

Contributions of social sphere services to the *Ageing in Place* – the case of Aveiro

Liliana Calado

Instituto Superior Técnico, Lisbon, Portugal

October 2022

ABSTRACT

Demographic ageing presents major challenges for urban planning, in the provision of services and their adaptation to each territory. The preference of the elderly to live in their own home and community originated the *Ageing in Place (AIP)*. This policy states that the elderly must have at their disposal the services and activities necessary and economically accessible to continue to participate in the community, whether in the form of social services, health, culture or sport. Thus, the objectives of this dissertation are to evaluate the adequacy between the supply and demand of these services to the elderly and to understand how different forms of urban occupation affect their daily lives in influence area of Aveiro. It is verified that a discontinuous occupation of the territory results in a decrease in the quality of *the AIP* regarding the demand and accessibility to services, specially the more they move away from the center of each study area. However, the role of local government is another equally important factor in *AIP* when there are obstacles at the territorial level. Demographic projections show a high increase in the proportion of elderly people, reaching 3x more older than young people in most of the parishes under study. For the next 10 and 20 years, the need to increase the number of facilities is confirmed, based on current distribution and capacities. However, it is necessary to consider first the increase of the capacity of existing ones and the definition of the real needs, adapting the *AIP* to each territory and meeting the challenges that each one has, for example, by ensuring transport to the services that the elderly uses.

KEYWORDS: *Ageing in Place*, Social Services, Urban Occupation Model, Accessibility

INTRODUCTION

The phenomenon of demographic ageing creates an increased need to act to improve the quality of life of older people (UN, 2020). To make cities more inclusive for the elderly, it is important to foster their participation in the community through the development of various leisure, social and cultural activities, but also to ensure an optimal provision of services at the local level within the framework of *Ageing in Place (AIP)* (Bárrios & Fernandes, 2014; WHO, 2007; WHO, 2015). However, the form of urban occupation can influence the provision of services depending on whether the territory is marked by low or high density or by discontinuities in urban space (Golant, 2018; Lui *et al.*, 2009). Thus, the main objectives of the dissertation are to evaluate the

adequacy between the supply and demand for services to the *elderly as a pillar of Ageing in Place* and to understand how different forms of urban occupation affect the daily dynamics of the elderly population.

AGEING IN PLACE

The World Health Organization (WHO) is the main promoter of Active Aging (WHO, 2002), The Age-friendly Cities (WHO, 2007) and *Ageing in Place* (WHO, 2015). However, it is not only in urban areas that support networks for the elderly must exist – dispersed, suburban, urban and rural forms of occupation present many challenges in spatial planning (European Commission, 2021; Joseph & Cloutier-Fisher, 2005; WHO, 2015). The *AIP* policy is based on the

idea that the elderly prefer to grow old in their own home and in the community of which they have been a part during their life (WHO, 2015). The *AIP* means living in your home safely, in a quiet, familiar environment, by respecting the preference of the elderly, but also providing the necessary services and support in the community (Fonseca, 2020; WHO, 2004; WHO, 2015; Wiles *et al.*, 2011). Low density, suburban or rural territories tend to have fewer proximity services available, so access to these and everyday activities becomes increasingly complex, especially if the physical environment does not present safe conditions for walkability (Golant, 2018).

METODOLOGY

Aveiro was the study area of the Grampcity Project (PTDC/GES-TRA/32121/2017-BI-LIC) chosen in view of its low-density territorial occupation and by increasingly high aging rates from the city to ring 3. The study area is divided into 5 parishes: Glória (UF Glória and Vera Cruz) and Santa Joana belong to the city; Vera Cruz (UF Glória and Vera Cruz) belongs to ring 1; Gafanha da Nazaré and São Salvador represent ring 2; UF Águeda and Borralha corresponds to ring 3.

It should be noted that the area of influence of Aveiro is part of a polycentric urban system, so there are several centers and cities along the 3 rings of distance, not entirely dependent on the center of Aveiro as they have some autonomy in their organization and distribution of services.

Except for Santa Joana, all parishes are cities in their respective limits. Santa Joana is classified as a peri-urban territory, that is, it is in the transition between the center of Aveiro and the rural territory as a result of the process of growth of the city of Aveiro.

Through the analysis of the COS (DGT, 2018), UF Glória and Vera Cruz is the only territory with more continuous fabric than discontinuous (4.4% continuous and 1% discontinuous). On the contrary, Santa Joana, is the parish with the most

discontinuous fabric (25%) of all parishes due to its peri-urban characteristics. The territory in all parishes is generally discontinuous and fragmented outside the center of the parishes, where the territory becomes more rural as it moves away from its center.

The social services in this dissertation correspond to the services with the greatest influence on the well-being of the elderly and their participation in the community – social, health, cultural and sport services. To calculate the accessibility of each of these facilities, a Service Network Analysis of walking accessibility was carried out at 250m, 500m and 750m. The demand was given through the surveys of the Grampcity project to understand the pattern of behavior and use of services and equipment in their daily lives before and after the first confinement by the Pandemic Covid-19. Finally, a demographic projection was carried out through the Trend and Proportion Model for a view of the demographic challenges of the next 10 and 20 years, namely the need to create more facilities.

AGEING IN PLACE IN AVEIRO

The model of urban occupation influences the dynamics of the provision of services from the point of view of accessibility and its offer. The city (Glória) and coroa 1 (Vera Cruz) (center of Aveiro) have the best features for *Ageing In Place* since its continuous fabric allows a proximity to the various health, social, cultural and sports services throughout its artificialized territory. However, in their neighboring parish (Santa Joana), it is possible to observe that a discontinuous territory, more fragmented and with great dependence on the private vehicle has consequences in the offer and accessibility to services. São Salvador and Gafanha da Nazaré presents a territory similar to Santa Joana, however it is noted the importance of the role of local authorities have in this ring since they are responsible for a large part of the cultural and sport initiatives for the elderly, and all have a low cost or are free. Águeda is the city that most

resembles UF Glória and Vera Cruz (downtown Aveiro) since 64% of its services are located in a continuous fabric and, as the municipal capital, it has a more urban occupation than Santa Joana, for example, and constitutes itself as a center of its own, with the presence of services on a municipal scale, thus demonstrating the polycentric system that exists in the influence area of Aveiro. The Covid-19 pandemic caused an obstacle to everyday activities in the elderly population and until 1 year ago (date of the surveys), most had not yet returned to the previous routine. Going to social associations and health services was greatly impaired and may have consequences for the well-being of the elderly. To make matters worse, many cultural and social associations have stopped performing events or activities due to the risk of contagion and, to date, they have not resumed most activities. In the next 10 and 20 years, the age structure will suffer a sharp ageing in the population from an average of 22,1% population above 65 years old in 2021 to 27% in 2031 and 31,9% in 2041. There will be a sharp increase in the ageing

index in Santa Joana and São Salvador in the next 10 years, following the same trend until 2041, reaching more than 359 elderly people per 100 young people in 2041, making it the two parishes with the most pronounced evolution since 2011. In the other parishes, the increase in elders is visible, but does not show disparate values. For the social facilities, the capacity will decrease considerably in all parishes, but this decrease will be more noticed in those with a capacity already reduced in 2022 because the current constraints will expand, if the offer is not reinforced, especially in the parishes of ring 2, also derived from the lack of diversity of social responses. Social facilities will have to reinforce their capacity in between 3 to 8 facilities each parish in the next 20 years. In health, culture and sports facilities, the number of facilities per 1000 elderly will also decrease in all parishes so the strengthening of the capacity of health services in number of doctors and nurses and the use of existing cultural and sports facilities is essential for the implementation of *Ageing in Place* in the future.

Table 1. *Ageing in Place* characterization

Ring	Parishes	<i>Ageing in Place</i> characterization
City and 1	Glória e Vera Cruz	<i>AIP</i> with strong accessibility and diversity of service offering (best at <u>health, social and cultural services</u>)
2	São Salvador	<i>AIP</i> with strong intervention from local authorities (best at <u>cultural and sport services</u>)
2	Gafanha da Nazaré	
3	Águeda e Borralha	<i>AIP</i> with poor intervention and accessibility, but some diversity in the service offering (best at <u>social and sport services</u>)
City	Santa Joana	<i>AIP</i> with poor supply of services and accessibility, but some local intervention (best at <u>social and sport services</u>)

CONCLUSION

The urban occupation model is a factor that interferes in the provision of services. That is, the various types of urban occupation (urban, peri-urban and rural) originate a different *Ageing in Place* in each parish. And it's not always as further from the main center that the services get worse, due to a polycentric urban system, in this case. The role of local authorities is another essential factor in *AIP* when there are obstacles at the

territorial level. Projections show that the age structure of the population will suffer a high increase in the proportion of elderly, reaching 3x more older than young people in the studied parishes. By analyzing the projection data with the capacity and number of facilities in the four types of services, the need to increase the equipment in 10 and 20 years is confirmed, based on the current distribution and capacities. However, it is important to mention that the need for new

equipment is a reference for the needs that will have to be met in the coming decades and that, first, the reinforcement of needs must be achieved by increasing capacity in existing equipment in a logic of resource optimization. To improve the *Ageing in Place* of the parishes currently and in the coming years, it is proposed that transport to activities and services is always guaranteed in a logic of social inclusion, creation of intergenerational projects to combat discrimination that the elderly population suffers and the use of cultural and sports equipment present in the parishes that do not yet contain activities for the elderly but also use the University and the new technologies to improve the quality of life of the elders.

REFERENCES

- Bárrios, M., & Fernandes, A. (2014). A promoção do envelhecimento ativo ao nível local: análise de programas de intervenção autárquica. *Revista Portuguesa de Saúde Pública*, 32(2), 188-196. doi: <http://dx.doi.org/10.1016/j.rpsp.2014.09.002>
- European Commission. (2021). *A long-term Vision for the EU's Rural Areas - Towards stronger, connected, resilient and prosperous rural areas by 2040*. Bruxelas. Retrieved from https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/long-term-vision-rural-areas_en#documents
- Fonseca, A. (2020). Ageing in Place, Envelhecimento em Casa e na Comunidade em Portugal. *Public Sciences & Policies*, 6(2), 21–39. Retrieved from <https://doi.org/10.33167/2184-0644.cpp2020.vwin2/pp.21-39>
- Golant, S. M. (2018). Explaining the ageing in place realities of older adults. In M. Skinner, G. Andrews, & M. Cutchin, *Geographical Gerontology: Concepts and Approaches* (pp. 189-202). London: Routledge.
- Joseph, A. E., & Cloutier-Fisher, D. (2005). Ageing in rural communities: vulnerable people in vulnerable places. In G. F. Andrews, & D. R. Philips, *Ageing and Place - Perspectives, policy, practice* (pp. 133-146). Routledge Taylor & Francis Group.
- Lui, C. W., & et al. (2009). What makes a community age-friendly: A review of international literature. *Australasian Journal on Ageing*, 28(3), 116–121. Retrieved from <https://doi.org/10.1111/j.1741-6612.2009.00355.x>
- WHO. (2002). *Active ageing: a policy framework*. World Health Organization. Retrieved from <https://apps.who.int/iris/handle/10665/67215>
- WHO. (2004). *Ageing and Health Technical Report Volume 5 - A glossary of terms for community health care and services for older persons*.
- WHO. (2007). *Global age-friendly cities: a guide*. France: World Health Organization. Retrieved from <https://apps.who.int/iris/handle/10665/43755>
- WHO. (2015). *World report on ageing and health*. Retrieved from <https://apps.who.int/iris/handle/10665/186463>
- Wiles, J. L., Leibing, A., Guberman, N., Reeve, J., & Allen, R. E. (2011). The meaning of "aging in place" to older people. *The Gerontologist*, 53(3), 357-366. Retrieved from <https://doi.org/10.1093/geront/gnr098>