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**Abstract :**

### **“Humanité” and “IlÔtonomie” : two French examples of urban projects taking on the aging challenge**

In recent years, many public reports have made adapting cities and housing a key element to cope with the challenge of aging . The issue of the living environment for elderly people has become a recurrent topic in local authorities' local housing programmes". Both public and private property developers offer a wide range of home solutions, which, each in their own way, aim at satisfying the needs of the growing elderly population. At the same time, the "silver economy" has become the new panacea for economic development In this context, several innovation consortiums and experimental spaces, named “Living labs for health and autonomy”, have made an effort to develop living environments specifically adapted for the elderly by using connected objects at home. Nevertheless these kind of projects are sometimes integrated into new urban projects.

Our study focuses on this new form of urban projects that make the connection between two objectives of territorial policies: (1) to produce suitable housing to meet new needs of aging people (2) to respond to territorial development goals by promoting new technology for aging people. These two processes converge in their approach to the user / inhabitant, mixing the contributions of participative town planning and user-orientated innovation models.

We will examine two examples : *Humanité* in Lille and *ilÔtonomie* in Toulouse-Blagnac outlining the genesis of these projects, and putting forward the benefits and limitations of these initiatives.

### **“Humanité” and “IlÔtonomie” : two French examples of urban projects taking on the ageing challenge**

**1- The “challenge” of ageing: the 2015 law or “the overflow into territorial and economic policies.”**

*Current paradigms of ageing policies*

In article 1, the new law of December 2015 regarding ageing adaptation into society presents this “adaptation” as a national priority for all public policies. This law was put in place based on several public reports, which has provided the framework for the “glossary” of the government. First of all, the committee’s report “Going on in years” (the Aquino reports), which was commissioned to oversee the part about “anticipation” in the law, offers a panel of preventative measures focussing mainly on identifying frailty factors early on. The report written by Martine Pinville aims at comparing ageing policies in other countries, or even the “cross-ministry working group report” assigned to the topic of adapting French society to demographic ageing (Jan 2013), named the Broussy report which prepared the adaptation part of the law.

This law states three ways to act

(1) by anticipating and preventing loss of autonomy (support for ageing in place, setting up preventative measures, ways to avoid solitude etc.). Access to technical home help is seen as a good means to support those objectives.

(2) by adapting all sectors of public policies to ageing: adapting housing, integrating ageing issues into local habitat programmes and into urban mobility planning etc. adapting private accommodation by the French National Agency for Housing Improvement (ANAH).

(3) by improving care of dependent elderly persons: protecting their rights and freedom, dependency benefit reform, support for caregivers.

### ***Bringing territorial policies on board***

According to the Broussy report “adaptation” implies strong involvement of housing policies, urban planning, transport policies but also on a wider scope, the contribution of local development policies and economic policies. The living environment of the elderly does not simply include their home and their geographical surroundings, (their neighbourhood, their city and their area/territory). In the same way, their living environment also refers to their daily technical environment (furniture, appliances, everyday objects.) Even if the Broussy report does not bring to light any new evidence, it highlights the need for each and every public policy to interpret the age issue and to include it into their frame of reference. Already back in 2006, a report made by the French Inter-ministerial Delegation for Land Planning and Competitiveness of the Territories (DIACT) supervised by Michel Godet and Marc Mousli, had suggested reversing the values regarding territorial ageing: this was not the beginning of the decline but on the contrary signifies a new resource for local authorities. This idea is taken up once more by the Broussy report. In the same manner the Boulmier report (2010) focuses on housing adaptations and puts forward the expertise of the main players of the housing and building sectors (private property developers, social landlords, professional federations of architects and building companies, the scientific and technical centre for construction) to prompt them once again to take ageing into account in their working practices. In February 2013, a public notice from the Prime Minister’s strategic analysis centre was issued on the subject of ageing in urban environments. (Collombet and Grimbert, 2013). This being heavily inspired by WHO’s recommendations on the age-friendly cities project, reminded all concerned parties of their responsibility in an ageing urban project (transport planners and providers, town planners, operators of urban programmes etc.)

### ***The silver economy***

This general involvement of public action sectors came to fruition in April 2013 with the launch of the Silver Economy sector by Arnaud Montebourg, Minister for industrial recovery. This initiative followed on from the creation of the 2009 CNR-Santé (Home healthcare and autonomy reference centre), which has since become the French Silver Eco association. Its main aim was to bring about a new industry by converging the digital sectors, the health sectors and home assistance providers. This government policy is backed up by many public reports, especially the report drawn up by the Commissioner General for Planning and Forecasts “the Silver Economy,

an opportunity for growth in France” (Bernard, S. Hallal and J.-P. Nicolai, Dec. 2013). The latter takes the industrial challenge into account but goes one step further by forecasting new financial services, homecare and healthcare, tourism and so on. Ageing is put forward as a boost for the economy. Gerontechnology and the Silver Economy would then lead to development of innovation to benefit all: “design for old, design for all”.

***2- From national injunctions to a local project: experimentation for catalysing strategy among different sectors? Bridging sectors of public action to benefit the elderly, which remains a local issue.***

This aforementioned national framework works alongside the State reform which transfers further responsibility and power to local authorities (French *régions, départements*, intercommunal consortiums). The paradox is that, in terms of the elderly, there is a lack of articulation between different kinds of local authorities competent at certain aspects of ageing support such as health, medico-social organisations, at a regional scale, benefits for the elderly at a departmental scale, accessibility and social participation for the elderly at a communal and intercommunal scale.

In this way, the 21 July 2009 law “Hospital, Patient, health, territories” for the organisation of healthcare had delegated previous State responsibilities to regional healthcare agencies (ARS) for the development and structuring of medico-social services. This measure theoretically aimed at reducing the gap between public health policies and the medico-social fields. On the other hand, the latest law *NOTRE (New Territorial Organisation of the French Republic)*, despite having changed regional perimeters has still not dared to reconsider the role of the *département* for the management of the Dependency Benefit, care and social action. If towns are encouraged to adapt their urban environment to ageing, they cannot provide care to these elderly people. They can however act through the laws regarding disabilities since they are responsible for accessibility and adapting urban services and urban spaces. This is the way they can take the autonomy issue into consideration. Currently the legislative context (*NOTRE* and *ALUR* laws) has brought change to urban management, by shifting levels, consolidating intercommunal power and creating the “Metropole” status for big cities (Law for Modernising Territorial Action and Affirming Metropolises 27 January 2014.)

Due to their economic skills, the previous and newly reorganised regions have become the spearheads for the development of the “Silver Economy”. Since the end of 2013, they have been invited to create regional committees for this sector, in order to adapt national goals to its specific local economic situation, to identify regional skills and pertinent clusters. Previously, the action of the *CNR Santé-Autonomie* (National Association for Healthcare and Autonomy) approved (1) several “centres for expertise” in charge of developing technical, medical and juridical knowledge in this field, (2) local joint venture centres in order to train players’ networks to be specialised in technology for health and autonomy. The majority of regions have mobilised these networks at the time of creating these sector committees.

**Health and autonomy living labs**

This wish to consolidate the clusters of innovation and to promote health and autonomy sectors among local authorities arrives at a time when the way of innovating change is theoretically taking a turn. We now speak in terms of open innovation or user-driven innovations, particularly in the field of digital technology. Technology for health and autonomy faces a problem with social acceptability. Many devices seem to be intrusive and invasive and raise ethical and juridical concerns. (Dubey, 2013, 2014). Sociology of ageing has widely documented this gap between the use they were originally designed for and their real use. This explains the will to develop health and autonomy living labs focused on user-orientated designs.

The principle of Living Labs (initiated by William J. Mitchell at the MIT Media Lab in Boston) was shared into Europe thanks to the European Network of Living Labs (ENOLL). It is, as its title suggests, an open and collaborative innovation process mobilising research structures and seeking involvement on behalf of local authorities and economic players. The user's involvement is vital at every step of the process: from the planning stage, through the design phase, prototyping, development and right up to the deployment stage. (Dubé and alii, 2014). The idea "living Lab" is based on real-life situations.

What is singular to the health and autonomy living lab is that it deals with the loss of a person's autonomy by involving a large spectrum of "stakeholders", elderly people and their family, professional players, economic players and local authorities. In reality the living labs, despite this common characteristic, are very different. This is why, in September 2013, the forum of health and autonomy living labs decided to publish a charter to establish a rule system to prevent any discrepancy. In France, there are a dozen health and autonomy living labs affiliated to one or the other networks, which participate in a local development strategy: Autonom'lab, (Limoges), Humanités (Lille), ActivAgeingLiving lab (Champagne-Ardenne), Gerhome Lab (Nice), Connected Health Lab (Castres), E-Care Lab (Lyon/Grenoble), LUSAGE Gerontechnology Living Lab (Paris), Silver Economy Hub (Alençon/ Caen) etc. The Ilôtonomie lab in Toulouse Blagnac is hoping to affiliate its experimentation work in this way.

### **3 - Ilôtonomie and Humanité : Two French examples of metropolitan experiments bridging urban projects and the health and autonomy living labs.**

#### **Urban projects aimed at considering autonomy and ageing issues**

The two projects Humanité and Ilôtonomie are similar by being first and foremost urban planning programmes in both Lille and Toulouse. They are linked by the fact that they are two growing metropolises and are both in need of new neighbourhoods in order to house new populations and to attract new activity.

Located to the west of Lille at the very edge of the agglomeration, the Humanité project overlaps the municipalities of Lomme and Capinghem. It is part of an established urbanisation development of the town based around the Saint-Philibert Hospital complex, part of the Catholic University of Lille. It is in the vicinity of the Euratechnology complex, aimed at developing ITC digital sectors. 10 km further afield we find the Eurasanté complex and the Lille-Loos University Hospital. Around the Humanité project (15 ha), the Metropole has planned other urban programmes such as the Tournebride programme (55 ha - which has been recently compromised) and the Cœur de ville programme in Capinghem (7 ha).

The Humanité project was founded in 2003-2004 by the Catholic University of Lille. Its aim was to bring value to the property of the institutions and to extend the training capacity of the campus while creating a new eco-district. The university took it upon itself to become the developers of this property. Due to this responsibility, they required it to meet the demands for social mix, intergenerational mix, adaptability and accessibility to ageing and disabilities in this area. The humanité project also planned to include a dozen new medical and social establishments and services, linked with the university and the hospital. The area is supposed to accommodate 2,300 people, and 900 housing units. This project is singular by its will to integrate principles of design for all/for more.

The suburban town of Blagnac ( 20,000 inhabitants) is a nerve centre of the metropolitan area of Toulouse, due to its local aeronautic industry (Airbus) and a significant place for the development of new urban projects in order to address the needs of an increasing population. The ilôtonomie experiment is a part of the first big eco-district of Toulouse-metropole (2003)

named Andromède. The urban programme will consist of 4,000 housing units (over 210 ha) and is purposely close to a new industrial area (Aeroconstellation) designed to attract new activity. It consists of different blocks, each defining particular specifications associated with a housing developer; architect or social housing provider. In January 2014, Blagnac and Toulouse-metropole jointly decided to set aside a block to realise a building programme adapted to elderly persons. The property developer Vinci and the social housing provider "Cités Jardin" were chosen to realise this project, in line with specifications set out by the administrative supervision of the metropole.

These two projects have integrated a "living lab" to enable users or future users to contribute to inventing tools aimed at helping them in everyday tasks. Does this project however truly have the same nature?

### **The humanité workshops: a "humanist" living lab?**

The Humanité project and the Toulouse-Blagnac project were both taken on by a consortium of contributors, keen on converging three worlds: urban planning, local and industrial development and care (medical care, medico-social support, social action). Nevertheless, these configurations are radically different and do not have the same objectives in mind.

The Humanité project was supported by a group of protagonists from the care sector in relation with the Lille University Hospital group. It consists of a panel gathering medico-social organisations and hospitals deeply rooted in social Catholicism. Moreover, what is specific about the Catholic Institute is that it has a long history of training carers and those working alongside people with disabilities. It also accommodates a specialised research structure (Hadopas). In this way it is seen as a recognised place to reflect upon ethics in terms of care, but also social participation of those faced with cognitive, sensory and physiological deficiencies. These players are at the same time locally recognised references in terms of gerontology care (the consortium includes a EPHAD nursing home, a gerontology network, teams specialised in rehabilitation). These facilities are well established in the geographical area, with close links with the local coordination centres, which manage the geriatric programme in three of the northern sectors of Lille. What is seen behind this project is an idea of "adapting" the urban district, housing and public spaces as a vector of integration in every experience of disability. Beyond the issue of accessibility, the project raises a question as to the existence of elderly, disabled, fragile, vulnerable people....as political subjects. From an urbanistic point of view, the project needs to make sure that all experiences of handicap are taken into account, but also to assist opening medico-social structures towards towns (such as the EPHAD nursing home), see improved porosity between the ordinary living environment and the establishments and have a proper working network between home help, day hospitals, hospitals and social services.

In this context, what are the functions and means of integration for the living labs? According to Stéphane Soyez, the director of the Humanité workshops, *the name "Living-lab" refers as much to the physical spaces (Workshops) as the social spaces (in the Humanité area), where the partners of this project co-elaborate and where they co-create shared value.*"(<http://www.humanicite.fr>). This definition, albeit quite general actually covers many dimensions: the living lab is a space devoted to building together services, innovative, orientated products, not exclusively aimed at the ageing populations, but at all inhabitants, given that a part of them are elderly and/or affected by a disability of some kind.

The workshops host different types of projects: a sociological project on energy management, co-conception of technical assistance for disabilities, while seeking help from inhabitants. In return, the workshops are a major means of socialising in a new area, a gathering place for discussion and learning, but also a place to adjust a town planning project as it is being realised.

According to its founders : The aim of the living labs is to “offer the eventual users innovations by playing a real role in their creation process and while they are taking form, the opportunity to test them through real use and finally follow up until the validation of the concerned innovation”. This supposes then, that the final aim of the Living lab is not necessarily to design technological tools and that the issue of autonomy technology, if it is present in a certain project, is not the initial end result. This does not prevent the Humanité Workshops being integrated on a local level into an ecosystem of innovation aiming at realising products (and patents). In this way, the structure cooperates with other structures of open innovation (ADICODES) linked to engineering schools and start up incubators of Euratechnologie, at the heart of Lille’s French Tech.

### **IlÔtonomie: a technical living lab**

The project “IlÔtonomie” aims both at facilitating the transfer of technological skills from embedded systems for planes to home automation and gerontechnology and meeting the challenge of the ageing issue on a local level. This aim of transferring is nothing new. It was originally taken on by Bernard Keller, Mayor of Blagnac and previous director of communications at Airbus, previous Vice-President of Toulouse-Metropole in charge of “aeronautical and space industry development”, then Vice-President of “economic development, employment and international standing”, the Mayor is in the best position to evaluate the risks of a cluster in Blagnac which seems to depend exclusively on the aeronautical industry. It would mean assisting the process of diversification, especially through new sectors, which would benefit from the experience of this aeronautical cluster.

Since 1994, local authorities have participated in setting up a Technological University Institute in Blagnac, a branch of the Jean-Jaurès University (ITC, networks, engineering and electronic maintenance) and concentrating on the demand from the Aeroconstellation cluster. Since 1995, it has supported a new course in home automation and technical aids for home assistance, hand in hand with three major laboratories based in Toulouse (LAPLACE, LAAS and IRIT) then the opening in 2008 of a department “Help and assistance for monitoring and maintaining at home” (closed in 2014). This was finalised in 2010 by the creation of the onsite Intelligent Home in Blagnac (MIB) with support from the town of Blagnac (100,000 Euros) and with Domo-center (home automation architecture) as a corporate partner. It consists of an experimental platform spanning over 80m<sup>2</sup> where tests are carried out which is not strictly speaking a test lab (due to legal and economic reasons etc.)

The initiative of the creation of this block set apart for autonomy in the Andromède Eco-district comes out of Bernard Keller’s will to build a Living lab in his town aimed at digital and robotic applications to improve autonomy and health, relying on the “research centres of excellence”: the Gerontology centre of the University Hospital of Toulouse (led by the geriatrician Bruno Vellas, very well-known for his work on frailty and for being a man of great political influence), the major CNRS laboratories CNRS, LAAS (specialised in robotics, home automation, ambient systems) and IRIT (ITC and digital applications).

In the background, the silver economy is seen as an opportunity to associate skills from the three main hubs of local competitiveness, the Cancer-Bio-Health hub, the aeronautics hub of “Aerospace Valley” and even the Agrimip (Biotechnology/agro food industry). The creation of a demonstrator in favour of a home automation adaptation of the home and of the deployment of e-health services has been part of the Regional Innovation Strategy since 2012 before even the official launch of the Silver Eco industry. The economist Pierre Larrouy, in a report commissioned by the Midi-Pyrénées region (Larrouy & Madier 2011) defines its goals “ to put weight to the Intelligent Home in Blagnac, to put the priority on working on the technological issue of “collaborative interoperable platforms” and... to mobilise the social housing providers as a lever to deploy home automation devices and e-health towards the private housing sector”.

In this context, it is not surprising that at Toulouse-Metropole, the skills, in terms of quality of life of the elderly, are managed by a project manager brought in through the “Smart city” department led by the metropolitan economic development and innovation team. It is not the department of urban planning which is in charge of this project, but the team in charge of development of the silver economy and Toulouse French tech.

The “autonomy” procedure set up by Toulouse Metropole may well define a group of strategic orientations: a major participatory event based on the “age-friendly cities” label, raising awareness of ageing issues in urban planning services as well as the public highway and accommodation departments. Nevertheless, what is primordial is to promote “detecting frailties” based on an agreement signed between Toulouse-metropole, the town of Blagnac and the Gérontopôle (gerontology hub). This experiment in Blagnac is designed with the perspective of checking social acceptability of technological tools: *“the IIôtonomie along with the MIB Intelligent Home: [aims at] placing adaptable and progressive housing units in the heart of the Andromède district in Blagnac, a place (Living Lab) where the latest technology can be applied and used by its inhabitants.”*(Toulouse-Metropole, 2014)

In January 2014, the specifications defined for the block 11b/11c in the Andromède neighbourhood stipulates that it commits itself to building progressive housing units adaptable to frail persons. These specifications were set out by a working party bringing together a representative of the regional Silver Eco industry, the MIB, the project manager from Toulouse Metropole, the geriatricians from the gerontology hub and the OPPIDEA Society of Mixed Economy who is the developer for this site. Neither the council from the *département* (in charge of the APA), nor the medico-social structures, nor the gerontology networks, nor the territorial home services are part of this group. Even the elected councillors of Blagnac in charge of social affairs or in charge of social life in the Andromède district are not stakeholders in this initiative. The candidates (property developers, architects and social housing providers) were asked to include a living lab “manager” into the consortium, who would be ready to set up a participatory procedure, but his participation remains informal. It is a local design office AIDA, focused on territorial project engineering, which has been added into this experiment. However, beyond the initial contact and limited dialogue with the members of the Council of the Elderly of Blagnac, and the consultation of a few local researchers, the project has not shown any signs of being a team effort: the permit request was submitted in July 2015 for the first lot of housing to be ready at the beginning of 2017. It is not the time for social innovation. It is then in the hands of the property developer and architects to design “progressive” and adaptable apartments, that is to say “ageing-compatible” inspired from equipment models already tested and by integrating cabling measures to promote setting up home automation devices. Vinci-Immobilier qualifies this as their “elderly package”, a standard of the equipment which can be reproduced elsewhere.

In terms of size, Blagnac’s “Living lab” will represent a surface area of 250m<sup>2</sup> in the heart of the 11B/11C block. But what is that space for? The property developer Vinci, wishes to be able to sell this space on to a party who could take on the project and make it profitable. However, neither the Local Blagnac council, nor Toulouse-Metropole, nor the Intelligent Home in Blagnac wish to purchase it. The social housing provider “Cité Jardins” has been designated to be the future purchaser. Its dependence against public funding does not place it in a position to be able to refuse. AIDA would manage the Living lab, but it would have to finance itself for future projects. The stakeholders envisage testing the home automation devices “in vivo”, which would be set up in certain apartments belonging to the social housing providers where elderly persons would be transferred and re-housed into social housing. The living lab could accommodate experiments in terms of prevention, testing E-health tools and connected objects for daily use.

#### **4 - What local trials say about ageing policies**



### ***New neighbourhoods, elderly inhabitants?***

The trials we have presented are in order to promote realisation of model neighbourhoods in the outskirts of the agglomeration. Who are these elderly people that we are expecting though? In Lille, they seem to be a minority to settle in and their arrival into the neighbourhood has been a restrictive choice. Its proximity to medical establishments, the metro being nearby, presence of an establishment for dependent elderly persons, decent service provision and efforts in terms of accessibility are, on the other hand, positive factors.

In Toulouse, Vinci-Immobilier's marketing campaign for "adaptable and progressive" housing units has been launched. The issue of healthcare access for the elderly is bound to arise with intensity. The configuration of the site, set back from the centre of Blagnac and from the heart of the agglomeration of Toulouse, the lack of hospitals and medico-social structures in the vicinity, the current absolute indigence when it comes to local services and shops, raises real questions as to the choice of this site for such a trial. It seems that the 11B/11C block is primarily presented as a property investment: an operation intervening at a specified point of time to negotiate seeking land with a property developer. Furthermore, the property developer Vinci has insisted on the fact that the adaptable housing units were not necessarily intended for an elderly population. Yet, due to the tense market of housing, the request for accommodation in the Andromède area applied primarily to the working population. It is then not possible from that time on that the future inhabitants of the private housing sector do not correspond to their goal and that the proportion of elderly people in Ilôttonomie are especially those re-housed into social housing.

### ***Health and autonomy living labs: technical innovation versus social innovation***

The two trials Humanité and Ilôttonomie were taken on by consortiums of diverging players and do not have the same conception of the user-inhabitant relationship.

In Blagnac, the consortium gathers (1) promoters with an interest in testing solutions for housing equipment compatible with an identified range of deficiencies and where technical assistance devices could be easily deployed, (2) home automation and ambient system researchers seeking to adapt tools to the upper age range (3) local authorities convinced that the Silver economy is a vector for territorial development and (4) geriatric hospital staff who wishes to develop preventative measures for the frail and bring home clinical research protocols for prevention diagnostics. This collaboration between the engineer and the geriatric staff to define solutions for the ageing issue, pushes ordinary carers, local medical networks, home help...and the expertise they bring into the background. Even in the process of an urban planning design programme, indeed no participatory measure has been put in place. If we are inspired by the categories from Leminen and alii (Leminen and alii, 2012) we are dealing with a "Utilizer-driven Living Lab" defined in order to comply with very precise and mainly technical research and development goals. In reality, we remain in a classic design process, which ignores traditional "users" (daily carers and elderly). Moreover, relying on social housing guarantees the panel of captive "guinea pigs". At no point were the postulates of the prescribers ever questioned. The "smarthome" is "smart" - cunning or shrewd ? - ...so it does not spark any controversy.

If we refer to the research work carried out by Claude Janin, Bernard Pecqueur and Raphaël Besson (Janin & alii, 2014) regarding Living labs and our own investigations on health and autonomy Living Labs, this consortium profile is dominant in France and almost exclusively values the technical response and the biomedical approach to ageing. As Gérard Dubey affirms: *"On an anthropological level, the notion of smart technology is inseparable from the notion of atmosphere. It is necessary to create an environment in which humans can behave with these objects as if they were extensions of themselves, of their desires, their movements and habits. We*

are not directly addressing wills that decide their own environment, which is pre-determined, already decided and the norm. Sensors and algorithms permanently keep an eye on users, anticipating their desires, offering the best adapted solutions to each situation the user encounters” (Dubey, 2013). When the technical tools on offer aim at monitoring the “patient, the control of prescriptions, the diagnostic of “frail persons”, the “protective” environment which overtakes everyday living environment is subject to strict norms in a medicalised establishment.

It is possible then to understand how this experiment in Lille is so singular in France. As a project managed by local medico-social players with this interest in social participation for people suffering with a disability, it is a political project before being a research and development project. It adds the militant conception of an inclusive town into this neighbourhood. The elderly persons are only apprehended as a component of a group of inhabitants confronted with situations with different degrees of social disadvantage. The whole neighbourhood is conceived as a capacitating/capability-giving ecosystem. Being elderly, frail, dependent is first and foremost being a person (a “Subject”) called to make their own decisions. The living lab is intended as an emancipatory place where responses may be invented for individuals or groups. Nothing predefines the nature of these responses, nothing on the face of it pre-supposes resorting to technical assistance. We find ourselves in a measure of social innovation, which, according to the problems faced, tends to erase categories of concerned groups.

The philosophy of these two experiments, despite their family feel, puts forward two ways of designing the public problem of ageing, which are diametrically opposed. The first; technical, protective and biomedical limited the issue of “quality of life” of ageing persons to their medical care provision and their being isolated in a cocoon. This paradigm mentions what Didier Vranken refers to as “the new protective order” . The second, from an environment of social care for disabilities, envisages an emancipatory perspective to ageing and contemplates an environment for more vulnerable persons in terms of a capacitating environment. We state that the local pressure put on by the imperatives of technical development, but also by following the issues of rationalising costs of social protection, promote the first paradigm on a local level.

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