

Call for Papers

"Ageing in place/*Viellir chez soi* :

Contribution of foreign experiences and international comparisons"

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Among the many questions and challenges related to increased longevity and large cohorts reaching old age, the issue of living spaces is central. Questions may arise in terms of adapting housing to changes in the health, mobility and autonomy of the elderly person. They may arise in terms of the accessibility of the home and its environment for the persons themselves, their relatives and the professional carers. Finally, the question of the cost of housing is latent: will the home become too large and therefore too difficult to maintain and too expensive? These individual questions have their counterpart at the macroeconomic level. While ageing in place is a general desire of the elderly population, many governments encourage it for reasons of economy. They expect to save both housing expenses and care costs that are more shared at home with informal family caregivers (Perry *et al.*, 2014). However, one may question the comparative costs of formal professional care provided in the home and in institutions (Kim & Lim, 2015, Bakx *et al.*, 2018), or the effect of institutional living on health, and therefore on public spending (Marek *et al.*, 2012).

Moving has a financial, but also a psychological cost that increases with age and time spent in the home. But is ageing "in place" totally synonymous with ageing in your home? (Wiles *et al.*, 2012) Isn't it more a question of finding the right place, and feeling at home elsewhere than in the current housing? In English, ageing "in place" is implicitly linked to the idea of ageing in your local environment, in your neighbourhood, in the community. The word community cannot be translated into French despite its apparent simplicity, but it does say that housing represents not only four walls and a roof, but above all a location that, in old age, no longer determines access to employment and good high schools as much as the availability of care and support services, and the proximity of neighbours and family. Ageing in the community means also maintaining a certain freedom, an independence even in dependency, the freedom to have chosen your community (Bonifas *et al.*, 2014). Ironically, perhaps, living in the community does not mean "*vivre en communaut *" as French-speaking statisticians define it, who classify non private homes such as retirement homes as *communaut s* alongside convents and prisons, and therefore apart from so-called ordinary housing. But one can feel "at home", even "*en communaut *», that is even when having moved to a nursing home (C r se, 2017).

There are therefore several dimensions to ageing in place. Broadly speaking, the dimension of the pure home and that of its environment. If we focus on the first axis, we emphasize the attachment to the home itself and the memories attached to it. There is also an interest in interior housing design, particularly new technologies, from fall detectors to connected robots and telemedicine. The rapid development of these techniques affects all ages and is all the more important as the increase in the

wealth and the improvement in health of the elderly goes hand in hand, in France as elsewhere, with a later entry into a nursing home (Muller, 2017).

Adding the dimension of the environment, of the community, shows how limited is this first "housing" approach. It involves now making senior-friendly, first the common areas of buildings, the stairs, then the sidewalks, access to shops, public transit and utilities, and the entire city. Thus both social and family ties will have the possibility of being maintained, together with physical mobility, a mobility necessary for health, for the elderly and for all ages. In this global perspective, installing a food truck at the foot of the building will be preferred to the delivery of meals at home, putting handrails on the stairs will be as important as installing elevators...

Ageing in place will therefore be feeling that one is "inhabiting" rather than just being "hosted" as Geneviève Laroque wrote, already in *Gerontology and Society* (2006).

These themes have been extensively developed in several issues of *Retraite et Société* and *Gérontologie et Société*, in the French context with interesting international openings but in limited number. This issue aims to focus on solutions devised in foreign countries with feedback on European and international experiences in a comparative perspective. Emphasis will be placed on the economic aspects, often neglected, in the study of ageing in place. Knowing what is being done elsewhere is thought-provoking but does not automatically imply that foreign models can be transposed into the French context.

This special issue of *Gerontology and Society* will build on some of the work related to the ODESSA project, but not exclusively. It is open to any contribution that documents "ageing in place/vieillir chez soi" at the international level.

The ODESSA project (Optimising care delivery models to support ageing-in-place: towards autonomy, affordability and financial sustainability) brought together researchers in France, England and China for three years and studied how to organize care to help people age in their own homes in an autonomous, affordable and financially viable way. The project focused heavily on the case of China, which is facing the double challenge of an unprecedented ageing population and, even more so than in Europe, a decrease in the number of potential family carers. Three main types of data sources were used. Statistical surveys of the general population, comparable in the three areas studied, namely SHARE (Survey on Health, Ageing and Retirement in Europe) for continental Europe¹, ELSA (English Longitudinal Study on Ageing) for England, and CHARLS (Chinese Health and Retirement Study) for China. Three harmonised local surveys were conducted in England, France and China among caregivers and older people's networks to assess the potential of local communities to provide care. Finally, focus groups brought together residents of retirement homes in France, China and England, and funders of retirement homes in China. It can be seen that methodological issues were at the centre of the project. In this sense, the issue will be open to feedback on the difficulties encountered in this project as in other international or foreign projects. What are the methodological challenges of general population statistical surveys for international comparisons?

Three themes, divided into a series of questions, are proposed to structure this issue.

¹ The following countries have been selected: Sweden, Denmark, the Netherlands, Belgium, France, Germany, Austria, Italy and Spain.

Theme 1. An international look at housing choices

Living arrangements

Is the desire to age in place universal? Aren't there countries where living in a retirement home is desired and sought after? Or countries where the housing architecture is adapted to the elderly?

People with whom you share your home or neighbourhood, especially close family, spouse and children, potential informal caregivers, are very important for ageing in place. Beyond the traditional composition of households, it is the study of living arrangements, a choice encompassing that of the home itself, and its location, in particular the distance to the children.

What are the constraints on geographical family patterns regarding the dependence of an elderly parent imposed by local cultural or legislative contexts (maintenance obligation or not, recourse to and taxation of inheritances, remuneration of informal and professional carers, modes of health insurance, etc.)?

What lessons can be drawn from national, European and international experiences in new forms of housing for the elderly (intergenerational, shared accommodation, etc.)

Residential mobility

Moving home, whether a free or forced decision, expresses housing choices: number of rooms, equipment, owning or renting, private housing, nursing or retirement home, getting closer or further from family members and relatives. Does the move improve housing conditions and meet age-related needs? Inequalities exist in terms of adequate housing conditions for the elderly, or in access to services and care. Which groups are most vulnerable? Who is forced to move, who on the contrary wants to but cannot because of mobility costs?

How to observe and measure the frequency of moves, and their motivations? The perception of the mobile persons?

Theme 2. The provision of care in old age: the importance of local contexts and cultural differences

Local health supply networks

What is the link between ageing in place and the local organization of care, medical or not, for the elderly? More generally, the relationships between the choice of housing for the elderly, its cost, the organization of care, and the modalities of reimbursement of care, social benefits and family configurations deserve to be documented. Are there countries where the organization of care would be optimal for ageing in place? All service delivery initiatives that promote ageing in place are of interest.

New supply of living spaces and access to healthcare: French and foreign experiments

How the development of neighbourhoods and residences adapted to the elderly and their pathologies help feel "at home" in any type of housing, whether or not living in the community. In other words, how access to health and social care and support in old age (from the home helper to the robot, from the ramp to connected tools and telemedicine) can be accessible, inclusive and effective. Experiments

are underway both in France and abroad (day care centers, part-time nursing homes to relieve family helpers, various social services residences, intergenerational housing), the critical assessment of which is of great interest.

Theme 3. Financing ageing in place

An important preliminary question is the cost of "ageing in place". Is it always cheaper than growing old in an institution? What are the economies of scale in the production of care in retirement homes rather than at private homes? Is it optimal to adapt all housing to the disabilities of the elderly?

To debate the issue of funding, it is necessary to decide on the nature of adaptations to "ageing in place". Should the focus be on individual housing, or on neighbourhoods (for example, by promoting the mobility of individuals, which is known to have a beneficial effect on health)? Should the interior of the dwelling be given priority (adapting the shower, installing a stair lift) or should priority be given to external mobility through a ramp to the building and elevators in all metro stations? The question of the effects of the standards and regulations also arises. Which groups live in housing, neighbourhoods or areas least adapted to ageing in place?

The question of financing ageing in place and the economic viability of new adapted housing models arises at the macro-economic level, and locally at the level of existing housing and neighbourhoods, which are often inadequate. How to organize effective and equitable financing for such diverse elements as home care, and real estate, whether owned or rented, private or public. Does the mobilization of individual savings, often in illiquid real estate, take different forms in different countries? How are reverse mortgage or life annuity instruments used? How can public and private investments be encouraged to focus on financing suitable homes? How, and where, to build service residences and retirement homes, how to develop inclusive neighbourhoods for older people in sustainable economic conditions? Here too, feedback from foreign experiences on shared accommodation, public/private partnership, cooperative housing for the elderly, etc. can be included. Generally speaking, work in confrontation with foreign countries will be favoured.

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Timetable and submission procedure

Authors will submit their contribution proposal (maximum 8,000 words, or 40,000 characters, including spaces) with a title and abstract (maximum 250 words) for June 2, 2020.

Proposals **must fit into one of the three sections of the review** (original articles, reports from field experiments and perspectives, free opinion); **the choice of section should be mentioned** on the first page along with the title and abstract.

Original articles and reports from the field and perspectives will be subjected to a double-blind peer review carried out by external experts, the shorter texts intended for the free expression section will be read by the editorial board. For more information on the sections and reviewing process, please refer to the journal's [website](#);

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