

Ageing in Place in the European Union

Much has already been written and many conferences¹ held in recent years on the theme of this paper, which encompasses various linked terms and concepts – whether these be Ageing in Place, Age-Friendly Cities or Design for All. The start of a public discussion of this issue can be identified in 1994 when the Organization for Economic Co-operation and Development (OECD) ministers stated that older people should be able to continue living in their own residence and where this was no longer possible, in a “sheltered and supportive environment which is as close to their community as possible, in both the social and geographical sense.” (OECD, 1994, p.37)

All governments in Europe are concerned with the ever more relevant issue of how best to ensure the active participation and non exclusion of the growing numbers of older people in our modern societies, with particular emphasis on helping those who are frail or with mobility problems. Ageing in Place in the EU context tends to focus on the provision of support and services to older persons to enable them to remain in their own homes for as long as they can, and in environments that are enabling. Despite various strong statements by planners and policymakers, by some governments and NGOs, there remain questions about what is actually encompassed in the debate about and actions to support Ageing in Place, given the considerable differences in national, local and individual situations. Although this article supports as far as possible the notion of Ageing in Place, it also takes as its brief the need to examine carefully some of the barriers or difficulties in developing and prioritizing public policy to promote Ageing in Place and age-friendly environments in the European Union.

The European Union, made up of 27 Member States with a very large number of Regions and Local Authorities, does not have a common strategy for confronting demographic ageing, with all the social and economic repercussions this may have. Concern with economic growth, innovation and employment has been the main focus of attention of EU Policy in recent years. Though all European Member States have welfare states to different degrees, the European Union itself does not have political responsibility for pension policy, nor for the development of common social welfare policies for the dependent and frail who need support and services. The planning, funding and

management of health and social services remains the political and financial responsibility of national and local governments. Large differences affecting older people's ability to age in their communities exist in the European Union with respect to their housing, income levels, place of residence, the availability of care and support services, the physical environment and, above all, their health and physical capacities. The nation state in which they live also impinges on the feasibility of ageing in their community arising from significant historical, cultural and physical variations. Scandinavian countries with their high investment in urban planning and good social and health care provision, are radically different from the Southern Mediterranean countries with their continued reliance on family networks for the social inclusion and care of the frail elderly, or the ex Communist countries, also reliant on families but with older investment in welfare structures such as residential care for the frail. The many historic cities vary in the ease with which they can adapt their buildings economically and aesthetically to the demands of their ageing populations.

Yet the growth in the sheer numbers of frail elderly with the associated needs for their long-term care and support is leading EU policymakers and politicians to investigate the degree to which the EU countries can learn and innovate together to confront these new challenges. Measures stimulating technical innovation e.g. funding, networking, and practical policy interventions e.g. education, training and the exchange of good practice, are meant to help support local and national governments. EU institutions such as the Committee of the Regions, also have a substantial role to play in encouraging an understanding by Local Authorities of the kinds of policies and practices that will need to be put in place over the coming decades as European populations age.

The promotion of the rights of older people in their own communities is also problematic under EU legislation: the Charter of Fundamental Rights deals with EU level violations of rights under EU legislation, rather than the more common form of violation of individual rights occurring at the national level.² Issues affecting older people with respect to dignity, discrimination or accessibility in their communities, cannot easily be brought to the EU Court of Justice. Nonetheless, the European Charter is clear that Member States must

recognize and respect the rights of older people, including the frail and disabled elderly, to lead a life of dignity and independence and to participate in social and cultural life to their maximum potential. The European Union, though unable directly to affect national policy and practice, are able indirectly to instigate actions to raise awareness of demographic ageing, the current barriers to older people's full social participation and the methods that can be used to empower all elderly people. Thus the European Commission has designated 2012 as the European Year for Active Ageing. They have also launched a pilot European Partnership on Active and Healthy Ageing in 2010 with a large group of stakeholders from local and regional governments, industry and NGOs, and this will almost certainly confront the issues of accessibility and support older dependent people to remain in their own communities as a way of promoting healthy ageing.

One of the more important ways in which the EU, through its institutions,³ helps in policies that can aid older people, is in the promotion of standards of accessibility in housing, transport, the built environment and public facilities. Sometimes these can only be promoted indirectly, for example by EU regulations that defend competitiveness and equal rights. The European Commission has been promoting the issue of accessibility in cities since 2003.⁴ Most countries, world wide, were slow to consider either ageing or disability in town planning regulations despite the fact that demographic ageing is hardly a new phenomenon especially in the EU countries; yet only a few EU countries have been proactive. I received an awareness-raising lesson when visiting central Copenhagen 18 years ago as I observed many wheelchair-bound people around us and asked a friend if anything extraordinary had happened and why there were so many disabled! I was only familiar with London and Athens where accessibility was very hard for those with physical disabilities.

Often it has been the disability movements and their organizations that have been in the forefront of enforcing the practical adoption of some public accessibility standards; this was bolstered by the agreement in the EU and the 27 Member States to sign the UN Convention on the Rights of Persons with Disabilities that came into force in 2008.

In contrast, despite mention of the promotion and protection of all human rights and fundamental

freedoms, including the creation of an inclusive society for all ages in the Madrid International Plan of Action on Ageing (MIPAA) 2002, only a few governments implemented policies to promote accessibility for older people. Some of the national governments in the EU upheld and implemented the inclusion of older persons in policy decision making, which had been a stated goal in the MIPAA, but many did little practically to ensure that such actions were ‘normalized’, funded and institutionalized into planning and policymaking.

Accessibility became an issue also for some national NGOs and federations concerned with ageing, some of whom built alliances with their disability movements. At the EU level AGE Platform Europe, an EU supported NGO platform or network of over 150 national, regional and European organizations of and for older people, and with 30 million members in 2011, increasingly pushed forward the interests and needs of older people to be consulted in the design of public policy and specifically accessibility. It has played an ever more active role in ensuring that EU programmes take into consideration the older population. In 2011, AGE Platform with the European Disability Forum signed a Joint Proposal to the European Commission on a European Passenger Forum for a better urban mobility, based on the work undertaken in the project Mediate that established an End user Platform, gathering representatives of users facing problems when using public transport.

Through EU funded programmes, there are efforts to promote solutions to living in homes adapted to the needs of frail elderly and those with disabilities, including innovations using new technologies; there are programmes to improve the urban environment ensuring that pavements, public transport and public services are ever more accessible and user-friendly for older people. NGOs at a national level may participate in government, regional and local attempts to involve users. At the EU level, AGE Platform Europe is often asked to participate in programmes on ergonomics and accessible domestic (home-based) solutions, transport, Ambient Assisted Living, and the environment. The Ambient Assistant Technologies programme is a large scale programme for innovation where the end users represented, for example, through the AGE Platform, are increasingly present. Another EU funded programme was Aeneas, which has been examining green mobility⁵. However these programmes have no effective way in

which the EU can insist that national or regional governments tend to focus on innovation and the adoption of standards and there is not sufficient implementation of measures. In EU funded infrastructure investments such as the Structural Funds, issues like accessibility are incorporated, but this does not influence the “normal” pattern of town or policy planning. The role of local actors in enforcing standards e.g. NGOs, sensitized practitioners and policymakers, still remains key.

As everyone may have noticed in this past year, EU policy has little effective muscle and proceeds cautiously as Member States remain anxious to retain sovereignty even over what one might imagine to be non contentious issues e.g. accessibility. So, persuasion, education, training and a stress on the human rights of older people to be included in all aspects of modern society, are only partial and mainly voluntary instruments to promote the desired outcome of ageing in place.

Thus, the role of an NGO European level organization like AGE Platform Europe is to influence and spearhead change amongst national and EU policymakers so the latter support and generate policies and practices that will enable older people to age in place. This requires examining strategies that promote friendly urban environments, housing and transport that are fully inclusive shared places for all. Ensuring that older people are included with the rest of the society is seen as a human right that does not treat older people as second class, passive citizens but engaged and active. While more specific difficulties e.g. in consultation, arise with respect to strategies for those who are frail and disabled, or have serious cognitive problems, once the rights perspective is generalized in society, methods can more easily be found to ensure the maximum participation. Manchester City began consultation work with its older citizens back in 2003, developing a 10-year strategy, ‘Manchester - A Great Place to Grow Older’ that included an annual celebration of ageing, ‘The Full of Life Festival’, awards to 200 community groups improved healthcare and housing services for older people, and a programme of 13 Intergenerational projects, called Generations Together.

Yet, questions remain about why ageing in place is somewhat problematic, despite the apparent popularity of the WHO-led actions, starting in 2006, to promote Age Friendly Cities in 33 Local Authorities in 22 countries. The cooperation resulted in *The Global Age-friendly Cities Guide* (<http://www.who.int/ageing/>

publications) which outlines a framework for assessing the “age-friendliness” of a city. A core aspect of this approach was to include older people as active participants in the process. In the past year more Local Authorities have joined and promised to make their cities friendlier and open to their older citizens. Nonetheless it is worth examining some which favour or act as barriers to ageing in place in the EU.

Social support: On the positive side, we can note that in contrast to the USA, Europeans do tend to remain within their regions; in the European Foundation’s 2006 study using Eurobarometer data⁶, only 18% were reported as having moved outside their region, while the percentage for cross-border migration was low, with only 4% ever moving to another Member State and fewer than 3% ever moving to another country outside the EU. This contrasts with the higher mobility rates found for short-distance moves: 32% of Europeans had moved within their own town or city, and almost a quarter (24%) had moved outside their town or city (remaining within the region). Mobility was related to educational levels with the more educated more likely to move. There are large differences between the Member States (MS) - the Southerners (poorer, less educated and with smaller welfare regimes) being far less willing to move far from family with its welfare support. What this suggests is that many Europeans continue to live near their older parents and relatives and are thus able to provide some hands-on emotional and practical support that enable people to age in the community; the wealthier who are more likely to be mobile are also those with the resources to pay for care support and services.

While this is positive from the perspective of ageing in place, other issues arise that are less clear. Within regions, older people often remain in rural communities while the younger generations have been moving to nearby towns and cities. Even in the large metropolitan cities, older people often remain in a quarter from which their children have moved away, making practical support harder to provide. There are growing numbers and proportions of older people without children for support, or with children - typically daughters - in full time paid employment, and this represents a striking demographic and social change that suggests the importance of looking beyond family and kinship to the very diverse ways in which older people do or can relate to their location through friends and social networks.

Housing: Older people identify their homes as particularly important, linking them to their families, neighbours and friends, to their personal history and spaces with which they are familiar. Retirement and decreasing mobility make homes even more important for older people. Thus, an important aspect of ageing in place reflects this desire to stay in a location with which they are familiar. EU survey data from the SHARE research (Kohli et al, 2008) shows that older people have, on average, lived for 27 years in their house or flat with the length of time being related to increasing age and inversely to income. This suggests that one factor in housing mobility may be poor resources and rental tenancies of houses which will limit or stop older people from moving.

The location of an older person’s home has also to be considered. Whether in public or private housing, it is sometimes the case that older people, particularly those in lower income brackets, have few viable solutions to living in more suitable or better communities. If they had the choice, would all of them wish to stay in the community as it is now? A positive element that emerges from the SHARE data (Kohli et al, 2008) is that more “younger” older people own their houses and home ownership has increased in most Member States. This gives future generations of older people both resources and security, and more choices about the houses as well as the communities in which they wish to retire and live in.

Overall, the standards of housing in the EU are high, judged in terms of indoor toilets, baths and adequate heating. With respect to adaptations made to houses, only a relatively small percentage have had any adaptations to deal with special needs, even amongst those over 80 years of age. (The highest rate was the Netherlands with 15%, with Poland, Italy and Greece having only 1-3% of houses with special features and adaptations.) Yet one cannot overlook the fact that many older houses are poorly designed for the less mobile elderly. Even new private homes, though sometimes excellently designed, all too often ignore the potential needs of the current or future inhabitants who may be frail with problems of mobility. It is difficult to make people plan for their own physical decline since few people wish to contemplate or plan for this. People in houses with which they are familiar are already adapted, to some extent, to their needs. There is also evidence that when circumstances

change radically e.g. serious health problems or the death of a marital partner⁷, in some of the MS it is at this point at which some older people decide to not age in place but to change their home – typically moving to be near or with their children and grandchildren.

The provision of separate public institutional care for the increasing numbers of relatively frail older people is no longer considered financially viable nor, on the whole, acceptable to older people in the EU who, in repeated surveys show their desire to remain in their own homes. The implication is that policies and practices will increasingly require the development of a variety of special programmes to serve the frail and dependent elderly in their homes and communities. The funding and organization of all forms of long-term care remains problematic for EU governments, though there are many current EU programmes and initiatives that are looking into the best ways of funding and organizing such care that allows people to stay in their homes⁸.

Special housing adapted to the frail e.g. sheltered housing, or other kinds of community-based residential care remain relatively scarce. The MS with more financial resources and better welfare states are those for whom such community living special housing solutions are more likely to be found.

Another issue, not discussed under ageing in the community, but of absolute relevance to whether the existing home is the best for the older person, is the degree to which the older housing stock is environmentally well adapted with lower energy needs. Some of the housing stock in which older people live is much older and needs expensive adaptations to make it more energy efficient, with the associated problem that many older people with low incomes cannot meet these costs. Thus, the goal of promoting the best quality housing for older people confronts several issues – from the fact that the housing stock in the EU is old and cannot easily be replaced, to the difficulty that space and flexibility requirements over the life course vary. Older people not only eventually find themselves living in older housing stock but often with more space than is required – yet the emotional and physical difficulties of moving to suitable accommodation, if available in the community, may be large. Greater and increasing longevity does mean that there will be more older people who are frail or disabled, increasingly confined to their homes. There is a clear need to promote adaptable

‘care-ready’ housing and solutions that intelligently allow multi-unit apartments and clustered living centres to develop shared facilities that are, preferably, open to the neighbourhood. Throughout the EU, a significant percentage of households are in apartment blocks where modern technologies ought to be more easily introduced to allow older people and people with disabilities to sustain a more autonomous life.

Neighbourhood: Local Authorities have responsibility for the neighbourhoods in which older people live, including shops, local amenities, and leisure and cultural places, and here actions to promote accessibility depends predominantly on changing mindsets. Thus, planners have to examine issues such as poor quality streets and pavements that are blocked or too high for wheelchairs, walking frames and pushchairs; poor public signing that gives confusing visual information; a lack of resting places for people out walking or shopping; poor lighting conditions that make people feel insecure and unsafe, particularly for those with disabilities, those who are frail or are experiencing age-related sensory or cognitive decline, and those who are functionally restricted – with prams, toddlers or mobility aids. In AGE Platform’s recent pamphlet on Accessibility (2010), the writers stress “While the inclusivity and accessibility of our public, commercial and historical buildings are important – shared urban places and the public spaces between them are also vital. Streets, roads, pavements, footways, cycle-paths, open spaces, recreational areas, parks, green spaces, street signs, bus-stops, taxi-ranks, metro and train stations – all form part of the urban fabric of a society and should be safe, convenient and enjoyable for everybody. The extent to which their use is shared in time and space by old and young alike, is a measure of inter-generational tolerance and trust that is a hallmark of friendly and inclusive places.

In our knowledge-based societies, the built environment increasingly includes electronic devices and equipment such as access pads, environmental controllers, automated vending machines, alarms, electronic time-table displays, public address systems, computer controlled traffic management and access authorization turnstiles. Information and communication technology displays and interactions are now part of the ambient background to the built environment. Technologies embedded in the fabric of our urban places and public buildings aid navigation and orientation but they must

also be guided by inclusive design principles if they are to be useful and easy to use by all.” They stress the necessity in our increasingly urban societies for more friendly and intergenerational “villages”.

The willingness of so many EU cities to join the Age Friendly Cities initiative suggests that there is a changing mindset amongst urban authorities – from Portugal to France, Poland, Slovenia and even Belgium, the heart of the EU – and they do increasingly see older citizens as sources of valid and relevant information suggesting which actions are necessary to ensure their inclusion. Striking are the number of EU cities that currently, as a result of consultations with their senior citizens, offer lessons on how to use public transport (Wroclaw), to walk easily and safely as pedestrians (Odense), or for exercise and sociability (Domnosta - San Sebastian).

Community services: While it may be possible to put services in place, it is not always easy for less mobile and poorer older people to access health services. Even the much wanted new technologies for e-health which are likely to play an increasing role in diagnosis and maintenance of those with health problems, ultimately have limitations when the older person needs personal care and social support. Focusing on health services may miss the point that loneliness and isolation often cause or exacerbate health problems.

One cannot overlook the fact that the costs of funding adequate health and support care services may be significant for national and local public budgets. Within the EU are many quite remote mountain and island villages where ultimately, a tiny handful of older people are left alive struggling to age decently with increasing health and mobility problems in their old community that is fast disappearing. Some of these new technologies may, for some time provide support, but ultimately, caring in disappearing communities may not be economically or even technically feasible.

Transport and mobility: EU policy does try to support the increasing use of public transport as opposed to private cars. Recent data⁹ shows that though older people (55+) do use cars less than younger age groups, the use of cars is still double the rate of public transport usage. Inadequate services, poor information services to support route planning, the cost of using public services and difficulties in ways of paying, non-linked-up services, poor facilities at points of change e.g. lavatories, and the sense of safety, are all issues reported as reasons

for public transport not currently being used. There have been many attempts to make public transport more physically accessible in terms of design, yet other factors have yet to be tackled systematically e.g. training of transport staff to be helpful and supportive to the frail and disabled. In a study for the European Commission in 2007 (Fiedler, 2007), the findings showed that many older people have unmet travel needs and wishes, and that a lack of suitable (public) transport prevented them from enjoying activities or meeting friends and relatives. Technical improvements are relatively easy, while the increasing use of new technologies may help in promoting what is termed ‘seamless travel’. Yet, other areas including fear of falling should not be underestimated. While this would not seem to be relevant to ageing in the community, the ability of older people to pop on to a bus easily and at a cheap price means that the network of social relations they have with friends and family can more easily be maintained despite some health problems in mobility.

The increasing numbers of older drivers of private cars cannot be ignored – this becomes a right that they need to be able to maintain requiring suitable adjustments to clarity of signing, parking and design, which helps everyone. There are other alternatives found in Europe that compensate for a loss of mobility and enable older people to get around - varying from affordable taxis, to car pooling, and volunteer networks - and these need to be publicized and linked where possible, to the public transport systems.

All too often, the data we have in the European Union is not adequate in terms of letting us understand the barriers for older people in living and ageing in their own communities. It is more often than not that there is a lack of information, no age disaggregated data i.e. data broken down by smaller age categories than just 65+, or insightful and compelling information that can be used at local and national levels to persuade politicians and policymakers of the needs of older people. Too often they have become invisible in the wider community and may be a marginalized group. As older people become ever more numerous, better off, more vocal and educated, their situation ought to improve both through their own organization and more active roles in the community as citizens. The implementation of policies to enable older people to age in place will require the commitment of local and national politicians, planners

and the civil servants who implement programmes and, above all, the active role of older people as stakeholders during the policy formulation stage.

As suggested, this is occurring in some of the EU, but may remain a low priority for some national governments and local authorities. Yet, making older people more able to contribute – in their own communities, as employees, workers, volunteers, carers and as civil society activists, can help reduce the costs of caring and the costs of marginalizing a very large percentage of our populations. No one imagines that one can avoid the need and costs of palliative i.e. end of life care, but changing the capacities of older people to remain active as long as possible may help, and this includes making their homes and communities places they can age in, well.

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NOTES

- ¹ A relevant example is that the IFA is co-hosted with the World Health Organization's Global Network of Age-friendly Cities, and the Ageing Well Network, Ireland - the 1st International Conference on Age-Friendly Cities in Dublin, in September 2011
- ² EC (2011) Report From The Commission To The European Parliament, The Council, The European Economic And Social Committee And The Committee Of The Regions "2010 Report on the Application of the EU Charter of Fundamental Rights" http://ec.europa.eu/justice/policies/rights/docs/sec_2011_396_en.pdf
- ³ European Parliament, European Commission, Committee of the Regions, European Court of Justice – as some of the main relevant ones.
- ⁴ <http://ec.europa.eu/social/main.jsp?catId=918&intPageId=1161&langId=en>
- ⁵ Information on these many programmes can be found on www.age-platform.eu
- ⁶ The data is noted as probably underestimating the numbers who are moving especially in some countries e.g. Poland. Increasing numbers of older people have also been retiring to other Member States, mainly in the Southern MS, and are underrepresented.
- ⁷ This is more common for widows.
- ⁸ One such programme, Interlinks, examines how best to promote the cooperation between all forms of social and health formal care service with informal care in the community.
- ⁹ European Commission 2011, Future of Transport. Flash Eurobarometer. March 2011. http://ec.europa.eu/public_opinion/flash/fl_312_en.pdf

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