

Ageing in Place as a Governance Strategy for Inclusive Urban Planning: Comparing insights from Italy and Canada

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1 Introduction

The global demographic phenomenon of population ageing constitutes both a critical challenge and an opportunity for governance innovation, urban planning and promoting social inclusion. As of 2019, “the second largest share of older persons (aged 65 years or older) currently lives in Europe and Northern America” and the United Nations estimates that within the next twenty-five years, one in six people globally will be aged 65 years and older [United Nations, Department of Economic and Social Affairs, Population Division 2019: 6](#). Simultaneously, cities have increasingly become the last bastion in a multi-level governance system, charged with filtering national and regional legislation into localized actions that must respond to immediate and long-term contexts. Municipal governments are therefore confronted with the Herculean task of adapting built environments, housing systems and governance frameworks to support a growing and increasingly diverse group of older adults—not only now but for decades to come.

In this context, the concept of aging in place is a useful conceptual framework and governance tool for advancing accessibility, resilience and spatial justice

for older adults. In this research, ageing in place is defined as the capacity for older adults to grow older in their communities with dignity, independence and choice, irrespective of socioeconomic status, age, gender or ability. This paper reframes ageing in place as a policy framework for urban planning that can bridge interrelated issues across housing, accessibility, service provision and the environment. The research provides comparative insights from two case studies of cities in Italy and Canada, using multi-scalar spatial analysis together with a comprehensive policy scan and program review. This paper focuses primarily on the latter, to identify critical gaps and opportunities for governance and policy innovations of ageing in place at municipal, regional and national levels.

2 Methods

The study employs a comparative case study methodology, examining the spatial and governance conditions of Brescia, Italy and Windsor, Canada. The comparative lens provides useful insights into the adaptability and transferability of ageing in place across different housing typologies, cultural traditions, and institutional structures, while still addressing common experiences of demographic change. The multi-level policy scan and program review reviews municipal, regional, provincial and national documents and policies, to understand the extent to which ageing in place has been referenced or implemented as a planning concept, policy or strategy. The policy scan and analysis uses a critical interpretative framework that identifies areas of innovation or opportunities for cross-sectoral integration, and contradictions or areas lacking or in need of improvement.

3 Results

3.1 Canada

In Canada, the primary responsibility for older adults' care lies with the provincial and territorial governments that "plan, manage and oversee the delivery of health care and social services" [Lazar 2011](#): 1. The federal government sets national standards through the Canada Health Act, oversees retirement income systems and provides funding transfers [Government of Canada 2016](#). Despite federal accessibility legislation, implementation at the provincial and territorial levels is fragmented. For example, although the National Building Code of Canada mandates accessibility standards for residential dwellings, provinces and territories interpret these standards differently resulting in uneven implementation [Sinha et al. 2016](#).

In Ontario, historical healthcare reforms have generally focused on provider payment models rather than access and delivery [Williams et al. 2016](#). Furthermore, Canadian Medicare does not mandate access to publicly funded home care, resulting in a fragmented and unorganized system of home and community care programs and services with inconsistent eligibility criteria [Williams et al. 2016](#). Despite this, Ontario has emerged as a policy innovator on ageing as an important policy area, beginning with the 2001 report *Time for Action: Advancing the Rights of Older Persons in Ontario* by the Ontario Human Rights Commission, with the 2005 Accessibility for Ontarians with Disabilities Act that mandated accessibility reporting, the 2012 Ontario Building Code that included accessibility requirements and barrier-free access paths, the 2013 Action Plan for Seniors, and the 2017 *Ageing with Confidence: Ontario's Action Plan for Seniors*. The province is also unique in offering Seniors Active Living Centres (SALCs) that are provincially funded community centres to promote health and wellbeing of older adults. At the municipal level, since 2012 the city of Windsor has committed to the World Health Organization's Age-Friendly Cities Network, unveiling an environmental scan of age-friendliness in 2012 and an Action Plan in 2014, while older adults in the community are also represented by the Seniors Advisory Committee.

3.2 Italy

The Italian healthcare system is similarly decentralized, wherein national government is responsible for funneling tax revenues for publicly funded healthcare, outlines available benefits, and oversees and manages the entire process, while each region is responsible for organizing and delivering health services through local health units [OECD/European Observatory on Health Systems and Policies 2019](#). While the national government has introduced various general interventions indirectly addressing older adults, there is no concrete national strategy, and many initiatives and legislation remains aspirational rather than implemented.

In national health policies, key challenges include the absence of a national definition of older adults in policy thus leaving regions to define their target demographic group, and the fact that policy discourse is primarily framed around non-self-sufficiency rather than the view of older adults as active contributing members of society [Barbabella et al. 2020](#). As a result, the majority of these national plans and strategies are mostly rhetoric, without concrete timelines or incentives that push regions and municipalities to implement these strategies through projects and actions. Instead, the Third Sector together with non-profit and non-governmental organizations, trade union and pension associations, third age uni-

versities and foundations are largely called upon to supplement gaps or oversights by government institutions in supporting older adults. In the housing and construction sector, the Italian government has introduced legislation indirectly supporting improvement and adaptation of the built context that would enable older adults to age in place. This includes legislation concerning energy efficient renovations through tax deductions and legislation pertaining to accessibility in the built environment, the latter focusing on accessibility and adaptability of public buildings and elimination of architectural barriers in newly constructed buildings and public spaces.

At the regional level in Lombardy, historical policies concerning older adults mainly focused on non-self-sufficiency while since the 2000s, there has been renewed attention to preventative programs to promote health and well-being [Barbabella & Principi 2020](#). Recent policies and projects that promote aspects of ageing in place in Lombardy are framed within the context of welfare, including prevention and health promotion, improving the quality of life through preventing non-self-sufficiency, and promoting social inclusion [Barbabella & Principi 2020](#). Despite these recent additions, the region of Lombardy's approach to designing policies for older adults and/or ageing in place subsequently annexes these policies within containers, that does not allow for flexible and adaptable interventions that would better meet the needs of diverse older adults [Barbabella & Principi 2020](#).

At the municipal level in Brescia, there are no direct references to ageing in place in municipal policies and projects, but there are a number of non-profit and non-governmental organizations that are making significant progress in addressing accessibility and usability of housing and the neighbourhood, towards removing architectural barriers, and supporting older adults to take an active role in their personal health management.

4 Discussion

From the policy scan and program review, it was possible to identify five criticalities and potentialities for ageing in place as an urban planning framework and strategy and its relevance to other cities or urban areas.

Firstly, the most critical issue is that of local funding and allocation, that inherently affects the efficacy of the subsequent four themes. This issue is dictated primarily by the federal or constitutional level of government. In both Canadian and Italian cities, there is a convoluted and unnecessarily complicated system of funding responsibilities and allocation for home care or home accessibility. This

includes a lack of human resources, unclear policy frameworks, the measures of how service delivery is organized, and limiting eligibility criteria that leaves access to home care only for those in the most fragile conditions.

Secondly and concurrently with the issue of funding, there is a need for improved integration of home care support with existing housing typologies. This would support the development of a continuum of care for older adults ageing in place at home, particularly in private homes that is the predominant living situation for both case study contexts.

Thirdly and following from this point, the trend of older adults in smaller household sizes living in homes with multiple bedrooms can be leveraged to alleviate the strain on public housing demand, by introducing innovative housing schemes that introduce adaptable homes, secondary suites, homesharing, inter-generational housing, senior cohousing, and reorganization of residential structures.

The fourth issue speaks to the larger challenge of sustainable interventions and prioritizing energy-efficient choices in residential buildings. Older adults on a fixed income who are residing in private homes without the means to renovate or in public housing constructed before sustainable design standards were mandated, would benefit from government programs and tax subsidies aimed at green retrofits, particularly public housing that is already owned and managed by the state.

Finally, the majority of older adults reside in homes that were constructed during a period when building codes did not include specialized regulations on accessibility or adaptability. As a result, older adults (especially those living alone or with health difficulties) face the daily insurmountable challenge of barriers within their own home that prevent full participation in everyday activities and in society. Renovations can be costly for older adults who are on fixed incomes in private homes, or out of reach for those living in public housing and dependent on the will or funding capacity of operators to renovate.

5 Conclusion

This research advances ageing in place as a conceptual framework and a governance strategy for urban planning. Through comparative analysis of Italy and Canada, it identifies criticalities in governance structures and policy integration while highlighting opportunities for how planning can improve positive outcomes for older adults already ageing in place or who will age in place in future, through inclusive and adaptive strategies. The findings make clear that ageing

in place is not only a singularly social or healthcare concept, but a cross-cutting framework that can guide more inclusive, resilient and just urban planning strategies to produce more inclusive and accommodating urban environments for older adults and for the entire community.

Firstly, ageing in place must be repositioned and adopted as a governance and planning innovation, that bridges housing, accessibility and care systems, while advancing social inclusion and spatial justice for diverse older adults. Secondly, the successful implementation of ageing in place as a governance strategy requires cross-sectoral and multi-scalar policy integration that aligns opportunities in housing, health and accessibility, and builds resilient governance frameworks capable of responding to demographic challenges and societal needs. Finally, the implementation of ageing in place strategies and policies speaks to the opportunity to activate participatory and community-driven planning practices that are grounded in the lived experiences of older adults. Altogether, these insights outline how reframing ageing in place as an innovative urban planning and governance priority towards developing more inclusive and equitable urban environments.

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