



Civic participation in the age-friendly city programme of Lyon, France

This Case Study is based on a presentation given at an international symposium on Living Well in the Community in Liege, Belgium, earlier this year to celebrate the European Year of Active Ageing. It offers an interesting example of how one French city, Lyon, is advancing age-friendly approaches with the active involvement of their older citizens.

Produced by **Pierre-Marie Chapon**, Age-friendly Network Coordinator, France, for the Housing Learning & Improvement Network.

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Background

The WHO age-friendly cities project was launched in June 2005 at the 18th World Congress of Gerontology and Geriatrics which was held in Rio de Janeiro. Thirty three cities in 22 countries worked on a methodology based on the consultation of older people who were asked to list features that they view as favourable or unfavourable to active ageing in eight areas of urban living: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. A guide entitled *Global age-friendly cities: a guide* was launched (1). This then became the Vancouver protocol.

In 2010, Lyon was the first French city to make a complete community survey by implementing the Vancouver protocol. Over a six month period, more than 400 people, among whom 357 people were aged 65 and over, took part in a variety of focus groups, the largest exercise ever undertaken by a city associated with the programme. The objective of the partnership between the City, the Lyon 3 university and the association “Bien Vieillir dans son Quartier” (ageing well in one’s community) was to identify the needs, the missing amenities, and the ingredients that shape the local infrastructure and enable older people to remain active in their living environment. The steering committee, headed by the Deputy Mayor in charge of older people, includes a member of the university, a representative of the city of Lyon, representatives of the CCAS (local committees for social action), of the planning agency, and the 9 district Deputy Mayors with lead responsibility for services for older people in their areas. The City and the CCAS financed and published the results, courtesy of contributions from local private partners.

In order to obtain reliable answers, the researchers had to reach the largest number of older people in the community and to make sure they got involved in this participatory project. This case study describes the methods adopted and gives the results of the inventory of needs. It also showcases how older Lyonnais residents were encouraged to fully participate as citizens, help pinpoint challenges, and make recommendations on strategies that can help implement an age-friendly approach.

This is one of several forthcoming viewpoints commissioned by the Housing LIN age-friendly communities as we seek to raise awareness of the virtues of the concept.

Active engagement

Developing an active civic participation of elders is related to the notion of empowerment, which is defined as the way an individual develops his abilities and consequently his self-esteem, self-confidence, initiative and control (2). It is a social process of recognition, promotion and empowerment of people in their capacity to satisfy their needs, solve their problems, and gather the necessary strength to feel they have their own life under control. Thus, the concept of empowerment is closely associated with the principles of health preservation. According to Viriot-Durandal, empowerment implies that people take their share of power in society.

“Empowerment has something to do with the way seniors can play an active role in modern society. It is a process by which retired people express their individual and collective desire to take part in decisions on matters that concern or interest them” (3).

The neighbourhood level: a methodological challenge

The first question that arose was about the division of the territory in which the focus groups would be made: which level was relevant? Space is a notion that belongs to the individual, it is part of her/his dynamics and is related to her/his social, economic or cultural outings (4). Each individual will modify her/his living space. Thus, she/he becomes the producer of her/his own geography, and space will sometimes be a synonym of tradition and habits, and sometimes the product of the socio-economic route that she/he has taken in her/his life.

In relation to the above, the researchers had to find a division that was closest to the living environment of the older people involved and that did not necessarily correspond to an authority's boundaries or neighbourhood. Indeed, the notion of "quartier" (neighborhood) is hard to define from a geographer's point of view (5); yet, the researchers found that the division for the creation of "conseils de quartiers" (neighborhood councils) in 2002 was interesting because it corresponded rather well to the living environment (6) of people who had participated in the survey. Thus, the researchers were able to find people for the focus groups within 26 of the 34 "conseils de quartiers".

How to define civic participation

Although the terms civic participation and social participation may sometimes be used indifferently, they do not have exactly the same meaning. What is commonly called 'social participation' has to do with the relation between an individual and people close to her/him, and her/his relation with her/his living environment (school, work, community life ...). What is called 'civic participation' refers to the act of taking part in collective decisions within the government, a public institution, or any organization of civic life; consequently the individual acts as a responsible citizen (7). Local democracy needs civic participation in order to answer the aspirations of the inhabitants and to cope with the growing complexities of public policies. Each citizen is acknowledged as an expert user. Civic participation has become essential to the good health of local powers; the service user and the inhabitant become a fundamental link in local life.

What community members feel

The first step, according to the methodology of the Vancouver protocol, was to make an overview of the structures and associations that serve our 'elders'. The inventory applied in Lyon enabled the researchers to meet leaders working in the field of ageing and help identify who had capacity to help form the focus groups. The researchers looked for a consensus in the making of the talk-groups in particular, considering that the consensus of people who knew the community and the subject well was reliable enough (soft data). The technique used consisted of crossing the impressions gathered with official data (hard data).

There were 3 steps to the method:

- firstly, a meeting was conducted with the major leaders;
- secondly, data was compiled with the use of indicators and surveys; and
- thirdly, focus groups were organised. A focus group has the advantage of involving the people concerned, offering them the opportunity to express their needs and to look for solutions to their problems (8). To ensure maximum interaction, the talk-groups were limited to 10 participants.

The participants in the needs assessment

357 seniors participated in one of the 36 focus groups targeting their population. They were distributed according to their age and occupational category so as to obtain mixed groups. To belong to a group a senior had to be over 60, to speak clearly, to understand what the survey was about, and to be involved in the social life of the city. The sample counted 277 women (77.6% of the total seniors), and 80 men (22.4%).

There were also groups of caregivers and service providers (local public service workers, traders, volunteer workers from associations), making up a total of 40 groups.

The sample was representative but not entirely satisfactory.

The sample corresponds roughly to the senior population in Lyon, with a slight over-representation of former executives. As several focus groups were held in residences in which the flats are let by the CCAS of the city, the percentage of tenants (58 %) was higher than in the senior population.

At the time of writing, most of the seniors had no health problems.

The researchers are aware that this sample did not represent the whole senior population for 2 reasons: firstly the isolated elders were left out, since they did not take part in the social and civic life. Secondly immigrant seniors, often active, but more so inside religious or family groups, were not concerned either. Yet, in future, it would be interesting to know what their expectations and needs are. In the La Guillotière block, in the third district of Lyon, the men we call “les hommes debout” (the standing men) because they are used to gathering in the street, could not be reached (9).

What was observed

In spite of the efforts of the public and commercial sectors, 45% of the older people who took part in the focus groups said that they were given little consideration and 60% thought they were underprivileged in society. They said their status keeps deteriorating, that they are less respected than old people in the past, and that they get little public acknowledgment. Couldn't this impression be accounted for by the loosening of family bonds and their substitution by public authorities?

They complained that they had no existence, except when it comes to pay taxes. Even elected representatives are criticised; “we interest politicians when they need our votes, but once we've voted for them they neglect us.” For full details of what was observed, see Annex One.

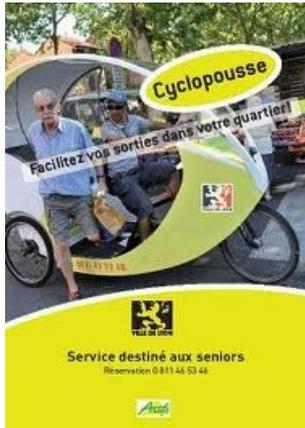
Recommendations

With all the data and remarks collected, it was possible to draw the outlines of the plan of actions that the City of Lyon must contrive to implement.

Outdoor spaces: planning documents and contracts for the development and restructuring of public gardens should be mindful of older people. The streets should be safer and more



'Assis-debout' – Perch seating



Rickshaw service

attention is to be given to the pavements, pedestrian crossings, lighting, urban furniture, and the sequencing of traffic-lights.

Transportation: the use of rickshaws and shuttles can be tested in “quartiers”.

Housing: the adaptation of flats and intergenerational housing must be developed, there must be caretakers in new developments.

Older people must be encouraged to do voluntary work and to get involved in intergenerational activities, which will generate respect and social acknowledgment from the community.

Financial aid for older people of moderate means must be increased.

Access to culture must be made easier thanks to preferential fees; day-outings and holidays for older people have to be developed.

Communication: the edition of a guide about “everyday living when ageing” is in production. Older people will be offered an introduction to the use of computers and of the web.

Health: gerontological guidance will be available, to facilitate the access of fragile elders to specialised services and to develop physical activities (gymnastics, hiking, biking) and mental activities (preventive action, memory workshops)

Conclusion

Participation is essential in the WHO age-friendly cities programme. The bottom-up approach of the Vancouver protocol is a way to give older citizens an active role to play. Moreover, the age-friendly cities programme aims at preserving health, and an active participation is beneficial: a recent analysis (10) points out that 14 studies significantly correlate the civic and social participation of older people with their health condition.

It takes determination from the political power to make users participate, especially older people. Civic participation means that the power has to be shared, which is quite a challenge. It implies that a new culture will have to develop, based on dialogue, debate, respect for the knowledge and the competences acquired through experience. This procedure is not firmly established in France. At a political level, some of the changes can only take place where elected representatives and professionals realise that a citizen’s experience is valuable and is necessary to help make efficient and right decisions.

Joining the WHO age-friendly cities programme and making the assessment was the first step for Lyon, but there is still a lot to be done in the coming years. If the leaders decide to go ahead and to enforce the recommendations reached, indicators of progress will have to be defined, and the new public policies will have to be assessed as they are being implemented.

We look forward to working with the Housing LIN in sharing our experiences and getting involved in learning opportunities across our respective local communities.

Annex One

Lyon's advantages and barriers, as seen by older Lyonnais

The older people in the talk-groups expressed their satisfaction concerning green spaces and shops, but also their feeling of insecurity. They were not satisfied with streets and pavements and the access to buildings and flats. They rated Lyon positively but complained about the lack of benches and public toilets. Not surprisingly, they focused on the pavements, because pavements lead to the outside - they are a place where older people meet other people and socialise. However, they also represent a real or potential threat of falls, thefts or accidents. The efforts made by the city of Lyon were acknowledged but pavements remain a barrier due to the city's topography or to other residents' incivility (dog excrement or illegal parking).

Road-junctions and pedestrian crossings were regarded as a problem: in particular, the recklessness of car-drivers was criticised, as was the short time sequencing of traffic lights for crossing roads.

Even if no real facts justify it, the feeling of insecurity is almost always expressed. There were several explanations to this: the police are not sufficiently visible, the streets are not well-lit, and news about violence and delinquency in national and local media are superabundant. This affected older residents' confidence in going out. For example, when older people are afraid of going out at night, it has been shown that they tend to become isolated.

The accessibility to the flats were singled out as a concern: in downtown Lyon, the buildings are old and there is often a half-storey which means that there are stairs to climb when coming out of the lift - when there is one. There are also stairs at the main entrance to the majority of buildings, and the entrance doors are very heavy. The apartment doors are also difficult to open when they are armoured. It was also noted that faulty intercoms, combined with hearing impairments, were a problem.

A lot of older people benefit from domestic help but feedback indicated that they find care workers are not well trained to work with old people in a holistic way. Moreover, there are tasks they are not allowed to perform, their duty being subject to legal restrictions such as health and safety. For example, some older people said that small repairs can be a real problem: they cannot change a bulb themselves, hang a painting on the wall, repair a toilet flush.

However, it was recognised that the caretaker, when there is one in the ordinary apartment block, plays an important social role and he can often assist with everyday needs.

The majority of older people expressed satisfaction with the local public and private health services available in their neighbourhood, although it was noted that, in reality, some areas benefit from more health services than others. However, there was a desire to have more medical facilities open 24 hours a day, shared by physicians and paramedical professionals.

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For further information about the Housing LIN and to access its comprehensive list of online resources, visit www.housinglin.org.uk

The Housing LIN welcomes contributions on a range of issues pertinent to age-friendly communities. If there is a case study or an associated theme that you feel should be highlighted, please contact us.

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c/o EAC,

3rd Floor, 89 Albert Embankment

London SE1 7TP

Tel: 020 7820 8077

Email: info@housinglin.org.uk

Web: www.housinglin.org.uk