Summary of Key Project Findings
‘Ageing in place: a French-British comparison of adaptations to home and housing environments’

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Background
Increasing life expectancy, coupled with the impact that the retirement of the baby boom cohorts will have on society, means that policies to reduce the risk of dependency in later life have become a priority in France and Britain, as elsewhere in Europe. As a consequence, the organisation, funding and delivery of personal and social care provisions are now key issues. However, existing services are very often person, rather than environment-focused and targeted towards individuals who have already experienced some loss of autonomy, and this makes it difficult to initiate preventive measures. One such measure is ensuring that older people can live in good quality, accessible and secure housing because their ability to remain at home - to ‘age in place’ - will largely depend upon how well suited their living environment is to meeting their needs in later life.

It is clear that the numbers of older individuals requiring suitably adapted and well equipped accommodation will increase; nonetheless, a significant proportion of older people do not consider that they have specific needs for adaptations or specialised equipment, even amongst those who are relatively old. The implication is that older people’s home and housing environments have until recently, been a neglected area of policy.

Purpose of Project
Taking France and the UK as comparative contexts and with a particular focus on Wales, the purpose of this research project has been to highlight housing policy provisions in each country relating to housing adaptations and which have been designed to help older people live independently in their own homes. By housing adaptations we mean things like grab rails, alarms and ramps. A central argument underpinning the project has been that differences in the way that key notions such as “independence”, “dependence” or “disability” are conceptualised and formulated at the strategic policy level will have an impact on
actual service provision, and will influence policy approaches to questions such as how to promote "successful" or "active" ageing.

**Methodology**
The project has adopted a mixed-method approach. Existing data from surveys in both countries have been used to provide a contextual background to the project in relation to population ageing and housing needs. For England, we have drawn on the 2002 *English Longitudinal Study on Ageing* (ELSA), for Wales the 2004 *Living in Wales* (LiW) survey and in France, the 1999 survey *Handicap, Incapacité, Dépendance* (HID – Handicap, Incapacity, Dependency)

Descriptive statistics are provided on the socio-demographic profiles of each country’s older population as well as on indications of current provision and use of housing adaptations amongst older populations. In addition, qualitative interviews1 with housing adaptation service providers and their older clients, as well as interviews with government-level policy makers concerned with housing have been completed, with the purpose of identifying differences between the two countries in “on the ground” service provision, client experience and policy approaches. Finally, a critical analysis of strategic policy documents relating to housing and ageing policies has been undertaken, with the aim of identifying how each country considers the challenges that population ageing raises for older people’s housing needs, and to highlight how the ageing process and older people themselves are portrayed. The documents examined have included: *Opportunity Age 2005* and *Lifetime Homes Lifetime Neighbourhoods 2008* for England2; for Wales, *The Strategy for Older People* (2001 and 2008) and *Better Homes for People in Wales 2001*; and for France, *Solidarité Grand Age 2006* and *Bien Vieillir 2007*.

**Results**

**Socio-demographic and housing profiles of older populations – England, Wales and France**

In demographic terms, France, England and Wales share similar ‘ageing’ profiles (see Table 1). Each country has about one third of its population aged 50 or more, they share similar proportions in the older age groups and people can expect to live on average to about 81 years, women outliving men. In 2001, life expectancy at birth in the UK was 76 years for men and 81 years for women, and in Wales, 75 and 80 respectively. In the future, there will be similar increases in the older population, albeit with slightly higher proportions in France, so that by 2050, those of post-retirement age will represent about one quarter of the total population, and the oldest old aged 80 or above close to one tenth (Table 2). Men will be living into their

1 In France, interviews were confined to the region of Ile de France and in Wales, South Wales including Cardiff, Newport, Neath, Port-Talbot and Swansea.

2 The project was completed prior to the publication of “Building a Society for All Ages”.

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early eighties, and women, on average, well beyond 85.

### Table 1: Older populations by age group (% total) – 2001 and projections: France, Britain and Wales

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<th>% in tot. pop.</th>
<th>France</th>
<th>England</th>
<th>Wales</th>
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<tbody>
<tr>
<td>50+</td>
<td>32.8</td>
<td>33.3</td>
<td>35.9</td>
</tr>
<tr>
<td>65+</td>
<td>16.7</td>
<td>15.7</td>
<td>17.4</td>
</tr>
<tr>
<td>80+</td>
<td>4.0</td>
<td>4.1</td>
<td>4.5</td>
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<tr>
<th>Projections 2045-50</th>
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<tbody>
<tr>
<td>France</td>
</tr>
<tr>
<td>65+</td>
</tr>
<tr>
<td>80+</td>
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<table>
<thead>
<tr>
<th>England</th>
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<td>65+</td>
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<th>Wales</th>
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<td>65+</td>
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Source: Ogg et al, 2009: 9; UN, 2002

The countries also share common traits regarding living arrangements and tenure. First, the second half of the 20th Century was characterised by an increase in the proportion of home-owner households, and this means that today, beyond the age of 60, the majority of older people in France, England and Wales do own their own home (see Table 2). The likelihood of living alone increases with age, and beyond the age of 75, about half of all households are made up of only one person, increasing to about two thirds after the age of 85 (Ogg et al, 2009: 10).

### Table 2: Older populations by housing tenure (%): France, England and Wales

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<tr>
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<tr>
<td>60+</td>
<td>69.7</td>
<td>64.8</td>
<td>63.1</td>
</tr>
<tr>
<td>75+</td>
<td>64.8</td>
<td>74.4</td>
<td>79.7</td>
</tr>
<tr>
<td>80+</td>
<td>74.4</td>
<td>63.1</td>
<td>69.0</td>
</tr>
<tr>
<td>Rent</td>
<td>18.2</td>
<td>6.6</td>
<td>14.2</td>
</tr>
<tr>
<td>(private/other)</td>
<td>12.2</td>
<td>22.7</td>
<td>8.4</td>
</tr>
<tr>
<td>Rent social housing</td>
<td>12.5</td>
<td>21.4</td>
<td>6.1</td>
</tr>
</tbody>
</table>

Source: Ogg et al, 2009: 14

The most notable difference between the three countries is the higher proportion of older people in England and Wales who rent their accommodation from the social housing sector. Increased rates of homeownership mean that the retired population will be responsible for maintaining and adapting their homes, but the financial costs associated with home maintenance will often represent a significant, if not prohibitive, financial commitment for them once they reach later life, particularly for those with low levels of retirement income or limited assets. Yet the policy focus on ‘ageing in place’ and ‘independent living’ in each national context presently leaves few options for older people but to adapt their homes (and if not, to live in less than ‘decent’ housing conditions). In the UK, existing financial provisions (e.g. Disabled Facilities Grant in England and Wales and the various available grants in France) benefit only those who already experience disability or illness and this means that financial support

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for preventive measures which facilitate housing adaptations prior to the onset of very old age and/or disability are not available.

**Housing Adaptations**
Analysis of survey information on housing adaptations for all three countries is shown in Figures 1-3 which indicate the proportions of individuals aged 75 or more who benefit from certain types of housing adaptations, notably whether there is a grab rail and adapted W.C. present in the home. Whilst it appears that adaptations are more likely to be present in England and Wales than in France, this difference can really be explained in terms of the nature of the data collected in each country and the study populations involved. The explanation for the differences we find serves to highlight one of the well recognised difficulties of comparative research – finding data sources with comparable aims, concepts, variables and study populations. The ELSA and the LiW surveys for example, focus on the general population of households and their conditions, whereas the French survey HID focuses on issues of dependency and disability. In ELSA, only one question covers data on modifications, adaptations and technical aids, and whilst all these items are covered in the HID, they are treated as separate questions. In the LiW, a question about housing adaptations is asked only in households where at least one individual has a disability. These methodological inconsistencies make it difficult to draw accurate comparisons, but the overall trend in each country as we would expect, is to see a gradual increase in the proportions of households with these adaptations with increasing age.

Policy Frameworks and Policy Implementation
Our analysis of the strategic policy frameworks presented by the French, Welsh and English governments over
the past ten years indicates that UK policy makers perceive ageing as an opportunity for both society and individuals, with an important emphasis on promoting choice and independent living. This is in marked contrast to France where policy orientations and provisions remain strongly influenced by a medical model, reflected for example, in the association of individual ageing with dependency and disability, and population ageing as a potential public ‘burden’.

This is well illustrated if we consider the titles of two recent strategic policy statements in each country. In France for example, the title of the ageing strategy ‘Solidarité Grand-Age’ implies that ageing represents a social problem and that it concerns mainly the very old, the group we would be most likely to associate with the ‘Fourth Age’ or a chronological age of 80+. The notion of solidarity in France – ‘sticking together’ - suggests that the consequences of an ageing population should be shoulder by society and government as a whole. In contrast, the UK strategy « Opportunity Age » suggests that the ageing experience represents a chance rather than a burden, although it may also reflect a policy perspective which places responsibility for assuming the consequences of population ageing largely on individuals themselves, rather than seeing it as a collective responsibility.

The concept of ‘active ageing’ is central to all the frameworks we have examined, but in France is linked much more with older people’s health, than with the broader interpretation it receives in the UK where it is associated with physical, social, recreational and even economic activity.

The interviews we completed in France and Wales with policy makers, funding agencies, service providers and service users have provided valuable insights into differences and similarities between the national contexts in terms of housing adaptation policies, provisions and experiences. In both contexts, policy implementation is reliant upon partnerships between government sectors (which have budgets dedicated to housing), local-level government agencies, non-government organisations (e.g. housing associations), and service providers. All are involved in facilitating adaptations to the housing environment, primarily for disabled, older people.

Qualitative Interviews
Policy implementation and housing adaptation services
From our interviews, we have identified three features shared by all three countries in relation to policy

6 “rand-âge” referring to very old age.

7 The interviews focused on questions relating to policy development, funding and implementation, partnership working, types of service provision, service user perspectives and experiences and issues around prevention and future needs.
implementation for housing adaptations and improvements:

- significant regional variations
- implementation depends on:
  - local-level service provider capacities to respond to demand
  - the degree of local authority commitment to promoting preventive-based measures in relation to housing.

In addition, five themes regarding housing adaptation services were identified as common to all three countries:

- service user difficulties in accessing information
- complexities in the number and types of services offered, as well as in sources of funding or financial assistance
- significant regional and local variations in service provisions
- for service providers, the difficulties of demonstrating the preventive value of housing adaptations and of obtaining funding support for preventive interventions (e.g. installing a walk-in shower before someone has an accident)
- acknowledgment by service users and providers that even minor adaptations can have a very positive, life-changing impact upon older people’s quality of life.

**General Observations**

The project also pinpointed more general observations.

- **Difficulties in offering housing adaptations**
  Older people in both contexts express the wish to live independently in their own homes for as long as possible, and from a policy perspective, housing adaptations are seen as a key facilitating factor in achieving this, particularly in the UK. However, interviews with service providers and users in both national contexts confirmed that older people often resist the idea of housing adaptations, associating them with the idea of loss of independence or the onset of disability.

- **Complex funding systems**
  It is in France that accessing funding sources for housing adaptations appears the most complex. This is because for any given person wishing to benefit from housing adaptations, there are numerous funding agencies involved\(^8\); hence any applications for assistance will involve complex and long administrative procedures. This is also reflected at other levels involving centralised

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\(^8\) This is because in France, individuals will have contributed to different ‘caisses’ or insurance schemes throughout their lives, all of which may provide some financial support for housing adaptations.
government agencies, social security services and regional authorities. By comparison, the UK situation is less complex as there are only two major sources of financial assistance for housing adaptations, both of which are administered from the local authority level: the means-tested mandatory Disabled Facilities Grant, allocated to eligible disabled people; funding which local authorities have discretionary power to allocate for housing improvements and adaptations based on the Regulatory Reform Order, as well as being able to supplement the mandatory DFG through top up grants, etc\(^9\).

- **Flexibility of intervention**
  There are some notable differences in terms of the possibilities for intervention by non-governmental service providers such as Pact-Arim in France or Care & Repair in the UK (and in Wales, Care & Repair Cymru). Unlike its counterpart organisation in France, Care & Repair can intervene directly in response to client-initiated demand, and this enables a greater flexibility in service delivery. Care & Repair are also frequently able to identify alternative sources of funding for adaptations, often on a case-by-case basis (e.g. approaching War Veterans’ societies).

- **Inter-sector collaboration**
  Both countries experience difficulties of coordination between the various sectors of health, social services and housing. All three may at some point, be involved in the identification or assessment of need for housing adaptations, but do not always share the same professional objectives (e.g. housing services will be interested in the actual building, while social services will focus on assessing an individual’s needs).

- **Uncertainties of the current economic climate**
  On a broader level, older people’s homes often represent not only a financial asset, but also an investment for others in the form of their inheritance; in either case, maintaining the financial value of property will more often than not mean continued financial investment through maintenance or adaptations. Housing markets in both countries, although much more state-regulated in France than the UK, are subject to global volatility, and hence entail an element of financial risk. By implication, later life choices about whether to remain at home (regardless of whether the environment will accommodate changing needs).  

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\(^9\) Smaller sums of funding come from social services, social landlords or housing associations.
or to move to more adapted housing will mean that older people will undoubtedly face certain dilemmas.

**Conclusion**

Our comparative study of policy, practice and experience of housing adaptations for older people has led us to a number of concluding comments.

First, in both contexts, the challenges that population ageing raises at the individual and societal levels, have been recognised for some time but the question of how to house an older population in decent and affordable accommodation seems only recently to have come to the fore. One reason for this in the UK is perhaps because housing has traditionally received less attention than other sectors of the welfare state\(^\text{10}\). Equally, at the European level, there has never been an explicit commitment to prioritising a coherent approach to housing policy\(^\text{11}\).

Second, the current challenges faced by each country in adapting existing housing stock represent a significant issue: adapting old stock may be difficult or impossible when structural, spatial and cost factors are taken into account, yet the current gap between housing demand and the supply of new housing persists. As our analysis has effectively highlighted, a relatively small proportion of households in each national context have been suitably adapted to meet the needs of the older, disabled population groups.

Third, it is imperative that governments facilitate preventive approaches with regard to the provision of housing adaptations for older people. Each country has historically given priority to assistance with personal care needs, thus limiting the options for improving or adapting the home environment. Current provisions relating to older people largely define eligibility in relation to existing health and disability status, and as a consequence, it is difficult for those who do not fall into the categories of disabled or ill to benefit readily from financial assistance, information or advice on housing maintenance or adaptation. In other words, current policy still tends to overlook the future housing adaptation needs of the population of autonomous, healthy and independent older people, and this acts as a barrier to prevention.

Finally, our comparative analysis of policy frameworks highlights differences in the ways that both the ageing process and older people themselves are represented; this in turn, conditions how policies will be developed and how older people’s needs for assistance will be shaped. Portraying an older person as ‘dependent and vulnerable’ for

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example, creates quite a different picture when contrasted to a vision of older age as one of autonomy and independence. The French context will be particularly challenged in developing long-term strategies for an ageing population which reflect a more holistic and less medically-focused perspective of how ‘successful’ and ‘active’ ageing may be achieved. Part of this perspective would involve thinking more creatively about siting older people’s physical and health needs within a broader framework of home, housing and community environments.

Our concluding comment is that ageing populations will need to be housed in suitably adapted, decent conditions – in its scale, this is an unprecedented but inevitable policy challenge for the 21st century.

Copies of the full report in French may be obtained from Dr. Jim Ogg, Email: james.ogg@cnav.fr. Copies of the English summary may be obtained from Dr. Sarah Hillcoat-Nallétamby, Email: S.Hillcoat-Nalletamby@swansea.ac.uk

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