim has been to avoid giving open space the appearance of a 'moth-eaten' landscape, to preserve green fields and to prevent anarchic urbanisation. Planning has been based on restrictive plans at national, regional and local levels.

A programme called *Stad in Milieu* was created, by which municipalities, in consultation with inhabitants and property developers, were asked to design more compact patterns of urbanisation, better integrating urban functions, with more efficient use of land and reduction of travel. Twenty-five local pilot projects were set up, aiming to implement these principles and integrate the concern for environmental protection in the projects to densify urban land.

Source: "In "Future Housing Needs and Urban Development", Note by the Secretariat, OECD, 1998, p. 29-30.

The advantages of such retirement communities are the continuity and accessibility of social and health care services for the elderly. However, as integrated housing and service systems thus prove to be relatively costly. Furthermore private retirement communities are predominantly directed to above-middle-income populations and are not supportive of social integration. They do, however, correspond to the preferences of a portion of the elderly who can afford them.

Thus, the adaptation of planning rules and regulations to an ageing population will have major impacts on the future development patterns of cities across countries. As the need for integrated service delivery systems and reduced travel are prerequisites for the elderly, future city patterns are likely to evolve towards more 'compact' urban models, based on functional mix regulations and improved transportation systems. If skilfully planned, such developments could contribute to the 're-urbanisation' and renaissance of cities, contrasting with the expanding peripheral urbanisation (urban sprawl) of the past decades (Cf. Van der Berg *et al*, 1982). In addition to central city revitalisation, suburban areas could also experience densification of some areas into service nodes or "villages" with integrated housing and services.

Changing and expanding service delivery systems

Contrary to certain social policies targeted towards vulnerable groups, 'Ageing in place' policies for the elderly embrace everyday living conditions, including housing, social and medical services, work opportunities, leisure and transportation. Integrated approaches have been promoted, based on a closer co-ordination between housing and social/health policies.

As mentioned previously, these orientations have gradually led to a 'de-institutionalisation' movement in OECD countries resulting in the creation of innovative living arrangements to delay and/or to prevent elderly people from moving to specialised institutions. This movement has resulted in the development of 'home-care provision systems', whereby social services are provided directly in private homes or in the community (day centres) by municipal and private carers. Therefore, many OECD countries have developed new forms of service delivery systems over the last decade, most of which rely on a gradual externalisation of social and medical services conventionally supplied within specialised institutions (hospitals and nursing homes). A large array of home-care services are now proposed to elderly families, ranging from food and meals delivery, home domestic help, small health care, foot and hair care. Similarly, governments' concerns about reducing public health-care costs and improving quality of service delivery systems have led to a shift from care provided in hospitals to outpatient services and community-based care. This movement has resulted in significant changes in overall health financing and structuring arrangements leading to more tailored services for the elderly linked with greater consumer choice for other groups.

The externalisation is expected to have substantial financial and social outputs. Indeed, while reducing public expenditures devoted to the provision of facilities in specialised institutions, the externalisation of social services (including a mix of specialised and generic services) will result in more extensive use by non-elderly groups. By extending access to other social groups, home and community-based care systems should subsequently contribute to the social integration of the elderly population.

However, the opening up of social/health care services for the elderly may have important spatial/social impact on cities. Indeed, since the shift from municipal to private care providers will result in general fragmentation (both geographically and financially) of service delivery systems, it is imperative that local authorities support integrative planned programmes to ensure a 'continuum of care'[5] for the elderly. Because market-driven care systems may create distortions in the way social/medical services are delivered, some

governments have promoted better co-ordination between municipal and private providers, while setting up multidisciplinary teams of professionals and systems of quality and performance controls. From the spatial perspective, the dissemination of community care services across cities (as opposed of the geographic concentration of institutional care) may pose two types of problem one related to their accessibility, and the other to their 'urban visibility'. In this respect, local planners are developing functional mix models that incorporate care services within residential areas. As a consequence, care providers became less markedly 'elderly-focused' and could extend their services to other groups in the community. Also, in contrast to specialised institutions that have gained a solid reputation over years, community care may require public support ('labelling') to gain the confidence of consumers.

Accessible transportation systems

In order to increase autonomy and ensure the full participation of elderly people in social and economic activities, transport infrastructures and equipment require to be accessible both physically and geographically. In this respect, most countries have developed either regulations or policies to improve design features (*e.g.*, buses, metros/trains, dropped kerbs, tactile surfaces or audible signals at crossings). Simple improvements to new vehicles such as changed layouts, hand rails, bell pushes, decor and seats can also contribute to increase the use of mainstream public transport by people with mobility impairments or quite simply people who are weaker or have the care of small children.

Despite current efforts, the lack of mobility often accounts for the dramatic isolation of elderly persons, eventually resulting in their move to specialised institutions. Indeed, since land use policies have tended to encourage geographic separation between residential, industrial or commercial areas, it is extremely difficult for disabled persons to go from one place to another in the city without external assistance. In most cases, housing developments were poorly co-ordinated with infrastructures and transport facilities. Subsequently, urban sprawl resulted in residents' intensive use of individual cars as opposed to mass transport. This overwhelming dependence upon the motor car is particularly acute in countries with low population density. For example, in the early 90s, the percentage of mass transport of the total kilometres/travellers in the urban environment was only 7 per cent in Australia and 4 per cent in the USA (as opposed to 25% in Europe and 62% in Asia). The development of peripheral residential areas was consistent with the 'active and young couple' models from the baby boom generation. Today, demographic patterns demonstrate a growing number of single households, not

exclusively composed of elderly persons, for whom long commuting distance or individual driving may be problematic.

Therefore, in addition to the necessary adaptations of traditional transportation systems, it is imperative to extend and upgrade mass transport infrastructures as well as to develop special transport for the most severely disabled. These changes would not only benefit to the elderly population but also, it would substantially facilitate the life of single mothers, handicapped persons and low-income households who cannot afford private cars. It should be noted that design and technical innovations in public transport will serve little purpose if the security and safety of persons is not also ensured. Elderly persons are particularly sensitive to questions of safety at home, in their neighbourhood and in transport. This issue is linked to wider societal and economic factors which have lead to a weakening of social cohesion and solidarity and increasing delinquency and crime in OECD countries.

Another advantage of promoting the use of mass transport instead of the private motor car is the positive effects on the environment (reduced energy consumption, pollution, noise, and cost of time resulting from traffic congestion). The trend towards more compact urban settings, with smaller housing complexes and more integrated transport systems, is illustrative of what the sustainable city of tomorrow could be. By reducing urban travel, governments would not only increase the quality of life of the elderly, but also promote urban lifestyles that are more compatible with the needs and desires of the whole community.

THEME 3 — HOUSING THE ELDERLY: FINANCIAL/FISCAL INCENTIVES

The promotion of appropriate housing and the improvement of the quality of life of elderly people require a wide range of financial and fiscal instruments to support adaptation of the dwellings on the one hand and facilitate access to transport and social services on the other. Because market deregulation may create distortions in housing markets, targeted finance policies are likely to be necessary to avoid social exclusion and increase affordability of housing for the most vulnerable. Despite general State withdrawal from housing markets, specific measures towards elderly groups can be adopted, taking into account their income and tenure characteristics. Government policy in these circumstances is not motivated primarily by economic considerations (efficiency-based market failures) but instead seeks to restore social equity in housing markets. Both on the supply and on the demand sides, many OECD countries have experimented innovative programmes to support 'ageing in place' policies and to achieve wider social objectives, including improved social cohesion in cities. Moreover, financial incentives, whether direct (grants, subsidies) or indirect (tax reduction), have substantial spatial impacts on cities, either encouraging concentration and integrative models of human settlements, or as in the case of the USA, fuelling the flight to the suburbs due to tax subsidies to housing and support of the private car and highway construction. These incentives are divided into two categories, namely:

- incentives for construction/renovation of the dwellings; and
- subsidies/tax reductions to expand access to care services.

In addition to housing and social care, some countries have focused on the labour market to support active ageing reforms and develop flexibility in work retirement decision. Such policies are considered as 'financial incentives' as they allow the elderly to receive additional income through part or full time salaries.

Incentives for construction/renovation of dwellings for the elderly

For many elderly, low level of income, inadequate savings and advanced age are critical factors that exclude them from traditional loan allocation systems. As many programmes focus on households in the active population, housing affordability for the elderly can be a severe problem, not only for those who want to buy or rent but also for the outright owners faced with high renovation costs of their dwellings or persons who wish to move closer to services etc.

In order to cope with the often low housing affordability of elderly people, OECD countries have adopted specific measures to support individual or collective renovation projects for the elderly.

Loans and subsidies for construction/renovation projects

Many countries have developed several loan or subsidy options for developers, families or non-profit organisations willing to improve accessibility of homes and buildings for disabled elderly. When properly combined, such incentives can substantially support ageing in place policies by increasing home size, adding elevators, re-designing doors, kitchens and bathrooms for elderly needs. Besides, State loans and subsidies can have larger urban impacts when channelled to planned renovation projects of entire neighbourhoods, locally known for their high concentration of retired people.

For instance, in the UK, local authorities can issue preferential loans and national government allocates some grants (Housing Corporation Grants -- HAG) to Housing Associations devoted to the provision of adapted housing for the elderly. In Japan, a higher loan ceiling and an increased eligible floor area are allowed for construction of housing for large families (up to three generations) than for other households. Besides, when an elderly parent moves to the house of a child, larger renovation loans than usual are permitted for the addition of a room or any type of modifications that would accommodate the disabilities related to ageing.

In the United States, the Department of Housing and Urban Development (HUD) provides funding (Community Development Block Grants and Home Investment Partnerships) to States, localities and communities to support rehabilitation and repair works on the houses of low-income elderly homeowners. The Federal government has also initiated the Section 202

programme (since 1959) which allowed the construction of 350 000 units of affordable rental housing for elderly households.

While determining social criteria for loan allocation, governments and local authorities can subsequently encourage particular patterns of urban development. In some countries, financial incentives have become major instruments of planning policies in order to fight against social and spatial segregation. For instance, some countries (US, France) are allocating grants to private developers who promote low-income rental housing in return for authorisation to exceed the ground occupation coefficients in areas that would not otherwise be financially viable. Municipal agencies or non-profit organisations can also act as mediators between builders and low-income tenants; they guarantee rents and are consulted on measures taken in favour of these groups. Also, in order to support the development of more compact cities and promote integrative service delivery systems, the Nordic countries have adopted loan allocation procedures that incite private builders to develop construction programmes in inner cities or that link construction of housing with renovation/construction of surrounding urban facilities (Netherlands). Therefore, although specific financial incentives can be adopted on the supply side, low-income elderly are likely to benefit from general housing policies developed by the governments in favour of disadvantaged people.

Fiscal incentives to support the development of renovation and/or new construction projects for the elderly

In order to improve affordability of housing for the elderly and support a coherent view of urban development, many governments use land taxation policies as a mean to influence private builders' choice in the location of their projects. In this respect, exchange of 'development rights' can substantially contribute to shaping the course of urban development by determining the location of new residential complexes throughout the city. In this respect, it is likely that OECD governments will predominantly favour construction projects in areas provided with existing facilities and transport networks which are supportive of the elderly.

Decreased property taxes can also significantly influence elderly level of income and housing conditions. As a study carried out in the United States showed (Reschovsky, 1993), property tax burden appears to be highly regressive for the elderly while it is approximately proportional for the non-elderly". One of the reasons for this is the relatively higher value of the houses owned by the elderly, but also and foremost, the decline of elderly sources of income after reaching retirement. Therefore, property tax levels can

weigh heavily upon the housing affordability of the elderly, as well as restraining their possibility of carrying out renovation works in their dwellings.

Another fiscal incentive that could be used to support a private-driven housing market for the elderly is VAT or income tax cuts for homeowners renting serviced apartments to elderly people. This model is derived from the 'Student Housing Programme' as developed in France over the past three years. Indeed, as State had no sufficient funds to satisfy housing needs of a growing number of students in cities, the option was to incite private investors to create an expansive housing market for student renters via substantial tax breaks for homeowners. In return, corresponding dwellings should be provided with the following:

- Daily house cleaning.
- Downstairs laundry.
- Round-the-clock reception.
- Cafeteria.

Such a 'Student model' could be duplicated for the elderly, or any other vulnerable groups, since it includes standardised house with accessible facilities and other surrounding services.

Financial helps to shorten institutional stays

In order to help renter elderly to keep their homes while benefiting from temporary care in specialised institutions, some countries have decided not to stop housing allowance for these persons during the period they spent in the institution. For instance, in Sweden, elderly persons continue to receive housing allowance up to three months during an institutional stay or an alternating care programme.

Such financial support to punctually dependent elderly can substantially contribute to ageing in place policies. Indeed, while benefiting to intensive institutional care for temporary periods, the elderly person remains a member of the community. By keeping his/her home in the mainstream housing stock, the link to 'normal environment' is preserved. Psychological, as well as physical contacts with the community via housing are crucial elements to fight against social exclusion of the elderly.

Targeted measures to expand access to care services

Subsidised social services

In order to support alternatives to institutional care and develop home and community care delivery systems, some countries have initiated targeted subsidy allocation programmes to encourage elderly people to benefit from appropriate social services in their traditional homes. In these programmes, grants or subsidies partially or entirely cover the cost of social services for the elderly households who do not need permanent assistance but who would have otherwise to move to specialised institutions.

For instance, around 60 per cent of health care public expenditures in Australia are used to subsidise access to private providers, including community-based care, domiciliary care and long-term care for the elderly. In this respect, the Australian Community Aged Care Packages (CACPs) and Home and Community Care Programme (HACC) are providing assistance for people who wish to remain, and are able to be supported, in the community. These programmes also contribute to support the Australian government efforts to contain the growth in nursing home places and shifting the balance of care to more appropriate and less costly forms in hostels and in the community. Additionally, the government has operated a need-based planning framework, which sets long-term targets for the number of places to be offered in specialised institutions.

In the USA, UK, New Zealand and Nordic countries, local governments now receive global budgets ('*capped budget systems*'), rather than targeted subsidies, to develop individual service purchase and home care services as alternatives to nursing home care.

Tax exemption for home help

Wherever the costs of social services may appear a financial burden for needy persons, some countries have implemented indirect measures to support the use of home care services for the elderly.

In France, for instance, persons over 70 years who employ a home help for a minimum of 60 hours a month are exempted from social security contributions. Also, persons aged 70 or over who live with their children and employ home help are eligible for tax deductions.

Tapping home equity for home care

Since housing often represents the most important financial asset of elderly families, some countries, such as Japan, have initiated policies which permit elderly owners to use their home equity towards costs incurred for municipally provided social services. By deferring cost recovery on the provision of social services, the municipality permits the elderly person to take advantage of the investment locked in the house while living in it.

Similarly, but applied to pension payment systems, Australia has established tax-preferred regulations to encourage voluntary saving of owner-occupants during their working activity. Dwellings are considered as fixed assets that can substantially complement the pension income of the owner once the latter retires. For instance, in 1997, 69 per cent of Australian age pensioners were homeowners, mostly with little or no mortgage debt. For most of them, rental income related to housing ownership after moving to more adequate housing was substantial in relation to other sources of income. In France, the traditional practice of sale by 'viager' allows elderly persons to sell their property in return for a fix amount of capital and life-long monthly payment. This system sometimes permits the person to remain in his/her own home.

Tax-favoured savings mechanisms for long-term care

In the United States, contributions to the so-called 'individual medical accounts' are deductible from taxable income and interests accumulate on a tax-free basis. Withdrawals are tax-free provided the money is spent on long-term care. Although an innovation to change the way long-term care is financed and further attract private funding, 'individual medical accounts' may encounter some limitations. First, the option faces serious competition with other types of retirement accounts providing similar tax benefits with more flexible withdrawal rules (withdrawal can be made for any retirement purposes, not only for long-term care).

Second, required annual contributions to the savings accounts are likely to be high since they are based on a maximum evaluation of long-term care costs for an individual (including the use of nursing home, hospital services and home care). Third, individual medical accounts would require changing views on long-term care among the population. In particular, medical accounts would imply a very long-run retirement strategy during activity so as to cover all care expenses once retirement is reached.

Financial support to informal carers

Because family carers are undoubtedly the most important care suppliers to the elderly across OECD countries, they should not be simply regarded as a 'free service'. Indeed, as demand for caregivers increases over the coming years, it is likely that the growing pressure for families to support close elderly relatives will create tensions between generations. Indeed, families (especially women) remain a major source of care givers for the elderly in most OECD countries and current figures show that there is a reverse relation between level and quality of informal help on the one hand and number of elderly moving to specialised institutions on the other. Therefore, if elderly people are to remain at home as long as possible, it is imperative that policy makers pay attention to the number and motivation of family carers when defining finance policies for the elderly population. Some countries, especially Scandinavians, have adopted interesting measures on this matter. For instance, in Denmark, the government is funding wages for family members who take care of an elderly relative. In the UK and Ireland, a special allowance is allocated to informal carers giving more than 35 hour/week of care to an elderly person. Other countries have established pension rights for the person in charge of caring. Fiscal incentives, such as tax reductions for families taking care of an elderly person, have also been initiated (USA).

Improved flexibility in work-retirement decision

Combined with the 'ageing in place' reforms that are more closely related to housing and general living conditions of the elderly, OECD countries have recently favoured another set of reforms termed as 'active ageing'.

Indeed, recent evidence suggests that people now have the capacity to be active in society beyond the age of 70, and that serious disability only appears in the last two to four years of life. More flexible work-retirement transitions should thus be developed so that healthy elderly could continue working even after their statutory retirement age if they wish to. Such orientations would not only substantially reinforce social cohesion but they would also contribute to reduce public pension burdens on current workers. Moreover, active elderly would receive full or part time salaries likely to significantly improve their income level, as the latter is mostly confined to current public pension fees.

THEME 4 — GOVERNANCE

Ministerial co-ordination and long-term policy frameworks to address the ageing issue

As ageing issues involves multiple aspects of public policies, it is imperative to support cross-sectoral approaches to address the ageing phenomenon. However, in most countries, effective co-operation between State agencies or departments responsible for education, labour, health, housing and transportation is often poorly developed. Sectoral fragmentation still characterises most policy implementation models across countries. Although particularly difficult with respect to ageing because of its special, all-embracing features, sustained political leadership and inter-ministerial actions are necessary to ensure coherence and effectiveness of public policies towards the elderly.

In some countries, cross-party coalitions on ageing may be feasible, using traditional State agencies for policy implementation, supervised and co-ordinated by political leaders. Canada, France and New-Zealand have already experimented with the use of 'Ministers of State' who are given political responsibility for crosscutting issues, while leaving in place the structures and responsibilities of traditional agencies. Other examples are given by the US 'Czars' appointed in the White House to co-ordinate policy or the 'lead Ministry' dealing with crosscutting issues in Finland. Another example of inter-ministerial co-ordination is the Inter-ministerial Council for Cities (DIV) in France.

Also, some countries have established a special co-ordinating agency for ageing. Examples are the Office of Ageing in the United States Department of Health and Human Services, the Office for Ageing in the Management and Co-ordination Agency in Japan, and the National Council on Ageing and Older People in Ireland. However, these global agencies often do not embrace all topics related to ageing. In particular, the issue of adapting existing housing has long been excluded from their programmes.

Decentralisation of social and housing policies

While developing a more integrated policy approach to ageing, many countries have been trying to overcome the administrative and geographic fragmentation that characterises social care and housing supply for the elderly. However, although most of OECD countries have steadily evolved towards administrative decentralisation of both long-term care and housing policies, pace and methods display considerable variations among countries.

Old administrative boundaries have usually remained in place across countries, with a set of sectoral responsibilities shared out between national and regional administrations or special agencies. In big cities, for example, as Metropolitan governments are still poorly developed, and often function on the basis of inter-municipal co-operation without an integrated policy framework, policy segmentation regarding 'ageing in place' reforms constitutes a major challenge both for national and local policy makers.

Because 'ageing in place' policies require functional mix and densification of urban settings, improved management and co-ordination at the metropolitan level are necessary. As in other domains of 'urban governance', the fact that local authorities are fragmented constitutes an obstacle to the elaboration of a global strategy of sustainable development in metropolitan areas. Actions towards the elderly would thus require preliminary institutional reforms for the creation of 'metropolitan governments' or regional bodies which would co-ordinate urban planning and housing policies, in close co-operation with local stakeholders, both public and private.

Clarification of roles and responsibilities in decision-making systems between corresponding jurisdictions is important to avoid overlaps and ensure accountability of decision makers. Depending on their specific economic and political views of state intervention, different sets of policies have been experimented across OECD countries. For instance, in Australia, Japan, Spain and Denmark, the central State is responsible for defining overall policy guidelines to be implemented at local levels, whereas in Finland, UK or New Zealand, local governments are entitled to define and manage social and housing policies with possible financial assistance from the central government. Such decentralisation of responsibilities has resulted in more client-oriented programmes in order to better match the needs of the elderly, as well as other vulnerable segments of the population (low-income, single mothers, handicapped).

More specifically, some cities have developed their own policy framework for the care of their elderly populations. For example, the city of Augsburg in Germany has created a Municipal Office on Ageing. The latter has operated a programme including several proposals to improve housing and services for the elderly in collaboration with non-government sectors.

Co-operation and cost-sharing arrangements with private for- or non-profit organisations

Decentralisation has implied a re-organisation of financial policies for the provision of urban infrastructures and social services. In this respect, pressure on public finance has led local authorities to establish co-operation with the private sector in financing and providing urban or social services. For instance, private for-profit companies now manage transportation systems, meal delivery and other kinds of home care assistance. Elderly groups are free to select private service providers, which they pay independently or ask municipal bodies to provide them with appropriate services, whether public or private. In this case, payment is made directly by the recipients to the municipality, at prices eventually corrected by household allowances.

In Canada, private builders have been encouraged by public authorities to experiment special housing forms to meet the needs of the elderly. For example, the 'Garden suite', produced by private companies, are mobile houses used like 'Granny flats', which can be sold either directly to private owners or to non-profit organisations who then lease them to elderly individuals.

The entry of the private sector, whether alone or in cost-sharing arrangements, into social service supply systems highlights the role of elderly groups in creating profitable markets for local entrepreneurs. Moreover, not only can the development of home care services provided by private companies ensure better quality and tailored services for the elderly, but also, it can enlarge the range of service options for the whole community, including single mothers with young children or disabled persons.

However, the rapid development of privately based home and community care systems would require close co-ordination and control over service providers in order to ensure the quality of the service delivered and the protection of the consumers. This is leading to the introduction of 'quality labels' in some countries (UK).

Co-operation with the private sector can also find interesting implications in the management of housing complexes. Especially, public housing is often faced with management problems linked to its geographic situation and demographic/social diversity of its residents. In this respect, local agencies in charge of housing maintenance have developed new forms of management models based on the collaboration with private housing organisations. In these models, management responsibilities can be totally or partially devoted to the private sector and the system relies on a more active involvement of the community to fight against social and economic isolation. In collaboration with the municipalities, mixed or privately managed housing stock are part of larger urban development programmes for the promotion of social mix and integrated services in dense public housing complexes. Elderly groups often play a major role in these new management models since they retired position allow them to participate more actively in the life of their community as mediators between residents, private management companies and local authorities. Their actions to promote feedback channels towards managing bodies achieve paramount importance to ensure the success of local development plans. Such approaches are illustrated by various initiatives in OECD countries, and can be formalised by the 'Housing Plus Approach' developed in the UK (cf. Box 5).

Box 5. The Housing Plus Approach in the United Kingdom

The Housing Plus Approach, launched in 1995 by the Housing Corporation in co-operation with local municipalities and registered social landlords, is an innovative response to the problems posed by the management of the social housing stock and the geographical concentration of housing problems. It consists of elaborating local or municipal plans of action with the five following objectives:

- Distribute the tenants appropriately according to age, type of household and social or ethnic groups whose needs can best be met by the facilities and types of dwellings available in order to achieve demographic social mix.
- Fight poverty and social isolation by facilitating job seeking and access to transport, attract commercial activities and services.
- Tackle poverty by helping people to access the welfare system, reduce their expenses, manage their debts and resort to credit and consumer co-operatives.
- Provide individualised solutions to those suffering from an accumulation of handicaps (health, education, socially deviant behaviour…).
- Prevent or resolve conflicts between residents, violence, vandalism and delinquency through mediation and community policing.

Source: In "Future Housing Needs and Urban Development", Interim Report by the OECD Secretariat, 1998, p. 38.

Growing power of elderly associations and participation of elderly groups in the life of the community

While promoting flexible living arrangements over the life span, the 'Ageing in place' policy implies a new balance between collective and individual responsibilities regarding urban development and housing. Reduced government interventions are giving individuals greater control over their lives, and subsequently increase the role of community-based associations.

For instance, in Canada, there are senior co-operatives (non-profit organisations) owned and operated by member residents. These groups are now consulted in any housing projects designed for 'senior citizens'.

More active participation has been developed in Denmark with the Gronbo Senior Co-operation. The Gronbo initiative is an example of the co-housing concept that places an emphasis upon the role older people can play in designing their future homes and environment. Indeed, working with a building society and a group of architects, Gronbo members are involved in the design and planning process of their new homes. They are also responsible for selecting the site and drawing up outline plans for general composition and layout of the housing schemes with the assistance of professionals. The houses are planned to cope with future levels of frailty of occupants and the environment should be convenient for access to shops and other facilities with good transport links.

Aside from their homes, other countries, such as the Netherlands[6], Finland or Switzerland, have favoured active involvement of elderly groups in the planning and organisation of the services proposed and developed for them. While promoting citizens' participation in the decision-making process, the objective is to develop efficiency and productivity of the services, rooted in the concept of 'customer-based service quality'. This system relies on a *feedback* mechanism by which citizens are incited to give their opinion (through questionnaires) on the proposed services. Analysis of consumers' views and reactions could eventually modify the way service delivery systems are organised and managed at local level (Box 6).

Box 6. An example of active citizen participation: the Charters of Hameenlinna City (Finland)

The city of Hameenlinna (Southern Finland) has developed a 'model' of good governance based on interactive planning and consumer-based service systems. In this model, citizen participation is a core element that has been formalised in local Charters. Charters at the Council level express the commitment of the City to actively supporting customer-based quality services and citizens participation. Charters at service sector level are giving standards for service quantity and quality. The Charter system guarantees possibilities for consumer rights and complaint as well as it ensures feedback on local service provision. There are Charters in multiple sectors including social care for the elderly. The objective of Hameenlinna City for the next years is to further expand citizens' participation through interactive decision-making processes whereby citizens could directly intervene in determining problems and proposing solutions. For this, different consumer boards will be created to diffuse information and collect consumer views about city services.

Source: OECD Stockholm Workshop on Urban Governance, 4-6 June 1997.

In Sweden, citizen participation in housing policies is mandatory, and councils representing elderly people often contribute to the planning process. In Germany, and in the USA, it is a legal requirement that a contract be made between all residents whether in private or public housing.

As far as housing management is concerned, elderly tenants living in UK council estates have been enabled to purchase their homes and to benefit from public renovation programmes. In the United States, tenant associations have negotiated special services for their elderly residents.

Also, the involvement of the elderly groups themselves in the provision of services has been encouraged in some countries. For instance, the New Horizon Grants in Canada are directed to community organisations of elderly people who develop programmes for self-help and mutual support within the community.

Although relatively poorly developed in most of OECD countries, such 'bottom-up' approach of public policies is a pre-requisite for good urban governance. In this respect, efforts to give voice to civil society and to strengthen local democracy have been a major government focus over the last few years. Australia, the United States and northern European countries are pioneers in the promotion of new decision-making processes based on local partnerships and empowerment of residents[7].

Also, older people can and should play a vital role in the life of the community, not only towards the elderly but also towards other vulnerable groups. For instance, older people can provide assisted learning to disadvantaged children or children with reading problems. Because they have more time, elderly people can be more receptive to the problems of other social groups. In particular, the number of elderly people voluntary engaged towards poverty alleviation and assistance to socially deviant people has been growing over the recent years. Besides, knowledge of retired people can be purposefully used in certain economic fields (within enterprises) based on their experience and their 'senior-oriented' vision of the problems.

The ageing process should no longer be viewed as an inevitable economic and social isolation from the rest of the community. Transition towards retirement should be as smooth as possible so that age could not longer be a relevant parameter in building social identity. As local experiences show, the promotion of a more active participation of the elderly groups in the life of the community can substantially contribute to social and urban cohesion in cities.

THEME 5 — INNOVATION AND DIFFUSION

In the 1980s, electronic firms and construction companies have sought to expand their market by developing new technologies based on home automation systems. The wider application of these technologies could substantially improve the life of elderly people by reducing constraints in access and use of dwellings. The objective of home automation is to *'use information technology to offer occupants greater efficiency, convenience, comfort, safety and a healthy environment'* (Spru, 1994). However, despite innovative experiences carried out by firms in micro-scale projects, home automation has failed to penetrate mass markets for housing in OECD countries. The recession of early 1990s adversely affected the research and development activities devoted to home automation both at government and enterprise levels. Faced with a higher proportion of elderly residents, OECD governments should support technical innovations that will make housing safer and more comfortable for the elderly, as well as for the rest of the community.

Besides, diffusion and sharing of information about innovative experiences across OECD, Member countries could substantially contribute to defining and further implementing national reforms for the elderly. In particular, the diffusion of updated statistical data on an internationally comparative basis and information about new technologies could usefully support national and local governments in establishing reform guidelines and legislation. As far as the ageing phenomenon is concerned, as in many other fields, common directions have emerged among countries and much can be gained by international co-operation.

Use of home automation technology to improve housing conditions of the elderly

The development and the provision of new technologies can substantially contribute to promoting barrier-free or lifetime housing for the elderly. Especially, automation technologies could enhance the way housing and care services are used to improve independence, mobility and social relationships of elderly people. For instance, the use of new telecommunication

systems and computers can facilitate remote medical diagnosis and a degree of medical care through 'telemedicine' systems, permitting elderly people to live longer in their homes rather than moving to specialised care centres. Other examples are automation in transport systems (such as cableless technologies for control networks) or in design and equipment for new constructions (such as the use of prefabricated elements delivered to site pre-wired).

In this respect, the European Commission has initiated the TIDE programme (Technology Initiative for Disabled and Elderly People) which promotes technology innovations[8] to improve the autonomy of the elderly groups. They are divided into two categories, namely:

1. home service provision (including improved network communication with care providers and building service technology — heating, lighting, security and fire detection); and

2. housing design and specification (including sub-system technologies such as prefabricated toilet modules).

Examples of major home automation techniques, examples are centrally controlled heating, security and fire detection, as well as alarm systems installed within the house or apartment. The objective of this technology is to allow residents with mobility or cognitive impairments to live independently in a safe environment. Also, information technologies can be used to benefit elderly people in a number of ways from telemedicine to home shopping and entertainment.

However, the potential benefits of automation technology for the elderly, as described above, have evolved in an environment far removed from end-users, resulting in very little impacts on elderly day-to-day lives so far. Several reasons account for the low level of penetration of automation technologies in mass markets for housing.

First, concepts of home automation are often poorly defined. They usually refer to a variety of systems linked together via digital technologies to provide integrated communication and control functions. But these technologies are not specifically oriented towards construction markets. Rather, the housing industry often appears to be a remote recipient of innovations resulting from research work carried out for and within other industries such as aerospace or automobiles. This means that designers, engineers and housebuilding managers must transfer ideas from other sectors and combine technologies from different sources to address project-specific problems. Consequently, innovations are poorly diffused among construction companies.

They are produced and sold by different industries in different market segments and are considered as sub-systems with little integration with other systems.

Second, many of the most important technical innovations in construction occur through special events, such as international bidding or public-sponsored construction projects. In day-to-day project work, firms tend to focus on their core activities and they do not usually have explicit strategies for managing technical change outside this area. The issue of adapting housing for the elderly is thus remote from the daily considerations of construction companies, even through there may be a market for it. As the majority of construction firms are very small, employing less than ten people, very few skills and small budgets are allocated to research activities. In most countries, construction activities are carried out by local firms which compete on price, rather than quality of technical competence. Land acquisition and marketing skills have been traditionally regarded by housebuilders as the key to making rapid profit; the ability to manage the building process or to innovate technically has tended to be of secondary importance.

Third, many home automation technologies are designed for newly built housing stock. Very few are conceived to adapt existing dwellings. As new housing barely represents more than 10 per cent of all housing transactions per year, innovation technologies so far have only benefited an extremely small segment of the population. Moreover, since a majority of elderly people are home owners, living in the old mainstream housing stock, it is likely that very few of them would actually profit from technical changes used in new construction projects.

The impediments to the development and the diffusion of modern technologies to serve the needs of the elderly, and by extension, the needs of the whole community, could however be removed or substantially reduced by appropriate strategies. First of all, it is crucial that both public and private bodies consider research and development in home automation as a marketing potential for the future. Indeed, there is some evidence that demand for housing is changing. Today, people from any age segment require lighter, more functional housing with more sophisticated equipment at cheaper replacement costs. The need for technical changes in building design and structures is thus likely to develop over the coming years. In this regard, clients may have an increasing role to play in stimulating changes in construction research requirements, putting emphasis on quality and improved technical performance.

Although construction activities involve inputs from a wide range of industries and is a complex environment for government policy making, better co-operation between research institutes, universities, the housebuilding

industry and elderly associations is a pre-requisite for technology development and diffusion. Because innovations in housing markets should be viewed as a 'process' rather than an industry[9], public and informal sector involvement is important to ensure transfer of knowledge and diffusion of technical changes across housing sub-markets. Indeed, the public sector can play a great role to support innovations in construction markets with the use of different policy instruments:

- Increase government funding for R&D works carried out by public or private organisations.

- Adopt fiscal and regulatory incentives to encourage research in the private sector (for instance, the Swedish levy-grant system for funding construction research; the reduction of taxes for the companies willing to invest in R&D).

- Act as a catalyst for the development of new ideas and stimulate partnerships between public and private research bodies (for example, the role played by the MIT in the USA or the Ministry of Construction in Japan; the recent UK-supported initiatives to develop closer activities between industrial practitioners and university researchers).

Finally, because home automation technologies add to development costs, it may be of great importance to determine the extent to which new systems can be sold to individuals at moderate prices. Additional government funding to support the development of these technologies with low diffusion cost will thus be necessary. Also, to the extent that clients are successful in minimising their long-term costs, they can stimulate the creation of a high-quality, high-productivity and high-skills construction industry using technology to improve productivity.

Using modern communication networks to facilitate access to information and service delivery systems

In order to facilitate access to social services for the elderly, diffusion and concentration of information can substantially simplify and accelerate delivery processes. In this respect, the development of new communication channels such as cable television and the Internet can provide opportunities to sell information services in the home. For instance, the USA has developed the "Seniornet", a computer network that provides a channel for communication among elderly people as well as information on assistance and investment.

Also, information about social services can be brought together in one or several particular places in cities. This can be illustrated by the "one stop access" in Canada, the "single window" in France, the "single point of entry" in Nordic countries, or the "geriatric care managers" in the USA. The promotion of 'one-stop access' techniques or one stop public service centres can provide information and access to social or medical services from a wide range of agencies or programmes for the elderly.

Policy assessment and improved monitoring of ageing reform programmes

New insights will be needed as a consequence of the 'ageing in place' policy. Indeed, the latter aims to take into account the continuity of life and the changing needs of the population over time. This suggests that policy makers should consider effects on the subsequent lives of the recipients. Currently, there is no available data or life cycle analysis to allow systematic measurement of policy outcomes. Therefore, it is crucial, as a first step, to collect and disseminate empirical information and to carry out prospective studies on the effects of life-course paths, especially when related to housing issues and their interaction with territorial or area based policies.

In this respect, countries should develop appropriate monitoring of public policies and programmes through regular review and analysis of pilot experiences and share information on results, not only at national level, but also through international organisations so as to benefit from other countries' experiences. For instance, the European Commission has developed the Fifth Framework Programme of Research, Technological Development and Demonstration which supports exchange of experiences, including best practices in the field of housing in EU countries. In this context, of particular interest is the work of HOPE (*Housing the Elderly: a European Network of Housing Associations*) towards the development of a European database on housing for older people in Europe.

CONCLUSION

If the ageing phenomenon undoubtedly represents a challenge for OECD governments, it should no longer be considered as a social or economic burden for the future. Indeed, ageing populations do not always produce intergenerational burdens. One major illustration of the 'financial inputs' derived from ageing is the considerable benefits that the States can get from inheritance taxes, which are often used to support younger generations. As current demographic data shows, older people are living longer, less disabled and healthier lives. Therefore, many of them may have the capacity to contribute to productive activity and care giving roles even after their statutory retirement age. For this, efforts are still required to support life-long learning and change community attitudes towards older people.

Also, developing appropriate policies towards elderly groups will allow governments to improve quality of life for the whole community. More affordable, safer and more comfortable housing, demand-oriented service delivery systems, more accessible transport, better collaboration between the public and private sectors, growing influence of community based associations, are all improvements which can be derived from elderly targeted policies and which will have significant impacts on city development and sustainability for the future. Therefore, the issue of housing and ageing in cities should be primarily viewed in the context of a broader debate about intergenerational solidarity, social cohesion and new forms of urban development in OECD societies. Indeed, as 'ageing in place' and 'active ageing' reforms are being implemented, new patterns of urban development may emerge, leading to denser and better serviced settlements. Such improvement of the quality of life in cities will benefit to the whole community, reducing traffic congestion, air pollution, and functional segmentation of urban services.

The next challenge for OECD governments is to develop a set of actions conducive to more sustainable cities for the future. For this, it is crucial that OECD countries define which pattern of urban development they favour as well as the weight given to elderly groups in this context. Indeed, as actions in favour of more cohesive societies lead to functional mix and improved citizens participation in decision-making processes, elderly groups may themselves

exercise much stronger influence in shaping public policies. The objective of addressing the specific needs of the elderly could thus exacerbate intergenerational conflicts with the development of NIMBY (Not In My Back Yard) behaviour by age/social groups. Moreover, conflicts may arise among the elderly between the 'younger', whose desire to live independently implies more flexible and open service delivery systems, and the 'elder' (75-80) whose dependence upon institutional care is growing steadily. Also, segregation and NIMBY reactions can develop among richest segments of the elderly towards socially disadvantaged ones.

While evolving towards ageing societies, OECD countries are thus likely to face new challenges. Will age be an obstacle to social cohesion and urban integration for the future? Will cities evolve towards micro golden ghettos for rich elderly? Will political leaders resist the growing pressure of elderly associations if this results in actions detrimental to other vulnerable groups?

As ageing becomes a massive social phenomenon across OECD countries, it thus becomes more complex. Comprehensive social and housing policies can play a critical role in dealing with ageing, provided governments favour flexibility rather than segmentation of living arrangements for the elderly and consider elderly groups as an integral part of a changing society rather than a separate social group fixed over time. In this respect, prospective analysis and policy appraisals can be major instruments for policy makers in defining future policy orientations.

Besides, although no ideal set of policies or programmes can be universally applied, diffusion of information, exchange of ideas and experience could substantially contribute to inform the debate and move towards appropriate solutions for each country. In this respect, regular review and comparative analysis of on going projects and policy instruments are necessary, along with monitoring of ageing reform policies. This monitoring should be carried out not only at national and sub-national levels, but also internationally, through the support of international organisations such as the United-Nations, the European Commission or the OECD.

NOTES

1. Defined as being the sum of those aged over 65 as a proportion of the population in working age.

2. Transfers include any benefits received outside savings and investments.

3. The Ernst & Young survey on housing needs of elderly and disabled people, carried out in England in 1993, revealed that 69 per cent of the respondents wanted to remain in their own home as it is, and 15 per cent wanted to remain in their own homes provided repairs and adaptations were realised. Similarly, in the USA, surveys on preferences of older people have continually shown their desire to remain in a familiar home.

4. The increase in the number of households for the period 1995-2010 will range from 6 to 15 per cent in continental Europe (6% in Germany, 10.8% in the Netherlands, 12% in France, 14% in Sweden) and from 17 to 30 per cent in other member countries (17.5% in the USA, 18.5% in England, 24% in Japan). Over the same period, the average household size will steadily decrease, for example by 2.77 to 2.66 in Australia, by 2.51 to 2.37 in France, and by 3 to 2.55 in Japan.

5. The 'continuum of care' model implies that a wide range of services will be available to the elderly or any other vulnerable groups near their house or apartment.

6. For instance, an experimental project of 87 apartments is completely managed by older people, without external intervention. The tenants are responsible for the community rooms and the administration of the building, including tenant admissions, landscaping and public relations.

7. The International Network for Better Local Government initiated by the German Bertelsmann Foundation. Eleven cities have been selected by expert panels to be models of local government in the world.

8. As an example of home automation, the 'smart house', pioneered in the Netherlands, wherein doors, alarms, central heating, lights … can all be operated by one single remote control.

9. For more details, see Gann (1997).

BIBLIOGRAPHY

National sources used for Table 7:

Australia:

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (1995),
based on the 1993 "Survey of Disability, Ageing and Carers", persons with a profound or severe handicap.

Austria:

LEICHSENRING, K. (1998),
the concept refers not strictly to ADLs, but to the need of care. The very severe concept refers to total immobility with more than 180 hours help a month.

Belgium:

PACOLET, *et al.* (1998),
The smaller level refers to the most severe degree of disability (at least 3 ADLs) and the larger level refers to the prevalence of inability to perform at least one ADL. The very severe dependency corresponds to bedridden people, including dementia.

Canada:

The large number refers to the Health and Activity Limitation Survey, data refer to 1991 and to "important" disability, Statistics Canada, 1992, 11-001. The smaller number adds the population in institution in 1991 (Census), assumed to be disabled, and the population with ADL limitations in the survey.

Finland:

VAARAMA (1997),
Continuous and substantial need for daily life, data refer to 1992.

France:

JOEL (1995),
The concept of sidability refers to the inability of going outside the home without help and is based on ADL concept. Severe disability refers to persons confined to bed or chair in the EHPA survey.

Germany:

ROTHGANG (1995),
Data refer to the concept of sufficiently disabled to be potentially eligible for the grade 1 of the long-term care insurance.

Italy:

MENGANI, *et al*. (1996),
"Situazione attuale et prospective future", *Difesa sociale, n 4*, 1996 (data refer to 1994). The frail elderly correspond to at least one ADL and the very severe to completely disabled persons.

Japan:

MINISTRY OF HEALTH AND WELFARE (1993),
"Comprehensive Survey of Living Conditions of the People on Health and Welfare", Kokumin Seikatsu Kiso Chosa, data refer to 1989, Results presented in Fukawa.

Netherlands:

CBS (1993),
Ouder worden in Nederland, data refer to problems performing ADLs.

Norway:

DAATLAND (1997),
The concept of severe disability includes all institutionalised older persons plus the number of disabled persons at home under an ADL acceptance.

Sweden:

Survey of Living Conditions (1995),
prevalence of severe ill-health, data may be biased downwards as it refers to age groups up only to 85 years. The very severe concept refers to total immobility with complete help for daily life.

United Kingdom:

Parliamentary reports (1996). Disability refers to an ADL concept.

United States:

WIENER, *et al*. (1993),
There is a wide variation of the number of disabled older persons across surveys (LSOA, NLTCS, NHIS) which is reflected here.

Other References:

EUROLINK AGE (1997),
Housing and Care: The neglected cornerstone of independent living in old age, Eurolinkage, London.

GANN (1997),
"Should governments fund construction research?" in *Building Research and Information*, vol. 25, no 5, 1997, p. 257-267.

MARTIN, GIBLER K. and RABIANSKI, J. (1993),
Elderly Interest in Home Equity Conversion, Housing Policy Debate (Vol. 4, p. 565), Washington DC.

OECD (1990),
Urban Policies for Ageing Populations, OECD, Paris.

OECD (1994),
Caring for Frail Elderly People: New Directions in Care, OECD, Paris.

OECD (1996*a*),
Caring for Frail Elderly People: Policies in Evolution, OECD, Paris.

OECD (1996*b*),
Strategies for Housing and Social Integration in Cities, OECD, Paris.

OECD (1997),
Ageing in OECD countries: A Critical Policy Challenge, OECD, Paris.

OECD (1998*a*),
Future Housing Needs and Urban Development, Note by the Secretariat, OECD, Paris.

OECD (1998*b*),
Maintaining Prosperity in an Ageing Society, OECD, Paris.

OECD (1998*c*),
Planning for an ageing society: challenges for territorial development policies, Note by the Secretariat, OECD, Paris.

OECD (1998*d*),
The Caring World: National Achievements, Meeting at Ministerial Level on Social Policy, 23-24 June 1998, OECD, Paris.

OECD (1999),
Coping with Population Ageing in Australia, OECD, Paris.

OECD/EFILWC (1993),
Partnerships for People in Cities, European Foundation for the Improvement of Living and Working Conditions, Dublin.

PYNOOS J. and LIEBIG P. S. (1995),
Housing Frail Elders: International Policies, Perspectives and Prospects, The John Hopkins University Press, Baltimore.

RESCHOVSKY, A (1993),
"The Ageing of the Population and the Financing of Local Governments", in *Public Finance*, vol 48, p. 199.

SPRU (1994),
Housing and Home Automation for the Elderly and Disabled: The Social Shaping of Technology, Science and Technology Policy Research, Brighton.

STUART A. G. (1996),
Urban Housing Policy in the 1990s, Housing Policy Debate (Vol. 7, p. 673), Washington DC.

UN (1991),
Ageing and Urbanisation, United Nations, New York.

UN (1997),
Report on the World Social Situation, United Nations, New York.

U.S. HUD (1999),
The Challenge of Housing Security: Report to Congress on the Housing Conditions and Needs of Older Americans, U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Washington DC.

VAN DER BERG *et al* (1982),
Urban Europe: A study in growth and decline, Pergamon, London

ANNEX II

PLANNING FOR AN AGEING SOCIETY CHALLENGES FOR TERRITORIAL DEVELOPMENT POLICIES

by Atsushi Koresawa, OECD Secretariat

Introduction

A study on the territorial dimension of ageing aims to cover issues in both urban and rural areas since the previous study (*Urban Policies for Ageing Populations*, OECD, 1992), which also constitutes the basis for the current study, addressed only urban issues. It was also limited in its scope in that housing, services provision and transport were treated separately rather than parts of the whole. The current study is aimed at better understanding the spatial dimension of ageing and at identifying difficulties of policy implementation in relates to spatial characteristics of ageing. It is also aimed to increase policy effectiveness by the addition of a territorial perspective to other areas of governance. The goal is to establish a policy framework within which territorial development policy can further complement macro-economic and social policy. The following questions should be borne in mind throughout this note:

- What are roles that territorial development policies can play in order to tackle emerging issues as society continues to age?
- In order to fulfil expected roles, what adjustments would be necessary in territorial development policies?
- How can the OECD enhance co-operation among Member Countries in pursuing their goals?

Also, attention should be paid to the list of possible future works at the end of this paper, which are designed to guide Member countries to further explore relevant issues.

Geography of ageing

Territorial patterns of ageing

The major determinants of territorial organisation will undergo continuous and rapid changes in the years to come. Ageing, which is basically a demographic phenomenon, is likely to have extensive repercussions in a wide range of policy areas. As a point of departure, it is worthwhile to take a general view of ageing as it relates to space. As populations of OECD countries continue to age, it becomes increasingly evident that the distribution and redistribution of the elderly population and its concentration will entail important policy consequences.

One marked feature of ageing is that the age-structure of populations differs largely between regions in many countries. In some countries ageing is still mainly a pressing issue in rural areas, whereas in other countries cities are recognising gradually the need for more policy attention towards their ageing populations. The dichotomy between urban and rural areas in different countries can be explained by the relationship that may exist between age structure and the degree of urbanisation or rurality. As shown in Figure 10, correlations between the degree of ageing and the degree of rurality, or urbanisation, are positive in some countries and negative in other countries. In Germany and Australia, the share of aged populations is higher in urban than in rural regions, whereas in Japan and Spain there is a strong positive correlation between rurality and aged populations.

Experiences in many countries show that territorial development patterns over a long period of time have considerable effects on ageing and *vice versa*. The future demands for various services and infrastructure for the elderly very much depend on territorial development patterns. For instance, in the past, in order to accommodate massive rural-to-urban migration, territorial development policy emphasised the needs of young families in urban areas while the needs of the elderly were relatively neglected. Planning for an ageing society means that changes must be made in a wide range of areas in the territorial development policy context.

Figure 10. Territorial patterns of ageing

Post-active dependency ratio by the degree of rurality

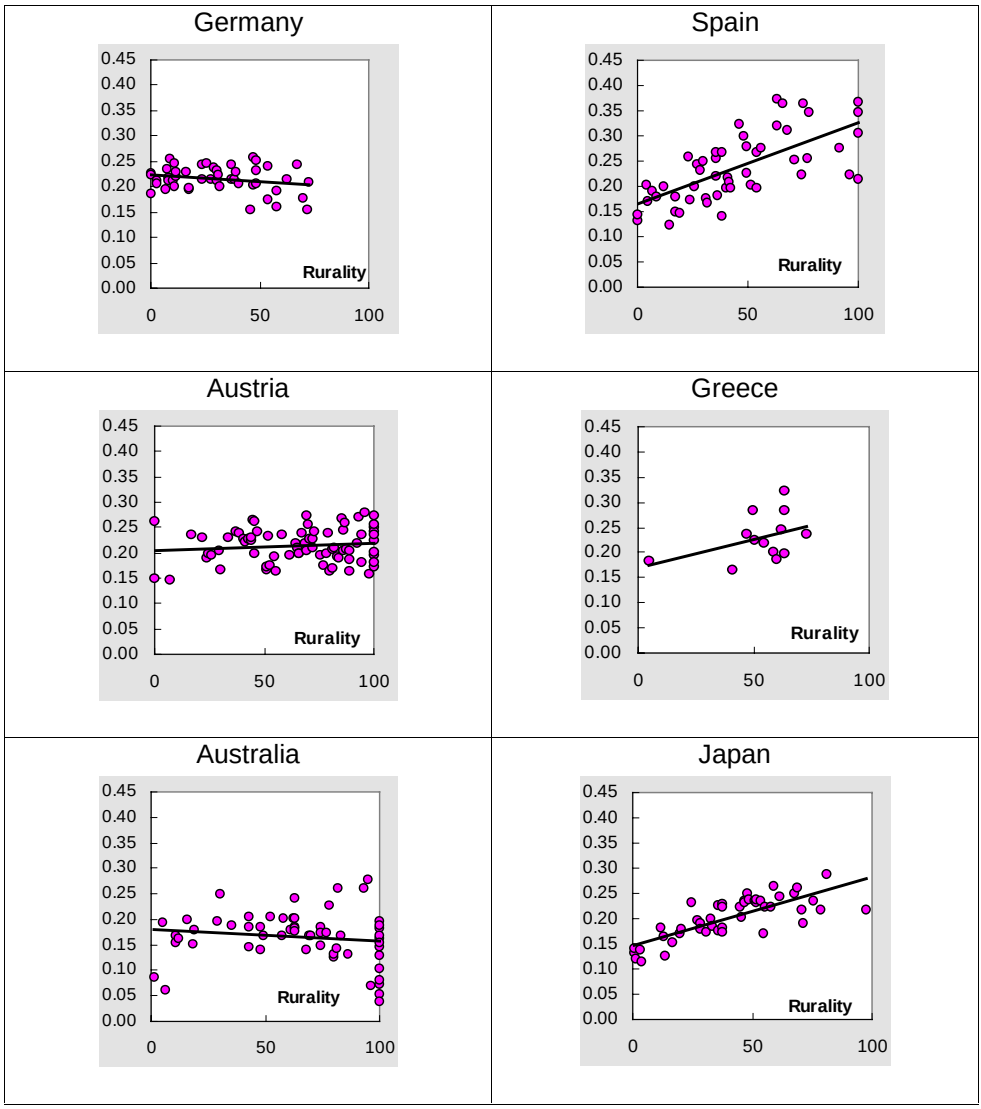
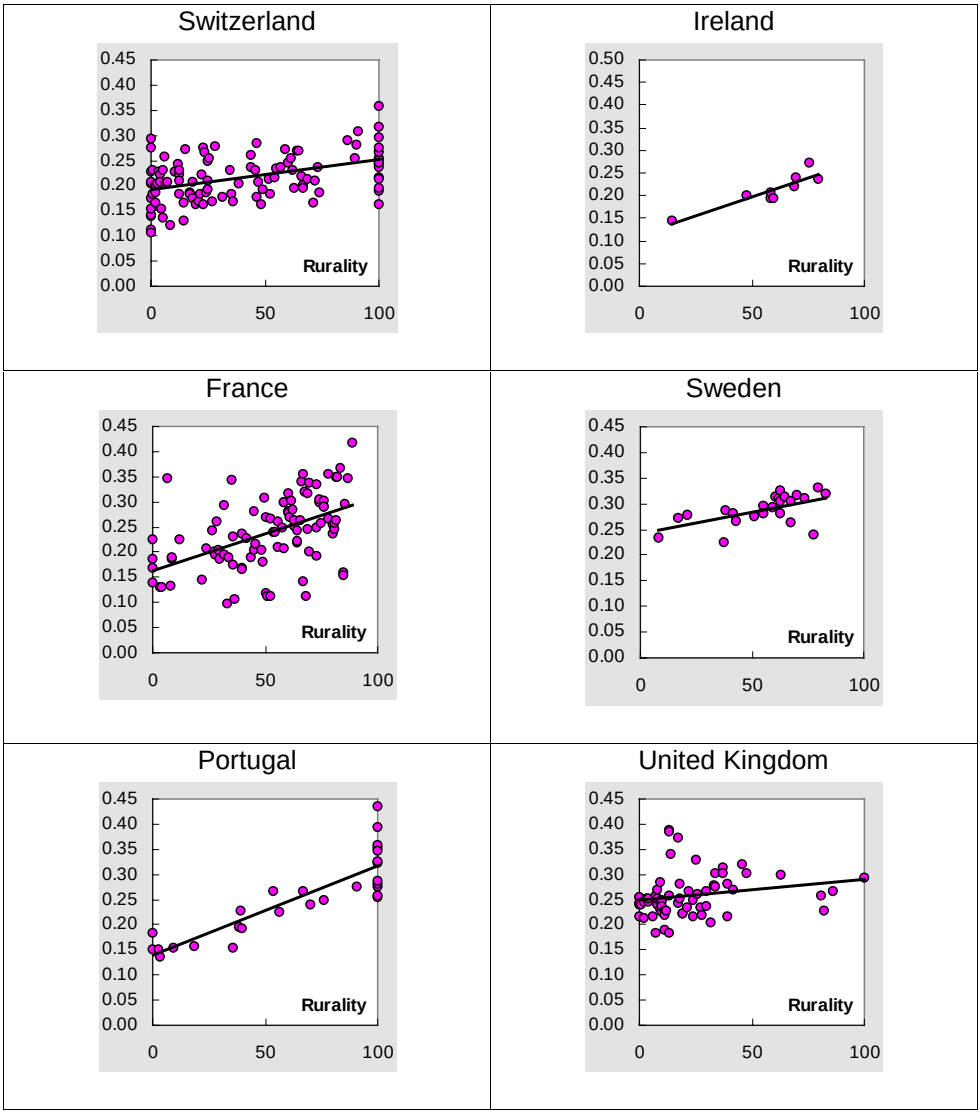


Figure 10 (continued)



Note: The degree of rurality is defined by the regional percentage of rural population (living in local communities with densities below 150 inhabitants per square km).

Source: OECD Territorial Database.

Migration and ageing-in-place

Differences in age-structures at the sub-national level in OECD countries can be seen as a result of the net migration and ageing-in-place[1]. Urbanisation has long been a concomitant of the transformation of agrarian economies into industrial economies. Rural-to-urban migrants tend to be relatively new entrants to the labour force, thus internal migration contributes to the higher proportion of the elderly in rural populations. For example, in Japan where massive rural-to-urban inflows of young populations continued until relatively recently, rural ageing is a quite a serious issue now and in the years ahead. A recent government White Paper noted with caution that the proportion of the elderly population in rural areas that were designated as "depopulating areas" was 25.1 per cent compared with 14.5 per cent as the national average (National Land Agency, 1997). In OECD countries where population migration from rural to urban areas continues, rural ageing is the most pressing problem. Rural ageing problems have been reported also in some non-Member countries such as China.

As rural-to-urban migration abates, ageing gradually shifts towards urban areas. This shift is due to various reasons, including decline in relative economic opportunities in the cities, an improving economic environment in rural areas and changes in people's preferences in terms of their living environment. Chesnais claimed that in France population ageing was mainly a rural feature in the past, but this was no longer the case, as the peak of the migration process was now long past; hence, ageing was becoming a crucial problem for cities (UN, 1991). Issues of urban ageing have been reported in countries such as France, the United Kingdom, the Netherlands, the United States.

Out-migration of older persons from urban to rural areas then comes into the picture. It is mainly composed of return flows of elderly migrants and retirees seeking "amenity"[2]. Although it is on a much smaller scale than rural-to-urban migration of the young, this move is apparent for all persons aged 55 and above. However, it is important to note that the directional balance is reversed at older ages, that is, net movement is in the direction of metropolitan areas. The former pattern of migration -- often referred to as amenity-related migration -- is made mainly by married couples in their late-fifties to mid-sixties who are comparatively healthy and affluent. The latter -- support-related migration -- is on the other hand by individuals or couples in their seventies or eighties who are less healthy and affluent[3]. While amenity-related migration may be found to a limited extent in most countries, its importance is greatest in geographically large nations such as Australia,

Canada[4] and the United States, with considerable differences in climate, cost of living, and "life style". Retirement migration to rural areas is reported to have played a significant role in the process of counter-urbanisation in Great Britain and in Germany (Champion, 1989). Chesnais also noted that about a third of former wage earners in Paris left the city for retirement. More importantly, this trend of out-migration slowed later as many of the migrants did not realise their dreams because their retirement destinations were too far from their familiar social networks (UN, 1991). In Australia, "amenity" retirement areas are reported to have experienced an outflow of very old people, which was often nearly as large as the inflow of less elderly couples who had moved to these areas from large cities. This was often due to the onset of chronic illness or the death of a spouse.

These experiences indicate that there are different stages of the spatial distribution, redistribution and concentration of different age cohorts. Ageing initially surfaces in rural areas as heavy non-elderly movement to urban areas occurs, then gradually shifts towards urban areas as rural-to-urban migration abates: then another reversal may occur, although in much less extent, when the migration of older persons from urban to rural areas becomes prevalent, as sometimes referred to as "counter-urbanisation". Recent evidence indicates that some of the older persons who have migrated to rural areas return to urban areas as they enter the oldest age cohort. It is still not clear whether the out-migration of elderly persons and their subsequent return to urban area can be seen as a social trend, or is no more than a part of the individual life cycle. Further study on this aspect is therefore necessary.

In most countries -- to a lesser degree in Japan and Southern Europe -- the proportion of elderly people living with their children has been falling rapidly over the last decades and is now mostly less than 20 per cent. Similarly, the share of the elderly population living alone is rising rapidly, up to 30 or 40 per cent. Distribution and redistribution of the elderly and of non-elderly populations have significant influence on family structure, thus affecting the availability of informal support for the elderly. Geographical distance certainly makes the situation of both the persons in need of care and the caregivers more difficult. Spatial characteristics of urban and rural areas further pose problems to policy makers, which are examined in the following sections.

Rural ageing

Population ageing and urbanisation have profound implications for elderly persons, especially those who reside in rural areas. Urbanisation, due to an exodus of younger persons from rural areas, weakens informal support

systems and leaves the rural elderly on their own or eventually supported in an institutional setting. There are also rural characteristics which add to this problem. Barrier-free environments and necessary support services are generally more difficult to obtain in rural areas than in urban areas. Elderly persons in rural areas are not usually well served by public transit. For instance, the Community Transportation Association of America reported that 38 per cent of the nation's rural residents live in areas without any public transit service and 28 per cent live in areas where the service level is negligible (Administration on Ageing, 1998). The Fourth International Comparative Survey of the Elderly (1995) by the Management and Co-ordination Agency of the Japanese Government showed that remarkable disparity existed between the different sizes of cities, towns and villages as to daily shopping, public facilities such as libraries, public transport, etc. (Figure 11). Problems of geographical differences in access to care were also raised by Italy and Sweden in a recent OECD study, entitled "Synthesis report on Policy Priorities" (OECD, 1998).

Figure 11. The degree of problems by the size of city, town and village

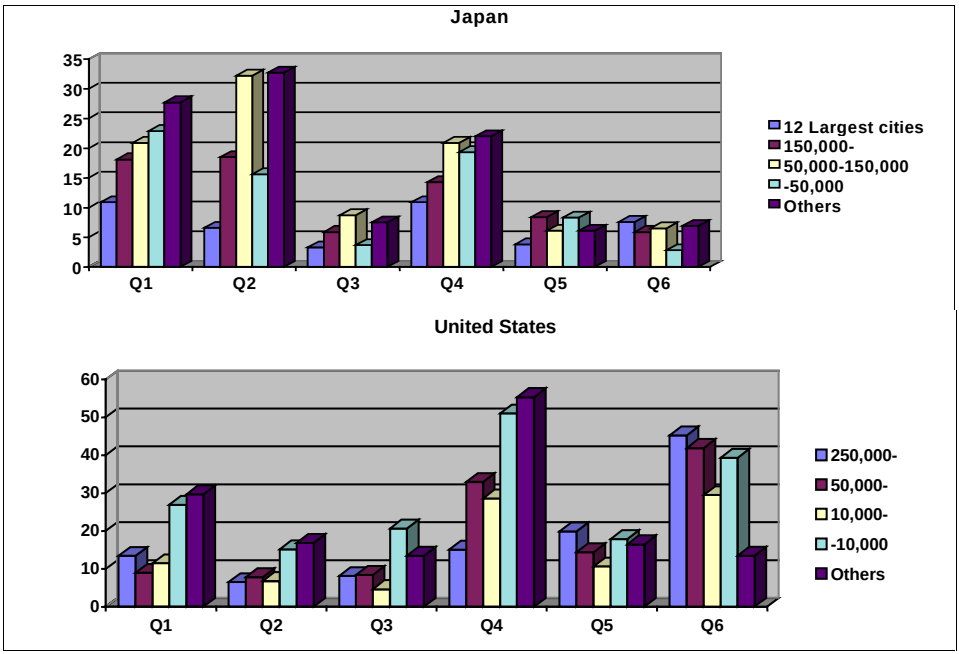
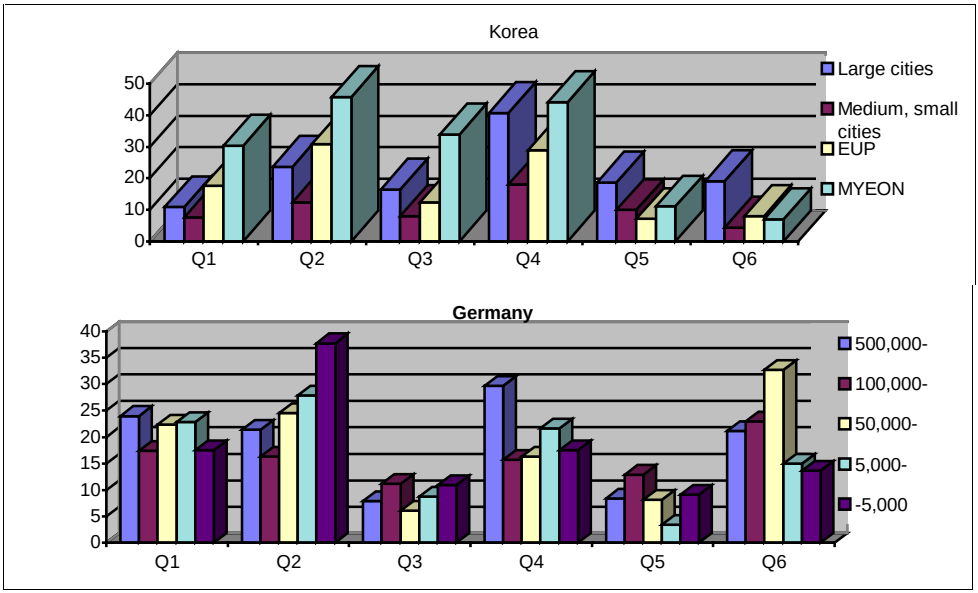


Figure 11 (continued)



Notes:
The questions appearing in the above graphs are as follows:

Q1: Inconvenient for daily shopping;

Q2: Inconvenient for making regular visits to clinics and hospitals;

Q3: Public facilities such as places to gather, city hall and shops are hard for the elderly to use;

Q4: Public transportation that has not been constructed to be easy for the elderly to use;

Q5: The streets are not maintained or complete;

Q6: Crime such as larceny and arson is a worry.

Source: The Management and Co-ordination Agency, Japan (1995).

The combination of high-density of settlements and a low proportion of the elderly in the community makes community-based services cost-effective. The characteristics of rural areas -- low-density of residents and a higher proportion of the elderly --make service delivery inefficient. Given government budgetary constraints and devolution of responsibilities to municipalities, service delivery and infrastructure development for the elderly are likely to be a priority area of policy in rural areas. Elderly migration is also

of increasing interest in non-metropolitan areas in view of its potential economic impacts on their place of destination. Elderly migration can be seen as a "growth industry" and as an alternative strategy for economic development in the United States or elsewhere[5], although a debate over the relative merits of developing specific policies aimed at attracting retirees is likely to continue (Rowels and Watkins, 1993).

The trend of amenity-related migration to rural areas is dominated by the young old while support-related migration is among the very old. Rural towns are favourable destinations of many retirees but often not measure up to their expectation with regard to service provision and social ties. Continuing Care Retirement Communities (CCRCs)[6] might be an alternative but largely an option limited to the wealthier. In view of the growing size of the elderly populations, rural areas, in co-operation with urban counterparts, should develop long-term strategies to meet the increasing needs of the elderly who are local inhabitants or have migrated from urban areas.

Urban ageing

Elderly persons who continue to live in city centres can take the full advantage of their location with business opportunities and a supportive social network. However, in many cases it is reported that residential conditions in the city centres have been deteriorating and the supportive community environment is diminishing. Many houses are still not provided with all basic conveniences. Much of the housing stock is flats with no elevator, and houses are relatively small[7]. Elderly people in inner urban areas without means of transport are likely to be particularly disadvantaged by the continued development of large, out of town shopping facilities and the closure of inner city smaller shops and services. A decrease in the accessibility of the neighbourhood, an increase in (fear of) crime, and a rapid change in the composition of the population are among the most serious problems being experienced by the elderly in big cities.

As a result of ageing-in-place, greying of single-family homes in the green suburbs and big housing estates from the pre-war and post-war periods has been reported widely. Ageing-in-place of residents in government and private housing not initially built for the elderly is often referred to as "Naturally Occurring Retirement Communities (NORCs)." Suburban areas are characterised by uniform, monofunctional settlements with spatially zoned land uses and homogeneous building designs. For instance, the low density of housing, shopping, public transport and other service facilities in suburbs and exurbs, presents significant difficulties in providing necessary services to elderly persons. Many buildings are built too inflexibly to be modified easily to

accommodate demographic and social changes: monofunctional zoning often means that an entire district becomes prematurely obsolete. There is also a risk of growing mismatch between the location of specialised services for the elderly and the location of the aged population.

The ability of the family to care for the elderly is constrained by the nature of the urban housing stock that is not always designed to accommodate multigenerational households. In the past, public housing and many conventional housings were overwhelmingly designed for the nuclear family, hence children had to leave the parental home after marriage. There is also a risk that housing policies undervalue the social and cultural context of housing, especially the importance of family and community. Shared housing, regrouping the elderly or permitting elderly landlords to sublet apartments to young persons are increasingly witnessed, but municipal zoning restrictions often limit such multiple tenancies.

Cities need to be more adaptable in their policies (*e.g.*, housing, transportation, land use, service delivery) if the needs of the elderly are to be met in years to come. Also, renovation and adaptive re-use rather than new construction may deserve more policy attention in urban areas.

Generic types of ageing

Distinct features of urban and rural areas may explain different issues related to the ageing population. It is not always possible and appropriate to split those issues into two different settings given increasing interactions between two in economic and social terms. It is therefore important to use a generic typology of the ageing population. Generic types include, as already mentioned before, city centres where the elderly remain while their adult children have already moved to suburbs to form their own households, and areas facing depopulation mainly due to emigration of non-elderly. Ageing is also seen in areas, whether urban or rural, where industrial activities stagnated and there has been an exodus of younger people in search of new jobs. These areas are known as old industrial towns, areas lagging behind, areas undergoing economical structural changes. The third type of ageing is found, as already mentioned, in the housing estates and new towns that were developed during the pre-war and post-war periods. These three types of ageing are widespread among the OECD countries.

Along with the above three typologies, there are relatively new types of loci of ageing populations, such as areas where the elderly migrate for reasons of better housing, care, amenity or other environmental reasons or areas

where the elderly migrate to live with their adult children. To sum up, the following typology of the ageing population may be used as a basis for developing relevant policies (Table 9).

Table 9. Generic types of the ageing population in a territorial context

Type	Reasons	Examples
Inner cities	Migration of non-elderly to suburban areas	Historic core of cities
Depopulated areas	Out-migration of younger leaving behind elderly	Remote rural areas
Old industrial areas which are lagging behind	Out-migration of younger leaving behind elderly	Cities and rural regions dependent on mining, heavy industries, etc.
Housing estates (public and private) from the pre-war and post-war periods	Natural ageing of residents with few new entrants of young couples	Suburbs and exurbs
Areas where Retirement Communities are developed	In-migration of elderly persons (Amenity-related migration)	Non-metropolitan cities and rural areas
Areas where care and other services are better provided	In-migration of elderly persons (Support-related migration)	Both urban and rural areas
Areas where adult children coreside with their elderly parents	In-migration of elderly persons (Support-related migration)	Mainly urban areas

Source: OECD

Housing the elderly

Importance of housing

Much of the debate on housing for older people is concerned with specialised forms of housing like sheltered housing. However, this form of housing is everywhere a minority provision since most frail elderly people -- about 90 per cent of elderly people in most OECD countries -- will be living in ordinary housing. When the housing situation of older people is considered, it is important to maintain an emphasis upon ordinary housing, or non-specialised housing[8]. Nonetheless, whether ordinary housing or specialised housing, the fundamental rule is that housing provision should not undermine either their health or their ability to live independently. Indeed, good housing

conditions are necessary if people are to remain in their own home and familiar environment.

Housing to enhance the independence of older persons, and thereby minimise their need for day-to-day care, must meet certain physical, psycho-social, financial and environmental needs. Recent developments in social and housing policy point to these needs, which include "ageing in place" policy and adaptations. Moreover, in view of the fact that there are more elderly people in the community than nursing homes can accommodate, "ageing in place" -- central to recent policy debates -- is only attainable if the community facilitates their independent living in the first place. In the following sections, relevant trends are examined in the search for necessary policy changes.

"Ageing in Place" Policy[9]

The health and social policy ministers of OECD countries reached an agreement on the overall objective of policies towards the care of frail elderly people, that is, "elderly people, including those in need of care and support, should, wherever possible, be enabled to continue living in their own homes, and where this is not possible, they should be enabled to live in a sheltered and supportive environment that is as close to their community as possible, in both the social and geographical sense" (OECD, 1994). This trend has been motivated both by cost concerns (the growing cost of institutional care), and by a respect for the wishes of older persons to remain autonomous and independent.

Even in the recent past, long-term care for the elderly, other than informal care, was mainly provided in institutional care settings, especially the long-stay units of hospitals and nursing homes. In countries where a reduction in the proportion of elderly people in institutional care was reported (Sweden, Denmark, etc.), there was a strong policy emphasis on reduction of institutional beds and expansion of home care services. It remains to be seen whether those countries around the OECD average level of provision, will see a capping of proportionate growth during the later 1990s. In those countries still some way below the average, future demand for growth in long-term care beds seems to be high.

Although nursing homes are likely to remain a critical component of health care, older consumers, many of whose parents were in nursing homes, are increasingly reluctant to accept institutional settings (National Resources and Policy Centre on Housing and Long-term Care, 1996). Policies in OECD countries are being used to support this preference. Important changes in social and health policies to promote "ageing in place" policy include long-term care in less institutional settings which has been evidenced by a range of intermediate arrangements, and opening up of institutions to serve for a wider spectrum of elderly in the community.

Intermediate living arrangements

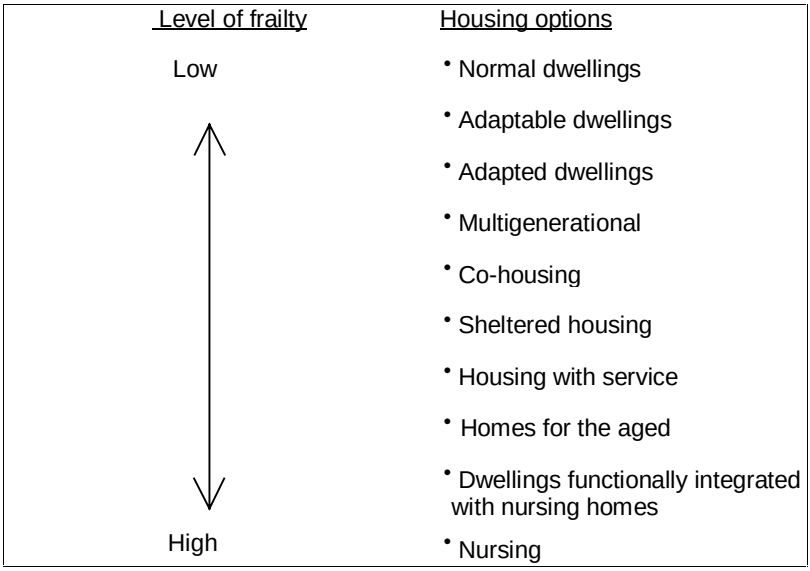
The lack of acceptable intermediate solutions between independence and institutionalisation has been pointed out as one of significant problems facing elderly persons. The "ageing in place" policy and de-institutionalisation movement have led to the proliferation of a variety of "intermediate" living arrangements. They differ from institutional settings (*e.g.*, nursing homes) in that their primary purpose is to provide non-medical personal care and also from independent living (*e.g.*, in one's own home and/or with kin) in that they provide some degree of personal oversight for people who would otherwise forgo the service if living alone.

Many frail older people will be living in government and private housing which is not initially built for the elderly but will contain a high proportion of frail older people. Adaptation to changing needs of residents is therefore helpful in Naturally Occurring Retirement Communities where there are higher concentrations of elderly people. In the United Kingdom, amenity housing and mobility housing units can be created by adapting existing stock and by altering the dwellings of current older tenants to meet their individual needs. The programme for identifying suitable property for older people and adapting it as amenity or mobility housing is seen as a successful way of solving the housing problems of frail elders in the public rented sector.

Small-group homes, or shared housing, is a type of living arrangement under development in many countries, primarily for the frail or ill elderly. Living in this homelike, small-scale environment has proved beneficial to senile elders. There are also other options, such as assisted living in the United States, service houses in Scandinavian countries, hostels in Australia, and very sheltered housing in the United Kingdom, which provide assistance for older persons in their own traditional homes or apartments. As a means of enriching the services available to the residents and of providing appropriate dwellings to long-term residents, some countries allow the inception of small groups of

dwellings in the areas between block of apartments, and the construction of smaller flats in proximity to larger flats to allow the option of "communal living at a distance". Elderly people from the areas who move into these dwellings thus continue to live in familiar surroundings, preserving their informal social network of family and friends and using existing amenities and services such as public transportation, shopping and professional services.

Figure 12. Available housing options relative to level of frailty



Source: Willem Van Vliet (1995).

Community outreach

Nursing homes and old-age homes can be more instrumental in a variety of outreach activities that help elderly residents in the surrounding community to stay in their homes. There have been attempts in many countries to open up facilities, such as nursing home and old-age home, to elderly people living outside the facility but in the community. Recreational day programmes, physical therapy, bathing, meals, emergency assistance, and respite care to relieve care-giving partners are examples of such outreach activity. Short stays in old-age homes, ranging from a few days to a few weeks, are another

example. In some countries, there has been also an attempt to merge the staff of nursing home with the staff serving the elderly in the ordinary housing stock.

These attempts are aimed both to ensure that facilities are more extensively used, by extending access to non-residents and to break down the existing barriers between such facilities and local communities. Community outreach is necessary in view of the limited capacity of nursing homes or other institutions to absorb the increasing frailty of residents. It is thus implemental to promote ageing in place and to avoid the disruptive effects of relocation.

Implications of changes in health and social policy for territorial development policy

In developing these alternatives, governments try to make good use of existing housing stock to meet the needs of older tenants, provide home-like, small-scale environments within housing and preserve their informal social networks. More specifically, countries are:

- replacing nursing homes with residential alternatives for frail elders who might otherwise be in nursing homes;

- converting nursing homes into settings that are more residential, with a greater emphasis on privacy, autonomy and choice; and

- integrating housing for the elderly with the community by providing assistance to older persons living in the neighbourhood and by opening facilities such as restaurants, recreational facilities, meeting rooms, to the entire community.

As these trends indicate, co-ordination beyond the existing administrative boundaries between social and health policy and territorial development policy is becoming crucial to creating communities which help the elderly age in place. Such co-ordination is particularly important at regional and local levels of government which are directly responsible for providing their constituencies integrated services.

Adaptations as a cornerstone in territorial development policy

In many OECD countries elderly people tend to live in worse housing conditions than other age groups (Tinker A., 1996, OECD). It may be possible for frail elderly people to remain in non-specialised accommodation if they have

some improvements or alternations to their home. Adaptation of existing housing can facilitate activities of daily living (ADLs), and can avoid forcing people to move to specifically designed apartments that may meet narrow housing needs, often at the price of social isolation and disruption of existing informal networks and neighbourhoods.

Adaptation to housing generally refers to measures which can be taken in existing dwellings in order to allow older people to stay put. The installation of a downstairs lavatory and washing facilities is particularly helpful. Sometimes more radical work is needed, such as, the elimination of doorway thresholds, the provision of widening doors to take wheelchairs, the provision of a stair lift and special aids in bathrooms and kitchens and specifications regarding layout. Policy aimed at making better use of existing housing resources rather than constructing new units, coupled with research suggesting that most housing lacks supportive features, led to growth of local and regional programmes for home modification or repair during the 1980s. In the long run, adequate housing could be an economical way of replacing conventional institutions, but in the short term, it would require considerable investment to improve existing housing stock and develop new and more suitable forms of housing. In most countries, therefore, the changes would be gradual.

The focus on housing, through adaptations of people's homes is found in many countries. Policies for adaptations include modernisation of existing social rented housing estates, development of renovation standards and information dissemination. Financial supports are also available for improving accessibility of homes and buildings by increasing the size, adding elevators and re-designing doors, kitchen and bathrooms. These financial supports are however in many cases available only for people below a certain income level or serve only limited geographic areas. Improvements of the existing stock are a more effective use of the housing budget than special-purpose housing construction, which requires large outlays over longer periods of time. Shortcomings of such schemes include:

- The elderly person may not wish to take out a loan for repairs and adaptations.
- The renovations made to the dwellings may not resolve all the inadequacies of the dwelling.
- Government support for adaptations is rather sporadic in many cases.

Therefore, in addition to mere adaptations of existing dwellings, considerations to more suitable designs, to financial situation of elderly and to how to secure mobility within cities and rural areas should constitute a part of "ageing in place" policy from a territorial viewpoint, which are touched upon briefly in subsequent pages.

Universal standards

If housing is to remain serviceable over any extended period it will need to be flexible, adaptable and responsive to people's changing demands. The evidence shows that many of the physical problems that existing housing presents for frail elders would be eliminated if appropriately supportive and adaptable housing were built firstly. A world-wide movement has been advocating adaptable housing, that is, housing accessible to persons using wheelchairs, and that has special features for persons with other limitations (such as impaired hearing and sight).

Design principles for housing and its environment should ensure that all homes meet the present and future needs not only of the current occupant but also of those who may follow. It is often claimed that homes designed to certain standards which can help to eliminate the need for upheaval or expensive adaptations or transfer to special accommodation. The Lifetime Home developed in the United Kingdom, is one of such initiatives. In the Netherlands, the fact that "an ever increasing proportion of new housing and building renovation, refurbishment and conversion work in the Netherlands is aimed at the older section of the population" has led to the development of the Senior Citizen Label. The Senior Citizen Label is a uniform and nationally recognised set of standards for housing for older people. The Label is also seen as a tool to work with on the local housing market because decisions about building locations and types of houses would in future be decentralised to lower levels of government or to the housing associations. Also in the United States a stringent set of standards applicable to a wider range of housing was established by the Fair Housing Act of 1988, That legislation requires new residential complexes of more than four units to provide basic accessibility for persons in wheelchairs, electrical outlets that are placed higher than normal, and support for adding features such as grab bars should they become necessary (Pynoos and Liebig, 1995).

These developments in the ordinary housing sector also point to the needs for more co-ordination between territorial development policy and social and health policy. Policies to make more effective use of the housing stock increase housing choices for elderly people and reduce the investment required

for special housing solutions. Designs of ordinary housing and its immediate environment should complement nursing homes and other facilities to provide caring environment in the community.

Home equity

Effective means need to be found for older people to meet their needs in relation to support services as well as to exercise genuine choice in housing. Throughout OECD countries, a large proportion of elderly has substantial assets in their homes[10]. This asset, however, is illiquid and cannot readily be used without sale of the house and relocation by the homeowner. As a result, the elderly live too poor and die too rich (OECD, 1994). Home equity conversions allow elderly homeowners to change this illiquid asset into a stream of income or readily available cash. Rather than being reviewed as a means of accumulating wealth to be passed to succeeding generations, it may become viewed as a means of accumulating wealth during one's own working life to be released in retirement for housing costs and increased consumption.

Consumer demand for home equity conversions is currently very low and considerably below the private insurance. The market has the potential to grow because of the high rates of home ownership and the amount of home equity among the aged. There are basically barriers to the development of a large market for home equity conversions. First, even if their characteristics are suitable for a home equity conversion, many elderly are still unwilling to "let go" of their housing wealth. Second, even if the elderly show a greater interest in home equity conversions, the supply of these instruments may remain limited.

Given the small number of home equity conversions, governments have not focused on policies that systematically address the complex issues raised by this product. Because of the risks involved, most observers believe that reverse mortgage insurance or some sort of secondary market is needed to expand participation by lenders significantly. Without some form of reinsurance, lenders might not enter the market or might try to protect themselves from large losses in other socially undesirable ways. The widespread use of such mechanisms could involve changes in the dominant attitude toward owner-occupation. There is also a danger that owning substantial housing wealth may become the only reliable passport to a comfortable and independent old age.

Transport and mobility

As they age, elderly people become increasingly housebound unless attention is given to making transportation both accessible (physically and geographically) and affordable. Transport links elderly persons to informal caregivers, to amenities (such as libraries) and to support services (such as day centres). As the proportion of elderly residents grows, the demand for responsive transportation and pedestrian routes will increase. The aim is to achieve accessibility, that is, when a person with reduced mobility, whatever the cause, who is self-sufficient in daily living, can independently use a facility or a transport system.

Most countries have developed either regulations or policies on dropped kerbs, tactile surfaces or audible signals at crossings. A significant proportion of people in these categories will find conventional public passenger transport difficult or impossible to use, therefore there is also a need for special transport for those who can never be expected to make use of conventional public transport.

Land use in recent years has led to the relocation of shops, hospitals, etc. away from residential areas and has increased the isolation for those without access to private cars. The increasing need for mobility and transportation is the result of growing size, greater dispersion of services and separation of activity centres. These experiences point to the need of more co-ordination among transport policy, land use policy, housing policy and other related policies.

Planning and policy implementation

Integration of policies

The fragmentation of responsibilities for the care of the elderly between competing ministries and agencies at all levels of government is said to have resulted in differences in benefits and in difficulties for elderly persons seeking assistance. Integration of policies is essential for reliable and equitable access to assistance for frail elderly persons who have functional needs. A number of trends are discernible in the ways that countries have attempted to overcome the fragmentation of services and arrive at a more coherent care package in individual cases. In Canada, the solution has been co-ordination and management at the level of the individual rather than change of jurisdictional arrangements. Popularly called *single-point entry* or *one-stop shopping,*

integrate housing, health, and social services for institutional or community-based living within the boundaries of a region in a province (Brink, 1995). In Australia, the Commonwealth Department of Health, Housing, Local Government and Community Services plays a major role in community support for elder care through the Home and Community Care Program (HACC). HACC is jointly funded by the federal and state governments but operates through non-profit community based organisations as well as state and local government agencies. Through HACC, various schemes assist the elderly to maintain, modify or upgrade their existing dwellings.

Given the current emphasis on promoting ageing in place and extending independent living arrangements, integration of the wider range of public policies is becoming increasingly crucial to provide living environment which is helpful not only for the limited number of frail elders at present but also for the growing number of elderly in the near future. In this respect, it cannot be stressed too much for example that although housing is a key ingredient in community care, it cannot solve the problems of frail elderly people in isolation from other services. As earlier pointed out, integration is necessary between different sectors of territorial development policy (*e.g.*, land use, transport, housing, infrastructure) and between territorial development policy and social and health policy.

Devolution to regional and local levels

The devolution of responsibilities with the use of general grants has increased the autonomy of sub-national governments. The role of the central government, being unable to vary policy regionally, is generally confined to funding and indicating the overall direction of policy framework. The involvement of local governments in delivery and sometimes finance of social assistance is often historical. Aside from it being traditional areas of local government control, the economic case for them being involved is threefold:

- Local authorities are best able to take local conditions into account, so they can tailor policy better to local needs.

- Local authorities may administer local assistance more efficiently because they are more exposed to financial risk.

- Local authorities can be allowed to experiment with different approaches, thereby adding to the stock of knowledge on what works (OECD, 1997).

Also, in the area of long-term care, local governments in many cases have the most significant public sector role because they are in the position to directly reflect community needs. Activities at the local level range from direct service support provision to regulatory standard-setting of services. Some countries have already integrated institutional care and home care at the local level. In the Nordic countries and the United Kingdom, local government now have global budgets from which to fund institutional and home care, rather than multiple subsidies for specific services. This has been introduced with the aim of encouraging a more flexible approach to arranging services. Also, in the Netherlands, a shift of traditional central government responsibilities to lower levels of government has been reported. As a result, for instance, oversight of new construction was previously the responsibilities of the central government, but now also rests with the provinces and four largest cities.

Delegation of responsibilities results in local decision making that increases the potential for flexible responses to local problems and needs. A multi-sectoral approach that comes together at the local level is essential to provide caring environment for the present and the future elders. Examples of policy innovations which arise from local experiments are widely reported. Nevertheless, it is important to note that delegation has shortcomings as well. Some of the services stop at boundary lines and there could be widening disparities between different localities in terms of service provisions. Moreover, it has the considerable impacts on the budgets, administrative capabilities and infrastructure of local authorities.

Role of planning at regional and local level

Having regard to a variety of issues of ageing from a territorial development policy perspective, it is appropriate to summarise necessary policy responses identified so far.

First, as a result of devolution and an increasing size of the elderly population, regional and local governments, whether in urban or rural areas, are becoming increasingly responsible for providing services for their elderly residents in many OECD countries. This is a desirable move in view of the strengths of local authorities as previously mentioned. However, there might be shortcomings as well. Unfunded mandates, lack of co-ordination across ministerial boundaries, and lack of long-term planing are just a few of underling problems. It is often suggested that the problem of co-ordination springs from the fact that different organisations are involved and it is particularly acute where the areas covered by different agencies are not coterminous. National governments should further develop policies which can, in parallel to

devolution, further enable their regional and local counterparts to play active roles in the ageing society.

Second, public policies for territorial development -- urban development, rural development and regional development -- have traditionally emphasised investment in physical infrastructure, the development of large-scale commercial facilities, the construction of new housing, and the renewal of existing neighbourhoods without due regard to the elderly population. Even in housing policy, the main focus has been on young adults. When it comes to zoning codes and subdivision regulations, they tend to prevent multiple socio-economic activities, thereby eroding the sense of community. It is clearly difficult for the elderly to manage everyday life in living quarters that lack a social and shopping infrastructure and adequate everyday casual contacts, where mobility depends on automobiles rather than on public transportation. These experiences in the old-age territorial development point to a new policy orientation centring around a concept of "adaptations", that is, adaptation of dwellings, infrastructure, transport, etc. The ageing of population will also force the local and regional governments to reorder its spending priorities. Life-long learning programmes for the elderly and vocational training programmes for middle-aged workers may to some extent offset savings in elementary school expenditures. Maternity clinics must be phased out and geriatric wards created, school buses sold while vans for seniors are purchased and so on.

Third, in developing a new policy towards the ageing society, it is imperative to take territorial or spatial aspects into full account. Urban areas face unique problems of ageing. So do rural areas. There are also some problems which do not conform to the urban-rural demarcation, but still have much relevance to spatial characteristics. Devolution of responsibilities to regional and local authorities may add to the necessity of territorial or spatial consideration.

Lastly, long or medium-range perspectives and well-functioning co-ordination among mutually dependent policies are prerequisites for effective policy making and implementation. Bringing together organisations responsible for planning or providing services may be a way of achieving co-ordination. Amalgamation of the ministries responsible for health, housing and community services in Australia, transfer of long-term care institutions to local municipalities, an arrangement by which one of the providers is responsible for the payment of care in Sweden, are among innovative practices. Furthermore, territorial development experiences show that careful and prudent planning and management can ease the negative consequences of ageing. While local governments often lack an adequate framework of understanding of the issues

or sufficient resources to adequately address their unique problems, they possess considerable strengths in the policy process, being closer to its community and able to consider policy at a fine grain. The critical point is the need for a shared planning approach which is integrated, holistic and proactive between different tiers of government.

Concluding remarks

This study has first examined relationships over time between socio-economic changes as related to ageing and territorial development. Such long-term views are necessary for policy makers to develop long-range, future-oriented policies. Territorial development policy should not only be remedial: it should be forward-looking in nature. Rural areas face enormous difficulties as their population continues to age and their economic base may continue to weaken. Rural areas need to develop long-term strategies to meet the increasing needs of elderly persons in co-operation with their urban counterparts. Ageing-related problems in urban areas have already surfaced in some countries, and in many other countries ageing is an issue for the years to come. The most critical issue cities are facing is how to build in more adaptability in their policy development and implementation process.

As the most fundamental unit of territory, the role of community or neighbourhood in the era of ageing cannot be overemphasised. Caring and viable community is the basis for every territorial development policy, and already obsolete administrative boundaries which cannot meet the growing needs of elderly are diminishing, but progress seems to be slow and limited. Territorial development policy should devote more considerations to the needs of elderly, which have been for long dealt with only by social and health policy. Devolution of central responsibilities to regional and local entities requires this cross-sectoral, and integrative approach to ageing-related problems, while regional and local policy-planning capability should be further strengthened.

There are many areas for further exploration along these avenues. The following, which are not exhaustive, indicates possible future works:

Impacts of demographic changes on territories

Demographic transitions have and will continue to have a strong influence on the spatial organisation of social and economic activities. Ageing is still a new theme in many OECD countries relative to other socio-economic changes such as globalisation, therefore its impact on space, both in urban and

rural areas, has not been fully explored. To design long-term territorial development, it is necessary to understand the long-term effects of ageing. Such understanding can be enhanced by exchanging information among countries.

Further exploration of co-ordination issues

Given the diversity of issues of ageing and its wide-ranging influence on society, co-ordination between different levels of government, and between different sectors within the government is of particular importance to policy makers. In view of the continuation of institutional changes in some OECD countries, such as delegation, devolution and decentralisation, co-ordination can be learned from the experience of one country to another based on solid evaluation of country experiences.

Comparison of different living arrangements

The diversification of the types of the dwellings for elderly households makes cross-county study difficult. However, there has always been a possibility of transferability of one country's policy to another. *Satya Brink* noted that models such as sheltered homes and life-care communities have been copied to Canada from the United Kingdom and the United States respectively. *Holger Stolarz* noted that Kuratorium Deutsche Altershilfe of Germany took the "staying put" model developed in the United Kingdom when it undertook a study of potential demand for assistance with adaptations and a survey of possible solutions (Eurolink Age, 1996).

The transferability of policies will become feasible only when information on diversified housing options is gathered for the use of countries in need. To this end, one possible area for further research is to compile information on different experiences from countries regarding their policies to provide housing, services and infrastructure for older adults.

Universal standards

One of the outcomes of this review on recent trends of ageing-in-place policy is that national governments along with local authorities, non-profit organisations and the private sector have been making efforts to make housing, other buildings, transportation and space, either in urban or rural areas, accessible to elderly people as well as for younger people. Two specific aspects

of these efforts are to make individual housing adaptable to the changing needs of different age cohorts[11]; and to make transportation more accessible and easily usable by elderly and disabled people[12]. One area for further exploration is to develop further universal standards of housing, building, transport, infrastructure, etc. and monitor the progress.

Financial and administrative aspects of territorial development policy

First of all, policy makers in the OECD countries are occupied with a notion that as society continues to age, there will be smaller governmental budgets available to finance, say, infrastructure development and maintenance. Also, identification of new sources of finance for long-term care has been a matter of growing policy debate. Therefore, a key challenge is how to better prioritise government budgets to respond to the growing size of elderly populations, which should range from financial and economic policy, health and social policy to territorial development policy in the years to come. Equally important is the implication of taxes and other financial incentives, to create environments which are adapted and adaptable to the growing needs of the elderly population. These areas can be further examined through co-operation between territorial development sector and other sectors of government.

Co-operation with non-OECD countries

The United Nations indicated that the age structure of developing countries seemed to be following the trends observed in the developed countries. It was noted that approximately 9 per cent of the population of Jakarta and approximately 8 per cent of the population of Singapore were above the age of 60 years. Although, about eight economically active persons between the ages of 15-59 years supported an elderly person in Singapore today, there would be only two young persons to support one elderly person over 60 in the year 2030. People aged 60 and over in Shanghai accounted for about 13 per cent of its total population. The proportion of the total population of Beijing that was elderly will increase to about 23 per cent in 2020, and about 28 per cent in 2030 (UN, 1991). Incidentally, the United Nations has designated 1999 as the International Year of Older Persons with the theme, “Towards a Society of All Ages.” Ageing is becoming an issue of not only industrial nations, but also of developing nations. Experiences in the OECD countries can be learned by non-OECD countries which can expect their society to face even more rapid ageing in coming decades.

Table 10. Dependency ratios[1], 1960-2030

Percentages

	1960	1990	2000	2010	2020	2030
Australia	62.8	49.4	48.9	48.4	54.7	61.8
Austria	51.9	47.9	46.0	44.5	49.0	62.1
Belgium	55.0	49.7	51.0	49.5	56.8	68.0
Canada	69.6	47.0	46.8	45.1	54.8	67.6
Czech Republic	53.3	51.4	43.3	41.0	48.6	50.9
Denmark	55.8	48.4	50.0	52.5	57.3	65.0
Finland	60.3	48.6	49.1	50.1	62.8	69.9
France	61.3	52.1	52.9	50.5	59.0	67.5
Germany	48.8	45.0	45.4	47.3	49.8	62.1
Greece	53.2	49.1	49.5	52.4	56.0	62.7
Hungary	52.4	50.5	46.0	44.2	49.9	51.3
Iceland	74.3	54.9	53.8	51.7	55.0	62.1
Ireland	73.2	63.1	48.2	47.5	55.5	56.8
Italy	51.7	45.3	46.8	49.7	54.4	66.9
Japan	56.1	43.7	46.4	56.0	65.6	67.4
Korea	82.7	44.6	38.9	40.3	41.6	52.5
Luxembourg	47.4	44.9	47.8	49.3	55.0	64.3
Mexico	98.4	74.0	61.0	52.4	48.1	49.1
Netherlands	63.9	45.1	46.6	45.8	54.1	68.5
New Zealand	71.0	52.7	52.4	50.3	53.8	58.9
Norway	58.7	54.5	53.5	51.4	57.7	64.7
Poland	64.6	54.3	46.3	42.8	51.1	54.5
Portugal	59.1	50.6	48.1	49.3	52.1	58.8
Spain	55.4	49.5	46.2	46.9	50.0	60.2
Sweden	51.4	55.6	55.6	55.0	63.3	69.0
Switzerland	50.8	45.4	46.8	47.2	54.5	70.3
Turkey	81.1	64.7	52.2	48.4	45.4	48.5
United Kingdom	53.7	53.5	52.9	51.1	57.5	66.1
United States	66.7	52.2	51.1	48.0	56.2	64.5
OECD	61.6	51.6	49.6	48.9	53.8	60.7

1. Dependency ratios: population aged 0-14 and 65 and over as a per cent of the working-age population.

Source: OECD (1998*b*) reproduced from United Nations (1996) medium variant estimates.

NOTES

1. Ageing-in-place here refers to the graduation of the pre-elderly population into the elderly ranks by the number of people who pass their 60th or 65th birthday milestone. To differentiate it from the widely known "Ageing in place" policy which will appear later in this note, this demographic phenomenon is denoted as "ageing-in-place" following a general practice.

2. Other reasons include the cost of living, the climate, environment congestion (pollution, etc.), crimes in metropolitan areas. Housing-related reasons may be associated with amenity moves. There is also some evidence that the destinations may also reflect a tendency towards return migration back to one's place of birth or upbringing.

3. In the United States, movers to non-metropolitan areas are, on an average, (*a*) about two years younger; (*b*) about 30 per cent more (less) likely to be married (widowed) and less likely to be disabled; (*c*) about 20 per cent more likely to be living independently; and (*d*) about 40 per cent less likely to live either with a child or in an institution.

4. In-migration in Canada is positively affected by a warm and sunny climate as well as by a positive level of economic growth and cultural/ethnic similarities (UN, 1991).

5. The Philippine Retirement Authority (PRA) was established in 1985 under the office of the president to promote and develop the Philippines as a retirement haven for foreign nationals. In about 10 years, the PRA has succeeded in luring more than 5 500 people from 53 countries. People from Taiwan constitute the largest group, people from mainland China the second largest and Japan third largest group (The Nikkei Weekly, December 8, 1997).

6. CCRCs can be described as planned communities that blend desirable housing, amenities, social activities, and health-related services. Sometimes also called lifetime communities.

7. Many European cities, particularly in southern Europe, still have areas of low-quality housing in and around their historic core where residents are mainly elderly — most families live in large owner-occupied units away from the centre (OECD, 1997) (Distressed urban areas).

8. Ordinary housing, or non-institutional housing, may be defined as housing that is not designed specifically for any kind of disability.

9. Also expressed in such terms as “staying at home”, “staying put” and “*maintien à domicile*”.

10. For example, in the United States in 1988, approximately three-quarters of the elderly owned their homes, with a median equity of USD 55 447 (Bureau of the Census). In the large majority of cases, the home is owned debt-free (OECD, 1994).

11. Intergovernmental discussions have been held on, for example, on universal design.

12. See, for example, works by European Conference of Ministers of Transport (ECMT).

BIBLIOGRAPHY

ADMINISTRATION ON AGEING, U.S. (1995),
Department of Health and Human Services, Administration on Ageing Fact Sheets (http://www.aoa.dhhs.gov).

BEAN, F. D., MYERS, G. C., ANGEL, J. L. and GALLE, O. R., (1994),
"Geographic Concentration, Migration and Population Redistribution among the Elderly", in Martin, L. G. and Preston S. H. (eds.): *Demography of Ageing*, National Academy Press, Washington, D.C.

CLAPHAM, D. (1995),
"Housing Frail Elders in Great Britain" in Pynoos, J. and Liebig, P. S. (eds.), *Housing Frail Elders: International Policies, Perspectives, and Prospects*, The Johns Hopkins University Press, Baltimore.

DIECK, M. (1995),
"Housing Elders in Germany" in Pynoos, J. and Liebig, P. S (eds.), *Housing Frail Elders: International Policies, Perspectives, and Prospects*, The Johns Hopkins University Press, Baltimore.

ECMT (1997),
Vulnerable Transport Users, OECD, Paris.

EUROLINK AGE (1997),
Housing and Care: The Neglected Cornerstone of Independent Living in Old Age, London.

GOTTSCHALK, G. (1995),
"Housing and Supportive Services for Frail Elders in Denmark" in Pynoos, J. and Liebig, P. S (eds.), *Housing Frail Elders: International Policies, Perspectives, and Prospects*, The Johns Hopkins University Press, Baltimore.

CHESNAIS, J.-C. (1991),
"Retirement Systems and Social Policy in Ageing Cities: The Case of Paris" in *Ageing and Urbanisation*, United Nations, New York.

LIEBIG, P. S. (1993),
"Federalism and sustainable housing for the frail elderly: A comparison of policies in Canada and the United States", in *Housing Policy Debate* Volume 4, Issue 2, pp. 199-237.

LUNDIN, L. and TURNER, B. (1995),
"Housing Frail Elders in Sweden", in Pynoos, J. and Liebig, P. S. (eds.): *Housing Frail Elders: International Policies, Perspectives, and Prospects*, The Johns Hopkins University Press, Baltimore.

MANAGEMENT AND CO-ORDINATION AGENCY (1996),
The Fourth International Comparative Survey of the Elderly, Tokyo (in Japanese).

NATIONAL LAND AGENCY (1997),
The Situation of Policy Measures for Depopulation (Kasotaisaku no Genkyou), Tokyo (in Japanese).

OECD (1992),
Urban Policies for Ageing Populations, OECD, Paris.

OECD (1994),
Caring for Frail Elderly People: New Directions in Care, OECD, Paris.

OECD (1996),
Caring for Frail Elderly People: Policies in Evolution, OECD, Paris.

OECD (1997),
Ageing in OECD Countries: A Critical Policy Challenges, OECD, Paris.

OECD (1998*a*),
The Caring World: National Achievements (forthcoming).

OECD (1998*b*),
The Caring World: An Analysis, Annex: Tables and Charts (forthcoming).

OGAWA, N. and RETHERFORD, R.D. (1997),
"Shifting Costs of Caring for the Elderly Back to Families in Japan: Will It Work?", *Population and Development Review* 23(1), March.

PYNOOS, J. and LIEBIG, P.S. (1995),
"Housing Policy for Frail Elders: Trends and Implications for Long-Term Care", in Pynoos, J. and Liebig, P. S. (eds.), *Housing Frail Elders: International Policies, Perspectives, and Prospects,* The Johns Hopkins University Press, Baltimore

UNITED NATIONS DEPARTMENT FOR POLICY CO-ORDINATION AND SUSTAINABLE DEVELOPMENT (various issues) (1998),
Countdown to 1999: The International Year of Older Persons.

VLIET, W.V. (1995),
"Housing an Ageing Population in the Netherlands" in Pynoos, J. and Liebig, P. S (eds.), *Housing Frail Elders: International Policies, Perspectives, and Prospects*, The Johns Hopkins University Press, Baltimore.

ANNEX III

PROGRAMME OF THE OECD-NORWAY CONFERENCE

PROGRAMME

SUNDAY 21st May

14.00-17.00 STUDY VISIT on Ageing and Urban Development in the Oslo Region,

MONDAY 22nd May

9.00 **OPENING SESSION**

Chair:

Anne Ruden, Chair of the OECD Working Party on Urban Affairs (Norway)

Opening Statements by:

Sverre Bugge, Secretary of State, Ministry of Local Government and Regional Development (Norway)

Eva Jupskås, Political Adviser, Ministry of Health and Social Affairs (Norway)

Bernard Hugonnier Director of the Territorial Development Service, OECD

10.30 *Presentation*: *"Ageing Societies and OECD Countries"* by*:*

Peter Hicks, Directorate for Employment, Education and Social Affairs, OECD

SESSION I

HOUSING DESIGN, SOCIAL SERVICES, TRANSPORTATION AND URBAN DEVELOPMENT

11.30	*Chair of Session:*
	Maria Lourdes Poeira, Ministry of Public Works, Planning and Regional Development (Portugal)
	Keynote Presentation
11.45	"Housing Design, Social Services, Transportation and Urban Development" by:
	Anthea Tinker, Age Concern Institute of Gerontology, Kings College London(United Kingdom)
13.30	*Case Study Presentations:*
	"Continuing Care Retirement Community of Hartrigg Oaks" by:
	Cedric Dennis, Director of Care Services, Joseph Rowntree Foundation (United Kingdom)
14.00	"Enhancing Employment Opportunities for Older Persons" by:
	Michael Brinda, Minneapolis Neighbourhood Employment Network, (USA)
14.30	*Panel Discussion*

SESSION II

CITIES AND AGEING: INTRODUCING AND DISSEMINATING NEW TECHNOLOGIES AND INNOVATION

15.30	*Chair of Session:*
	Josef Konvitz, OECD
15.45	*Keynote Presentation* by:
	David Gann, University of Sussex, (United Kingdom)
16.15	*Case Study Presentations*
	Presentation by*:*
	Martin Van Rossum, Telecites Network
16.45	*Presentation* by:
	Païvi Tahkokallio, The International Institute of Gerontechnology (STAKES), Finland
17.15	*Panel Discussion*
17.45	Close of SESSION II

TUESDAY 23RD MAY

SESSION III

URBAN GOVERNANCE AND THE FUTURE OF URBAN AREAS IN AN AGEING SOCIETY

9.00	*Chair of Session:* **Lindsay McFarlane, OECD**
9.15	*Keynote Presentation* by:
	Georges Cavallier, Ministère de l'Equipement, des Transports et du Tourisme (France)
9.45	*"Old Age in a New Age: New Mindsets for Governance"* by:
	Dianne Davis, International Council for Caring Communities (ICCC), USA
10.15	*"A Nordic Perspective*" by:
	Svein Olav Daatland, NOVA, Norwegian Social Research, (Norway)
11.15	*"Ageing in Urban Areas in Finland"* by:
	Heli Saijets, Ministry of the Interior,(Finland)
11.45	*"Legal Frameworks in support of Ageing, Housing and Urban Development"* by:
	Rodriguez Castaneda, Deputy Director for Communications and Information of the Secretary for Urban Development and Housing of the Mexico City Government, (Mexico)
12.15	Presentation on Ageing in Japan by:
	Masahide Sugiyama, National Land Agency (Japan)
12.45	*Panel Discussion*

SESSION IV

HOUSING THE ELDERLY: FINANCE/FISCAL OPTIONS

14.00	*Chair of Session*:
	Lars Wilhemsen, Director, Norwegian State Housing Bank
14.15	*Keynote Presentation* by:
	Matthé Van Oostrom, Ministry of Housing, Physical Planning and Environment (Netherlands)
14.45	*Case Study Presentations*
	Canadian Experience by:
	David Cluff, Director, Canada Mortgage and Housing Association (CMHC, Canada)
15.15	Norwegian Experience by:
	Anne Ruden, Director of Planning, Norwegian State Housing Bank
15.45	Swedish Experience by:
	Hans Almgren, Director of the National Association of Co-operative Housing (Sweden)
16.15	*Panel Discussion*
17.00	**CLOSING SESSION**
	Chair:
	Anne Ruden
	Report of the Rapporteur by:
	Susan Parham, OECD consultant (Australia)
	Discussion
	Closing Remarks by: **Anne Ruden**, Chair of Conference
	Closing Remarks by the OECD Secretariat
17.45	**Close of the Conference**

ANNEX IV

CONFERENCE ON AGEING, HOUSING AND URBAN DEVELOPMENT 21-23 MAY 2000

LIST OF PARTICIPANTS

Australia

Gail YAPP
Department of Health and Aged Care,
Commonwealth of Australia,
GPO Box 9848,
Canberra ACT 2601
Tel: + 61 2 6289 5605
Fax: + 61 2 6289 1304
Email: gail.yapp@health.gov.au

Canada

David CLUFF,
Director,
Strategic Policy and Planning,
Canada Mortgage and Housing Corporation (CMHC),
Room A3-510,
700 Montreal Road,
Ottawa, Ontario K1A OP7
Tel: +1 613 748 26 91
Fax: +1 613 748 25 55
Email: dcluff@cmhc-schl.gc.ca

Karen CONDON,
Vancouver/Richmond Health Board,
1195 West Broadway,
Suite #228,
Vancouver, British Columbia, V6H 3X5
Tel: +1 604 714 3765
Fax: +1 604 731 3847
Email: karen.condon@vrhb.bc.ca

Czech Republic

Ondrej MÁTL
Ministry of Labour and Social Affairs
Na Portenin Právu 1
CZ-12800 Praha
Tel: +420 2 21 922 309
Fax: +420 2 21 922 306
Email: matlo@mpsu.cz

Finland

Päivi TAHKOKALLIO
International Society of Gerontechnology,
STAKES,
Siltasaarenkatu 18,
PO Box 220,
FI-00531 Helsinki
Email: kirsi-marja.lehtela@stakes.fi

Heli KOUKKARI
VTT Building Technology
PO Box 18071
FI-02044 VTT
Fax: +358 9 456 7006
Email: heli.koukkari@vtt.fi

Pirjo VESANEN,
Ministry of the Environment,
PO Box 380,
FI-00131 Helsinki,
Tel: +358 9 19 91 96 47
Fax: +358 9 19 91 97 16
Email: pirjo.vesanen@vyn.fi

Heli SAIJETS
Ministry of the Interior
Korkeavuorenkatu 21
FI-00130 Helsinki
Fax: +358 9 160 88 946
Email: heli.saijets@sm.intermin.fi

France

Georges CAVALLIER,
National Co-ordinator for Habitat II,
President Section Housing,
Conseil Général des Ponts et Chaussées,
Ministère de l'Equipement, des Transports et du Tourisme,
38 rue Liancourt,
F-75014 Paris
Tel: +33 1 4064 4940
Fax: +33 1 4064 4943

Iceland

Ingi Valur JOHANSSON,
Ministry of Social Affairs,
Tryggvagötu
IS-150 Reykjavik,
Tel: +354 560 9125
Fax: +354 552 4804
Email: ingi.v.johansson@fel.stjr.is

Sigridur JONSDOTTIR
Social Services in Reykjavik
Felags and Jonustan
Sidumula 39
IS-108 Reykjavik
Tel: +354 535 3034
Fax. +354 535 3039
Email: siggaj@rvk.is

Thordis Loa THORHALLSDOTTIR
Social Services in Reykjavik
Sidumula 39
IS-110 Reykjavik
Tel: +354 535 3040
Fax: +354 535 3049
Email: thloath@fel.rvk.is

Japan

Masahide SUGIYAMA
National Land Agency, Japan
1-2-2, Kasumigaseki,
Chiyoda-ku,
JP-100-8972 Tokyo
Tel: +81 3 5510 8041
Fax: +81 3 3592 0329
Email: e764001@nla.go.jp

Masato KOMATSU
National Land Agency, Japan
1-2-2, Kasumigaseki,
Chiyoda-ku,
JP-100-8972 Tokyo
Tel: +81 3 5510 8041
Fax: +81 3 3592 0329
Email: a744501@nla.go.jp

Korea

Jongpil KANG
Seoul Metropolitan Government
Tae-Pyong Ro 1 Ga 31,
Chung-Gu
Seoul
Tel: +82 02 3909 9011
Fax. +82 02 3909 9009
Email: pilkang@mail.metro.seoul.kr

Pangon KIM
Seoul Metropolitan Government
Tae-Pyong Ro 1 Ga 31,
Chung-Gu
Seoul
Tel: +82 02 3909 9011
Fax. +82 02 3909 9009
Email: pangon@mail.metro.seoul.kr

Mexico

Rafael RODRÍGUEZ CASTAÑEDA,
Deputy Director for communication and Information,
Secretary for Urban Development and Housing
of the Mexico City Government,
Secretaria de Desarrollo Urbano y Vivienda,
Morelos 104, Piso 12,
Col. Juárez, Delegación Cuauhtémoc,
06600 México, D. F.,
Tel/Fax: +52 5 505 50 3
Email: chincual@internet.com.mx

Netherlands

Matthé VAN OOSTROM
Housing Environment and Spatial Planning
PO Box 30941
NL-2500 GX The Hague
Tel: +31 703 392 046
Fax: +31 703 391 256
Email: matthe.vanoostrom@fsc.dg.vh.minurom.nl

Martin VAN ROSSUM,
TeleCities Network,
Brucknerlaan 21,
NL-3055 SC Rotterdam
Tel: +31 10 285 0940
Fax: +31 10 285 0968
Email: den.haag@mcr1.poptel.org.uk

Norway

Sverre BUGGE,
Secretary of State
Ministry of Local Government and Regional Development
PO Box 8112 Dep.
NO-0032 Oslo
Tel: +47 22 24 68 15
Fax: +47 22 24 27 40
Email: sverre.bugge@krd.dep.telemax.no

Tore W. KIOSTERUD,
Senior Adviser,
Ministry of Local government and Regional Development,
Housing and Building Department,
PO Box 8112 Dep.
NO-0032 Oslo
Tel: +47 22 24 71 07
Fax: +47 22 24 27 36
Email: tore.kiosterud@krd.dep.telemax.no

Inger LINDGREN,
Director General
Ministry of Local Government and Regional Development
PO Box 8112 Dep.
NO-0032 Oslo
Tel: +47 22 24 71 00
Fax: +47 22 24 27 36
Email: inger.lindgren@krd.dep.telemax.no

Geir BARVIK,
Deputy Director General
Ministry of Local Government and Regional Development
PO Box 8112 Dep.
NO-0032 Oslo
Tel: +47 22 24 71 34
Fax: +47 22 24 27 36
Email: geir.barvik@krd.dep.telemax.no

Anna BJORSHOL,
Higher Executive Officer
Housing and Building Department,
Ministry of Local government and Regional Development,
Housing and Building Department,
PO Box 8112 Dep.
NO-0032 Oslo
Tel: +47 22 24 71 33
Fax: +47 22 24 27 36
Email: anna.bjorshol@krd.dep.telemax.no

Eva JUPSKÅS
Political adviser
Ministry of Health and Social Affairs
PO Box 8011 Dep.
NO-0030 Oslo
Tel: +47 22 24 84 04
Fax: +47 22 24 95 76
Email: eva.jupskas@shd.dep.no

Georg Hilmar ANTONSEN
Senior Executive Officer
Ministry of Health and Social Affairs
PO Box 8011 Dep.
NO-0030 Oslo
Tel: +47 22 24 85 68
Fax: +47 22 24 27 66
Email: georg-hilmar.antonsen@shd.dep.no

Marit Gausel BLOM
Adviser
Ministry of Health and Social Affairs
PO Box 8011 Dep.
NO-0030 Oslo
Tel: +47 22 24 83 42
Fax: +47 22 24 27 66
Email: marit-gausel.blom@shd.dep.no

Ellen ELSTER
Assistant Director General
Ministry of Health and Social Affairs
PO Box 8011 Dep.
NO-0030 Oslo
Tel: +47 22 24 85 86
Fax: +47 22 24 27 66
Email: ellen.elster@shd.dep.no

Ellen RØNNEBERG
The Government's Council for the Disabled
PO Box 8092 Dep.
NO-0034 Oslo
Tel: +47 22 24 85 57
Fax: +47 22 24 95 79
Email: ellen.ronneberg@srff.dep.no

Liv HAGA
Adviser.
The National Council for the Elderly in Norway
PO Box 8102 Dep.
NO-0032 Oslo
Tel: +47 22 24 85 99
Fax: +47 22 24 82 72
Email: se@er.dep.no

Olav Rand BRINGA
Project Manager,
Department for Regional Planning, Land-use and Geomatic Policy
Ministry of Environment
PO Box 8013 Dep.
NO-0030 Oslo
Tel: +47 22 10 10 54
Fax: +47 22 10 14 91
Email: olav.bringa@sveiva.telemax.no

Svein Olav DAATLAND,
NOVA,
Norwegian Social Research,
Munthes gate 29,
PO Box 3223 Elisenberg,
NO-0208 Oslo
Tel: +47 22 54 12 00
Fax: +47 22 54 12 01
Email: Svein.o.daatland@isaf.no

Sven Erik SVENDSEN
Professor
Department of Architectural Design
The Norwegian University of Technology and Science
Gløshaugen
NO-7491 Trondheim
Tel: +47 73 59 50 64
Fax: +47 73 59 53 59
Email: svenerik.svendsen@ark.ntnu.no

Inger ALMQVIST
Adviser,
Department for the Elderly and the Suburban Administration,
Municipality of Oslo,
Town Hall
NO-0037 Oslo
Tel: +47 22 82 43 34
Fax: +47 22 82 43 40
Email: inger.almqvist@radhuset.oslo.kommune.no

Karine DENIZOU
Norwegian Building Research Institute
Forskningsvn. 36
NO-0314 OSLO
Tel: +47 22 96 58 13
Fax: +47 22 96 56 07
Email: karine.denizou@byggforsk.no

Kjersti HØGLUND
The Norwegian Heart and Lung Association
Housing Company
PO Box 4501 Torshov
NO-0404 Oslo
Tel: +47 22 79 94 00
Fax: +47 22 79 94 40
Email: kh.lhlb@lhl.no

Lars WILHELMSEN
Director,
Norwegian State Housing Bank,
Fridtjof Nansens vei 17,
PO Box 5230 Majorstua,
NO-0302 Oslo
Tel: +47 22 96 16 00
Fax: +47 22 96 17 00
Email: lars.wilhelmsen@husbanken.dep.no

Anne RUDEN, (Conference Secretariat)
Director of Planning,
Norwegian State Housing Bank,
Fridtjof Nansens vei 17,
PO Box 5130 Majorstua,
NO-0302 Oslo,
Tel: +47 22 96 16 00
Fax: +47 22 96 17 00
Email: anne.ruden@husbanken.dep.no

Trude LUND
Deputy director,
Housing Quality and Environment Section
Norwegian State Housing Bank
PO Box 5130 Majorstua
NO-0302 Oslo
Tel: +47 22 96 17 12
Fax: +47 22 96 18 16
Email: trude.lund@husbanken.dep.no

Åse RIBE
Adviser,
Housing Quality Section,
Marketing department
Norwegian State Housing Bank
PO Box 5130 Majorstua
NO-0302 Oslo
Tel: +47 22 96 17 18
Fax: +47 22 96 17 34
Email: ase.ribe@husbanken.dep.no

Kai Slagsvold HEKNE
Department Director
Norwegian State Housing Bank
PO Box 5130 Majorstua
NO-0302 Oslo
Tel: +47 22 96 17 58
Fax: +47 22 96 17 10
Email: kai.hekne@husbanken.dep.no

Maida MULAOSMANOVIC
Department Architect,
Eastern Region Department
Norwegian State Housing Bank
NO-0302 Oslo
Tel: +47 22 96 17 42
Fax: +47 22 96 17 10
Email: maida.mulaosmanovic@husbanken.dep.no

Eline BJERKE, (Conference Secretariat)
Norwegian State Housing Bank,
Fridtjof Nansens vei 17,
PO Box 5130 Majorstua,
NO-0032 Oslo,
Tel: +47 22 96 18 20
Fax: +47 22 96 18 16
Email: eline.bjerke@husbanken.dep.no

Siri HELLE (Conference Secretariat)
Senior Architect,
Housing quality and environment Section
Norwegian State Housing Bank
PO Box 5130 Majorstua
NO-0302 Oslo
Tel: +47 22 96 17 22
Fax: +47 22 96 18 16
Email: siri.helle@husbanken.dep.no

Tore LANGE, (Conference Secretariat)
Senior Architect,
Housing quality and environment Section,
Norwegian State Housing Bank,
Fridtjof Nansens vei 17,
PO Box 5130 Majorstua,
NO-0302 Oslo,
Tel: +47 22 96 17 74
Fax: +47 22 96 18 16
Email: tore.lange@husbanken.dep.no

Lilli MOLNES (Conference Secretariat)
Adviser
Eastern Region Department
Norwegian State Housing Bank,
Fridtjof Nansens vei 17,
PO Box 5130 Majorstua,
NO-0302 Oslo,
Tel: +47 22 96 18 93
Fax: +47 22 96 17 10
Email: lilli.molnes@husbanken.dep.no

Sissi P. SOLBERG A/S (Conference Secretariat)
International Conference Service (ICS)
Tordenskioldsgate 3,
NO-0160 Oslo
Tel: +47 24 14 98 00
Fax: +47 24 14 98 01
Mob: +47 907 32 846
Email: ics@ics.no

Portugal

Maria DE LOURDES POEIRA,
Ministry of Environment and Spatial Planning
General Direction of Spatial Planning and Urban Development
Campo Grande 50
PT-1749-014 Lisboa
Tel: +351 21 782 5000
Fax: +351 21 782 5003
Email: dgotdu@dgotdu.pt

Orlando Maria MARQUES RÉ
Departemento De Estudos, Prospective E Planeamento,
Rua Castilho, no 24-2
PT-1250-069 Lisboa
Tel: +351 21 31 14 900
Fax: +351 21 31 14 970
Email: orlando.re@deppmts.gov.pt

Spain

Trinidad MANZANO DE JUAN
Instituto De Migraciones Y Servici
Avda. Ilustracion, S/N
ES-28029 Madrid
Tel: +34 91 347 8907
Fax: +34 91 347 8595

Sweden

Hans ALMGREN,
Director,
National Association of Co-operative Housing,
HSB Riksförbund,
Box 8310,
SE-l04 Stockholm
Tel: +46 8 785 3403
Fax: +46 8 785 3001
Email: hans.almgren@hsb.se

Björn KARLBERG
Deputy Director General,
National Housing Credit Guarantee Board,
Norrlandsgatan 11,
SE-111 43 Stockholm
Tel: +46 8 20 7699
Fax: +46 8 20 7687
Email: bjorn.karlberg@bkn.se

Rolf WESTERLUND
Default Manager,
National Housing Credit Guarantee Board,
Norrlandsgatan 11,
SE-111 43 Stockholm
Tel: +46 8 791 7187
Fax: +46 8 20 7687
Email: rolf.westerlund@bkn.se

United Kingdom

Cedric DENNIS
Director of Care Services,
Joseph Rowntree Foundation,
Hartrigg Oaks,
Haxby Road,
New Earswick
York, YO32 4DS
Tel: +44 1904 752 202
Fax: +44 1904 752 225
Email: cedric.dennis@jrf.org.uk

David GANN
Science and Technology Policy Research,
University of Sussex,
Brighton, BN1 9RF
Tel: +44 1273 686 758
Fax: +44 1273 685 865
Email: Gann@atelier.u-net.com

Anthea TINKER
Professor of Social Gerontology,
King's College London,
Franklin-Wilkins Building,
150 Stamford Street,
London SE1 6WA,
Tel: +44 171 872 30 35
Fax: +44 171 872 32 35
Email: anthea.tinker@kcl.ac.uk

Nigel J. W. APPLETON
Contact Consulting,
The Old Chapel,
Bell Lane,
Cassington,
Whitney OX8 1DS
Tel: +44 18 65 880 466
Fax: +44 18 65 884 422
Email: Appleton@aol.com

UNITED STATES

Michael BRINDA
Minneapolis Neighborhood Employment Network
Rm 331 City Hall
350 South 5th Street
Minneapolis, MN 55415
Tel: +1 612 673 2110
Fax: +1 612 673 2908
Email: netmpls@mtn.org

Dianne DAVIS
Professor, Founding President,
International Council for Caring Communities (ICCC),
24 Central Park South,
New York, NY 0019
Fax: +1 212 759 5893
Email: iccc@undp.org

OECD SECRETARIAT

Bernard HUGONNIER
Director,
Territorial Development Policy Service,
OECD,
2 rue André Pascal,
FR-75116 Paris
France
Tel: +33 1 4524 1620
Fax: +33 1 4524 1668
Email: bernard.hugonnier@oecd.org

Josef KONVITZ
Head,
Policies and Perspectives Division,
Territorial Development Policy Service,
OECD,
2 rue André Pascal,
FR-75116 Paris
France
Tel: +33 1 4524 9747
Fax: +33 1 4524 1668
Email: josef.konvitz@oecd.org

Lindsay MCFARLANE
Administrator,
Policies and Perspectives Division,
Territorial Development Policy Service,
OECD,
2 rue André Pascal,
FR-75116 Paris
France
Tel: +33 1 4524 9748
Fax: +33 1 4524 1668
Email: ethel.mcfarlane@oecd.org

Peter HICKS
Principal Administrator,
Social Policy Division,
Directorate for Education, Employment, Labour, and Social Affairs (DEELSA),
OECD,
2 rue André Pascal,
FR-75116 Paris
France
Tel: +33 1 4524 9291
Fax: +33 1 4524 90 98
Email: peter.hicks@oecd.org

Susan PARHAM
Conference Rapporteur,
CAG Consultants/OECD Consultant,
63 Whistler Street,
London, N5 1NT
United Kingdom
Tel: +44 20 7704 0018
Fax: +44 20 7704 0018
Email: sp@cagconsult.co.uk

OECD PUBLICATIONS, 2, rue André-Pascal, 75775 PARIS CEDEX 16
PRINTED IN FRANCE
(04 2003 03 1 P 1) ISBN 92-64-19817-2 – No. 52561 2003