

Urban Population Ageing and its Impact on Social Policy - Lessons from Oslo

Gustavo Sugahara

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I am also grateful for the support I received from the International Longevity Centre team in Brazil, in particular from Alexandre Kalache and Ina Voelcker, who both gave me a great incentive to make this deep dive into the population-ageing world.

I recently attended an arts exhibition in Brazil showing the works of Lourenço Mutarelli. He became famous for his comic book works but is also a brilliant writer and actor. Among his wonderful drawings, notebooks, masks, etc., on display, there was one typewritten letter that called my attention. It was a rejection letter for a graphic designer position he had applied for at one of Brazil's main newspapers.

From my point of view, the “celebration of failure” amidst all these wonderful accomplishments was a powerful message and source of inspiration. I would like to take this opportunity to celebrate the massive collection of failures that are also part of the history of this PhD, in particular all of the failed applications I sent before my acceptance to OsloMet.

It took me more than a year and upwards of ten research applications before I was finally granted a scholarship. If you have the right resources, you might learn a lot from your failures. However, it might also be quite hard on your self-esteem. That was probably the main reason why I decided to test my luck outside of Norway, and began sending applications to the United Kingdom. Apparently it was my lucky day, as I was promptly granted a scholarship at the University of Leicester.

I concluded the first semester in Leicester before moving back to Norway. Time enough to fall in love with the British higher education system and to make good friends. I learned a lot during that period and I am very thankful for the trust the university put in me during that very crucial period of my life. This thesis would not have happened without the University of Leicester's initial support.

On my first day at OsloMet, Tore jumped right in to help me with all the practicalities. He also found time to make the rounds on our floor, introducing me to the other colleagues. He was not just very efficient and polite during the whole PhD period, but would always help me

with a smile. During that first round of introductions I met Randi for the first time after the interview. I can remember exactly what she said: “I know you are learning Norwegian, but I will say this in English just to be sure you fully understand that you are very welcome here and we are very happy to work with you”. That meant a lot to me and set the tone for the great collaboration we had during the period she was the leader of the PhD program.

The other key persons directly involved with this PhD on a more practical side were Anne and Amy to whom I would like to thank for the great collaboration. Amy and Nicole were mainly responsible for my collaboration with my supervisory team Viggo, as my main supervisor, and Monica, as my co-supervisor.

This PhD would not have happened without all the people I am naming here (and many others). This phrase has a very concrete meaning attached to Viggo’s name. He came in at the most critical moment of this project and was there when I “hit the wall”, helping me to regain my pace and confidence. During the period we worked together, Viggo consistently gave me the impression that my work was his main priority. He was always available and ready to provide enriching feedback and discuss the most “eccentric ideas” my unfocused mind would bring to our regular meetings. I am particularly proud of the paper we co-authored as it testifies to the pleasant dialogue process that characterized our entire collaboration. Monica’s contribution was also instrumental to this thesis; in particular during the stressful period I was writing the introductory chapter (*kappe*).

My good friend Ley also gave a very concrete contribution to this work. As an excellent proofreader, she worked very hard not only on this thesis but also on the blog posts I wrote specifically for this project. It was a luxury to count on a highly qualified professional who could not only correct typos and grammar mistakes but also comment on the content, making my text more clear and fluid. On top of the excellent work, Ley would always reply with encouraging and flattering comments that were very important in boosting my morale along this rough road. Any remaining mistakes are entirely my fault and probably due to my stubbornness.

One of the most important personal achievements during this PhD were the debate series on “Age-friendly Oslo” we organized in collaboration with the city of Oslo. There were many different people involved along the way but the debate series only took flight because of Anne-Beritt and Hallvard’s enthusiasm since the very beginning.

My days at SAM were definitely much more pleasant because of Ole-Kristian, Ida, Kate, Lea, Erika, Chris, Vyda, Anja and Øyunn. I am also glad that I met my fellow countryman Fabio with whom I often have great lunch conversations about life in Norway, family, Brazilian politics, behaviour sciences, football, and so on.

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My grandmother Fanny and my mother Ruth were always the main inspirations fuelling my curiosity about ageing. Fanny is simply the most amazing grandmother in the whole world. My mother's work was the first contact I had with gerontology. It allowed me to understand the importance and complexity brought by the demographic change even if this topic was practically absent from my economics degree curriculum. Like most women, she is the one we all count on when we need any kind of support and care. Disregarding the fact that I live on the other side of the ocean, it was her number I called to ask for help with my kids when I needed to write the last pages of this PhD. She came without hesitation.

This thesis paid particular attention to the influence of "life links" and how individual changes might affect the decisions of the other family members. I don't know at what extent my decisions influenced my brother's. However, I must say he is the solid reference that always allowed me to freely travel the world. Even if we only meet in person once a year, the kisses and hugs I get from my niece Julia is an important assurance that in fact we are not too far away from each other. My family would not be complete without my sister-in-law Cristina, who is always taking care of everyone and feeling all of the "planning gaps" left by this wild half-Nordic branch of the family – there were many during the period of this PhD.

I could not mention the influence of family links on this PhD without acknowledging the great contributions brought by my two children. My son Otto was born one week before I started at OsloMet, and my daughter Hannah Fanny, two and a half years later. Apart from the immense source of joy and happiness, they are a permanent reminder of what should really matter and what to prioritize in this life - like going to sleep as soon as I have the opportunity to do so.

My wife Ellen deserves more than acknowledgements; she deserves a prize for bearing with me for so many years, in particular those dedicated to this PhD. She endured long periods of my frustrations and was often the only cushion between a particularly annoying immigrant

(me) and the “completely unfair and unreasonable world”. Our partnership is full of conflicts and sometimes (often) we spend too much time and energy on irrelevant matters. However, I am amazed how far we managed to come together - and only because we were together. You are my first reader and the person who is always encouraging me to achieve things I am not fully aware I am capable of achieving. This thesis is a very good example of it. Tusen Takk!
Eu te amo!

Summary

Ageing and urbanization bring major consequences and implications to all facets of human life. We see changes not only in terms of population structure and location, but also in living arrangements, family composition and family relations, economic dynamics in terms of growth, savings, investment and consumption, labour markets, pensions, taxation and intergenerational transfers, health and health care, housing and migration, voting patterns and representation, etc.

These changes also affect social policy in general and social work in particular. Partly this is simply due to broader population dynamics, such as the concentration of people in metropolitan areas. Partly it is because the kinship ties and spousal situation in cities differ, in terms of both extent and proximity. Thus far, however, little discussion exists about the diversity and particularities of the urban ageing phenomenon, how it affects and is affected by public policies, and implications for the construction of old age and the reconfiguration of the life-course structure.

This thesis critically examines some of the particular characteristics of age in cities in light of a concrete case study, the city of Oslo, asking: *How could the particular characteristics of the ageing process in Oslo become the objects of specific social policy response?*

The research results arising from this thesis brought robust evidence for the need for specific social policy response to the ageing process in Oslo. First of all, the research showed that ignorance about the historical data led to a misconception about the current demographic change in Oslo. It might also have resulted in a lost opportunity of learning from that experience. Oslo's districts not only contribute differently to the current demographic profile, but also had developed differently in terms of population structure during the last decades. Finally, the prevalence of older women in Oslo with particular characteristics in terms of kinship availability should also have an impact on policy design beyond the typical headcount approach.

The body of the dissertation consists of three articles. Paper 1 departs from the unpacking of an apparently simple question: Is Oslo getting older? This question was the starting point to highlight the importance of demographic information to city planning. I use the city of Oslo as an example of the variety of approaches that can be used to assess ageing in a specific population.

Paper 2 is a comparative analysis in which we use data from the Norwegian population registers to investigate if patterns of population ageing differ across the country. Again, despite the great role and focus on chronological age, the main focus of the paper was the relational aspect. We focused on the kinship relationships from an “availability” point of view, in our case, location. Starting out from a discussion of long-term demographic trends, the paper hypothesizes that family and kinship ties vary between regions. The hypothesis was indeed confirmed.

Paper 3 focused on Oslo’s translation for the World Health Organization Age-friendly cities and communities (AFCC) framework. As the leading global policy addressing ageing issues in urban environments, the AFCC framework is perhaps the best available source to take the pulse of Oslo’s macro-influence on the construction of ageing.

..

Sammendrag

Aldring og urbanisering har store konsekvenser og implikasjoner for alle aspekter av menneskelig liv. Vi ser endringer ikke bare når det gjelder befolkningsstruktur og geografiske bosettingsmønstre, men også i måten man velger å bo på, familiesammensetting og familierelasjoner, økonomisk dynamikk relatert til vekst, sparing, investering og konsum, arbeidsmarked, pensjon, skatt, overføringer fra generasjon til generasjon, helse og helsevesen, bolig og migrasjon, valg og stemmemønstre, representasjon, osv.

Disse endringene påvirker også sosialpolitikken generelt og sosial sektor spesielt. Til dels er dette en konsekvens av større endringer i befolkningssammensetningen, som konsentrasjon av folk i byer. Delvis er dette fordi familierelasjoner og parforhold i byer er annerledes, både i omfang og geografisk nærhet. Så langt finnes det imidlertid lite diskusjon om mangfoldet og særtrekkene ved urban aldring, om hvordan dette fenomenet påvirkes av og påvirker politikken, eller hva slags følger det får for konstruksjonen av aldring og restruktureringen av livsløpsstrukturene.

Denne avhandlingen bruker Oslo som case for å studere noen av særtrekkene ved aldring i byer, og spør: *Hvordan kan særtrekkene ved aldring i Oslo føre til spesielle sosialpolitiske svar/tiltak/respons?*

Resultatene fra denne avhandlingen dokumenterer behovet for skreddersydde politiske tiltak som respons til aldringsprosessen i Oslo. For det første avdekket forskningen at manglende kunnskap om historiske data har ført til en misoppfatning om den pågående demografiske endringen i Oslo. Det kan i sin tur føre til at man går glipp av en mulighet til å lære fra tidligere erfaringer. Oslos bydeler bidrar på forskjellig vis til byens eksisterende demografisk profil, men har også utviklet seg ulikt når det gjelder befolkningsstruktur i løpet av de siste tiårene. Det er også viktig at politikken tar høyde for behovene til populasjonen av eldre kvinner i Oslo, med sine særtrekk når det gjelder familierelasjoner.

Dette arbeidet består av tre artikler. Den første artikkelen besvarer et tilsynelatende enkelt spørsmål: Blir Oslo eldre? Dette spørsmålet var utgangspunktet for å belyse betydningen av demografiske informasjon i byplanlegging. Jeg bruker Oslo som eksempel på de ulike metodene man kan bruke for å vurdere aldring i en bestemt populasjon.

Den andre artikkelen er en komparativ studie der vi bruker data fra norske populasjonsregistre for å studere hvorvidt befolkningsaldringsmønstre varierer mellom ulike steder i landet. Til tross for den viktige rollen og fokuset på kronologisk aldring, var artikkelens hovedfokus det

relasjonelle aspektet. Vi studerte familierelasjoner fra et «tilgjengelighets»-perspektiv: i vårt tilfelle geografisk nærhet. Vi tok for oss demografiske trender over et lengre tidsperspektiv med en hypotese om at familierelasjoner varierer fra region til region. Denne hypotesen ble bekreftet.

Tredje artikkel studerte Oslos implementering av Verdens helseorganisasjons Rammeverk for aldersvennlige byer og tettsteder. Som det førende globale initiativet for å takle aldringsrelaterte utfordringer i urbane områder, gir dette rammeverket trolig den beste muligheten til å ta pulsen på Oslos makroinnflytelse på konstruksjonen av aldring.

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Paper 1

Sugahara, Gustavo. 2017. "A Critical Approach to the Demographics of Ageing: The Case of Oslo." *CIDADES Comunidades e Territórios*, no. 35 (December).
<https://doi.org/10.15847/citiescommunitiesterritories.dec2017.035.art01>.

Paper 2

Sugahara, Gustavo and Nordvik, Viggo. (Submitted) "Knitting alone - in the city." *Nordic Social Work Research*. Submitted 21.01.2019

Paper 3

Sugahara, Gustavo. (Submitted) "Mainstreaming ageing issues in Oslo - A case study contribution to the Age-friendly Movement." *Critical Social Policy*. Submitted 27.11.2018

1. Introduction

The main impetus to study ageing in the urban context is related to the fact that ageing in cities is the most dominant, and at the same time unprecedented, characteristic of the contemporary global demographic change. For the first time in the history of humanity we have more than half of the world population living in cities (World Health Organization 2007). It is also the first time we have the number of adults aged 65 and above, higher than the number of children under the age of five. In short, it is the first time the majority of the world population is growing old in cities (United Nations, Department of Economic and Social Affairs, Population Division 2017b).

Population ageing is transforming economies and societies across the world. With every second passing, the world can celebrate the sixtieth birthday of two people, an annual total of almost 58 million sixtieth birthdays. In the next ten years, the number of people age 60 will surpass one billion. By 2050, 22% of the total world population will consist of older persons and nearly 80% of them will be living in developing countries (UNFPA and HelpAge International 2012).

Ageing and urbanization bring major consequences and implications to all facets of human life. We see changes not only in terms of population structure and location, but also in living arrangements, family composition and family relations, economic dynamics in terms of growth, savings, investment and consumption, labour markets, pensions, taxation and intergenerational transfers, health and health care, housing and migration, voting patterns and representation, etc.

These changes also affect social policy in general and social work in particular. Partly this is simply due to broader population dynamics, such as the concentration of people in metropolitan areas. Partly it is because the kinship ties and spousal situation in cities differ, in terms of both extent and proximity. Thus far, however, little discussion exists about the diversity and particularities of the urban ageing phenomenon, how it affects and is affected by public policies, and implications for the construction of old age and the reconfiguration of the life-course structure.

Older persons' lives, challenges and opportunities (in short: well-being) have been a concern for social policy and work for more than a century. Still, I would claim that there are sound arguments for a renewed interest in older persons' well-being from social policy and social

work perspectives. A main argument is simply the growing number and shares of older persons.

Moreover, the impacts of changed family patterns (especially decades of low fertility and increased incidence of divorces and re-partnering) and the emergence of a life phase some term gerontolescence (to be discussed later on) should be addressed also in terms of social policy and work. In sum, these two latter aspects render the lives, challenges and opportunities among the age groups we call old, different from what they were 20 and 50 years ago.

In this context, the development of what have been generically labelled as “age-friendly” communities has become an important topic for social policy in different kinds of environment (urban, peri-urban and rural inclusive).

According to Phillipson (2011) the reasons for such attention are related to the previously mentioned complexity of demographic change coupled with the emergence of a wide spectrum of housing and community needs among those in the 50 and older group.

Furthermore, the author argues that particular contemporary pressure dynamics affecting different types of localities have also played an important role in this increased interest, like the accelerated urbanization on the one hand and deindustrialization on the other.

The “Age-friendly movement” was also be boosted by the acknowledgement that the physical and the social environment play an influential role in the older person’s quality of life, as well as by the engagement of important multilateral institutions such as the World Health Organization (WHO) in the policy debate about what constitutes “good” or “optimal” places to age (Phillipson 2011).

The relatively recent surge of Age-friendly initiatives has already generate a significant amount of tensions and controversies, both in terms of policy design and at the academic debate. The Age-friendly movement has several translations that sometimes collide with one another, and not rarely, with other cities’ and communities’ ambitions. This thesis is also built around the idea of *pontifex*, or “bridge-building” (in tribute to my alma mater). Apart from the direct contribution to Social Policy and Social Work, this thesis aims to offer concrete tools and dialogue points with city planners, which I consider to be the research field with a great and untapped potential to contribute with knowledge and policy insights to the field of gerontology.

1.1. Motivation

The motivations for writing about this topic are two-fold. First, despite the general acknowledgement of the importance of urban ageing, the subject continues to be under-researched and frequently framed by a narrow standpoint. Despite the formidable advances of gerontological knowledge, the general perception informing science and policy making is still strongly tainted by a reductionist perspective where ageing and old-age are regarded as a list of problems to be fixed. Second, this thesis should offer a particular contribution to the social policy and social work scholarships, where age-related issues, some known and some entirely new, are becoming increasingly preeminent and a pressing social issue. Those challenges are clearly surpassing the helms of health and care, entering areas well familiar to social workers, such as employment, housing, family affairs, etc. In the Norwegian context in particular, older persons' issues are still primarily assigned to nurses or individuals with a background from health sciences. With the emergence of significant new challenges related to the re-structuring of the life-course, the “complexification” of the nuclear family, and the changes in the lived environment, it is crucial to bring other disciplinary lenses to the debate.

Norway, and Oslo more specifically, is a particularly interesting case study to unravel the interaction between urban ageing and social policy. The Nordic Welfare Model is often referred to as a successful example to address cotemporary social issues. Therefore, the response that cities such as Oslo to the demographic change will certainly be an influential reference in many other contexts. It is also particularly interesting due to unique data available, such as the population registers (used in this thesis) and longitudinal surveys.

1.2. Research Question

The literature review revealed some surprising gaps: first and foremost the near inexistence of reports and academic research on Oslo's ageing process, from the most basic demographic facts to more comprehensive and crosscutting analysis of the particularities of ageing in the capital. Second, and not least important, is the limited number of studies on the Age-friendly movement that acknowledged the emergency of tensions and contradictions, in particular linked to the analysis of specific and concrete cases.

The umbilical and difficult relationship between gerontological knowledge and chronological age is at the core of any study addressing age and ageing. That very basic measure of an individual's age based on the calendar date on which he or she was born is so defining of many aspects of life that we rarely take a side step to evaluate its implications.

From a Social Policy perspective, chronological age is a fundamental tool to define parameters and implement policies. In line with the idea that population ageing is pervasive, the social construction aspect of age and old-age is the fundamental frame for the main research questions structuring the three papers in this thesis: *How old is old in Oslo? What would make Oslo more age-friendly?*

More concretely, this thesis critically examines some of the particular characteristics of age in cities in light of a concrete case study, the city of Oslo, asking: *How could the particular characteristics of the ageing process in Oslo become the objects of specific social policy response?*

Despite the issues raised about the dominance of chronological age as a single parameter for research and policy analyses, simply denying its existence and importance would be counter-productive. This is clear when keeping in mind the importance of chronological age and in light of the previously described absence of basic demographic data about ageing in Oslo.

Departing from an apparently simple, but in truth surprisingly complex, question: Is Oslo's population ageing? Paper 1 looked at chronological age in Oslo using different lenses. Paper 1 asked: How can a critical approach to the demographics of ageing better contribute to city planning?

At the same time this article provides structural evidence-based information for the whole project, it also discuss the implications of using different methods to asses ageing in a specific population.

The next step was to continue the endeavour to provide a more nuanced evidence-based perspective on population ageing in Oslo. Based on the assumptions that population ageing also have impact on family dynamics and that individual consequences depend on family constellations (Herlofson and Hagestad 2011). The, the second paper explored the possibility that ageing in metropolitan areas, such as Oslo, could have distinctive characteristics in terms of family links.

In Paper 2 we asked if a focus on head count demographics (the sole definition of old-age by a specific chronological age cut-off) could hide important aspects of the challenges posed upon welfare agencies, in particular when they are preparing for undertaking social work in practice: Are we underestimating the challenges that ageing poses upon major cities when one uses head count demographics as a tool?

The third and last paper takes addresses Oslo's institutional responses to demographic ageing. The focus was the perspectives of older persons' advocates and in particular the official Age-Friendly initiative. I asked: How is the WHO's Age Friendly Cities and Communities (AFCC) been interpreted in Oslo? What are the main features and implications?

Papers 1 and 2 provided concrete information about Oslo's ageing process. It should allow politicians and city planners to design more precise policies, tailored to the specific needs of the city's context. It is also a concrete methodological showcase that can be adapted to different contexts. Having in mind the importance of basic demographic data to city planners (I briefly discussed this issue on paper 1), this should also serve as a tangible contact point between planners and gerontological knowledge.

Paper 3 goes further in this direction by giving a detailed recount of the city's effort to address ageing. By shining light on the policy development process, including its challenges and contradictions, I hope I am also enabling different actors to better understand the broader picture involved in this specific and intricate policy design process.

1.3. The Structure of the thesis

Chapter two will explore the background of the thesis. I will depart from a discussion of the concept of a longevity revolution, paying particular attention to its implications to the construction of age and old-age. This chapter argues that the years added to life, and the alteration of the demographic structure, opened the possibility to create new forms of relations and life-segmentation. Those changes also affect and are particularly affected by the lived environment and the general perception and attitudes towards later-life. As the city of Oslo is the main subject of this thesis, chapter two will also provide the most recent research developments on ageing in Norway and Oslo. Chapter three presents the theoretical basis underpinning this thesis. Notwithstanding the fact that each article of this thesis evolved around specific and tailor-made theoretical frameworks, there are crosscutting debates upstream to the development of the specific articles that bind them together. Chapter four discusses the methods used in this thesis. I explain the reasoning behind the choices I made and specify how each article applied the chosen methodology. The chapter concludes with a discussion of the ethical concerns and limitations. Chapter five summarizes the three articles and is followed by a discussion of the findings and the answers to the research question.

2. Background

Since 1982, when the first international instrument on ageing was signed in Vienna¹, the global understanding and acknowledgment of the importance of population ageing has undergone a dramatic change. Population ageing is no longer a new research topic attracting growing interest. The conquest of the possibility to live longer is already a reality, not only in developed countries, but also in many developing nations. There is now a clear consensus that the increasing share of older persons of the total population not only brings new challenges and opportunities, but also that it must be placed on top of public policies' priorities.

At the same time the world is achieving the possibility to live longer, societies are also debating what to do with those extra years, and how to deal with the new challenges arisen. Although welfare states have always addressed "age-related risks", the "scale", in terms of quantity, and "scope", in terms of extra years of life, are completely "new issues". The expansion of life is also expanding the possibilities of "policies for the old", therefore expanding the scope for social work and social policies.

Both trends are not only experienced for the first time at the global level, but also bring pervasive, enduring and profound changes to the whole society. The global extension of both movements refers to the fact that every individual, independently of their age or sex, is affected directly or indirectly. Those are also permanent and long-term changes that have already started and will continue into the current century.

Ageing and urbanization bring major consequences and implications for all facets of human life. From health and health care dynamics, to voting patterns and representation. From savings, investment and consumption patterns, to labour market relations, pensions, taxation and intergenerational transfers (Holmlund, Rainer, and Siedler 2013; Sánchez and Hatton-Yeo 2012, 2012). The list could go on, including the impact on housing, migration, living arrangements, family composition and family relations, etc. (Dykstra and Hagestad 2016; Hagestad and Dykstra 2016).

This chapter presents a summarized literature review on urban population ageing and social policy, giving a particular emphasis to the context of Norway and Oslo. I will also present what

¹ The Vienna International Plan of Action on Ageing was endorsed by the United Nations General Assembly in 1982 (resolution 37/51). The aim was to strengthen the capacities of Governments and civil society to deal effectively with the ageing of populations and to address the developmental potential and dependency needs of older persons. For more information <https://www.un.org/development/desa/ageing/resources/vienna-international-plan-of-action.html> (accessed January 25, 2019)

I perceive to be the main research gaps this thesis aims to fill. I depart from the concept of a longevity revolution as an entry point to discuss some of the relevant facets of the contemporary ageing process such as the re-structuring of the life-course, intergenerational relations, and the influence of ageism in the roles played by social policy and social work.

2.1. The Longevity Revolution and the Life-Course

Global Ageing

Over the last century, the global life expectancy at birth has increased by 30 years. There are huge differences among and within countries. However, global life expectancy is expected to increase at any age, meaning that living longer lives is already a reality for the vast majority of the world’s population (see Table 1). For the current young generation, survival to age 80 is expected to be the norm everywhere but in Africa (United Nations, Department of Economic and Social Affairs, Population Division 2015).

Worldwide, 60 per cent of women and 52 per cent of men born in 2000-2005 are expected to survive to their 80th birthdays, compared to less than 40 per cent of the women and men born in 1950-1955 (United Nations, Department of Economic and Social Affairs, Population Division 2015).

Table 1 - Global Ageing Indicators

Life expectancy	2010-2015	2030-2035	2045-2050
	Men / Women	Men / Women	Men / Women
Life expectancy at birth	68.29 / 72.74	72.42 / 76.8	75.08 / 79.13
Life expectancy at 60	18.71 / 21.54	20.61 / 23.35	21.89 / 24.45
Life expectancy at 65	15.23 / 17.68	16.92 / 19.34	18.1 / 20.35
Life expectancy at 80	7.25 / 8.51	8.21 / 9.55	8.94 / 10.22

Source: (United Nations, Department of Economic and Social Affairs, Population Division 2015)

The speed of the current demographic change is even more impressive if we have in mind that life expectancy at birth only surpassed the 50-year mark in the developed countries during the beginning of the 20th century. In short, in most of the registered history of human existence, life has resembled Thomas Hobbes’ definition as “nasty, brutish and short”.

According to Bloom and Canning (2004), most of the historic gains in life expectancy are predominantly due to public health interventions (water and sanitation), and to medical interventions such as vaccine coverage and the use of antibiotics. More recently, additional life years were primarily associated with reductions in age-specific death rates at the middle

and older ages (resulting from improvements in medical technology, life-style changes, and income growth)². This pattern is expected to continue in the near future.

However, with regards to the global demographic change, the most important factor is the fertility decline, ultimately the immediate cause of population ageing (United Nations, Department of Economic and Social Affairs, Population Division 2015, 4). Total global fertility has dropped by half, from five children per woman in 1950-1955, to 2.5 children in 2010-2015, and the decline is expected to continue. According to the United Nations Population Division, the growth rate of the population of older persons today is a function of the levels of fertility prevailing some 60 years ago (United Nations, Department of Economic and Social Affairs, and Population Division 2016).

As observed in relation to the longevity achievements, the reduction in fertility varies significantly around the globe. Nevertheless, the trend towards fewer children per women is very clear, with developing countries changing much faster than observed in the developed world.

The increased longevity coupled with declining fertility has led to an unparalleled increase of the proportion of the older persons. In 2015, one in eight people worldwide was aged 60 or over. Projections suggest that by 2030, older persons will account for one in six people globally. For the first time in human history, the number of adults aged 65 and over is outnumbering children under the age of 5. The growth of the proportion of older adults will continue, outnumbering children under the age of 14 by 2050 (United Nations, Department of Economic and Social Affairs, Population Division 2015).

During the first half of the 21st century, the proportion of the world's population over 60 years will double from about 11 to 22 per cent. In absolute terms that represents an addition of almost one and a half billion older adults, most of them living in low and middle-income countries where the growth will be the most rapid.

Not only is the proportion of older adults growing, but the old are also getting older. The number of people aged 80 years or more will almost quadruple by 2050, totalling 434 million. The proportion of the world's older persons who are aged 80 years or over is projected to rise from 14 per cent in 2017 to more than 20 per cent in 2050 (United Nations, Department of Economic and Social Affairs, Population Division 2017a).

² For a succinct recollection of the main achievements towards longer lives since the Bronze Age, please refer to Butler (2008).

The report prepared by United Nations Population Division as a contribution to the 2002 World Assembly on Ageing gives us a categorical sum-up of this process: “Population ageing is unprecedented, pervasive, enduring and has profound implications for many facets of human life” (United Nations 2002).

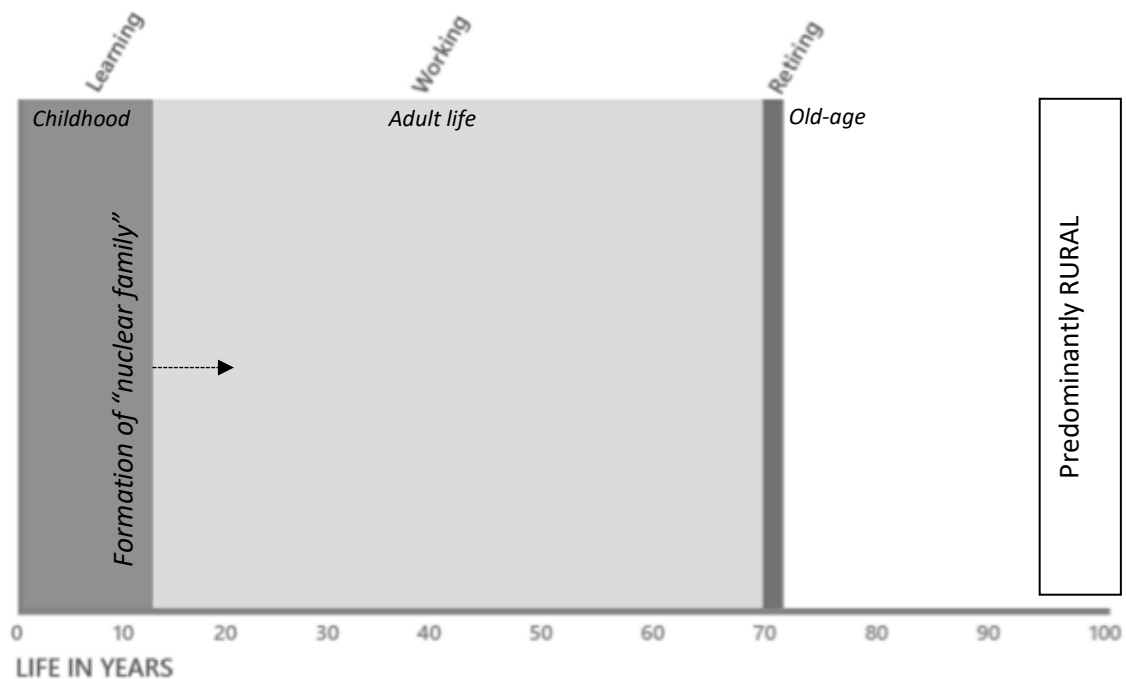
The previously described demographic change is the basis for what many authors refer to as the Longevity Revolution. Among the best-known scholars to use this term was Robert Butler. To Butler, the Longevity Revolution marks the beginning of an unprecedented stage of human development, simply because the added years of life for so many citizens make the most solid of our institutions obsolete (Butler 2008, 17).

The re-segmentation of the life-course

One of the defining institutions of the contemporary social construction of old-age is the advent of retirement and the consolidation of a three-stages life-course segmentation. A life-course based on (i) learning, (ii) working and (iii) retiring (see Figure 1), has been the backbone for most public policy designs and is still very present in the common imagination (Kalache 2013). When Bismarck introduced the first old-age pension in the 1880’s, life expectancy in Germany was only 46 years, and the few who were able to survive until they were 60 years old were very frail and in poor health.

In fact, “learn, work, retire” was the model which constituted the basis for most of the public policies developed after the end of the Second World War. In the UK, for instance, the 1944 Education Act, one of the pillars of the British Welfare State, set the school leaving age at 15. During the last year of primary education, children would take a test, the “11-plus IQ test”, which would determine their future education opportunities. This Tripartite System was in use from 1944 to 1976.

Figure 1 - Life Course in the Bismarck Era



Source: Based on Plouffe et al. (2015, 30)

Although the three-stage life course is still very common in most developed societies, longer lives and other important societal changes - such as the inclusion of women in formal paid jobs - have already provoked huge changes in the life course.

A brief look back into the creation of the teenage years can help us visualize not only the expected impact of the longevity revolution (with the creation of a new life stage), but also the important interplay between the demographic change and the re-structuring of the life-course segmentation.

The origins of the theoretical work about adolescence dates back to the end of the 19th century, with the work of G. Stanley Hall (Lesko 2001). However, it was not until the Second World War that teenagers were conceived as a separate stage in the life course. Up until then, childhood transitioned into adulthood very abruptly. The invention of this new phase of life coincided with the rise of the USA as a super power and a significant increase in birth rates across the world (the so-called Baby Boom). The “new segment” would offer a fantastic market opportunity to a devastated Europe. For the first time, youth had become a separate age group with its own rituals, consumer culture, rights, and demands (Savage 2008).

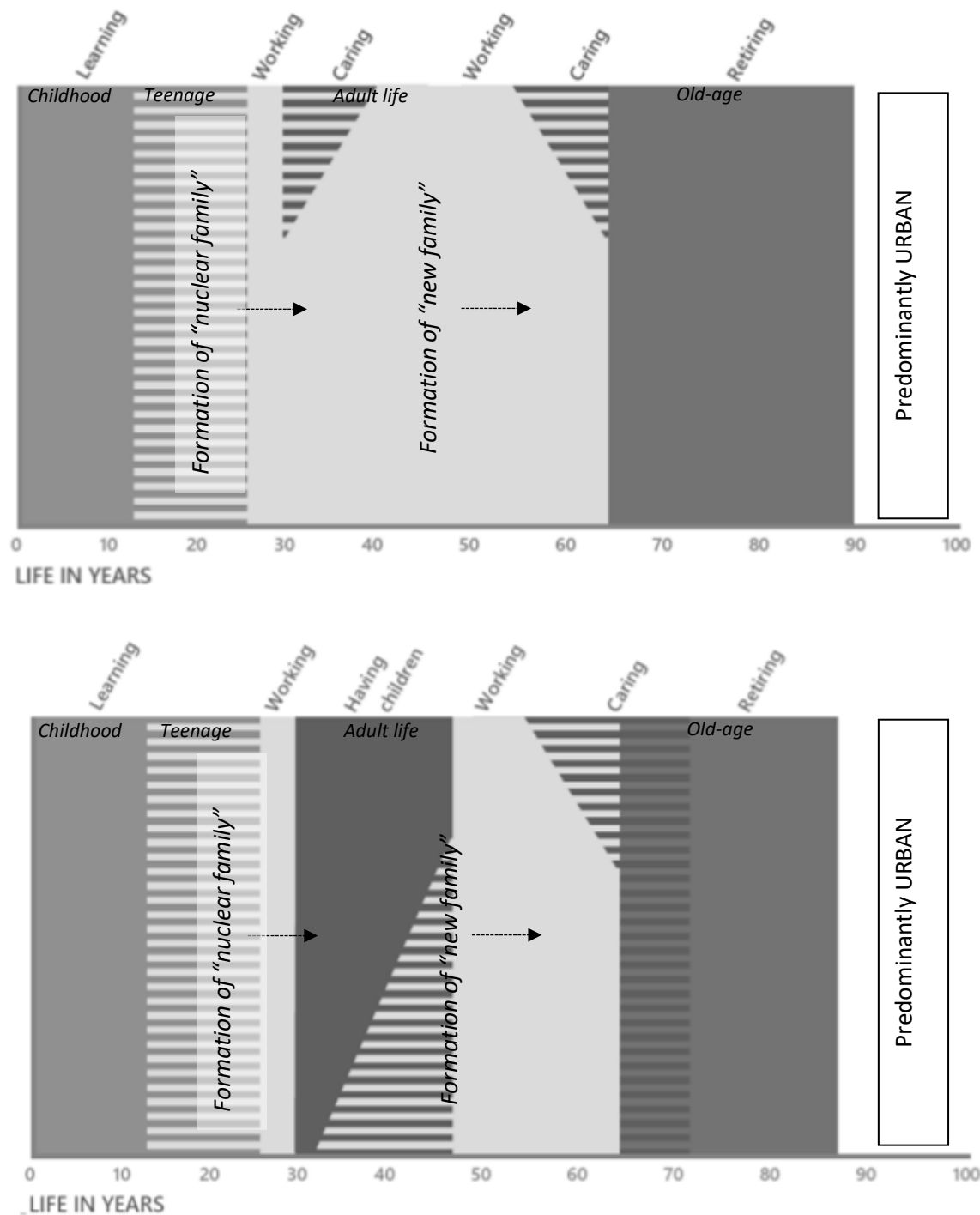
In a few decades, the common sense about child labor and the “ideal behavior” during this life stage completely changed. According to Kalache (2013), the “Boomer” generation transformed adolescence into a protracted period of experimentation, creativity and rebellion.

After redefining this transitional stage of human development in their youth, Baby boomers are now redefining what it means to age: “We are witnessing the emergence of a ‘GERONTOLESCENCE’”.

Figure 2 is an example of a common pattern in western societies’ life course today. Differences between men and women are striking. The vast majority of women continue to bear most of the responsibility for the household and family care. Several countries have a lower statutory retirement age for female workers, equating their retirement period to their frequently older husbands. However, retirement for women usually means a decrease of their income – due to the shorter contributing period. Moreover, the combination of income reduction with longer life expectancy makes women more likely to experience old age in poverty (Plouffe, Voelcker, and Kalache 2015, 29–37).

The versions of the Life Course figures offered here have three new features, which are not present in the original article: (i) The reconfiguration of the household structure beyond the “nuclear family”, as described in the following paragraphs; (ii) the “space” where the life-course develops (urban or rural) – a topic I will further explore in the coming chapter; and (iii) the common nomination of the different stages of the life cycle (childhood, teenage years, Adult life, and Old-age).

Figure 2 - Men's and Women's Life Courses Today



Source: Based on Plouffe et al. (2015, 31)

So far, the extremely imbalanced distribution of care responsibilities between men and women continues to hold back women's full participation and contribution to societies. In fact, caregiving has a central role in the Longevity Revolution, simply because longer lives might require longer periods of caregiving.

However, contrary to the common perception, it is not a one-direction relation – from young to old. It is important to remember that the older person who might need attention today is most likely the same one who cared for you when you were younger and for your child when you were absent. Additionally, it is quite common that older persons are caring for their older partners (Spijker and MacInnes 2013).

As the boundaries of the three-stage life course model are inevitably becoming even more ill-defined, learning will continue to be concentrated during the first decades of life, but will continue throughout the entire life course. We should also expect a continued increase of the duration of the working lives and perhaps phased retirement in a more gradual and individualized manner. In sum, while age norms across the life course still persist, they are now less widely shared and impose fewer limitations (Plouffe, Voelcker, and Kalache 2015, 31).

Another determinant factor of the life course change is a profound reconfiguration of the household structure. According to the UN Department of Economic and Social Affairs (2017a) average household size has declined nearly everywhere, reflecting the fall in fertility rates. Europe and Northern America already have the smallest average size with less than three persons per household. It is in these same regions where the proportion of older persons living alone is the highest: around 28 per cent in Europe and 25 per cent in Northern America. In a recent assessment of these transformations in Europe, Pailhé et al. (2014) call attention to the clear retreat of the “nuclear family”, defined as a married couple and their biological children, following a strict gendered division of work.

During the last half-century, nearly all European countries have undergone substantial changes in attitudes towards marriage, cohabitation, single parenthood, divorce and childlessness. More people cohabit, have children outside marital unions, experience the dissolution of their unions, re-partner, enter stepfamilies, live separately from their children, remain childless or live in same-sex partnerships (Pailhé et al. 2014).

The same authors highlight the fact that the dynamics of family formation also changed in contemporary societies, the “sequence of events” towards the formation of the family has become more diverse and more unpredictable, and stepfamilies are becoming increasingly common.

Pailhé et al (2014, 29) suggest that the increased prevalence of dissolution of unions may be followed by a consequent increase of re-partnering occurrences at advanced ages, which in

turn increases the number of non-residential partnerships. Improvements in transportation and IT communications are referred as the key factors improving the viability of this type of partnership.

Intergenerational relations

As Plouff et al (2015, 32) reminds us, the longevity revolution has retroactive impacts throughout the life course. It will not only change how life is segmented, but also the expectations and possibilities for those in different periods of life. Intergenerational relations are an important part of the ageing process, in particular those built on kinship or family ties.

When we focus on the most vulnerable and frail older individuals (e.g. demented people) the role of family members as agents who can handle the contact with public welfare providers is the subject of broad range of studies (Eika and Kjølørød, 2013; Eika, 2009; Thurow, 1974; Townsend, 1981). Not rarely do spousal and kinship ties have decisive roles in securing adequate services and support, but in some cases, they might also be the main source of distress and harassment.

In terms of family dynamics, the most unprecedented change is the increasingly common situation where more children will have the opportunity to know their old-aged grandparents, and even their great-grandparents. This is particularly true for the great-grandmothers, due to the fact that women, on average, live six to eight years longer than men (Herlofson and Hagestad 2011).

We should keep in mind that in pre-demographic transition contexts (as observed in many poor countries) we might also observe the co-existence of three-generations families. However, the age differences would be significantly smaller due to successive events of young age pregnancy and lower life expectancy.

One of the most recognizable effects of the rising life expectancy and overall demographic change on intergenerational relations is the increased concern about the ‘sandwich generation’. This is defined as adults caring for their children and parents at the same time as they manage their own household and work responsibilities (Burke and Calvano 2017).

Apart from population ageing, the hypothesis of a growing trend of the sandwich generation is also based on the assumption that there will be an increasing and unmet demand for care. This trend would stimulate an increase on informal care coupled with a scenario of diminishing “informal care supply” due to the reduction of family size. This double movement would also

be potentiated by a growing pattern of co-habitation between young adults in precarious situations and their ageing parents.

The exact dimension of this phenomena and trends on a global scale remains a disputed topic. Grundy and Henretta (2006) claim that such a combination of dependents is still very unusual as it requires either later-than-average childbearing in two successive generations, or the unusually early onset of disability in the oldest generation. The authors remind us that family solidarity has an important influence but is not universal and that intergenerational exchange goes in both directions.

In fact, when it comes to financial transfers, evidence from Europe shows that older people generally contribute more to their children than the other way around. According to Albertini et al. (2007), parents' transfers to their children are much more frequent and intense than those in the opposite direction. This downward flow of time and money has country-specific variation and tends to decrease with parents' ageing.

The implications of intergenerational exchanges for the involved parts are relevant in distinct ways. Take the example of gender relations and caregiving. When Wang and Zhang (2017) looked at informal caregivers near retirement age in urban areas in China, they found that women caring for grandchildren had substantially lower paid labour hours compared to non-caregivers. The research also found that men caring for older persons had higher paid labour hours.

In fact, care-related works are often linked to women both within and without the family. At the same time that family care is a source of intrinsic rewards and stronger family and social ties, it also has negative implications. Due to a general unrecognition of the value of unpaid care, women are disproportionately affected in terms of external financial shocks and missing career opportunities (Folbre 2006; Kotsadam 2011; Ugreninov 2012).

Those relations are strongly framed by public policies in terms of obligations and incentives. Contrary to the dominant economic wisdom, Daatland and Lowenstein (2005) found that the welfare state has not crowded out the family in elder care, but has rather helped the generations establish more independent relationships. Intergenerational solidarity is substantial in both the northern and southern welfare state regimes, and seems to vary in character more than in strength.

Norway can offer an interesting example to connect some of the ideas above. In 1993 Norway was the first country to introduce a four-week paternity quota – non-transferable to the mother

(DCOMM 2005). Despite the fact that since 1977 fathers could use part of mothers' quotas, only 4 per cent did so. The effect of this non-transferrable quota was noticeable: 26 years after its introduction, the share of fathers taking a parental leave rose to 89 percent (O'Brien, et al. in Kotsadam and Finseraas 2011).

One of the expected impacts of this policy was a reduction of gender discrimination in the job market (assuming that employees would have a bias to hire men as women would be more prone to be absent on maternity leave). Women are not obliged to return to work when the father is home, but according to a 1995 survey only 35 percent of the mothers were home (Brandth and Øverli in Kotsadam and Finseraas 2011).

The quota was recently removed. The long-term impacts of this change are not yet clear. However, the sight of men pushing their baby buggies in cities such as Oslo is as common as for women. Kotsadam and Finseraas (2011) found that the paternity quota had a feedback effect on other aspects of life that increase mothers' employment, such as the division of household labour and individual-level attitudes toward gender equality. The quota opened up an opportunity for men to provide care, and that general effect could go beyond the child-parent relationship. It was also a window for new grandfatherhood possibilities.

Social work is still strongly regulated on the basis of a three-stage life-course and intergenerational relations are clearly framed by legislation when it refers to adults and their under-aged infants. Therefore, a structured consideration of the longevity revolution's impact on social work remains to be done in most contexts. So far, in many countries ageing is mostly a subject for health and care departments and little attention is given to the previously described reconfiguration of the intergenerational relations. We will come back to this point after addressing a particular characteristic of the longevity revolution, the global trend towards urbanization.

2.2. Ageing in Cities

Pari passu with the ageing trend, the other major global demographic trend is urbanization. As highlighted by the WHO (2007), our world is a growing city. Despite the fact that cities' and civilization's history overlaps, the transformations observed since the inauguration of the nineteenth century completely changed the world we live.

Kasinitz reminds us here that as late as 1900, only Great Britain had a predominantly urban society. After centuries of a world where the vast majority of people lived in rural areas, the

world's population started to "move into towns" (Kasinitz 1995, 8). The relatively recent speedup and scale of this change would completely change people's livelihoods in the period of just a lifetime.

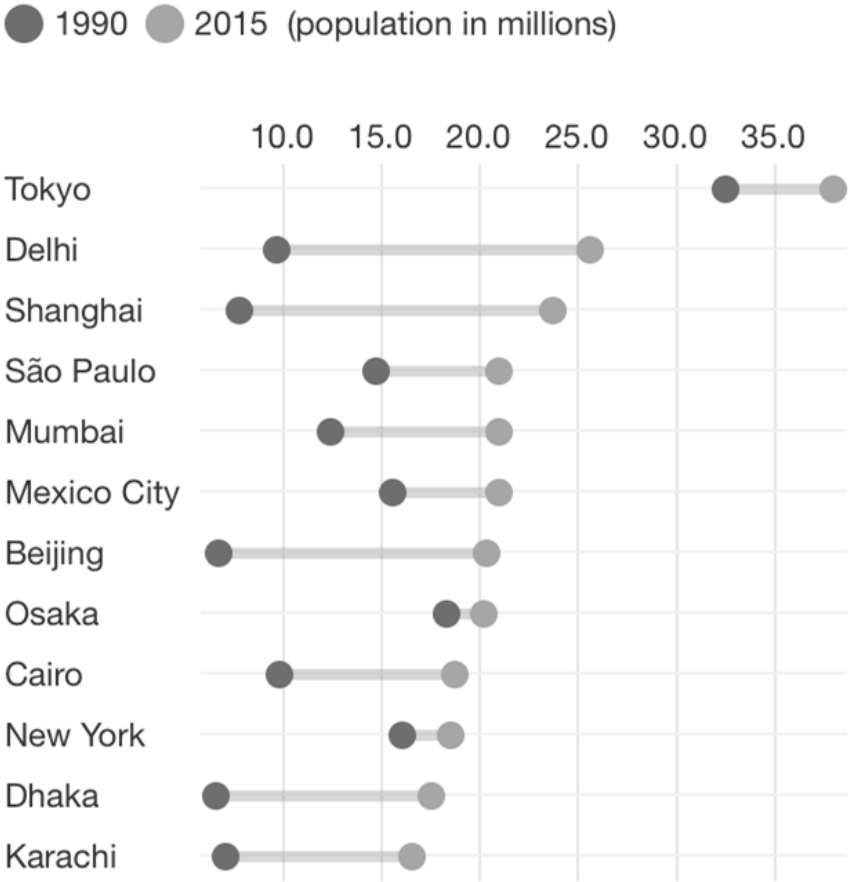
The year 2007 marked an important milestone: for the first time in history, more than half of the world's population lived in cities. By 2030, about three out of every five people in the world will live in cities and the number of urban dwellers in less-developed regions will be almost four times as large than in more-developed regions (United Nations 2006).

What is particularly relevant for this thesis is the fact that the number of older persons is growing faster in urban areas than in rural areas. Worldwide, the number of people aged 60 years or over increased by 68 per cent in urban areas, between 2000 and 2015. During the same period the same population increase in rural areas was 25 per cent. This also has impacts on older persons concentration in urban areas. Back in 2000, 51 per cent of the world's people aged 60 years or over, and 56 per cent of those aged 80 years and over, were already residents in urban areas. Fifteen years later, that distribution had already risen to 58 and 63 per cent respectively (United Nations, Department of Economic and Social Affairs, Population Division 2017a).

People are not simply moving into the nearest cities. Despite the promise of a "full mobility world" brought by the development of Information and communications technology (ICT), the contemporary urbanization movement is also marked by a continued increase of the population in specific urban areas. This "agglomeration effect" is represented by Figure 3 showing the population growth of the World's Largest Cities from 1990 to 2015. During these 25 years, "mega-cities" such as Delhi, Shanghai and Beijing have tripled in size.

Ageing in metropolitan areas is particularly critical as the older population is growing faster than the total population in these areas. In the Organization for Economic Co-operation and Development (OECD) region, 43.2 per cent of all 65 and over residents already lives in cities. Most of them live in the peripheral metropolitan areas, which were originally residential suburbs in hinterlands developed in the 1960s and 1970s to provide housing for young families who settled in the city (OECD 2015).

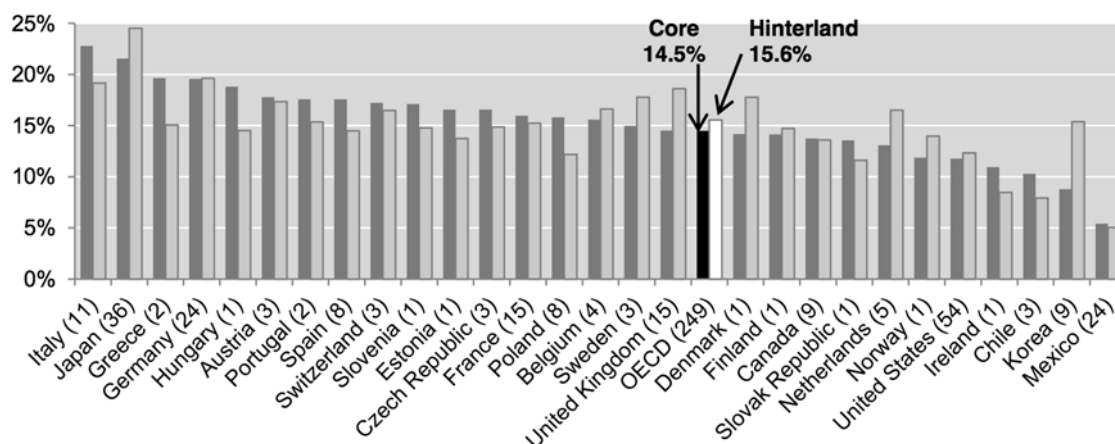
Figure 3 - 25 Years of Growth in the World's Largest Cities



Source: [UN World Urbanization Prospects](#)

In the period between 2001 and 2011, the number of older people increased by 23.8 per cent in OECD metropolitan areas, while it increased by 18.2 per cent in non-metropolitan areas. An important aspect to have in mind is that the ageing trends are not uniform across areas of the metropolis or among metropolitan areas. Larger metropolitan areas registered higher growth rates of older people in urban cores than in hinterlands, whereas the opposite was found for the smaller metropolitan areas. In metropolitan areas with fewer than 10 million inhabitants, the growth rate of older people in hinterlands outpaced urban cores by 0.5-1.1 per cent for 2001-11 (see Figure 4).

Figure 4 - Average older population as a percentage of total population in OECD metropolitan areas, for urban cores and hinterlands (2011)



Source: OECD calculations based on OECD “Metropolitan areas”, OECD Regional Statistics (database), <http://dx.doi.org/10.1787/data-00531-en>.

To add a more nuanced perspective on the metropolitan ageing phenomena, we could refer to the European Union (EU) population structure. According to the joint report between the EU and the UN-Habitat (2016, 49–54) in 2015, people over 65 represented around 19 per cent of the total EU population, with their share slightly higher in non-metro regions (around 20 per cent) (see Table 2). This apparent contradiction with the previous data from OECD might be influenced by different definitions of what constitutes a metropolitan areas and the particularities of EU economies within the OECD context.

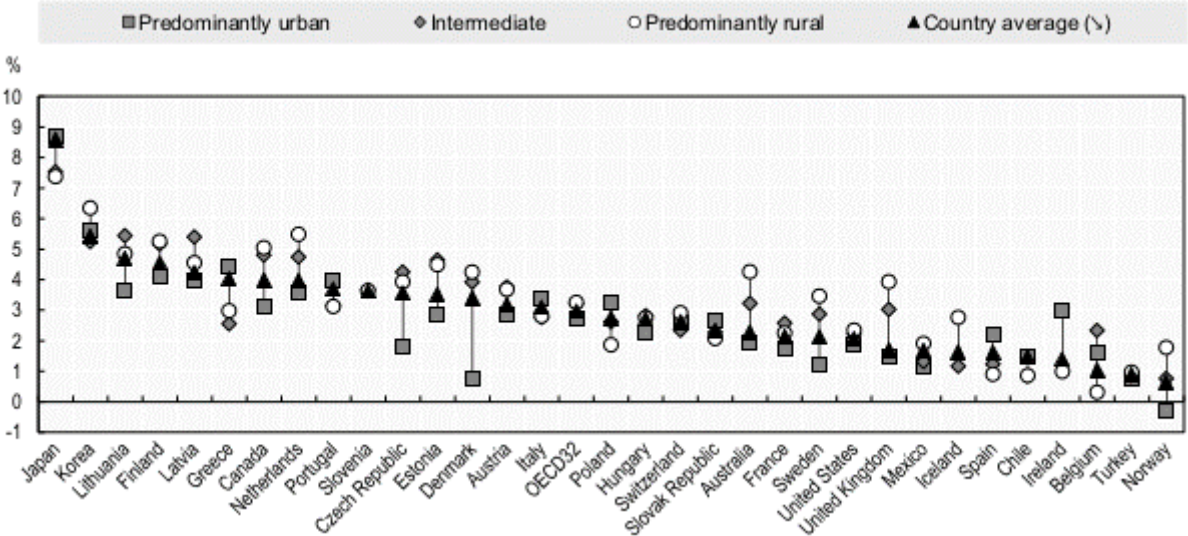
Table 2 - Age Structure by Type of Metro Regions, 2011

% of total population	Capital Metro Regions	Other Metro Regions	Non-Metro Regions	Total
EU-13				
Population aged 19 or less	19.3	20	20.8	20.3
Population aged 20 - 64	64.1	64.2	62.6	63.3
Population aged 65 or more	16.6	15.9	16.6	16.4
EU-15				
Population aged 19 or less	22.5	20.9	20.8	21.1
Population aged 20 - 64	61.5	60	58.7	60
Population aged 65 or more	16.1	19	20.5	19.1
EU-28				
Population aged 19 or less	21.8	20.8	20.8	21
Population aged 20 - 64	62.1	60.6	60	60.5
Population aged 65 or more	16.2	18.6	19.4	18.5

Source: Eurostat, DGREGIO

Using a different territorial level typology, the OECD (2017) found that between 2000 and 2014 the populations aged at a slightly faster pace in predominantly rural regions (see Figure 5). That was the case for countries such as Korea, the Netherlands, Denmark, Australia, Sweden, the United Kingdom, and Norway. However, in many other countries – e.g. Greece, Poland, Spain and Ireland – the share of older people in total population grew faster in predominantly urban regions.

Figure 5 - Changes in the share of the older population, 2000-14, by regional type, percentage



Source: (OECD 2017)

The spatially heterogeneous nature of demographic ageing also refers to a significant increase of population decline in a context of deindustrialization. Philip McCann’s (2017) typology for demographic trajectories of different city and regional types highlights those differences and the need for an urban and regional approach to unpack the complex demographic changes associated with these shifts.

The author analyses that population decline phenomenon, arguing for appropriate policy response as this particular demographic trend usually involves a fall in the working age population relative to the non-working age population (increasing age-related service-provision liabilities). This movement would worsen the financial position of cities or regions affected by imposing additional infrastructure provision costs on the remaining citizens.

Ageing in Urban Environments

Growing old in urban environments poses diverse challenges and at the same time opportunities to individuals and the society. To some extent, a person’s possibility to

participate and contribute to the public depends on the existence of a supportive and enabling living environment. The particular characteristics of urban settlements, such as the offer of unique services, infrastructures, critical mass, etc., can unleash older persons' full and potentially new contributions for their families and the community in general.

At the same time, cities might also generate and potentiate insurmountable barriers to people in different stages of life or with some sort of disability. The debate evolving around the application of universal design principles to city planning addresses most of the issues related to the built environment (e.g. Aslaksen et al. 1997; Preiser and Ostroff 2001; Steinfeld and Maisel 2012). However, the specific inquiry into the environment influence on ageing and the experiences of old-age has already walked a long way in different disciplines. Most of the contribution comes from what has been termed environmental gerontology.

According to Wahl and Weisman (in Phillipson 2011, 280), environmental gerontology seeks to systematically understand the physical and spatial contexts influencing people through the life course. The works of Rowles (1978) and Lawton and Nahemow (1973) paved the way for a broad range of studies acknowledging that premise and turning their lenses to different scales and their influence on different aspects of identity, relationships, health and well-being etc.

As recounted by Phillipson (2011), the field of housing was particularly influential and the dominant focus of environmental gerontologists during the 1950s and 1960s. In the course of the next decade, the analysis/focus of advantages and disadvantages of this type of "micro" environment would shift to the analysis of the way in which older people might be influenced by the physical environment.

The so-called "person-environment" paradigm would remain particularly influential on the field to this date despite the growing acknowledgement of the need for an analysis integration with other "spatial layers" such as the neighbourhood and other immediate environments, the "meso" environment, and broader policy contexts, or "macro" environments.

The connection between age and place also advanced in a seemingly parallel road under the label of geographical gerontology. In terms of research scope, there is no clear and fundamental distinctions between geographical and environmental gerontology. In fact, the production identified with both fields have more similarities and complementarities than strong disagreements or strange conceptual standing points. Nonetheless, the register of geographical gerontology origins by Andrews and Phillips (2004, 8) gives us an alternative

perspective in relation to the construction of the current debate on ageing in urban environments.

According to the authors, the works of Stephen Golant (1972, 1986) were crucial to establishing this sub-discipline within geography and connecting with other disciplinary perspectives about old-age such as psychology and ecology. Departing from his work on the spatial behaviour of older people in Toronto, including demographic trends, transport and housing and activity related issues, Golant's main contribution was the analysis of older people's territorial, physical and social experiences.

As for environmental gerontology, Graham Rowles (1978) *Prisoners Of Space?: Exploring The Geographical Experience Of Older People* is also regarded as a foundational work for geographical gerontology (Andrews and Phillips 2004, 8–9). In fact, the acknowledgment of Rowles' contribution in both narratives is a strong indicator of his positive effort to integrate disciplinary perspectives around social gerontology. "Geographers'" contributions to gerontology during the subsequent decade would later be assessed by Warnes (1990), claiming for a shift in the field priorities for "servicing human geography" to greater engagement with social gerontology.

Geographical gerontology's current debates have been highly influenced by developments in human and health geography. This allows for the acknowledging of the social construction aspect of place and the complex social dynamics involved in its "symbolic and cultural constructions" (Kearns and Andrews in Andrews and Phillips 2004).

The transition within international public health discourses from an individual to a more socio-ecological perception of health was instrumental to connecting the growing influence of ageing in place ideals. Ageing in place policies derive from the current consensus around the idea that people should remain in their communities for as long as possible. This consensus aims to fulfil a double objective. On the individuals and families sphere, it enables older people to maintain independence, autonomy, and connection to social support, including friends and family. For the public sector this represent a significant reduction in terms of care expenses (Wiles et al. 2012). Currently, the development of "age-friendly" communities has become the most influential issue linking social policy and ageing in urban environments. Despite the varied approaches that claim the label age-friendly, the WHO Age-friendly cities and communities (AFCC) framework have had a central role in spearheading the worldwide debate. Notwithstanding the clear prominence of cities and the urban environment in the

literature and in policy approaches, it is important to highlight that the broad movement also refers to rural communities.

By shifting the focus of health responsibility from the individuals to the collective organization, the adoption of the WHO Ottawa Charter on Health in 1986 represented an important change in terms of the global understanding and priorities in health promotion. The document advocated for the involvement of a multiplicity of authors in (i) reorienting health services, (ii) strengthening community action, and (iii) creating supportive environments. Those principles would become the basis for the WHO Age-friendly approach (Remillard-Boilard 2017).

Based on the Active Ageing Framework, the WHO Age-friendly cities and communities (AFCC) framework is an international effort to help cities and communities prepare for the rapid ageing of populations and increasing urbanization. The WHO claims that the main feature of the AFCC framework is the fact that older people are not only its main focus, but also participants in the entire process.

The WHO regards active ageing as a life-long process shaped by several factors that, alone and acting together, support health, participation and security in older adult life. It refers to “*the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age*” (Edwards 2012).

The WHO calls attention to the fact that Active Ageing depends on multiple determinants that surround individuals, families and nations (World Health Organization 2007, 6). Ultimately, it concerns the optimization of a varied range of actions such as employment, education, politics, and so on, as well as increasing unpaid contributions older people make to society, challenging the views of older persons as passive and dependent people (Walker 2015, 3).

Plouffe and Kalache’s (2010) research project based on focus group interviews addressing the concepts of Age-friendly Cities and city living by older adults is one of the seminal papers on the origin of the WHO Age-friendly Cities framework. The focus groups explored eight topics summarizing the features of a city’s structures, environment, services and policies that reflect the determinants of active ageing. The eight topic areas were: (i) outdoor spaces and buildings; (ii) transportation; (iii) housing; (iv) social participation; (v) respect and social inclusion; (vi) civic participation and employment; (vii) communication and information; and (viii) community support and health services. The main result of this research project was the

development of a summary of the views expressed by the focus groups, in the form of a guide/checklist.

Despite the fact that the checklist of core age-friendly features is intended to provide a universal standard for an Age-friendly City, the WHO underlines that it is not a system for ranking one city's age-friendliness against another's; rather, it is a tool for a city's self-assessment and a map to chart progress (Edwards 2012).

According to the WHO guide, in an age-friendly city, policies, services, settings and structures support and enable people to age actively by: (a) recognizing the wide range of capacities and resources among older people; (b) anticipating and responding flexibly to ageing-related needs and preferences; (c) respecting their decisions and lifestyle choices; (d) protecting those who are most vulnerable; and (e) promoting their inclusion in and contribution to all areas of community life (Edwards 2012).

The mass adoption of active ageing policies, and AFCC specifically, could be interpreted as a proof of the general importance and recognition of the issue at the political level. However, The widespread use of the AFCC could be a kind of administrative exercise that signals activity, rather than activity in itself, furthermore this relative political success has also been accompanied by increasing criticism and manifest contradictions (Christensen 2003; Bowling 2008; Boudiny 2013; Walker 2015).

It is important to keep in mind that the literature defining an age-friendly initiative is quite broad (Moulaert and Garon 2016). In fact, there are various approaches that organizations use to promote age-friendly initiatives. These include the European Commission (European Commission 2014, 2012; Komlósi and Pozsgai 2012); the AdvantAge Initiative (The AdvantAge Initiative 2007); AARP Liveable Communities (Mary Kihl et al. 2005); and the WHO Global Network of Age-Friendly Cities and Communities, developed based on the publication of the Age-friendly Cities guide (for more information see: Glicksman et al. 2014, 133; Scharlach 2009; Lui et al. 2009)³. Although it is neither the first nor the only organization that has focused its efforts on age-friendly developments, the WHO has become a particularly important resource for defining and describing age-friendly cities and communities (Fitzgerald and Caro 2014, 10).

³ The most recent initiative to debate the current situation of older persons is the Global AgeWatch Index (HelpAge International 2013).

I started this brief research background by highlighting the great transformation observed in the global ageing debate during the last decades. The general consensus today and public acknowledgement of the complexity of age and old age is significantly different than what we had in 1982.

Social sciences contributions to a better understanding of ageing have developed in different directions. However, the emergence of longitudinal studies deserves a special recognition. It does not only contribute to a broader understanding of age and old age, but also plays a fundamental role as an integrative field of research. Despite the noticeable achievements in a broad range of study topics ranging from socioeconomic status, healthcare costs, and health and physical performance, to cognitive function morbidity and mortality predictors, and, of course, in revealing important aspects of linked lives, several of those studies are not addressing the spatial issue.

Frequently based on national surveys, longitudinal data have often limited samples at regional levels, making them insufficient to allow for reliable regional analysis results. Knowledge on National trends and patterns are valuable per se. However, they might miss or even hide important regional dynamics.

As a final remark for this chapter, I recall Buffet et al. (2014, 68), to whom the concept of “age-friendliness” must itself be kept under critical scrutiny given the impact of economic austerity (as already noted) on many urban areas. According to the authors, many of the cities in the WHO program are themselves experiencing substantial reductions in physical infrastructure and services. In a similar vein, Ervik (2006) affirms that it is still important to foster a continuous debate on the concept and policies of active ageing to be aware of possible pitfalls and to ensure that normative implications of chosen policies are discussed.

2.3. Attitudes to Later Life

The outcome of the previously described longevity revolution will depend on different variables. The WHO calls attention to the fact that Active Ageing depends on multiple determinants that surround individuals, families and nations (World Health Organization 2007, 6). The prevalence of peace, freedom of expression, the improvement of democracy, etc., continue to be permanent, broad social challenges that will certainly influence and be influenced by the demographic change. However, when it comes to this particular point in time of the human development, our attitudes to ageing and older person in particular will continue to have a decisive impact.

The famous French artist, Henry Matisse, is frequently used as a case to illustrate some of the pitfalls ahead. Matisse's late work with cut paper collages, a technique Matisse began using after a cancer surgery left him with severe physical limitations, was initially very criticized not only for aesthetic reasons, but also because critics considered it an expression of his senility.

The set of assumptions, expectations, and beliefs that we all have about growing old, being old or older persons, affect not only the construction of old age in general, but also have a concrete impact in terms of health, wellbeing and opportunities. We all experience the ageing process under explicit and implicit assumptions. We do this as a social group (older people), as a development process (growing old) and as part of the life course (being old) (Ayalon and Tesch-Römer 2018, 19:1).

In other words, age stereotypes influence not only the decisions we make but also people's individual performances. When judged in terms of a stranger perceived old-age, there is a risk that older people might inadvertently act in line with those stereotypes (Swift, Drury, and Lamont 2016).

To Ayalon and Tesch-Römer (2018, 19:1) "*we often speak about older people in general (and not about different individuals), about 'the' process of ageing (and not about the multiple, unique courses which exist), and about old age as a uniform stage at the end of life (and not about the diverse and heterogeneous living situations of older people)*".

The ambivalent relationship between the individual's experiences and the cultural views when people talk about old age was captured by Jolanki et al. (2000) in their discourse analysis of older people talking about age and ageing. The authors argue that our thinking about old age is rooted in our minds and is dilemmatic by nature as an external and inevitable fact on the one hand, and as a more nuanced, individualized perspective on the other hand.

Coined by the psychiatrist Robert Butler in 1969 during a controversy involving housing for older persons in Washington DC, the concept of ageism was defined as "*(...) a process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this for skin colour and gender. Old people are categorized as senile, rigid in thought and manner, old-fashioned in morality and skills... Ageism allows the younger generations to see older people as different from themselves, thus they subtly cease to identify with their elders as human beings*" (Butler, 1975: 35 in Johnson 2005, 338).

Since 1969, definitions and concepts of ageism have changed. Bill Bytheway (in Johnson 2005, 338–39) propose a distinction between what he calls a narrow definition (the one introduced by Butler) and a broader definition of ageism. Whereas the first would be equivalent to sexism and racism, the second would not oppose younger to older people, as younger people could also be discriminated against due to their age. A broader definition could define ageism as a set of beliefs concerning how people vary biologically as a result of the ageing process, underpinning the actions of organizations and individuals.

Hagestad and Uhlenberg (2005) and Ayalon and Tesch-Römer (2018) provide a detailed recollection of the academic contributions and historical debate around the concept of ageism. In their book *Contemporary Perspectives on Ageism*, Ayalon and Tesch-Römer advance a succinct definition of ageism that also suits the purpose of this thesis: a complex, often negative construction of old age, which takes place at the individual and the societal levels.

It is also important to have in mind that stereotypes and attitudes toward age tend to reflect both positive (desirable) and negative (undesirable) qualities associated with ageing or a specific age group. This can be also associated to the life-course in terms of a relation of gains and losses.

In the UK, the most common positive perceptions associated to ageing are wisdom (Robertson and Swift 2018), politeness, being good at settling arguments, understanding other's viewpoints, and having a healthy diet (Swift, Drury, and Lamont 2016).

The most common negative stereotypes relate to older adults' competence, whereby physical and cognitive functioning is assumed to decline with age (Fiske et al. 2002; Lamont, Swift, and Abrams 2015). Other commonly held perceptions are that older people lack creativity, they are unable to learn new skills, are unproductive, a burden on family and society, and they are ill, frail, dependent, asexual, lonely, and socially isolated.

According to a WHO analysis based on world values survey data of 83,034 adults from 57 countries, 60 per cent of participants reported that older adults are not well respected. This percentage was significant higher among wealthier countries (Officer et al. 2016).

In a report from 2009, Taylor et al. documented the differences between expectations and reported reality in relation to the challenges and benefits brought by old age in the United States. Results for this report are from a telephone survey conducted by the Pew Research

Centre with a nationally representative sample of 2,969 adults living in the continental United States (Taylor et al. 2009).

Figure 6 - Expectation versus Experienced

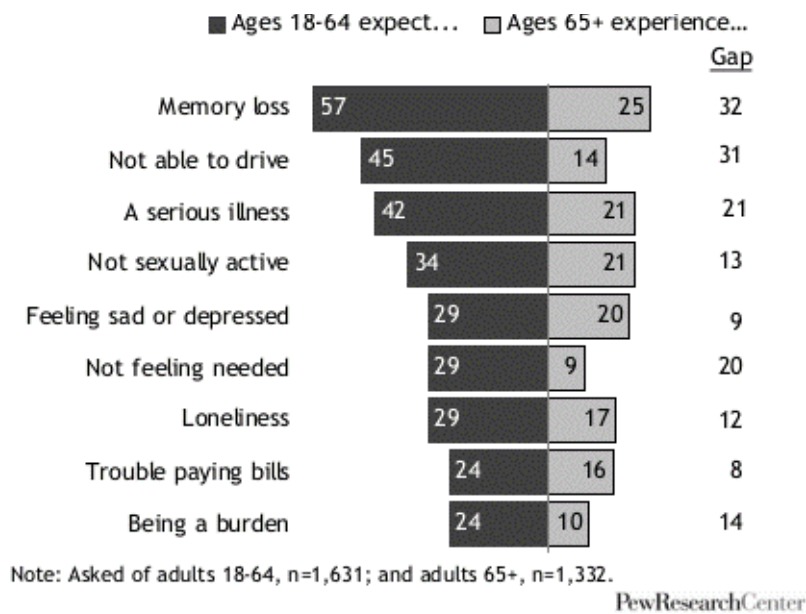


Figure 6 contrasts the expectations of the age group 18-64 with what older adults actually report experiencing. The disparities are noticeable in all nine problems presented, with the negative expectation significantly higher than the reported experience. When it comes to the benefits of old age, such as more time for hobbies, family, volunteer work and travel, less stress, and more respect, the same study also found an overinflated perception. Despite the limitations of such studies, this “double mismatch” can provide some clues about the gap between perceived and lived old age.

In the United Kingdom, recent research has used qualitative surveys to assess attitudes to ageing and older people. Robertson and Swift (2018) analysed a national survey with two thousand residents older than eighteen years-old. They found that nearly two in three respondents do not have a single friendship with an age gap of 30 years or more. Among the 18 to 34 years old group, forty per cent believed that “*there isn’t any way to escape getting dementia as you age*”, and one quarter agreed with the idea that “*it is normal to be unhappy and depressed when you are old*”.

While organizing a volume on the Contemporary Perspectives on Ageism, Ayalon and Tesch-Römer (2018, 19:4) distinguished the recent contributions in this field in three levels (that

might overlap in research projects): the micro-level, which is concerned with the individual (thoughts, emotions, actions); the meso-level, which is concerned with groups, organizations, and other social entities (e.g., in the domain of work or health care services); and the macro-level, which relates to cultural or societal values as a whole (e.g., political regulations).

This framework provides an intuitive and accessible outlook on the complexity and different layers that underplay age-based discriminations. As argued by the authors, ageism occurs at the individual level as well as at the societal/structural level, and the interaction between these two levels further perpetuates its occurrence.

The second section of their book is entirely dedicated to authors addressing the manifestations and consequences of ageism. Several of the authors in this section documented some of ageism impact in terms of health, social exclusion and loneliness vulnerability. The authors show how ageism has an impact in mental health assessment and treatment, medication use and general treatment access, etc. (Ayalon and Tesch-Römer 2018, 19:109–277). According to Robertson and Swift (2018), treatment rates in the UK drop disproportionately for people over 70 in areas such as surgery, chemotherapy and talking therapies.

Kydd et al. (in Ayalon and Tesch-Römer 2018, 19:115–30) discussed the expression of ageism within the older person's group by pointing out the adverse consequences of further age stratification (such as the popular division between third and fourth age). Combating the “enemy within” is part of the very lucrative cosmetics market.

The persistent and ubiquitous anti-ageing narrative is the backbone for an extremely dynamic and powerful industry. Deeply rooted in the cult of the youth, the anti-ageing market has a diversified range of products and services and is in perfect alignment with the consumerism culture.

Not rarely will ageist headlines easily slip into the reference media. Loos and Ivan (in Ayalon and Tesch-Römer 2018, 19:163–76) recollect the academic debate about the portrayal of older adults in the visual media. The authors argue for the importance of diversity in older adults' representations and experiences. In contrast to the predominant depiction as frail, weak, or even “invisible”, the authors call for a more nuanced representation in order to promote more respect and a better understanding of old age.

Institutional frameworks also influence and are influenced by age stereotypes. Perhaps one of the more tangible examples is the relationship between law and ageing. The implications of

the demographic change impact all aspects of the field, from lawyers, judges and courts, witness and jury members, and, of course, the statutory law and binding legal instruments.

Doron and Georgantzi (2018) offer us a recollection of the recent developments on this field. They call attention to the fact that “law and ageing” is an emerging concern. Even after law and society started to recognize systematic discrimination against people based on their gender, ethnical origins, religious background, etc., “age” as a unique legal category was usually missing or invisible (Rodriguez-Pinzon and Martin, 2002 in 2018, 1).

Despite the great advances in the scholarship on ageism and general attitudes towards ageing, the impact of ageism on social policy in general and social workers in particular is still under researched. As argued by Hagestad and Uhlenberg (2005, 347) the socially created separation between age groups are exacerbated by rules and practices in institutions: “Age is embedded in the way that social welfare policies and programs (e.g., housing, protective services, recreation) are formulated and implemented”.

Another example is the intersecting effect of different discriminations, as argued by Fabbre (2015, 2017). Notwithstanding the fact that the social work profession has rapidly increased its awareness and inclusion of sexual orientation and gender identity issues in practice discourse, the approach to gender and sexual identity has largely been formulated from a heteronormative perspective.

Keeping in mind the previously mentioned importance of urbanization, it is also important to debate how a stereotypical construction of old age impacts urban planning.

Finally, a note on academic knowledge. The general attitudes to later life also have a dialectic relationship with the production of scientific knowledge. The most basic definition of a “social group” on the grounds of a specific chronological age (as used in abundance in the previous pages) has implications. Researchers also contribute to the institutional age segregation, as reminded by Hagestad and Uhlenberg (2005, 347) gerontologists typically publish in different journals and go to different conferences than scholars interested in children and youth. I will come back to this debate in chapter three where I present this thesis’ theoretical framework.

2.4. The Norwegian Context

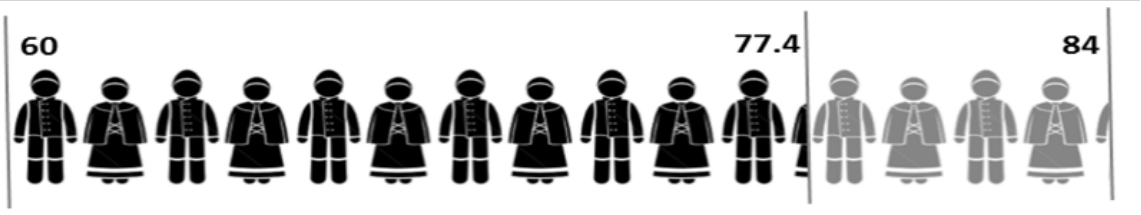
The demographic frame of the longevity revolution previously referred to has its own particular dynamics in Norway. The “urbanization milestone” - more people living in cities

than in rural areas - occurred in Norway during the 1950s. In comparison, this milestone was reached on a global scale in 2007. Over eight of every ten Norwegians now live in urban areas (Statistics Norway 2018).

The other referred to milestone, the proportion of older persons (older than sixty four years old) surpassing the proportion of children (younger than six years old) has long been surpassed in Norway. The next forthcoming, heretofore unprecedented mark is the outnumbering of the nineteen years old and younger population by the population older than sixty-four years old. This is expected to happen during the course of the next fifteen years.

Life expectancy at birth in Norway in 2017 was 80.9 years of age for a boy and 84.3 for a girl: a significant increase since the period 1946–1950, when the respective figures were 69.3 and 72.7. There are noticeable gender and regional variations; for example, men in Møre og Romsdal county can expect to live almost 3.5 years longer than men in Finnmark. Currently, after completing their sixtieth birthday, the average Norwegian can expect to live for another 24 years. He or she can also expect to have almost 18 more years of good health (see Fig. 7).

Figure 7 – Norway: Healthy Life Expectancy and Life Expectancy at 60

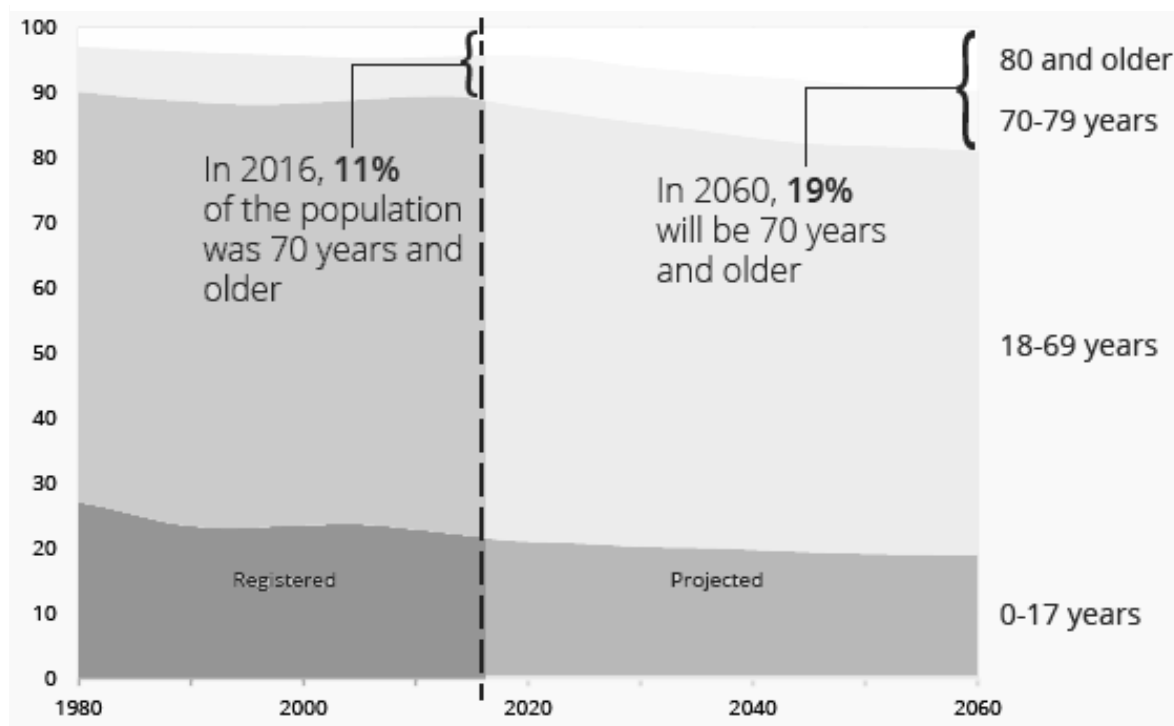


Source: HelpAge International (2013), based on Global Burden of Diseases Study and WHO.

The proportion of the population older than 66 years old in 2018 is around 15 per cent of the total population, significantly higher than the eight per cent observed in 1950. The proportion of children under the age of 15 will continue to decline and projections show an unprecedented growth of the oldest old groups (see Figure 8).

Rogne and Syse (2017) report on the geographical distribution and variation of the Norwegian elderly population over the past decade, including diverse socio-demographic characteristics such as education, income, debt, wealth, immigration characteristics, family situation and health. The authors call attention to the fact that the differential ageing across region may have consequences for the municipalities’ resource access and needs.

Figure 8 – Norwegian Population in Broad Age Groups, Registered and Projected



Source: <https://www.ssb.no/en/folkfram/> (accessed December/2018)

Perhaps the most striking and unprecedented characteristics of the current demographic ageing in Norway is an increasing proportion of older persons with an immigrant background. Currently five out of every 100 people over the age of 69 are immigrants. Projections indicate that in 40 years, this proportion will increase to 25 out of every 100 (one out of four persons).

In terms of location, there is an increasing centralization of people around the biggest cities, in particular among the younger groups (Rogne and Syse 2017). This will continue to accentuate the prevalence of older persons in Norwegian rural areas. The main variables affecting Norwegian demographic trends is the referred to longevity and, equally as important, the declining fertility rate. However, in comparison to other European countries, Norway still have relatively high fertility rate (1.71 in 2016) and a high net immigration of young people, which reduces the population ageing effect (Statistics Norway 2018).

Approaching the end of 2000s second decade, Norwegians are more than ever living alone. Thirty-nine percent of households consist of people living alone, and these account for 18 per cent of all people in private households. According to Statistics Norway, one-person households are particularly common in the centers of the largest cities and in sparsely populated areas. Despite no significant difference between the percentage of men and women living alone, younger men and older women are the majority in their age groups. Women's

higher longevity explains part of this difference, as do higher re-marriage rates among men; 59 per cent of men over 80 are married, compared to only 19 per cent of women.

The typical nuclear family has continued to decline since the post-war period. The population's marriage rates also continue to decline, not only because of the referred increase in the one-person households and number of divorces (stabilized during the 1990s at about 10 000 per year, or 39 percent of all marriages), but also because of an increasing number of couples who choose to live together without getting married (Statistics Norway 2018, 6–7).

It is also important to have in mind that Norwegian women are giving birth later in life. The average age for the first birth is now 29.3 years of age and the average childbearing age 30.9. This will continue to influence family dynamics and intergenerational relations.

The demographic change's influence on family structures and interdependence patterns has already been the subject of several studies in Norway. The Norwegian NorLAG/LOGG study found that expectations towards grandparents' roles are comparatively high, and around 60 per cent of grandparents report taking care of grandchildren at least monthly (Slagsvold et al. 2012).

The availability of grandparents is also an important new trend. Globally, children today are about seven to eight times more likely to have all four grandparents living than was the case in 1900. In Norway, among the ten to twelve years old age group, 41 per cent had all four grandparents alive (Hagestad and Uhlenberg 2006).

Other research based on the same NorLAG/LOGG study also give us some hints regarding the consequences of the demographic change and the increased prevalence of one-person households in Norway. The feminization aspect of old-age and related intergenerational solidarity dynamics in Norway was also captured by the study. Almost nine of ten respondents aged 50 and older who have at least one parent still living, have mothers; only around one third have fathers. For the respondents older than 59 years, 92 per cent had exclusively mothers alive and only 70 per cent fathers.

With regards to cohabitation and family structure's potential benefits to quality of life, Hansen et al. (2013), for example, found that caregiving status has less negative effects in the Norwegian context in comparison to other countries. Once again, the gender aspect plays a significant role when it comes to care relations. Among old parents who, according to their

children, needed help during both surveys, 84 per cent were mothers (Herlofson and Hagestad 2011, 357).

Using Norwegian registry data, Løken et al. (2013) found that the labour market opportunities and family ties of both partners affect location decisions of young adults as they complete their education, establish separate households, and form their own families. Contrary to the author's expectations, married men live significantly closer to their own parents than do married women, even if the woman have children. The main reason for this pattern is the relatively low mobility of men without a college degree, particularly in rural areas.

The authors conclude that despite evidence that intergenerational resource flows, such as childcare and eldercare, are particularly important between women and their parents, the family connections of husbands appear to dominate the location decisions of less-educated married couples.

Daatland et al. (2010) studied the prevalence and consequences of the previously mentioned "sandwich effect". The authors confirmed Grundy and Henretta (2006) skepticism. In the Norwegian context, the authors found that a substantial minority of the population located in-between older and younger family generations have older parents in need when they reach their 50's (around 25 per cent), and fewer have both children and parents in need at the same time.

Ageing, social policy, and ageism in Norway

Norway has successfully navigated through the 2009 financial crisis. For a small and open economy this should not be taken for granted. Unemployment levels are low and production levels are stable. At the start of 2018, 4.4 per cent of men and 3.5 per cent of women were unemployed. In 2016 Norway had a Gross Domestic Product (GDP) per capita of 48 per cent above the European Union (EU) average (Statistics Norway 2018).

Despite the relatively calm period for the economy, the austerity rhetoric that dominated Europe was the background for the continuation of the welfare state reform agenda already initiated before the crisis (Taylor-Gooby, Leruth, and Chung 2017, 95). The European migration crisis had also been capitalized by right-wing parties. In 2015, the center-right coalition government created a new Minister of Immigration and Integration and appointed a well-known anti-immigration politician as a Ministry. From 2016 to 2017, the number of refugees was almost halved (Statistics Norway 2018). This is relevant because work is no

longer the most important reason for immigrating, and immigration is the main driver of the Norwegian population's growth, with implications for the economy and ageing process.

The main drivers of the political debate regarding age and old age in Norway are the pressure on the welfare regime and related concern over welfare state sustainability, threatened by a declining working force and/or increasing demand for health and care services.

Andersen et al. (in Taylor-Gooby, Leruth, and Chung 2017) argue that three Scandinavian countries – Denmark, Sweden and Norway – have similar social policy challenges, strategies and outcomes. New Public Management principles have been the main reference for these countries' reforms, aiming at containing expenditure growth and enhancing the public sectors' overall efficiency.

This view is shared by Christensen et al. (2003), to whom the Norwegian government has been focusing on the labour market as a key policy area to address ageing since the early 1990's. This implied a strong focus on the reform of the labour market with a clear aim of reducing early retirement and prolonging employees' working lives.

Norway remains one of the OECD countries with highest employment rates among older workers (OECD 2017, 34), one of the few European countries where the norm since the 1970's is a steady decline (Hult and Edlund, 2008 in Hermansen 2016, 8).

Most of the public debate regarding attitudes to later life in Norway has been framed by participation in the job market. The same is also true in terms of academic work. The scientific production about ageism or age-discrimination in the Norwegian context using a broader scope is virtually inexistent. The two possible exceptions are Solem (2005) and Daatland (2008).

The Centre for Senior Policy (SSP) is the country's epicentre for most of the debate regarding the attitudes to older persons in the working life. Established in 1969 to support workers in preparing for retirement, the resource centre would switch its main focus in 1990 towards the support and promotion of labour market inclusion of older workers. Besides the support of several research initiatives, advocacy work and debate promotion, one of the centre's main initiatives is the "*Norwegian Senior Policy Barometer*", an annual survey conducted by the global market research group Ipsos, aiming to capture attitudes to senior policy issues in working life (Ipsos and Senter for seniorpolitikk (SSP) 2017b, 2017a).

The other topic related to the age-discrimination debate in Norway is related to the health sector. The word *alderisme*, the Norwegian translation for ageism, still has not made its way

into the popular lexicon. The word *aldersdiskriminering*, age-discrimination, is significantly more often in the general media⁴. Despite no academic reference was found, Torgeir Bruun Wyller wrote two opinion articles addressing age-discrimination in the health sector in Norway (Wyller 2016, 2018).

The author argues that implicit discrimination is abundant, in particular towards older persons with complex health problem. In most cases, the implicit discrimination is reflected in older patients not receiving “the best documented treatment”. According to Wyller, the recent health sector reform (the “Coordination Reform”) has also misguidedly promoted the idea that admissions of old people in hospitals are often unnecessary.

According to Martens (2017, 12), there are two main tensions embedded in the current elder care services provision in Norway. The first is a tension between national ambitions and local autonomy. The national government shapes policies and uses instruments such as legislation and the municipal funding system to influence services provision by local governments in the desired direction. The second tension is between public and individual responsibility for providing care to frail elderly persons.

At the same time that age-in-place is becoming a broadly accepted principle, Norwegian municipalities’ coverage rates of care services are declining, and the development of important aspects of the built environment are not sufficiently taking into account the different needs of older persons (Martens 2017).

However, the “narrow” scope regarding the political debate on age and old age in Norway might be beginning to broaden. The adjustments observed in the designation of the National Council for Senior Citizens offer an anecdotal testimony of this debate’s historical transformation. Originally constituted as the Council for the Elderly Care in 1970, it would be renamed the Elderly Council in 1985 before the last and current name change occurred in 2002. The initial focus on health and care of older persons would gradually expand to accommodate a more pluralistic perspective on ageing. This expansion implied the inclusion of other topics related to the living conditions and participation of older persons in social and working life.

In 2013, population ageing became one of the key elements of the national research agenda (Norges forskningsråd 2013). The Ministry of Health, to which old-age related policies have

⁴ Number of articles using the word according to the Norwegian media archive ATEKST: (Year) *Alderisme* / *Aldersdiskriminering* : (2014) 7 / 138; (2015) 9 / 127; (2016) 12 / 194; (2017) 10 / 160; (2018) 8 / 102.

been historically channelled, has also gone through significant changes in terms of understanding of the public policies approach towards ageing.

Based on a narrative analyses of the government's health policy, Jacobsen (2015) argues that elderly care policies narratives are characterized as much by what is unsaid as by what is said. To this author, the ageing tsunami perspective in contrast to the promotion of an increasingly healthy and productive older population, are the two main conflicting themes in the narrative.

In 2016, the Norwegian government launched their strategy for an age-friendly society, involving all ministries (HOD 2016). Based on the active ageing framework, the strategy established six priorities: (i) increase employment among the elderly; (ii) develop of age-friendly municipal plans, (iii) strengthen of older person's participation via the voluntary sector; (iv) foster business-oriented innovations to seize the new market opportunities (in particular welfare technology); (v) promote health during the entire life-course; and (vi) improve the working conditions for older persons.

In May 2018 the Ministry of Health and Care Services published a new white paper on the reform of the services provided to the elderly (HOD 2018) and in November the same year, the government appointed a new council for an Age-friendly society with a budget of 10 million crowns (approx. 1.2 million USD). The program intends to foster older persons' participation in municipal planning and to reduce the obstacles to the realization of older citizens' full potential.

Oslo

Oslo's recent developments have been the subject of a large number of studies. There are a few consensual characteristics that strongly frame the city's political and economic development: (i) late deindustrialization, (ii) sustained population growth driven by internal and foreign immigration, mostly by the latter (Østby and Henriksen 2013; Rees et al. 1999; T. Wessel et al. 2016), and (iii) the persistent internal inequalities popularized by a supposed social segregation between the city's east and west sides (Hagen, Djuve, and Vogt 1995; Terje Wessel 2000, 2013; Kriznik 2015; T. Wessel et al. 2016; Hanssen 2013).

In terms of population dynamics, the Norwegian capital is in fact following a different path than the vast majority of municipalities in Norway. During the first decade of the 21st century, a strong population growth coupled with a steady decline of the older population, brought the proportion of older persons on the total population to historically low levels (Sugahara 2017).

This relatively “comfortable” situation regarding the demographic change might explain the lack of detailed information about the demographic ageing within Oslo and its metropolitan area. The first article of this thesis addresses this gap and I will return to it later.

Oslo is the youngest county⁵ in Norway. It has the lowest median age (35.5 years) and the lowest proportion of older persons on the total population (twelve percent) (Rogne and Syse 2017, 21). With the exception of Oslo municipality, Norway’s biggest cities all have in common an even lower proportion older persons (under ten percent).

One of the most striking characteristics of Oslo’s ageing is the changing background of its older residents. Among the city’s residents aged 20-29 years, people with an immigrant background have a clear majority (62.1 per cent). Their share is lowest among those over 60 years: 25.9 per cent (Texmon 2012).

Among immigrants and people born in immigrant parents in living in Oslo, one in every four lives in Oslo, this proportion is even higher if we include the neighbouring county, Akershus, which would bring this figure to nearly 40 per cent (Statistics Norway 2018)⁶.

The proportion of immigrants among the different districts is also noticeable. Using a grid map, Even Høydahl presented the variations in the proportion of the population who have an immigrant background between and within districts (Høydahl 2015). Despite a general increase in the proportion of individuals with an immigrant background, the concentration is noticeable around specific areas of the city, in particular the most peripheral ones.

The case of the district of Søndre Nordstrand is revealing. In 2012, it became the first district in Oslo to have more than half of its residents with an immigrant background. At the same time, between 2001 and 2016 it was the district with higher annual growth rates of older residents (5.7 percent) (Sugahara 2017). A similar path was followed by the district of Stover, which had the second highest annual growth of older residents during the same period with similar growth of the total population (just above one per cent).

Most of the public debate regarding the “segregation mechanisms” of Oslo’s immigrant population tends to center on education and children’s welfare (Wessel and Nordvik 2018). The debate on the growing presence of immigrants among the older residents is incipient and

⁵ Oslo is the only city in Norway that accumulates the county status.

⁶ For a recollection of Oslo’s historical developments and influence of immigration to population dynamics please refer to (Terje Wessel, Turner, and Nordvik 2018; T. Wessel et al. 2016)

mostly focusing the issue of the elderly care (e.g. Reidun Ingebretsen 2010; Næss and Vabø 2014).

Oslo is a member of the World Health Organization's (WHO) network of age-friendly cities and communities since May 2014. It was the first and still only Norwegian member of the network and has advanced with an Age-friendly action plan (Oslo Kommune 2017).

However, the main topics moving the public debate and political agenda might be resumed by a phrase from the Governing Mayor of Oslo, Raymond Johansen, on the occasion of his mandate's inauguration: "Oslo, will become a greener, warmer and more creative city".

3. Theoretical framework

My academic curiosity about age and old-age began many years ago, before I could have possibly imagined beginning this thesis. At that time, in the early 2000's, my main and only academic affiliation was economics.

Mainstream economics had and still has a disproportionate influence on most graduate programs, including mine. Approaching ageing and old-age under this framework can rarely result in a research question that does not depart from the implicit (or sometimes explicit) assumption that ageing is a problem.

The ancient proverb says: *“a society grows great when old men plant trees whose shade they know they shall never sit in”*. The phrase encapsulates one of the main issues arising from ageing studies based on neoclassic economics. Under this paradigm there is a general assumption that people are exclusively pursuing their material self-interest and do not care about social goals per se (Fehr and Schmidt 1999). Therefore, altruism is often regarded as not part of a rational behaviour.

The neoclassical image of the individual – *Homo Economicus* – is a descendent of Jeremy Bentham's greatest-happiness principle: He knows what he wants, calculates the costs and benefits of different means to achieve his ends, and acts consistently to pursue these ends according to their relative importance to him, constrained only by the resources and given range of alternatives at his disposal. His preferences are exogenous, and he is “naturally” self-interested (Meagher and Nelson 2004).

As crudely summarized by Meagher and Nelson: *“He has no childhood or old age; no dependence on anyone; no responsibility for anyone but himself. The environment has no effect on him, but rather is merely the passive material, presented as ‘constraints’ over which his rationality has play. He interacts with society without being influenced by society: his mode of interaction is through an ideal market in which prices form the only, and only necessary, form of communication”* (Meagher and Nelson 2004, 104–5)

In order to properly develop this idea I would probably need a new scholarship, but I would invite the reader to do their own empirical research by reaching out to an economist or simply browsing the business supplement in your local media (where economist are usually placed).

The call for applications for this PhD also hinted at a similar assumption. After describing the demographic change in Oslo, the call specifically suggested the applicants formulate projects using the universal design framework to address the urban ageing phenomena.

Even though I acknowledge the challenges, I personally do not see ageing as a problem *per se*, so I decided to take the risk and wrote a proposal that simply departed from a “neutral position”. I also highlighted emerging trends, like the age-friendly cities framework, that I believed offered me more room to discuss ageing without necessarily focusing the problems typically associated to old-age. The evaluation committee apparently liked it.

3.1. A Critical Perspective

‘Life seems short’ - Misao Okawa
During the celebration of her 117th birthday

There is no single dominant theoretical framework addressing the issue of urban population ageing. As showed during the brief literature review, the multidisciplinary nature of this topic has several ramifications that often overlap, as with environmental gerontology and geographical gerontology.

This is also true for many of the disciplinary approaches under the even larger gerontology umbrella. This “extreme” multidisciplinary nature brings enormous opportunities in terms of research paths and general intellectual explorations. However, there are significant challenges in terms of general influence and to the construction of bridges among scholars, or “lowest common denominators”.

The problem of theory in gerontology has a long and prolific debate (e.g. Cole et al. 1993; Cole, Ray, and Kastenbaum 2010; Johnson 2005; Kent and Butler 1988; Silverstein et al. 2008; Estes, Biggs, and Phillipson 2003; Walker 2014). Having in mind the referred attempt to not a priori side with the “problem” perspective, I found the critical gerontological approach particularly useful to anchor (e.g. Cole et al. 1993; Cole, Ray, and Kastenbaum 2010; Johnson 2005; Kent and Butler 1988; Silverstein et al. 2008; Estes, Biggs, and Phillipson 2003; Walker 2014). Keeping in mind my attempt to not *a priori* side with the “problem” perspective, I found the critical gerontological approach particularly useful in anchoring this thesis.

Departing from a brief introduction of the general lines of the critical perspective, the focus of this sub-chapter will be the importance of time in the study of ageing. I will also pay a special attention to the life-course approach that I consider particularly useful for the study of ageing in the urban context.

Researchers, practitioners, and policy makers might easily agree with the idea that ageing is a part of the life -course, that is, acknowledging that older people are not a homogeneous group and that individual diversity increases with age⁷ (World Health Organization 2007, 6).(World Health Organization 2007, 6). I will further develop this idea later on this chapter.

However, substantial disagreements have marked the gerontological knowledge since its origins. The main differences start are visible immediately, from the definition of old age, but also extend to the perception of what constitutes normal ageing and the scope of public/private responsibility for optimal, successful or productive ageing (Estes, Biggs, and Phillipson 2003, 8).

Estes et al. (2003, 8–24) offer a summary of the development of gerontology since the mid-1940's. According to these authors, research into the social aspects of ageing has been squeezed between the natural sciences and biomedicine on the one side, and studies on the development of the welfare states on the other.

The “historical identity” of the development of social theories in gerontology can be traced to the emergence of institutes and surveys of older people in the USA and across most European countries in the late 1940's (Anton Aman, 1984: 7, in Estes, Biggs, and Phillipson 2003, 13). That was possible due to a general perception among demographers, economists, and medical researchers, that old age represented a major social problem that would demand new initiatives in areas such as employment, health, etc.

The context was also of a dramatic expansion of the natural sciences where biomedicine was viewed as the most influential source for tackling many of the problems and challenges associated with ageing. The so-called “biomedicalization of ageing” regards the ageing process as characterized by a decline and decay; therefore, ageing is a medical problem that should be treated.

According to Estes et al. (2003, 11) the influence of biomedicine was further reinforced by the role of the welfare state and social security in constructing a distinctive vision of old age. As

⁷ It also recognizes that experiences do not only have immediate effects (Bengtson et al. in Johnson 2005, 493).

pointed out by Bauman (in Kunstreich 2003, 40), “definition sets the victimized group apart (all definitions mean splitting the totality into two parts: the marked and the unmarked) as a different category, so that whatever applies to it does not apply to all the rest”.

For social scientists, that dominance perfectly matches the structural-functionalist theories⁸. Focusing on individuals’ adjustment and reflecting a set of assumptions about appropriate behaviour in later life, the “activity theory” would later find in Cumming and Henry’s (1961)(1961) theory of disengagement a natural theoretical “evolution”.

Under the disengagement theory framework, ageing would be regarded as a universal phenomenon where both the ageing individual and society simultaneously engage in mutual separation. That process would not only be regarded as natural, but also a desirable outcome that should be fostered in order to promote a stronger sense of physiological well-being (Bengtson et al. in Johnson 2005, 13).

For most of the time since the 1950s1950’s, while the trend has been to focus upon individual aspects of ageing, work exploring the impact of social structure on ageing has also been apparent. However, it was mostly during the 1970s1970’s that a range of new theories would flourish to open a window beyond the individual-level analyses.

It was exactly the refusal of any “natural” explanation for the features of ageing in advanced industrial societies that lead to the emergence of the critical approach. According to Bernard and Scharf (2007, vii), the political economy approach on ageing would forge the foundations of the critical gerontology. Its origins date back to the World Congress of Sociology in Uppsala, in 1978. Initially called the social construction of ageing (or structured dependency) (Townsend 1981) its emergence can be understood in the context of the fiscal crises affecting welfare states from the 1970s1970’s, and as a reaction to the dominance of functionalist theories in social gerontology (Walker and Foster 2014; Walker 2002).

Generically, the critical perspective on ageing assumes that age and old age are relational processes deeply imbedded in specific relationships among people and places (Cole, Ray, and Kastenbaum 2010, 19)(Cole, Ray, and Kastenbaum 2010, 19). Particularly relevant to the critical approach is the awareness that gerontological knowledge can be used to discipline or control older people and the meanings they make of age (Katz 1996).

⁸ The idea that the collective arrangements channels the individuals to perform a specific role in order to maintain a “desired” stable structure.

To Bernard and Ray (in Bernard and Scharf 2007, 13) critical gerontology is an umbrella term that takes as its object the philosophical foundations, epistemological assumptions, and social influences on which social gerontology has been constructed. Phillipson and Walker (*idem*) would go a little bitgo further, defining critical gerontology as a more value-committed approach to social gerontology –: “a commitment not just to understand the social construction of ageing but to change it”.

As recalled by Baars (1997), time and its derived concepts play such a fundamental role in ageing studies that gerontology could be defined as “*the study of life under the specific aspect of the changes that take place when a living being has existed for (what is considered) a relatively long period of a principally limited time, which can be established in terms of the (average or maximum) life expectancy of the species*”.

Chronological age, or the measure of an individual's age based on the calendar date on which he or she was born, is a critical element in the social organization of individuals and an important tool for understanding, assessing and defining policies.

For practical purposes, the demarcation of population groups is important, both in analytical terms and for the formulation of public policies. It is through such demarcations that it becomes possible to identify beneficiaries, to focus resources, and to grant rights. In the specific case of the age cut-off for defining older persons, it is argued that the main advantage is its ease of verification and monitoring. Hence, use of age-cut offs in research and policy may be regarded as an (efficient) rule of thumb.

Within academia, the use of age cut-offs has proved to be a very useful tool. Researchers from different traditions of the social sciences have found that such cut-offs provide fertile ground for all kinds of empirical tests. One advantage is the flexibility allowed by such a definition that allows for the construction of different groups of older persons that are in line with the objectives of the different experiments and studies.

The development of different analyses/techniques, such as cohort analyses, age stratification, and longitudinal analyses, have been instrumental in revealing, among other things that: (i) individuals who live under different conditions develop and age differently; (ii) age is a feature not just of individuals, but of social organization; (iii) age is used politically and bureaucratically as a principle of social organization and social control; and (iv) age is also a feature of culture, carrying the force of meaning and power back into the minds and bodies of citizens (Baars et al. 2006).

In addition to all these different possibilities to define old age using the calendar age, Sanderson and Scherbov (2008; 2014, 2013, 2010) have argued for the use of a different age-based approach: the Prospective Age. Departing from the assumption that analysts are only able to think about old age from two perspectives, backward-looking and forward-looking, the authors suggest the use of life-expectancy to define old age, instead of the typical chronological definition. The supposed main advantage of this approach is the possibility of capturing improvements in health and longevity.

Despite the many contributions of age-based research, gerontological knowledge is still characterized by an imbalance between the accumulation of data and the development of theory. As exposed by Baars et al (2006) and Birren (in Silverstein et al. 2008, 459), the study of ageing has often been driven by narrowly defined problem-based questions and with little attention to basic assumptions or larger theoretical issues. The now classic punch line sums it up: “data-rich and theory-poor” (Birren and Bengston 1988).

As discussed on sub-chapter 2.3 one of the consequences of the use of chronological age to define older persons is that society creates expectations about the social roles of those with such a status, and this may lead to exertion of various forms of coercion to fulfil such roles, regardless of the particular characteristics of individuals (Laslett 1991).

As recalled by Edwards (2012, 4), regardless of which age is used within different contexts, it is important to acknowledge that chronological age is not a precise marker for the changes that accompany ageing. There are dramatic variations in health status, participation and levels of independence among older people of the same age. Like any other classification, "older person" simplifies the heterogeneity of this segment and therefore is subject to include individuals who do not require such policies or to exclude those who need them.

Vos et al. (2009) recall that the very concept of old age varies depending on the social context. In many developed countries, the ages of 65 and 67 are used to mark old age. This derives from the fact that it is the age at which a significant portion of the population becomes eligible for full pensions and other social security benefits.

Very often, we also consider a person as old not only because theoretically he or she is likely to be closer to the end of his or her life, but also because the person faces changes in social roles and performed activities. A typical question posed by researchers when investigating attitudes towards ageing on the micro level (e.g. Robertson and Swift 2018) is exactly asking different age-groups at what age does one start to be old? Most studies of this kind find that

the ‘old cut-off’ reported by individuals have a significant variation that increases according to the age of the respondent.

Chronological age and time

Baars (1997) argues for the importance of acknowledging the relativism embedded in the notion of chronological time and exploring other ways of understanding the temporal aspects of ageing. To this author, contemporary political and economic concerns (and interests) on the proclaimed costs of ageing hold primary responsibility for the overemphasis the western culture has put on the calendar age. Pellissier (2013) argues that the three dominant discourses on ageing, namely (i) the demographic, (ii) the medical and (iii) the economic, are not a coincidence: *“instead of thinking about old age, we focus on number, bodies, and cost”*.

The historical perspective can once again come in handy here. In her classic “Old Age” (1977, 250–60), Simone de Beauvoir suggests the transition from feudalism to capitalism was the moment when “the old person” became an “object of a policy”. According to her, when one’s livelihood and life coincided precisely, productive and domestic work merged into one another. Older persons would be valued due to their experience and the family would be able to provide for them in an eventual situation of incapacity.

The same author argues that with the separation of work and life spaces, and the reduction of the family aggregate to two adults with their dependent children, the older members lost their places in the family and in the productive structure. More than that, the older workers were condemned to idleness much earlier than before: “the society found itself compelled to take the problem in hand” (Beauvoir 1977, 51)⁹. There are other and more nuanced perspectives, particularly with regards to family dynamics (we will come back to this second point later in this chapter).

Whether one share Beauvoir’s historical analysis or not, it points towards an important aspect: Becoming old is not an ahistorical individual event. Rather, it is an event played out in and formed by a historical context of roles, expectations and interpretations. There are other and more nuanced perspective, particularly with regards family dynamics (we will come back to this second point later on this chapter).

⁹ This perspective is challenged by Gratton and Haber (in Cole et al. 1993, 134–59). Analyzing the U.S. industrialization process between 1880 and 1930, the authors claim that industrialization did not destroy the bonds among family members. They also believe it increased the wealth of older persons.

Chris Phillipson (in Townsend 2010, 406–86), in his analysis of Peter Townsend’s contribution to ageing studies in the UK, highlights the interaction between growing awareness about the significance of long-term population trends and growing concerns about potential costs associated with population ageing. This happened in the late forties and fifties as the economic pressure left by the second world war prompted a sudden discovery of “the problems of old age”.

Keith Thomas (1977) described the construction of the relationship between age and authority in early modern England. Notwithstanding the fact that differences of ages were historically relevant in the way people were treated, were expected to behave and what degree of authority they enjoyed, Thomas highlights that back in the Tudor times (1485 to 1603), age awareness was far from universal. However, even than “*nothing was more eloquent of the gulf separating the educated elite from their social inferiors than the accepted legal time dictum than an idiot was someone who could not count up to twenty or tell his own age*”.

I would also dare to add that in a context of generalized low life expectancy, the elite would have some sort of advantage in terms of longevity, as they would have more access to goods and services in general, but it particular to knowledge and food, and were less exposed to body harmful physical work. Meeting an older person during the Tudor era would likely mean meeting a wealthy person.

Moving back to the recollection of the English construction of societal organization around chronological age, Thomas (1977) reminds us of a very simple but very illustrative transition: the consolidation of the use of the cardinal sense (in detriment of the ordinal) to define an individual’s age. It definitely would not generate a lot controversy asking today: When a baby celebrates his or her first birthday, does he or she become one year old? Or two years old? This contemporary easily answered question generate significant debates and legal disputes in the British courts throughout the XVII century.

The logistic infrastructure provided by parish registers would play an important role in this “great mental change”. The fundamental change in England would start with the Factory Act of 1833, which prescribed the standards of proof of age based on physical appearance. However, according to Thomas, the real pressure on the population to know their ages came from lawyers, bureaucrats and legislators, who specified precise numerical ages for an increasing number of civil rights and duties (Thomas 1977, 62:207).

Baars (1997) looks at the “dominance of chronological age” with concern, and he argues that the risk is that human ageing is in danger of losing its “temporal qualities”. As for temporal qualities, Baars highlights the importance of narrative action as a possible way to extend the integrative grasp of human time beyond the “actual now”.

Narrative is the form we usually express and communicate the experience of time. What is special about this unique human skill is that narratives hold the capacity to integrate in a “*loose, but potentially meaningful way, the most diverse event, actions and their evolutions*” (Baars 1997, 290–92).

In this context, the individual experience of present, past and future (integrated in the form of narratives) can expand the limiting possibilities of chronological age, reclaiming the meaning of personal identity and expanding the horizon of possible experiences and present challenges to the reinterpretation and “reconfiguration of life”.

Draaisma (2012) discuss time under the spectrum of memory. By asking why life speeds up as we get older, the author highlights the importance of memories in giving our lives coherence and meaning. As summarized by Rose (2004): “*memory not only provides a record of past experience, but also anchors that experience in personal time*”.

Carlo’s Rovelli’s “The order of time” (2018) is perhaps the most recent example of a continuum debate of the key developments in the philosophy and physics of time. Going further down on this road would probably need another scholarship, but above all intellectual competences “beyond my expertise”.

Hagestad (1986) and Settersten and Hagestad (1996) highlight the complex interplay between chronological age and family relations. Both articles call attention to the fact that “cultural age norms” are also forged in the family helm. Individuals’ behaviour is also built on expectations, both of themselves and others. The expectations we have regarding family relations are particularly relevant, not only for the intensity, as people in general spend a significant portion of their time with family, but also in terms of endurance, as we have to deal with family issues throughout our entire lives. As highlighted by Hagestad (1996), people also make sense of their lives and make decisions based on expected “age deadlines”, such as leaving home, getting married and having children.

Following this logic, changes in the family composition impact subjective ageing. Bordone and Arpino (2016), for example, investigated the influence of grandparenthood and caregiving

on subjective ageing and concluded that grandparents feel older than their grandchildless counterparts at younger ages, an association that is reversed in later life if they look after their grandchildren.

The Life-course approach

The life course perspective on ageing highlights the idea that lives are interdependent and individuals react both to micro-level changes, such as the ones occurred within the family realm, and macro-level, societal changes as laws and regulations (Estes, Biggs, and Phillipson 2003; Dykstra and Hagestad 2016; Heinz and Marshall 2003)

The logic behind the life course perspective is that individuals are not only interdependent but also will develop (and age differently) under different conditions. In that sense, age is not merely an individual feature, but also one of social organization and culture: “*carrying the force of meaning and power back into the minds and bodies of citizens*” (Baars et al. 2006).

The life course perspective looks at activities and situations of individuals over a determined period (Komp and Johansson 2015, 1). It is conceptualized as a sequence of age-linked transitions that are embedded in social institutions and time (Bengston et al. in Johnson 2005, 493), and this sequence of activities and life situations from birth to death is also commonly defined as the life course.

One of the main principles behind the life course approach is the idea that experiences do not only have immediate effects. Other important pillars are: (i) the emphasis on the importance of social and historical context in shaping individuals lives, (ii) the recognition that individuals are active agents in the construction of their lives; (iii) the adoption of the principle of “linked lives”, referring to how individuals are interconnected by relationships; (iv) the understanding that the pace of biographical, historical and institutional change are characteristically asynchronous, generating structural or cultural lags; and (v) the idea that ageing and human development are life-long processes (Bengston et al. in Johnson 2005, 493).

Life course studies gained renewed impulse with the development of multidisciplinary longitudinal studies, such as the pioneering Longitudinal Aging Study Amsterdam (LASA) started in 1991, the Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD), the German Ageing Survey (DEAS), and more recently the Norwegian study on life course, ageing and generation (NorLAG) and the European Survey of Health, Ageing and Retirement (SHARE) (Huisman et al. 2011; Slagsvold et al. 2012).

Keeping in mind the particular interest this thesis has on ageing in the context of a specific space, the urban environment, it might be useful to be very concrete and quickly highlight some examples of life-course based research contributing to this field. Location and proximity is determinant in a complex interplay within family dyads of linked lives.. Based on the analyses of Swedish registry data, Malmberg and Pettersson (2007) found that specific profiles of adult children are less likely to stay in the same region as their parents. That is the case for Sweden-born and well-educated women with siblings, no children, and living in densely populated areas. Using German data, Konrad et al (2002) found that the firstborn child's location choice influences the behavior of the second-born child and can shift some of the burden of providing care for the parents from one child to the other. The first-born child has a first-mover advantage. She or he can move away from the parents as the second born child is still in the proximity. If the first-born exercises this option, the location of the second-born is more constrained.

Also using data for Sweden, Holmlund et al. (2013) found that for ageing parents, having fewer children resulted in a lower probability of having at least one child living nearby, however, they did not find evidence that domicile location choices of adult children are constrained by family size.

Lina Hedman (2013) analyses found that in the city of Uppsala, Sweden, the presence of family is indeed a strong determinant for neighborhood choice, and that non-Western immigrants, middle-aged adults, individuals with low socio-economic status, and individuals who have previously resided in the neighborhood are most likely to move near family.

Those examples show us that different communities generate different sets of (family) ties. However, what is particularly relevant for this thesis is the notion that people living in specific urban contexts, such as metropolitan areas, or capital cities, might face significantly different opportunities in terms of intergenerational relations.

3.2. Global Forces Transforming the Physical and Social Context of Cities

*Dog: 'The ideal city of a dog
It has one pole per square meter
There is no car, I do not run, I do not die
And I'm never desperate to pee'.
The Ideal City¹⁰
(Os Saltimbancos – Chico Buarque)*

As argued in the literature review (chapter two), current changes in the life course and intergenerational relations are taking place at, and are particularly influenced by, the urban environment. In line with the previous debate, I would also add that urban environments pose not only diverse challenges and opportunities for the ageing process but also influence our own experience of time.

Not rarely do people take holidays “out of town” in search of a calmer space. This often means a time pace slower and less stressful than the “city pace”. The countryside is often the location of choice as more permeable and “susceptible” to the influence of nature that, in turn, has its own time.

McCann (2003, 160)(2003, 160) argues that urban politics is frequently characterized by political strategies that frame reality in terms of scale. In the case of American cities, this scale is articulated simultaneously in spatial and temporal terms. Discussions like “our neighbourhood” or “our city” are interwoven with references to time of residence in a neighbourhood and longstanding cultural connections to a city: This might also have consequences for social policy and social work.

Also discussed in chapter two, the predominance of the city as the choice living space can still be considered a recent phenomenon from a human history perspective. The growing share of people living in cities was one of the key arguments of chapter two. However, as usual, such staggering statistics should be regarded with caution. The United Nations (2015, 4) reminds us that there is no common global definition of what constitutes an urban settlement.

Therefore, the urban definition employed by national statistical offices, the main source of data for the United Nations, varies widely across countries, and in some cases has even changed over time within a country.

¹⁰ Own Translation from Portuguese)

The criteria for what constitutes an urban setting may be based on one or a combination of characteristics, such as administrative criteria that classify municipalities as urban; a minimum population threshold; population density; the proportion employed in non-agricultural sectors; the presence of infrastructure, such as paved roads, electricity, piped water or sewers; or the presence of education or health services.

Manuel Castells' classic "The Urban Question" (1979), can add some useful thoughts to this debate. Castells argues that it is not by seeking academic definitions or criteria of administrative practice that one will achieve a valid delimitation of one's concept: "on the contrary, it is the rapid analysis of a number of historically established relations between space and society that will enable us to give an objective basis".

That is exactly what the author Sassen (2011) does. Sassen believes that the major transformations in the composition of the world economy have renewed the importance of major cities as sites for producing strategic global inputs. During the era of the "industrial city" typical for the previous technological paradigm, cities lost strategic functions and were not the site for creative institutional innovations. "The strategic sites were the large factory at the heart of the larger process of mass manufacturing and mass consumption, and the national government where regulatory frameworks were developed and the Fordist contract instituted."

Despite the massive development in telecommunications, that in theory would allow firms and workers to remain connected independent of their location, "the end of cities" never happened. If the classical factory town was the main symbol of nineteenth century capitalism, the rise of Fordist mass production would mark the twentieth century, with the growth and proliferation of the large industrial metropolis. According to Scott (2006), the peculiar forms of economic order that are on the ascendant today represent a marked shift away from the massified structures of production and the rigid labour markets that typified Fordism.

Florida (2005), for example, calls attention to the fact that cities are particularly important for its "agglomeration effects", one of the pillars of his concept of "creative class". As noted by Sassen, despite the fact that a relevant number of offices and factories relocated to cheaper and less congested areas during the 1970's, we also observed a growing spatial concentration of a wide range of highly specialized professional activities; in other words, new forms of territorial centralization (Sassen 2011, 1).

Challenging the sufficiency of well-known concepts such as post-industrial society, post-Fordism, or flexible accumulation, the same author suggests that the best way to characterize

the essential features of this “new economic order” is to simply acknowledge the fundamental importance of sectors such as high-tech industry, neo-artisanal manufacturing, business and financial services, cultural products industries (including the media), etc.

Asheim et al. (2007) highlight the importance of production and distribution networks to knowledge-based societies. In this sense, knowledge and knowledge creation have a predominant role in contemporary societies (see also Bindé 2005). This fundamental role is present in all dimensions of social and economic life, from the more traditional to highly technological tasks.

To Sassen (2011), globalization and digitalization are key elements to the emergence of global cities as “new” strategic sites. Although the strategic transformations are sharply concentrated in global cities, many are also enacted (besides being diffused) in cities at lower orders of national urban hierarchies.

The centrality of urbanization is regarded with “scepticism” by authors like Harvey (2013, 2014), to whom the contradictions are noticeable as urbanization has not only increasingly constituted a primary site of endless capital accumulation, but also become the centre of overwhelming economic activity on a planetary scale never before seen in human history. The urbanization boom, argues the author, has had very little to do with meeting the needs of people. Rather, it followed a very typical pattern of capitalistic expansion by absorbing the surplus capital, sustaining profit levels, and maximizing the return on exchange values regardless of what the user value demands might be.

To illustrate this idea, the author refers to the importance of real state for the world’s second largest economy: China. According to Financial Times statistics, the building, sale and outfitting of apartments accounted for 23 percent of the Chinese Gross Domestic Product (GDP) in 2013. If infrastructures investments such as roads, rails, and public works of all kinds are also taken into account, the number is likely to be almost half of the Chinese GDP.

Metropolitan areas

It was only at the turn of the twentieth century that statisticians and social commentators began to distinguish between the town and the city (Giddens and Sutton 2013, 219). As for urban settlements, there is no common definition of what constitute particular and influential urban forms, such as metropolitan areas.

Metropolitan areas, such as Oslo, have specific characteristics, which affect the way people age and experience old age. Most of those characteristics are similar to what we would recognize in “other cities”, such as a high concentration of the population and a vast range of activities practiced within its boundaries, including religious, military-political, economic, educational and cultural (Jary and Jary 1999:74 in Giddens and Sutton 2013, 206).

I assume that metropolitan areas also have all these characteristics magnified by an extraordinary capacity to attract people, providing the vital *critical mass* for a variety of activities, ventures, structures, etc. A metropolis usually concentrates both political and economic power, generating a magnetic attraction to all related services directly or indirectly necessary to its functioning.

This extraordinary densification requires and allows for the provision of unique services (e.g. health-related specialists and equipment or international cuisine) and goods (e.g. specialized retail shops). At the same time, this particular form of human agglomeration raises additional challenges for public policies related to the unusual scale itself, like transportation and criminality, but also related to increasing diversity of people, like participation and inclusion.

Perhaps the most recent episode momentarily shifting the focus of the global agenda to the complexity of the urban challenge for older persons, was the heat wave that hit Europe in 2003 (Fouillet et al. 2006). During that now far-off summer, climate change, isolation, poverty, and other topics came ashore, exposing the vulnerability of older persons in the most developed welfare systems in the world, and claiming more than seventy thousand lives around Europe. The vast majority were older persons.

Welfare policies for older persons in the city

The epigraph in this chapter is a segment of a song composed for “*Os Saltimbancos*”, a Brazilian musical play for children based on the Brothers Grimm popular fairy tale the Town Musicians of Bremen. The intention was to highlight two important aspects of the city planning debate. First, the utopic notion of an ideal city; second, the variety of perspectives that different actors might have. This debate involves not only the “built aspect” but also the set of rules, demographic characteristics, services and all other possible features present in the urban environment.

Back in 1472, the essayist Benedetto Dei (in Isaacson 2018, 26) described the seven fundamental things a city requires for perfection: (i) the enjoyment of complete liberty, (ii) a

large, rich and elegantly dressed population, (iii) a river with clear and pure water and mills within its walls, (iv) rule over castles, towns, lands and people, (v) a university where both Greek and accounting are taught, (vi) masters in every art, (vii) banks and business agents all over the world.

Benedetto Dei is describing the city of Florence, the cradle of the renaissance. It already represented a significant change in relation to the medieval town structures. The opulence of Florence is still visible and continue to attract millions of tourists every single year. However, the city's relevance as a global trade and financial centre is long gone.

I will allow myself a historic leap recalling last chapter's reference to Simone de Beauvoir. She referred to the transition of the mode of production, feudalism to capitalism, as a key transition of the relationship between older persons and their families and older persons and society in general. What I would like to highlight here is that the background scenario of this transition is also the transition from rural life to the urban life. This is not a minor detail.

There was a transition period in the organization of the cities but life conditions in the first industrial cities were very precarious during the first half of the nineteenth century. Cities expanded quickly and the available technology (such as for sanitation) was ineffective. The average death mortality rates in the five largest cities in the UK, excluding London, increased from 20.7 to 30.8 per thousand inhabitants between 1831 and 1841 (Deane, 1969 in Saes and Saes 2017, 197–98).

At the same time industrialization and the rise of capitalism would profoundly change Western societies, undercutting traditional forms of welfare provision (mainly offered by family networks, charity, guilds, etc), they would also offer gains of productivity and consequently resources to cope with the emerging social question (Castles et al. 2010, 3–4).

Although 1945 is often referred to as the beginning of the welfare states, it is important to highlight the fact that thinking about welfare began much earlier than that (Pierson and Castles 2006, 5). The emergence of modern urban planning and the welfare state are in this sense linked by the chaotic formation of the industrial cities.

If the first industrial town could be labelled as chaotic, many of the contemporary urban challenges would certainly not resist a similar comparison. From the continued growth of precarious housing and all sorts of informal urbanization, to the persistent problems of traffic and pollution, there are renewed reasons to call for the re-birth of welfare like policies, or a re-birth of the “city”.

Perhaps, to clarify this idea, the debate around the right to the city offers some good insights. In line with the critical approach adopted in this thesis, Marcuse (2009) argues that the ultimate purpose of critical urban theory is to implement the demand for the right to the city, not the right to the existing city but the right to a future city.

As contemporary ageing's complex needs cannot be met by what Lefebvre (in Huw Lemmey "The Right to the City - A Verso Report" 2017 chap.10) described as "commercial and cultural infrastructures" in their parsimonious take on ageing, the reconfiguration of the life course cannot be achieved under the current cities development framework.

Finally, I would like to highlight the important role of social work in this endeavour. If we depart from the idea that the task of gerontological social work is to use the methods of social work to enhance the quality of life of older adults and their families (Rossi, Seppänen, and Outila 2018; Hunter et al. 2019), then social worker's entrenchment in the health and care sector for the frail older will not be sufficient to cope with a self-fulfilling prophecy of an old-age-tsunami.

4. Data, Methods and Research Strategy

Words matter, hence Håvold's (2018, 29) discussion about the use of terms such as "patient", "client", and "user" in the research context are also relevant for many spheres of gerontological research. One of the main arguments is the distinction between a 'passive' and an 'active' relationship. Inspired by his reflection I start this methodological review by briefly discussing the terminology choice I made in writing this thesis.

I believe the main and perhaps only potential controversial term I avoided using throughout this PhD project is "elderly". In fact, I used it when I wanted to denote some sort of "prejudice". Instead, I often referred to older people, older persons, or similar terms. This debate came up during the preparations of the manuscript I wrote with Viggo Nordvik (who continues to tease me for being excessively politically correct).

My terminology choice is linked to what I perceive as a risk of promoting an ageist discourse. My main concern was related to a personal feeling that "the elderly" would be too close to "the old". In fact, and as easily verifiable in my reference list, there are fundamental and critical research using the term "elderly". The main reason I decided to use terms such as 'older persons' is similar to the notion suggested by McPherson et al (in Håvold 2018, 29), that is, putting emphasis on the human being as more important than any physical characteristic.

I must admit that my preference is perhaps influenced by regular media writing in English, as other languages might not have the same connotation for the term (e.g. the elderly, *idoso*, is mostly accepted in Portuguese as a respectful term). In Norway, the use of the term elderly might not be particularly controversial yet. As referred on section 2.4 despite the fact that important organizations such as the Central Council of Elders, continue to use the terminology, other organizations, such as the National Council for Senior Citizens and the Center for Senior Policy, clearly distance themselves from the term elder.

In Oslo, the priority seat signs in public transports no longer displays the message "for the elderly and disabled" (*for eldre og uføre*). It was replaced by the representation of a pregnant woman and an individual with a walking cane. Assuming I was "playing it safe", I hope I was not in fact involuntarily contributing more noise than clarity.

I also used the expression 'frail old' without much care, perhaps, occasionally as "*a catch-all term for agedness, decline and disablement*" (Gilleard and Higgs 2011). As this concept did not have a central role on this thesis, I believe it was not particularly conflicting when applied.

In order to address the ageing process in Oslo under a critical framework, I used different strategies and methods, ranging from demographic data analysis to open-ended interviews. This project is organized in three papers. Papers 1 and 2 set out for evidence-based contributions. Both articles are strongly framed by the chronological aspect of ageing.

However, in accordance with the critical theoretical framework, both articles highlight the relational aspect of the social construction of ageing. We used, for example, a variety of age cut-offs and worked with different groups within them, like gender and spatial location.

Paper 1 departs from the unpacking of an apparently simple question: Is Oslo getting older? This question was the starting point to highlight the importance of demographic information to city planning. I use the city of Oslo as an example of the variety of approaches that can be used to assess ageing in a specific population.

A significant part of this research project involved a revision of the conflicting perspectives shaping the creation of old age. In this sense, the previously described umbilical and controversial relationship between gerontological knowledge and chronological age in some ways haunted this project since its origins. This might explain why “head counting” came up as a priority on my research strategy.

As I argue in Paper 1, and reinforced in the theoretical chapter, demographic information forms the basis of many city standards and plays a crucial role in the allocation of funds and general political debate. It is too important to be ignored. Simply because bold claims about the demographic aspect of ageing process in Oslo were not backed by concrete studies, I was compelled to “take matters into my own hands”.

The data used in Paper 1 was retrieved from the Statistics Norway website and the Oslo Municipality online database, which are both based on the same data source; however, the compilation for the different districts and sub-districts in Oslo were only available at the second website.

I explored the possibility of looking into even smaller administrative subdivisions within Oslo. However, after consulting with several colleagues, I was convinced that they would not be relevant, as they were neither part of the public general knowledge nor played a role in terms of political administration. This paper would have benefitted from further analyses on specific districts. I regret not having planned to make field trips to the districts that displayed divergent trends or came up with distinctive characteristics.

There are other and more complex methods available to analyse spatial or geographic data. I am very keen on geographic information systems. However, at that time, engaging with it would require me to get up to date with methods and technological solutions I did not find immediately available on my network. Furthermore, at that point, it also felt like using a sledgehammer to crack a nut.

Paper 2 is a comparative analysis in which we use data from the Norwegian population registers to investigate if patterns of population ageing differ across the country. Again, despite the great role and focus on chronological age, the main focus of the paper was the relational aspect. We focused on the kinship relationships from an “availability” point of view, in our case, location. Starting out from a discussion of long-term demographic trends, the paper hypothesizes that family and kinship ties vary between regions. The hypothesis was indeed confirmed.

We started by the typical analyses of the age structures. However, this time, we did not use population pyramids, which are conventionally used for this purpose. Instead, we opted to use cross-sectional equivalents to survival curves. These show shares of the population t years of age and older.

There are disadvantages and advantages here. Presented as a continuous line, the survival curves might be less intuitive for the average reader, particularly if we are trying to highlight the gender imbalance at older age groups, therefore the gender balance (i.e. the female share) is demonstrated in separate figures. However, the main advantage, and particularly relevant for the article, is the possibility to map differences between regions in a transparent and intuitive way.

We selected a municipality, a county and a region. Further inferences we might draw from the results must be carefully analyzed in this context. Oslo was an uncontroversial choice as it is the main subject of thesis. It is worth a reminder here that Oslo is the only Norwegian municipality that is also classified as a county.

Akershus county was selected because it partly constitutes Oslo’s metropolitan area. In this sense it directly exerts influence on and is influenced by the neighboring county. Moreover, comparisons of Oslo and Akershus yield insights into how the heritage of ‘demographic division of work’ within the metropolitan region yields later outcomes in terms of uneven population ageing. The main justification for the choice of Helgeland is the “average” profile of this municipality and its representativeness as a typical countryside Norwegian region –

and that it has a different demographic legacy than a metropolitan area. Helgeland shares this different demographic legacy with many other Norwegian regions. As we were not particularly interested in discussing a specific regional development, this choice did not particularly affect our analyses or the results.

As previously argued, the advantage of using register data is the full coverage of the population, therefore it is not vulnerable to sample-related issues. The period of analyses was restricted to 2014, which did not allow us to capture possible trends. This could be part of the agenda for future research.

If a critical approach should acknowledge that age and old age are relational processes in specific relationships among people and places, the third paper examines one particular aspect influencing those relationships in Oslo. From all different forces shaping the social construction of ageing, the state and those who collectively represent the older persons are, without question, a decisive one. In fact, the ideas and discussions in this paper were carried out throughout the whole period of the research project.

Furthermore, keeping in mind the global influence of the Age-friendly framework to address ageing in cities, an investigation into Oslo's official Age-friendly approach came up almost as an obligatory step.

The main challenges faced upon the definition of the research strategy had two main sources: (i) the fact that Oslo's Age-friendly program was "under construction" during the research period; and (ii) the multidimensional aspect of such a comprehensive framework, ultimately overarching almost all aspects of municipal administration.

Under these circumstances, I decided to seize the opportunity and focus the research on the "interpretational" aspect of Oslo's Age-friendly initiative, that is, trying to understand how the WHO's AFCC had been translated in that particular context. As compared to many other cities subscribing to the WHO's AFCC initiatives across the world, Oslo's particular context is that it is a comparably affluent city in an ambitious welfare state.

In face of a virtual inexistent debate about Age-friendly cities in Norway. A significant portion of the efforts were dedicated to the analyses of official documentation and open-ended interviews with key informants. As detailed in the paper, they were conceived as exploratory interviews and organized in two distinctive phases.

In terms of recruitment, I made an initial effort to map institutions from the civil society whose agenda was clearly related to older persons' interests. I also used a chain-referral sampling strategy to make sure I was contacting the most influential informants. The interviews at Oslo city's department followed a similar strategy, beginning with the departments with a core involvement and later expanding the interview requests to the departments less clearly linked to the different AFCC domains.

The interviews proved to be an essential source of information. Furthermore, they gave me access to a precious network that would provide me reliable and updated information during the remainder period of the research process. This is particularly true for Oslo's "Age-friendly unit".

The main strategy for the document analyses was tracing back the political documents that were referred to as foundational to Oslo's Age-friendly program. During the period of this research, most of the relevant documentation was compiled at the program website.

I regret that I missed the opportunity to invest more energy in digging for budget-related information. This is perhaps a negative side effect of my reliance on Oslo's Age-friendly official website and the influence that the content structure had on my perception of the initiative.

One particular point I definitely should have also have paid more attention to while setting this research strategy, was the pilot district. Due to the central role played by the pilot on the overall Age-friendly initiative, this research would most probably have benefitted from a strategy involving an ethnographic approach.

With hindsight, I believe the choices and sequence of methods I used were the most appropriate to the task at hand. They allowed me to learn about ageing in Oslo without excluding *a priori* too many perspectives. Furthermore, they also gave me the opportunity to engage with a variety of disciplinary approaches and hopefully build bridges along the way.

4.1. Ethical Considerations

For my interviews I duly notified and received approval from the Data Protection Officer (Personvernombudet) at the Norwegian Centre for Research Data (NSD). The analyses of register data were conducted in cooperation with (and as a part of) the 'Social inequalities in housing' project, financed by the Research Council of Norway. Use of register data in this

project is duly reported to NSD and approved by the Norwegian Data Inspectorate (Datatilsynet).

I only collected data through personal interviews and the study did not collect any sensitive personal information. Regardless, I did my best to carefully handle, store and present the data used in this project. I avoided as much as I could the use of printed material, and only used digital means approved by NSD. To the best of my knowledge, no individuals or groups of people can be identified in connection to their participation in this project.

The concern I had regarding the terminology used in this research project, previously discussed in the introductory paragraphs on this chapter, deserved the same zeal in my presentations and any other public discussions I participated in while working on this project.

Finally, as an aggregate, the group 'older persons' is a highly diverse and heterogeneous population group, in which some are vulnerable. This is also a group that in various contexts runs the risk of being stereotyped. Throughout the work I have been very concerned with treating the group with respect and dignity.

5. Summary of the papers

Paper I: A Critical Approach to the Demographics of Ageing: The Case of Oslo

Demographic analysis is the basis of every city plan. It is often regarded as a technical and indisputable tool to inform policy making. In a strongly contested political environment, information on a population is crucial for setting priorities and defining goals. However, frequent misinterpretations, or overinterpretations, of demographic information might also support inadequate public policy design. The increased interest on ageing in the urban context has already resulted in various initiatives throughout the world. The idea of an unsustainable “elderly boom” is a powerful narrative that is frequently used to argue for the need of improved policies for older persons. The article argues that city planners and urbanists inadequate use of demographic assessment of ageing might generate policies that can ultimately work against the interests of the older persons. I use the city of Oslo as an example of the varieties of approaches that can be used to assess ageing on a specific population. Contrary to the general assumption that Oslo will face an “elderly boom”, the study shows that the city’s ageing process today is less intense than the observed in the past. A particular attention is paid to the varieties of demographic trends observed within Oslo’s different scales.

Paper II: Knitting Alone - In the City

A basic premise underlying this article is that the social surroundings of individuals as they gradually age are not homogeneous and that they influence their well-being. Furthermore, if significant variation in the social context are found, they should also be affect the provision of different kinds of public welfare support, and therefore be taken into account during welfare design

This paper analyses two particularly relevant variables influencing this context: location and family availability. We ask if a focus on head count demographics hides important aspects of the challenges posed upon welfare agencies when preparing for and undertaking social work..

In order to illustrate the magnitude of those differences we study the population composition in three regions in Norway: the municipality of Oslo, Akershus county and Helgeland. We combine population registers with a parent-child identifier, which enables us to map the older person's spousal situation, presence and location of children (and grandchildren), in what we term "life links adjusted shares".

The results reveal that the female surplus in the elderly population is far stronger in Oslo than in the two other regions considered. Moreover, the combination of a higher prevalence of older people not residing together with a spouse, older people without children, and older people with fewer children, place Oslo's older residents in a relatively more vulnerable position in terms of spouse and kinship availability. Hence, we argue that there is a need for increased attention to not only head count demographics, but also to the uneven geographic distribution of life links.

Paper III: Mainstreaming Ageing Issues in Oslo - A Case Study Contribution to the Age-friendly Movement

Oslo could be defined as a model member of the World Health Organization's (WHO) global network of age-friendly cities (AFC) and communities. Four years after Oslo's became a member, the city is one step short of accomplishing the network's "age-friendly journey". Yet the Oslo's AFC initiative remains virtually absent in public and academic debates. Departing from an examination of the forces shaping Oslo's physical and social context and based on the analysis of official documents and interviews with key informants, I ask: how has the WHO's AFCC been interpreted in Oslo? Oslo's experience revealed the tensions and contradictions of pursuing a "life-course", or an all-ages approach, to active ageing in cities. Oslo's AFC roots in the health and care department, and choice to start as a pilot program, had a significant impact on the programs' ambitions. Nonetheless the program gave an important contribution to the expansion of the policy scope.

6. Discussion

I have argued extensively for the importance and general impact of urban ageing. This field has gained increased prominence and attention within social policy all over the globe.

However, the general policy approach to population ageing, namely active ageing, has not been broad-based but rather narrowed to particular fields, such health care and work. This is also true for Oslo and Norway (Hermansen 2016, 63). As the country's capital and largest city, Oslo's welfare ambitions and achievements will continue to have impacts not only on the national level, but also globally as a prominent representative of the influential Scandinavian model.

This thesis focused on the social construction of age and old age in Oslo. The research question for this thesis was: *How the particular characteristics of the ageing process in Oslo could become object of specific social policy response?*

There were good reasons to center the debate on socio-demographic aspects. Instead, I decided to broaden the scope by systematically questioning the assumptions I made and, at the same time, reflecting on the dilemmas and contradictions this could possibly bring to concrete social policy design. I cannot help but being reminded of the dilemma between the expert who knows more and more about less and less, or the generalist who knows less and less about more and more... until knowing nothing about everything.

Have you agreed to all of that with the older persons?

I will quickly introduce a short football tale. I hope this will help illustrate one of the key points I would like to discuss.

Even if you are not keen on football, you have probably heard of Pelé, the first football player to achieve global celebrity status. However, this history evolves around one of his teammates on the Brazilian's national team, the most likely more talented, but clearly less sellable as a whole, Garrincha.

Garrincha's physical characteristic were not very impressive for a football player, even at the time when semi-professionals would smoke a cigarette during the half-time break. He was as famous for his bow-leg and dribbling skills as for his drinking habits and controversial public statements, frequently portrayed as dumb remarks from a semi-illiterate person.

During the 1958 World Cup, the Soviet Union team was the favoured to win. Symbolizing efficiency, fitness, and collective will, the rising superpower national's team would stand on the antipodes of the anarchic and playful Brazilian team.

After defeating Nazi German, launching the Sputnik, and winning the Olympic gold medal at the 1956 games in Melbourne, the 1958 World Cup trophy would be the cherry on top on the propaganda battle front sundae. Brazil and the Soviet Union met at the groups' stage, and despite both having global star status, Brazil had never won the World Cup at that time.

According to the legend, during the pre-match lecture, the Brazilian coach Vicente Feola spent a significant amount of time mapping out a very complicated play showing how the team would score its goals. After listening with attention for several minutes, Garrincha raised his hand and asked: "Fine, Mr. Feola, but have you agreed to all of that with the Russians?"

This tale frequently comes up to my mind when reading about age and old age. The predominance of prescriptive notions about this increasingly complex period of life compels me to a Garrincha-like question: Have you agreed to all of that with the older persons?

I do not see a risk of a resurgence of the disengagement theory, but the ubiquitous presence of the anti-ageing ideology, and the increasing normalization of pseudo-scientific movements campaigning for the classification of ageing as disease, must not be underestimated.

Counting heads - who are you calling old?

As discussed in chapter three, enacting broad social policies based on chronological age alone are counterproductive to well-being in older-age. In this sense, it is important to bear in mind that the debate about the definition of older persons is not a purely academic and philosophical exercise. In fact, this debate has strong implications for the construction of society's relationship with its older citizens.

The debate would be rendered irrelevant if only there was a correspondence between biological ageing and chronological ageing. Senescence research has plenty of evidence about the deterioration of some physical abilities after the maturation of the human body. However, it is also as well-documented the fact that this process does not occur in any deterministic or monotone fashion.

The human body's deterioration can be related to physical, cognitive or mental capacity or to strength, and even in terms of social abilities. Different parts of the body (heart, liver, brain, skeleton, etc.) may have different ages, accounting not only for differences between people

with the same chronological age, but also for differences between organs in the same body. At the same time they can also be remedied by actions and/or supports or transfers from societal institutions, and (some of) their adverse consequences can be eliminated reduced or smoothed (Baars 1997, 289).

As previously discussed, that very basic measure of an individual's age based on the calendar date on which he or she was born is so central to so many aspects of life that we rarely take a step back to evaluate its implications. This is also true for research.

Giving voice to older persons or "listening to the old" is clearly a missing perspective in this project. The most honest answer I can give is that I never felt comfortable in selecting that group myself. I avoided framing the older persons group as much as I could, leaving this task to the institutions I contacted and the literature I consulted.

During the initial stages of this project I attended a workshop for PhD students. We had a round table session to briefly present our research projects. One of my fellow students, who had started his PhD even later in life than I did and was old enough to be my children's grandparent, approached his topic using walking interviews. His work was fascinating and brought so many relevant insights, but one of his arguments to justify his methodological choice stuck in my mind: "*I lived there for my whole life but I know nothing about ageing in that city*". Nobody reacted in the room.

This was perhaps the strongest experience I have had that Simon de Beauvoir would have referred to as "the silent conspiracy" (Beauvoir 1977). I do not think the current state of affairs is as daunting as she described: "(...) we don't recognize old-age in ourselves, we can't even stop to observe it, we can only recognize it in the others even if the other has the same age (...)". Gerontological studies should also be put in perspective with other societal challenges we face in our daily lives. However, there is certainly a taboo among us researchers, possibly fuelled by what I referred as the anti-ageing industry.

Does a focus on head count demographics hide important aspects of the challenges posed upon welfare agencies when preparing for and undertaking social work in practice?

We used the term "head count demographics" to describe the study of ageing by the means of a simple age-cut definition. At some extent it is also what I did. This might sound contradictory. However, I must argue that the main claim I made is not to simply scrap age from research and policy design, but rather, to use multidimensional approaches.

Social policy and social workers are familiar with complex assessments. Multidimensionality is an integral part of both the disciplines and the profession. However, very often, the diversity inherent to broad social categories, such as older persons, is lost in the macro-political response, with direct impact on professionals' approach.

By highlighting the impact of chronological age-based multidimensional assessments – a “critical approach to demographics” – I managed to unveil some particular characteristics of the ageing process in Oslo that itself justify tailor-made social policy response. Moreover, this approach gives the opportunity for researchers, policy makers, and city planners in general to better understand the possible challenges and opportunities arising from the demographic ageing.

First of all, the research showed that the ignorance about the historical data led to a misconception about the current demographic change in Oslo. Moreover it might result in a lost opportunity of learning from that experience.

Another important aspect that alone justifies attention from social policy relates to the variations found between Oslo's districts. As with the human body, not only do the different parts of the city have “different ages”, but cities with the same chronological age might also face distinctive “organic” ageing process.

Oslo's districts not only contribute differently to the current demographic profile but also had developed differently in terms of population structure during the last decades. As discussed in Papers 1 and 2, there are specific population dynamics occurring in Oslo, for example involving family and career decisions. The flow of people in and out Oslo does not only have clear age patterns, but also affects the neighborhoods differently.

Article 1 briefly highlighted the general reduction of the feminization of ageing in Oslo. However, the “old-age gender gap” tends to increase as the population starts to grow older gain. When compared to other urban areas, we found that the female surplus in the older population is far stronger in Oslo than in the two other regions considered.

Moreover, the prevalence of older women in Oslo with particular characteristics in terms of kinship availability should also have an impact in policy design beyond the typical headcount approach. The combination of a higher prevalence of older people not residing together with a spouse, older people without children, and older people with fewer children, place Oslo's

older residents in a relatively more vulnerable position in terms of spouse and kinship availability.

Developing specific social policy responses to the ageing process in Oslo

The year 2019 marks the centenary of the introduction of the municipal old-age insurance scheme for persons over the age of 70. From January 1st 1919, Kristiania's (later renamed Oslo) seventy year old residents who had lived in town for the past fifteen years had the right to a pension allowance that varied according to their civil status. Although a universal scheme was adopted by the parliament in 1923, the economic crises would hold back its implementation until 1936, when the same parliament introduced a needs-tested old age insurance (Bergkvist 2019).

There are two main take-home messages I would like to highlight in connection with this ephemerides. First, we must frequently remind ourselves that the municipal administration can have a great influence in terms of social innovation. Second, the policies approved in 1936 failed to capture the broader long-term impact of the demographic change. Adjustments in the pension schemes have been on the top of the economic agenda all over the globe.

Perhaps, behind the short-sighted policy designs, there was a combination of lack of knowledge and limited political will. What is relevant for this discussion today is the fact that the current debate is certainly in a better position in terms of available knowledge, and we must make sure this knowledge is informing the political debate.

One of the most influential characteristics of the ageing process in Oslo is exactly how ageing is addressed in the public policy debate. Paper 3 focused on Oslo's translation for the WHO's AFCC. As the leading global policy addressing ageing issues in urban environments, the AFCC framework is perhaps the best available source to take the pulse of Oslo's macro-influence on the construction of ageing.

A typical feature of many Age friendly initiative is their roots in the "health and care department", and Oslo is no exception. This affiliation coupled with the choice to start as a pilot program had a significant influence on the initiative's scope and development. As Oslo's AFCC initiative is still under implementation, it is not clear if Oslo will embrace a life course (all ages) approach or settle for a "frail-elderly-friendly" approach. So far, it has a particular, strong focus on health and care.

The banalization of the “Age friendly” ideal might also limit the impact of the role’s initiative. A good example is the increasing promotion of Age friendly business. One particularly popular approach is the adaptation of business environment and train staff to better serve frail older consumers. This is an important initiative per se.

However, there is a stark difference between the frail older-consumer-adapted environment, with bigger labels, more sitting opportunities and slower cashier lanes, to a full-fledged age-friendly working environment that does not only encourage ageing in the workplace but also embraces inclusion as a value.

In Japan, for example, the pop-up Restaurant of Order Mistakes hired seventeen servers with some sort of dementia. The goal was to allow the public to interact with those who have the condition and to highlight the importance of supportive environments (Lim and Twaronite 2017). As discussed in chapter 2.3, the attitudes towards ageing and disability play a crucial role as a limitation or as support for the unleashing of new sources of inspiration and participation possibilities (Prasad 2018).

Even within the “frail-elderly-friendly” approach there is a lot to do in terms of caregivers friendliness. Take the transport system for example. The three-stage life course remains the dominant assumption in the definition of modes and fares. Caregivers, for example, will not only commute from home (A) to work (B), but might have often to include the home of the person they assist (C) on their weekly routines. In Oslo, if your family member who cares for you, or needs your assistance, lives out of your “transport zone”, the extra cost you might have with transports can represent a substantial and sometimes insurmountable barrier.

A “frail-elderly-friendly” Oslo will also have to address other discrimination issues, so far not directly associated with older persons. On September 15th 2016, Norway’s first lesbian, gay and transgender-friendly elderly home was inaugurated in Oslo. Sexuality remains one of the biggest taboos surrounding older persons, and one of the many unintended consequences might be a situation in which those not fitting a “heteronormative profile” will be pushed to “get back to the closet” as they grow old.

Oslo’s experience revealed not only the tensions and contradictions inherent to the mainstreaming process, but also the ones related to “the global forces” shaping the city’s landscape. The events that occurred during the summer of 2016 might help us to depicture this idea.

For a few days a video of one of Oslo's elderly homes became viral on the internet (Søhoel and Hanssen 2016) and became the focus of an interesting political dispute. The video showcased the changes introduced by the new management that included a pub that brewed their own beer, a restaurant, a grocery store, and a spa. The initiative was part of Oslo's Dementia Friendly pilot project.

The "publicity stunt" became a hit but also subject of great political controversy when the manager affirmed that those changes would probably not be possible if the place was owned by the municipality. A few days after the initial media coverage, new histories emerged showcasing another elderly home, also part of the same pilot project and with similar "amenities offers", but this time in a facility owned by the Oslo municipality (Berge 2016).

In the background is a fundamental debate about the role of the State. Keeping in mind the referred strength of the anti-ageing industry and the current disproportional emphasis on short-term, profit-oriented goals, it is very unlikely that markets alone will finally find an optimal equilibrium based on the global demographic change.

Limitations and future research

Before concluding, I would like to acknowledge additional limitations of this thesis that were not mentioned in the methodological chapter. Notwithstanding the fact that Oslo was the focus of the study, this thesis sought to engage with a broader and international debate. In order to do that it is important to highlight that Oslo's context distinguishes it from the experiences of the vast majority of the world's urban populations.

The general wealth and welfare security experienced by most of Norwegian citizens is annually crystalized by the publication of the United Nations Human Development Index. It does not say much about the internal disparities or the struggle of individuals and particular groups within this context. However, it give us a general overview about issues we might all find more or less relevant to our individual well-being.

The second decade of the 21st century is ending with contradictory signs. On the one hand, global gains in terms of life expectancy and continues advances in science could represent a great source of inspiration and expectations for the near future; on the other hand, the Great Recession's consequences continues to set a negative tone for the vast majority of the world's population. With unemployment rates hitting record high levels all over the globe, in particular for the younger generations, it is more important than ever to re-evaluate public

policies and address the new challenges posed by an increasingly urbanized and older society. Precarious ageing is already a reality for many young adults in developed countries. After a long period of economic development, this is the first time this group has to face the possibility that their future will be less prosperous than that experienced by their parents.

Growing inequality is perhaps the most pressing issue to be tackled at the global level. Since the 1970's, income inequality has increased significantly in the rich countries (Piketty 2014). According to the OCED (2017), income inequality rose from one generation to the next at the same age in two-thirds of the countries, in particular among younger groups for which inequality is nowadays much higher than for the older persons. This will also continue to have immediate impacts on old age. Developed throughout the life course, growing inequality trends affects individuals' lives and opportunities with cumulative effects on health and income at old age.

Despite the huge global variations, earnings inequality passes on to pension inequality and low earners tend to have a lower life expectancy than high earners. People with lower levels of formal education are not only disproportionately affected by lifetime earnings reductions due to health problems, but are also more likely to retire when they reach the retirement age (OECD 2017).

Oslo might not offer the best vintage point to observe the effects of global inequality and the emergence of precariousness as the new normal work relationship. However, as a fairly permeable society with ambitions to be an influential global player, precarious ageing should become a priority research topic in Norway as well, and Oslo already has some important stories to tell about it.

7. Conclusion

The research results arising from this thesis brought robust evidence for the need for specific social policy response to the ageing process in Oslo. I introduced, analysed and discussed new tools and methods to assess ageing under the life course perspective. This should allow not only for better-informed public policies decisions, but also for future research opportunities. I am confident that this thesis also contributed to expanding the overall knowledge about urban population ageing, and the results of this work should allow for a new PhD student to depart from a more pluralistic and better informed position than I did.

By engaging with commonly used and generally accessible methods, this research can be useful as a reference for different disciplines beyond social policy and social work. This is particularly relevant for city planners and urbanists but also for the general interest of anyone engaging with social policy design. When it comes to the public policy response to the ageing process in metropolitan areas we must acknowledge we are all navigating uncharted waters.

The construction of a life course approach that goes beyond the dualism between work and health will demand a stronger integration of Oslo's different departments. Public policies addressing Oslo's demographic change need not result in a new "silo", on the contrary, it can be the aggregating topic that will allow for stronger interdepartmental cooperation.

Ultimately, it is fair to say that embracing an ambitious Age friendly cities approach implies a proactive promotion of a new segmentation of the life course and perhaps the clear recognition of gerontolescence as a new life stage.

In conclusion, urban population ageing must be assessed from a multidimensional approach. The analyses of the case study revealed that the excessive reliance on a headcount-based analysis is already tinting the general perception with partial and inaccurate information. Oslo's older residents' distinctive vulnerability profile is alone a topic that deserves special and immediate attention from public authorities. The official Age-friendly initiative opened important windows towards a broader perspective of the Active Ageing framework. However, the construction of an Age friendly Oslo is not yet regarded as one of the city's main priorities.

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9. Appendix A. The interview Guide

“The role of Technology in Promoting Age-Friendly Cities: The case of Oslo”

Phase 1 | Exploratory Interviews

Interview Guide



BACKGROUND:

As part of a research project from the PhD. Program in Social work and Social Policy, we are conducting a research project entitled: “The role of Technology in Promoting Age-Friendly Cities: The case of Oslo”. The project main objective is to explore the relationship between technology and the promotion of an Age-Friendly Oslo.

At this stage, we are planning to conduct interviews with city representatives, civil society and the private sector. The main objective of these interviews is to capture the institutional perspectives about population ageing in Oslo. At the same time, the interviews should provide an overview of the main actors shaping the city and old age policies in the city. A particular focus will be given to the role of technology in the making of Oslo city.

The first round of exploratory interviews will focus on organizations and institutions that work with and for older persons in Norway and Oslo. The initial list is the following:

- 1) Pasient- og brukerombudet i Oslo og Akershus og Sosial- og eldreombudet i Oslo
- 2) Det sentrale eldrerådet
- 3) Pensjonistforbundet
- 4) Senter for Seniorpolitikk
- 5) Seniorsaken
- 6) Statens Seniorråd

The interviews will take place in Oslo, between **30th of August and 1st October 2016**.

The main purpose is to improve our understanding of the role and interventions of each institution. What is the scale and expected impact of their work? How do they communicate and interact?

“The role of Technology in Promoting Age-Friendly Cities: The case of Oslo”



INTERVIEW GUIDE:

The opened-ended interviews will cover the following topics:

1. Policies and priorities regarding older persons

- a. In your opinion, what are the most important issues for older persons in Norway (Oslo) today?
- b. What are your main priorities (when it comes to older persons)?
- c. How do you work to achieve your goals? (lobbying of policy makers, work on studies/reports, work with media, other activities?)
- d. Do you have annual plans or other tools to set targets/goals? (Can we have a copy)
- e. In your view, how is it to work on these issues in Oslo? (Is it a prioritized issue, or does it tend to be overlooked? Funding situation, attention in media, etc.)
- f. In your work in (name of organization) who do you consider to be old?
 - i. Does your organization / institution have a standard definition for older persons? A specific age cut-off? Being a pensioner? Within your institution, do you operate with different sub-divisions or different notions/groups of “older persons”?
 - ii. Is there a pre-requisite to be a member/participate in your organization?
 - iii. Is participation in your organization open exclusively to older people?
 - iv. What about family members or caregivers? Or professionals working with older persons?
 - v. How to deal with such a heterogenic group (for example: Gender, Origin, Religion, physical limitation, etc.)? Is there a focus on frail old?
- g. How do you ensure participation of older persons in your work?
- h. For the national organizations: how would you describe the relationship between your work at national, county (fylke) and municipal (kommune) level?
- i. For Oslo-based institutions: how would you describe the relationship between your work in Oslo and the national policy level? Do you also work at the county (fylke) and national level (work with politicians and officials at those levels)?
- j. Any difference between long term planning vs short term?
- k. Who do you cooperate with? What are the main points of consensus and disagreement within organizations and institutions dealing with policies towards older persons?

2. Older persons in Oslo and the Age-Friendly Framework

- a. Would you say that Oslo is an Age-Friendly City? Why/why not?
- b. In your opinion, what would an age friendly city be like?

**“The role of Technology in Promoting Age-Friendly Cities:
The case of Oslo”**



- c. Do older persons in Oslo have specific needs?
- d. What are the main aspects that are shaping the city of Oslo, which affects older persons? For example, how does the current housing market influence the city for older persons?
- e. Have you heard about the Age-Friendly Cities framework from the WHO?
 - i. If yes – what have you heard about it?
 - ii. If no: Explain the main issues using the WHO guide (Provided by interviewer).
- f. What is your opinion of this the Framework?

3. The role of technology

- a. Technology and Older Persons
 - i. In your view, what are the main technological changes and/or challenges with relevance for older persons?
 - ii. Has your institution experienced/noted any major change/improvement/development related to technology? For example, with regards to how you interact with your members, or how you campaign or try to influence the debate?
 - iii. Does your institution have any specific projects related to technology?
 - iv. Do you consider the role of technology and technologic development relevant to your work?
- b. Urban Technologies and Older Persons
 - i. In your view, what are the main technologies influencing the development of Oslo city? For instance: transport, access to services online, smart housing etc?
 - ii. Do you find any differences between older citizens in use of technology? In your view, what are the main differences? How does it affects older persons?

Before closing the interview:

- I. Would you like to complement this interview with any topic we might have missed?
- II. Could you please name other institutions / persons who also work in issues related to older persons in Oslo?
- III. Do you have any printed material you could share? (or digital/online)

Thank you very much for your valuable participation!

“The role of Technology in Promoting Age-Friendly Cities: The case of Oslo”



BACKGROUND:

As part of a research project from the PhD. Program in Social work and Social Policy, we are conducting a research project entitled: “The role of Technology in Promoting Age-Friendly Cities: The case of Oslo”. The project main objective is to examine the relationship between technology development and the promotion of an Age-Friendly Oslo.

At this stage, we are planning to conduct interviews with city representatives, civil society and the private sector. The interviews should provide an overview of the main actors shaping the city and old age policies in the city – both at national and local levels. A particular focus will be given to the role of technology in the making of Oslo city. We are interested in how city planners organize and manage their efforts to ensure that new technology regulations and contracted by the municipality are relevant, usable, affordable and accessible in light of the ongoing demographic change in Oslo.

- how do new developments in technology influence the opportunities for developing age friendly cities?
- what are the main priorities for municipalities (Oslo).
- what are the challenges for municipalities support (city administration) and planners to ensure that new technologies are age friendly?
- under which conditions are city administration and planners most likely to be able to purchase and adopt technologies that promote an age friendly city?

The second round of exploratory interviews will focus on Governmental institutions that work with and for older persons in Norway and Oslo. The initial list is the following:

1. Norwegian Government

Ministry of Labour and Social Affairs
Ministry of Local Government and Modernisation

2. Oslo Kommune

Byrådet
Plan- og bygningsetaten
Bolig og sosiale tjenester
Gate, transport og parkering
Helse og omsorg (Byrådsavdeling for eldre, helse og sosiale tjenester)

**“The role of Technology in Promoting Age-Friendly Cities:
The case of Oslo”**



Skole og utdanning

3. Civil Society (Not focusing on older persons)

SINTEF

The interviews will take place in Oslo, between **15th of February and 1st May 2017**. The main purpose is to improve our understanding of the role and interventions of each Governmental body. What is the scale and expected impact of their work? How do they communicate and interact?

INTERVIEW GUIDE:

The opened-ended interviews will cover the following topics:

1. Policies and priorities regarding older persons

- a. In your opinion, what are the most important issues for older persons in Norway (Oslo) today?
- b. What are your main priorities (when it comes to older persons)?
- c. How do you work to achieve your goals? (lobbying of policy makers, work on studies/reports, work with media, other activities?)
- d. Do you have annual plans or other tools to set targets/goals? (Can we have a copy)
- e. In your view, how is it to work on these issues in Norway (Oslo)? (Is it a prioritized issue, or does it tend to be overlooked? Funding situation, attention in media, etc.)
- f. In your work in (name of organization) who do you consider to be old?
 - Does your organization / institution have a standard definition for older persons? A specific age cut-off? Being a pensioner? Within your institution, do you operate with different sub-divisions or different notions/groups of “older persons”?
 - Is there a pre-requisite to be a member/participate in your organization?
 - Is participation in your organization open exclusively to older people?
 - What about family members or caregivers? Or professionals working with older persons?
 - How to deal with such a heterogenic group (for example: Gender, Origin, Religion, physical limitation, etc.)? Is there a focus on frail old?
- g. How do you involve (consult with) older persons/ organizations representing older persons in your work?

**“The role of Technology in Promoting Age-Friendly Cities:
The case of Oslo”**



- h. For the national organizations: how would you describe the relationship between your work at national, county (fylke) and municipal (kommune) level?
- i. For Oslo-based institutions: how would you describe the relationship between your work in Oslo and the national policy level? Do you also work with politicians and officials at the county (fylke) and national level?
- j. Any difference between long term planning vs short term?
- k. Who do you cooperate with? What are the main points of consensus and disagreement within organizations and institutions dealing with policies towards older persons?
 - What are the main barriers for collaboration?
 - Do you have examples of successful collaboration?
 - Which other departments do you work the most with in Oslo?

2. Older persons in Oslo and the Age-Friendly Framework (ONLY FOR OSLO)

- a. Would you say that Oslo is an Age-Friendly City? Why/why not?
- b. In your opinion, what would an age friendly city be like?
- c. Do older persons in Oslo have specific needs?
- d. What are the main aspects that are shaping the city of Oslo, which affects older persons? For example, how does the current housing market influence the city for older persons?
- e. Have you heard about the Age-Friendly Cities framework from the WHO?
 - If yes – what have you heard about it?
 - If no: Explain the main issues using the WHO guide (Provided by interviewer).
- f. What is your opinion of this the Framework?

3. The role of technology

- a. Technology and Older Persons
 - In your view, what are the main technological changes and/or challenges with relevance for older persons?
 - Has your institution experienced/noted any major change/improvement/development related to technology? For example, with regards to how you interact with your members, or how you campaign or try to influence the debate?
 - Does your institution have any specific projects related to technology?
 - Do you consider the role of technology and technologic development relevant to your work?
- b. Urban Technologies and Older Persons

**“The role of Technology in Promoting Age-Friendly Cities:
The case of Oslo”**



- In your view, what are the main technologies influencing the development of Norwegian cities (Oslo city)? For instance: transport, access to services online, smart housing etc?
- Do you find any differences between older citizens in use of technology? In your view, what are the main differences? How does it affect older persons?

4. City planning and the procurement of new technology

- **What are the main guidelines/process supporting the adoption/refusal of new technologies?**
- **Is it a proactive or reactive process?**
- **How do you evaluate that decision? Who is involved in this process?**
- **How do you address local specific needs when selecting new technologies?**

Before closing the interview:

- I. Would you like to complement this interview with any topic we might have missed?
- II. Could you please name other institutions / persons who also work in issues related to older persons in Norwegian cities (Oslo)?
- III. Do you have any printed material you could share? (or digital/online)

Thank you very much for your valuable participation!

10. Appendix B. NSD feedback on research project



Gustavo Sugahara
Institutt for sosialfag Høgskolen i Oslo og Akershus
Postboks 4 St. Olavs plass
0130 OSLO

Vår dato: 05.10.2016

Vår ref: 49588 / 3 / AGH

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 24.08.2016. Meldingen gjelder prosjektet:

49588	<i>The role of Technology in Promoting Age-Friendly Cities: The case of Oslo</i>
Behandlingsansvarlig	<i>Høgskolen i Oslo og Akershus, ved institusjonens øverste leder</i>
Daglig ansvarlig	<i>Gustavo Sugahara</i>

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 29.09.2017, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Kjersti Haugstvedt

Agnete Hessevik

Kontaktperson: Agnete Hessevik tlf: 55 58 27 97

Vedlegg: Prosjektvurdering

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

Personvernombudet for forskning



Prosjektvurdering - Kommentar

Prosjektnr: 49588

PURPOSE

Based on the WHO active aging framework and the concept of Age-friendly Cities, the project main objective is to explore the relationship between technology and the promotion of an Age-Friendly Oslo.

SAMPLE AND DATA MATERIAL

The sample consists of city representatives, and representatives from civil society and the private sector. Data will be collected through personal interviews.

In the notification form you have ticked off for collection of data through online surveys and through photo or video. As this is not reflected in the information letter or the other pages of the notification form, we assume that this is not correct. We assume that you will only collect personal information through interviews.

INFORMED CONSENT

The sample will receive written information about the project, and give their consent to participate. The letter of information is well formulated.

SENSITIVE INFORMATION

There will be registered sensitive information relating to ethnic origin or political/philosophical/religious beliefs.

DATA PROTECTION

The Data Protection Official presupposes that the researcher follows internal routines of Høgskolen i Oslo og Akershus regarding data security. If personal data is to be stored on a private computer, the information should be adequately encrypted.

END OF PROJECT

Estimated end date of the project is 29.09.2017. According to the notification form all collected data will be made anonymous by this date.

Making the data anonymous entails processing it in such a way that no individuals can be recognised. This is done by:

- deleting all direct personal data (such as names/lists of reference numbers)
- deleting/rewriting indirectly identifiable data (i.e. an identifying combination of background variables, such as residence/work place, age and gender)
- deleting digital audio files

11. Appendix C. Letters to Participants

XXXX XXX XXX
XXXXXXXX XXX X X X
XXXXXXXXXXXX
XXXXX XXX XXXX
XXXXXXXX



Oslo, XX XXXX XXX

Intervjuforespørsel

Kjære XXXX XXXXX XXXXX,

Vi arbeider med et forskningsprosjekt om **“Teknologiens rolle i utviklingen av aldersvennlige byer: Situasjonen i Oslo”** (*The role of Technology in Promoting Age-Friendly Cities: The case of Oslo*). Dette prosjektet er forankret i doktorgradsprogrammet ved Institutt for sosialfag ved Høgskolen i Oslo og Akershus. Hovedformålet er å utforske forholdet mellom teknologiens rolle og utviklingen av Oslo som en aldersvennlig by, tilpasset innbyggere i alle aldre.

I denne fasen planlegger vi å utføre intervjuer med representanter for Oslo by, sivilsamfunn og privat sektor. Hovedformålet med intervjuene er å belyse hvilke faktorer som må være på plass for at Oslo skal kunne møte befolkningsaldringen på en hensiktsmessig måte. Herunder ønsker vi gjennom intervjuene å belyse forholdet mellom de viktigste aktørene som former byen og som har innflytelse på politikkutforming med konsekvenser for eldre og aldring i Oslo. Vi vil fokusere spesielt på teknologiens rolle i utviklingen av Oslo by.

Intervjuene planlegges avholdt i perioden **30. august til 1. oktober 2016**. Vi vil i forkant av intervjuene dele en generell intervjuguide, som vil gi et bilde av hvilke temaer vi ønsker belyst.

Din rolle og erfaring er svært relevant og verdifull for oss, så vi håper du har anledning til å bidra til denne forskningen ved å stille opp til et intervju. Vi ser for oss at samtalen vil ta omtrent en time. Alle personidentifiserende opplysninger vil bli anonymisert.

Om du har anledning, er vi takknemlige om du kan bekrefte din deltakelse til Gustavo Sugahara på epost **gustavo.sugahara@hioa.no** eller på telefon **67 23 80 62**. Skulle du ikke ha anledning selv, ville vi være takknemlig om du kan anbefale andre vi burde snakke med. Vi er takknemlige om intervjuet kan gjøres på engelsk, men det går også fint om du foretrekker norsk. Gustavo vil ta kontakt for å avtale et passende tidspunkt og sted for intervjuet.

Vi ser fram til å høre fra deg.

Med vennlig hilsen,

Rune Halvorsen
Førstemanuensis

Gustavo Sugahara
Stipendiat

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Forespørsel om deltakelse i forskningsprosjektet

“TEKNOLOGIENS ROLLE I UTVIKLINGEN AV ALDERSVENNLIGE BYER: SITUASJONEN I OSLO”

Hva innebærer deltakelse i studien?

For at prosjektet skal få noen verdi, er det viktig at forskerne får del i erfaringene, vurderingene og perspektivene til representanter for Oslo by, sivilsamfunn og privat sektor. For å få med seg alt som blir sagt, ønsker forskerne å kunne ta opp samtale på lydbånd.

Hva skjer med informasjonene om deg?

Alle personopplysninger vil bli behandlet konfidensielt. Bare Halvorsen og Sugahara vil ha tilgang til det som har blitt sagt i intervjuene. Begge to har taushetsplikt. Både lydbånd og utskrift vil holdes nedlåst. De som har blitt intervjuet vil være anonyme i det som publiseres fra prosjektet.

Prosjektet skal etter planen avsluttes desember 2017. Alle lydbånd vil bli slettet innen denne datoen. Anonymiserte utskrifter vil bli oppbevart for reanalyse etter at prosjektet er avsluttet.

Frivillig deltakelse

Det er frivillig å delta i studien. Du kan når som helst trekke ditt samtykke uten å oppgi noen grunn. Dersom du trekker deg, vil alle opplysninger om deg bli slettet.

Dersom du ønsker å delta eller har spørsmål til studien, **ta kontakt med Gustavo Sugahara (Gustavo.Sugahara@hioa.no | tlf 67 23 80 62).**

Studien er meldt til Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste AS.

Du finner mer informasjon om HiOA Ph.d.program i sosialt arbeid og sosialpolitikk på <https://www.hioa.no/eng/katalog/enhet/sam-u-sf-phd> og om prosjekt på <https://blogg.hioa.no/agesmart/>

SAMTYKKE TIL Å DELTA I FORSKNINGSPROSJEKTET «TEKNOLOGIENS ROLLE I UTVIKLINGEN AV ALDERSVENNLIGE BYER»

Jeg har mottatt informasjon om Teknologiens rolle i utviklingen av aldersvennlige byer: Situasjonen i Oslo, og er villig til å delta

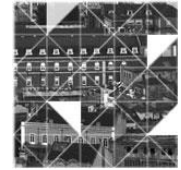
(Signert av intervjuperson, dato)

Jeg samtykker til å delta i intervju.

Jeg samtykker til at anonymisert utskrift av intervjuet kan lagres for reanalyse etter prosjektslutt.

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CIDADES, Comunidades e Territórios



A Critical Approach to the Demographics of Ageing: The Case of Oslo.

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Abstract

Demographic analysis is on the basis of every city plan. It is often regarded as a technical and indisputable tool to inform policy making. In a strongly contested political environment, information on population is crucial to set priorities and define goals. However, the frequently misinterpretation, or overinterpretation, of demographic information, might also support inadequate public policy design. The increased interest on ageing in the urban context has already resulted in various initiatives all-over the world. The idea of an unsustainable “elderly boom” is a powerful narrative that is frequently used to argue for the need of improved policies for older persons. The article argues that city planners and urbanists inadequate use of demographic assessment of ageing might generate policies that can ultimately work against the interests of the older persons. I use the city of Oslo as an example of the varieties of approaches that can be used to assess ageing on a specific population. Contrary to the general assumption that Oslo will face an “elderly boom”, the study shows that the city’s ageing process today is less intense than the observed in the past. A particular attention is paid to the varieties of demographic trends observed within Oslo’s different scales.

Keywords: Demography; City planning; Population Ageing.

1. Introduction

Basic information about population is perhaps the most important tool to inform city planners and urbanists. On the basis of every city plan there is a social demographic analyses. Demographic data is also crucial to determine the allocation of funds and to support all sorts of decisions such as the construction or closing of schools, hospitals and roads. City planners relies on current population estimates and long-term forecasts to advise the political

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debate. Moreover, most of the city standards are expressed in terms of population, for example, the number of students per class room, number of trash bins by resident, etc. (Schmitt, 1952).

The Information and Communication Technology (ICT) revolution brought significant improvements to the dissemination, use and inquiry to demographic information. Forecast methodologies and complex statistical models can now be tailored to the city's precise needs, a luxury that was a priori restricted to big and "more important" national surveys. It means that planners can now have relatively easy access to very detailed information about the population they work for. However, the frequently misinterpretation, or overinterpretation, of demographic information, might also support inadequate public answers.

The increasing share of older dwellers is an unprecedented phenomenon. Cities across the globe are waking-up to the new challenges posed by population ageing. The impact of this demographic change in terms of use, construction and adaptation of cities have already caught the attention of city planners (World Health Organization, 2007). Nevertheless, this relatively "new interest" also exposed "a new gap" between demographic knowledge and city planners' needs. When planning for the old, urbanists and city planners frequently forget to ask themselves important questions such as: What are the limitations of demographic knowledge to assess the impact of population ageing?

The idea of an unsustainable "elderly boom" is a powerful narrative that is frequently used to argue for the need of improved policies for older persons. The article argues that city planners and urbanists inadequate assessment of ageing might generate policies that can ultimately work against the interests of the older persons. My main question of inquiry for this article is: "How can a critical approach to the demographics of ageing better contribute to city planning?" As an example, I apply the critical demographic perspective to the city of Oslo, answering a recurrent and apparently simple question that often confronts city planners: "Is this city's population ageing?"

In short, the article arguments that demography knowledge is important for planning and design of public policies in cities. Moreover, it emphasizes the need for a historical, critical and contextual awareness when interpreting and using population statistics.

2. Methods and Structure

A particular attention is paid to the varieties of demographic trends observed within Oslo's different scales. From a metropolitan perspective to a district analysis, the article will present the demographic facts of the population ageing in Oslo and possible explanations for the observed phenomena. Beyond demonstrating the conceptual framework potential, my intention is to offer concrete tools (a blueprint) to anyone intended to assess ageing of a particular population.

The second section presents a discussion about the implications of missuses of demographic information and the methodological challenges brought by the use of chronological age. I start with the conceptual basis for a critical demographic approach on ageing and conclude with a succinct recollection of an extreme case of misuse of demographic information.

The following section applies the critical demographic approach on ageing to the city of Oslo unravelling an apparently simple question: Is Oslo getting older? Using secondary data from Statistics Norway, I will present population indicators based on individual's chronological age divided in three main groups of indicators: (i) the evolution of the population in two specific age groups (67 to 84 years old and 85 years old and above) and the share of persons above 67 years old; (ii) the old age dependency ratio (also based on the 67 cut-off); and (iii) a simple and effective way to assess the population ageing; the evolution of the median age. As Brown and Lynch (in Komp and Johansson, 2015, p. 15) point out, while the first two methods apparently measure the same process as the third, they may stem from very different variations in the balancing equation.

The analyses period is constrained by the information available on the Statistics Norway (SSB) website³. The historical data available for municipalities goes back to 1986 and the projections to 2040, SSB use the cohort component method when projecting the population⁴. The information for basic units was collected at the Oslo city's statistics website⁵. All graphs and tables results from my own calculations except when I clear refer the source from where it was extracted.

The forth section will discuss the same phenomena from different geographic scales. I begin with a “macro” analysis of the Oslo Metropolitan Region and continue by a “micro” perspective, focusing on the districts of Oslo. I compare the districts in terms of annual growth rates of the total population and the older population. The variation in the share of older persons is also analyzed.

The last part of chapter four focuses on three districts: Nordre Aker, Frogner, and Sagene. Here, I introduce the gender differences (gap) within the districts. Although the scope of this article does not allow for a deeper analysis of the gender gap, I believe gender is perhaps the most important contextual variable to have in mind when assessing population ageing. Age and old age are strongly framed by gender differences (see for example: Folbre et al., 2006, 2005, 2004; Sara et al., 2003; Spedale et al., 2014). In this sense, when assessing population ageing under a critical demographic approach this particular aspect cannot be ignored.

This point is particularly relevant for city planners as an imbalanced longevity in terms of gender raise completely different policy challenges. To highlight the specific challenges faced by older women it might be sufficient to call attention for the fact that all-over the globe, including most of European countries, poverty rates among older people are consistently higher for women than for men (United Nations, 2017). We can also use the example of health to illustrate that point. Usually woman's health focus has been on reproductive health and maternal health, leaving the growing field of chronic diseases and palliative care out of the radar. The so-called feminization of ageing demands new approaches and innovative policies in all different areas of city planning (see for example: Davidson et al., 2011; Saraceno, 2008).

The concluding chapter highlights the main findings and their relevance for academics and analysts. I suggest future research opportunities and elaborate on the impact of these findings.

3. Demographics of Ageing: A New Take on Apocalyptic Demography?

Different perspectives can be adopted to define old age (e.g. Infeld, 2002; Jan et al., 2014; Komp and Johansson, 2015; Walker, 2014). The critical perspective acknowledge the fact that age and old age are relational processes deeply imbedded in specific relationships among people and places (Cole et al., 2010, p. 19). It also recognize that gerontological knowledge can be used to discipline or control older people and the meanings they make of age (Katz, 1996).

A demographic textbook on population ageing would start by defining population change. Such change is a result of three demographic phenomena: (i) fertility; (ii) mortality; and (iii) migration, the three components of the balancing equation⁶. As explained by Brown and Lynch (in Komp and Johansson, 2015, pp. 13–18), population ageing can result from any changes in that equation.

³ <http://ssb.no>.

⁴ Statistics Norway produces population projections using the BEFINN and BEFREG models. In the first one population is projected by age and sex at the national level up to and including the year 2100. Immigrants from three country groups of origin, Norwegian-born children with immigrant parents and the remaining general population are projected as separate groups. As the cohort component method requires updated figures for the population and assumptions about the future development of fertility, life expectancy, immigration and internal migration, I used the medium alternative. For detailed information with regards the projection models please refer to Aase et al (2014).

⁵ <http://statistikkbanken.oslo.kommune.no/>

⁶ The balancing equation in demography is described as: $P_t = P_{t-k} + B_{t-k,t} - D_{t-k,t} + NM_{t-k,t}$, where P_t is the population size at time t , P_{t-k} is the population size at time $t-k$, $B_{t-k,t}$ is the number of births in the population between $t-k$ and t , $D_{t-k,t}$ is the number of deaths in the population between $t-k$ and t , and $NM_{t-k,t}$ is the net migration into the population between $t-k$ and t .

Population ageing can be defined as the growth in the proportion of a population that is above a particular age (Martin, 2011, pp. 33–45; Komp and Johansson, 2015). The main driver of ageing globally is the demographic transition from high to low birth and death rates (UN, 2015; United Nations, 2005, 2002a). However, in specific contexts, like a city or country, the immigration variable might prove to be of considerable relevance.

The use of demographic analysis to support catastrophic predictions was inaugurated by Thomas Malthus in his “*Essay on the Principle of Population*” (1798). His influential work survived the failure of his apocalyptic projections by inspiring new theorists and movements. With the publication of “*The Population Bomb*” (1995) in the end of the 1960s, biologist Paul Ehrlich became one of the most infamous “prophets of doom”, after Malthus.⁷

Such apocalyptic narratives proved to be a fertile environment for all kinds of policies of population control (Connelly, 2009). In this category, three ideas constitute the backbone of the mainstream perspective on population control: (i) Rapid population growth is a primary driver of the problems of developing countries; (ii) People must be persuaded or even forced to have fewer children; and (iii) Birth control services can be simply delivered “to the poor” in a top-down fashion and in the absence of a basic health care system (Hartmann, 1995, p. xix). Although the general perception towards these policies have significantly changed during the last decades, with many countries reverting them, they will have lasting impacts on population dynamics.

More recently, the “new take” on apocalyptic demography seems to evolve to include only one specific age group: older persons (Robertson, 1997)⁸. After passing the demographic transition and the consequent exponential population growth, a decline in fertility, coupled with an increase of life expectancy has already resulted in significant changes in the age structures of most of developed countries. Since the 1980s, the number of people aged 60 and above has more than doubled, and for the first time in human history, the number of adults aged 65 and above now outnumber children under the age of 5 (UN, 2015). In the face of this new situation, the fine line between analytical facts and an apocalyptic discourse is often crossed.

From a demographic perspective, the growth of the share of older persons is a new and somehow unforeseen event. The industrial revolution and the improvements in health observed since the beginning of 19th century allowed the world population to live longer. After centuries of a virtual stagnating population growth, the world population began to grow exponentially. After reaching its peak in the late 1960s, the annual growth rate of the global population has decreased significantly. The population more than doubled, but did not “explode”.

Population ageing is now one of the main concerns of developed countries. Policymakers worry about an increasing demand for public services, coupled with a reduction in tax revenues (Spijker and MacInnes, 2013). During the post 2008 financial crises, turned economic crises, pension cuts have been omnipresent on austerity programs (Walsh et al., 2015). A thorough summary of the most recent studies on the impact of an ageing population on economic growth is offered by Nagarajan et al. (2016). Although the authors recognize the existence of disputed methodological perspectives, their conclusion is uncompromising: population ageing is a problem of severe gravity⁹.

In order to avoid the apocalyptic perspective I suggest a critical approach to the demographics of ageing. One of the main challenges when defining what it means “to be old” is the simple and uncontroversial fact that chronological age and biological age are not the same. There is no international standard to define old age by a specific age cut-off. However, the UN uses 60 years and above in most of the reference literature (e.g. United Nations, 2011, 2008, 2007, 2005, 2002a, 2002b, 1995), and 65 years is the most common age cut-off used in developed countries.

⁷ For a detailed recollection of the historical debate, see for example Robertson, P. T. (2012).

⁸ There are contested perspectives with regards to the hegemonic demographical discourse. Another commonly referred issue is declining fertility levels. Diana Coole (2012) offers a reflection about why concerns about population growth and over-population have virtually disappeared from the political agenda of developed countries since the mid-1970s.

⁹ From a sociological perspective, several authors already attempted to defuse the “bombastic” perspective pointing out: (a) the problematic assumptions used on the dominant actuarial forecast, (b) the ideological interest behind such perspectives and; (c) the myths created around old age like the unfunded link between population ageing healthcare costs increase (Baker and Weisbrot, 2001; Blackburn, 2003; Mullan and Furedi, 2000).

Age is a critical element in the social organization of individuals and an important tool for understanding, assessing and defining policies, such as the allocation of certain social benefits and the focus on specific needs. For practical purposes, the demarcation of population groups is important, both in analytical terms and for the formulation of public policies. It is through such demarcations that it becomes possible to identify beneficiaries, to focus resources, and to grant rights. In the specific case of the age cut-off for defining older persons, it is argued that the main advantage is its ease of verification and monitoring (Camarano, 2004).

Within academia, the use of age cut-offs has proved to be a very useful tool. Researchers from different traditions of the social sciences have found that such cut-offs provide fertile ground for all kinds of empirical tests. The flexibility allowed by such a definition makes it possible to construct different groups of “older persons” that are in line with the objectives of the different experiments. The development of different perspectives, such as cohort analyses, age stratification, and longitudinal analyses, have been instrumental to reveal, among other things that: (i) Individuals who live under different conditions develop and age differently; (ii) Age is a feature not just of individuals, but of social organization; (iii) Age is used politically and bureaucratically as a principle of social organization and social control; and (iv) Age is also a feature of culture, carrying the force of meaning and power back into the minds and bodies of citizens (Baars et al., 2006).

Despite the fact that chronological age is a major parameter in the organization of most contemporary societies, some argue that an age cut-off, without an appropriate context, offers very little - some will say no - support to improve our understanding of a socially constructed category (Cole et al., 2010; Jan et al., 2014; Komp and Johansson, 2015; Walker, 2014).

In my view, the use of demographic data and age cut-offs are not necessarily incompatible with a critical perspective on ageing. Conversely, as highlighted by Baars et al. (2006) it can be a fundamental tool to highlight the relational and contextual aspects of ageing and old age, core features of the critical approach. With this paper I do, however, call for more nuanced and critical interpretations of demographic information.

4. Is Oslo getting older?

The awareness of the importance of planning for an ageing population has prompted Oslo to increase its commitment to its present and future older dwellers. On May 16, 2014, Oslo was accepted as a European member of the WHO Global Network of Age-friendly Cities and Communities (GNAFCC)¹⁰, which represented a firm political commitment to the values and principles of the WHO program. On the official website dedicated to the network (“Oslo | Age-Friendly World,” n.d.), the main highlights are the (i) report adopted in 2014¹¹ and (ii) the national “Action Plan for Increased Accessibility for People With Disabilities”(BLID, 2009).

The first document is a strategic plan for the city of Oslo. It highlights the priorities and necessary changes to promote an active and healthy ageing in the municipality until the year 2024. The second is another plan that envisions Norway as accessible for everyone by 2025 by implementing universal design principles to all public services including: transports; buildings and outdoor environments; communications; and information.

While the strategic plan for older residents unambiguously sustain that the number of older dwellers living in Oslo will continue to grow, and consequently, that there will be an increasing and “unsustainable demand for municipal services”, no further analysis of this important demographic change is offered. In fact, one paragraph from a blog post from 2007 (Brunborg, 2007), and another paragraph from an economic report referring to the Oslo county published in 2015 (Halvorsen et al., 2015) indicates that Oslo is the “youngest” city in the country. It is precisely this knowledge gap regarding population ageing in Oslo the main impulse to write this section. The main objective is to use the critical approach to answer the question: Is Oslo’s population ageing?

¹⁰ Oslo municipality Public Journal 2014/2884-1 WHO Global Network of Age-friendly Cities and Communities (GNAFCC) <http://byr-journal.cloudapp.net/Journal/SearchRelated?caseYear=2014&sequenceNumber=2884>.

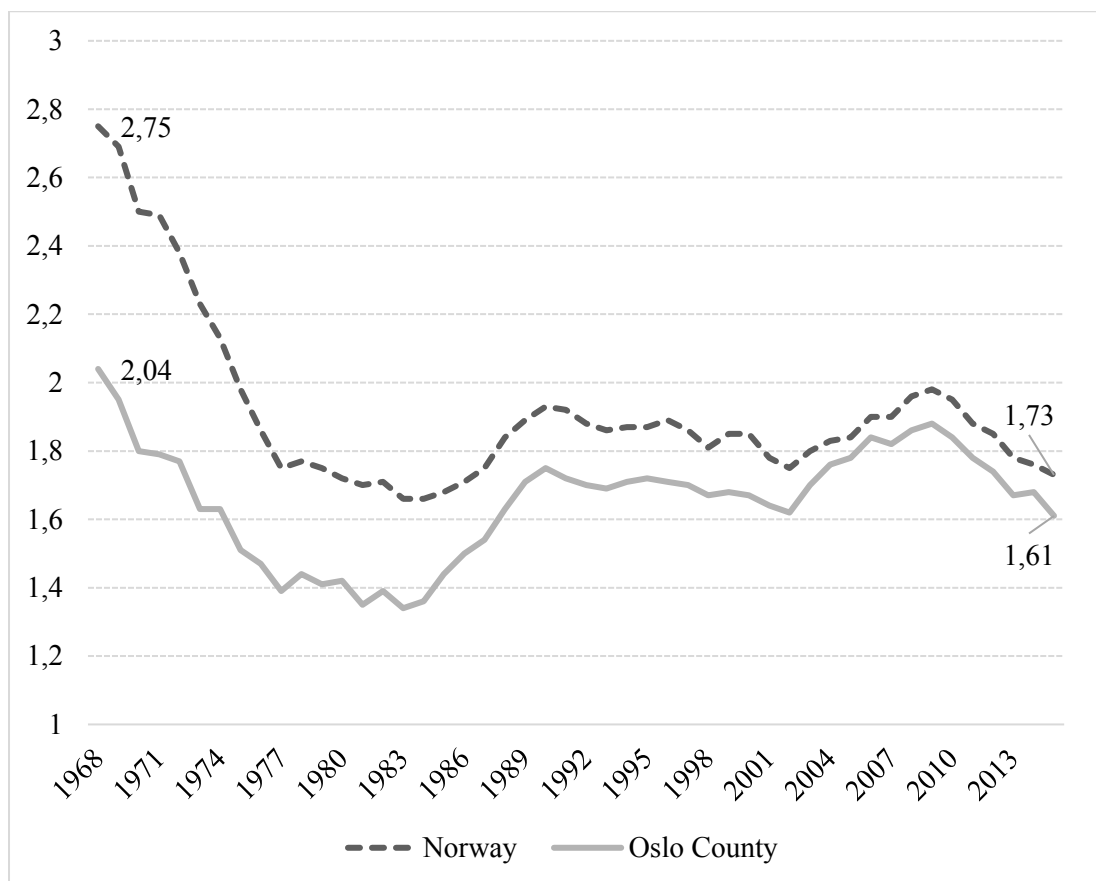
¹¹ Independent, Active and Safe Older Residents in Oslo (adopted by the city council in 2014).

To assess the dynamics of a determined population, the two most important delimitating variables are: (i) time and (ii) space. Although the city of Oslo is the focus of this article, I will also assess population ageing from a metropolitan perspective (“macro”), and from district¹² and sub-district¹³ perspectives (“micro”). The period is constrained by the information available from Statistics Norway¹⁴. The population indicators for municipalities available on the Statistics Norway website dates back to 1986 and the projections go forward to 2040. The information for sub-districts was collected from Oslo city’s statistics website¹⁵.

Two variables are decisively affecting the balancing equation in Oslo: fertility and migration. The fertility trends in Norway follow a similar pattern to that observed in other European countries. The most influential event is the so-called “baby boom”, which occurred after the Second World War. Although the baby boom occurred in many developed countries, it did not happen at the exact same time. In countries like Norway, Bulgaria and Finland, the Baby Boom happened just after the war. However, it occurred almost thirty years later in countries such as Spain (Ellingsæter and Pedersen, 2015; Marin and Zaidi, 2007, p. 66; Johnsen, 2006 in Ringard et al., 2013, p. 2).

The duration of the baby boom also varied. In Norway, it lasted until the mid-1960s, reaching its lowest level around 1985 (see Figure 1). After a slight increase, the fertility rate remained stable. Figure 1 shows that there are currently no significant differences between the fertility rates nationally and in Oslo County.

Figure 1. Total Fertility Rate, Women, Norway and Oslo (County) 1968 – 2015.



Source: Statistics Norway (2016).

¹² In Norwegian = *Bydel*.

¹³ In Norwegian = *Delbydel*.

¹⁴ <http://ssb.no>.

¹⁵ <http://statistikbanken.oslo.kommune.no/>.

The contribution of immigrant women to the fertility rates in Norway has increased over the last decades. According to Tønnessen (2014), the growth of the number of immigrant women of childbearing age (15-49 years) living in Norway is driving the increase in the share of babies born to immigrant women, nearly one in four. The group of immigrant women has quadrupled, from just below 50 000 in 1990 to over 200 000 in 2013. Although the share of babies born to immigrant women has increased, the fertility rate among the same group has not increased.

The same report highlights another interesting fact about the contribution of immigrants to the fertility rates. Since 1990, the number of women of childbearing age who are Norwegian-born by two immigrant parents has risen sharply. This group is dominated by young women who have parents from western Asia, a result of the long-lasting immigration from Pakistan to Norway (Tønnessen, 2014).

Immigration is perhaps the most important variable affecting the equation. Andreassen et al. (2013), highlight an important aspect of the immigration analysis: the existence of a great diversity of categories in which to place an individual. In fact, the same report published by Statistics Norway has thirty different categories that combine the country of birth of children, parents and grandparents.

According to the same study, only five of these thirty categories have more than 100 000 persons. In 2013, individuals born in Norway to two Norwegian-born parents and four Norwegian-born grandparents, count for 76.8 per cent of the population. Statistics Norway defines immigrant as a foreign-born individual with all their parents and grandparents born outside Norway. It is the largest group among persons with an element of foreign background over three generations, representing 12 per cent of the population in 2013.

In 2013, Oslo was home to 24 per cent of all immigrants in Norway and only 9 per cent of individuals born in Norway to two Norwegian-born parents and four Norwegian-born grandparents. The largest neighbouring county, Akershus, had another 13 per cent of all the immigrants in the country. However, although the number of immigrants in Oslo and Akershus is increasing in line with the increasing immigration, the share of immigrants who settle in Oslo and Akershus has fallen steadily over the past ten years (Andreassen et al., 2013, p. 16).

When we look at mobility statistics Oslo's pattern confirms the overall perception that an ageing population is a less mobile one. Despite the consistent negative influx, it is important to point out that the values are not significant in terms of demographic impact as shown on Table 1.

In Norway, the most common age cut-off to define the older persons group is 67 years or above. Although most international studies use the 60 or 65 years to mark the beginning of old age, most Norwegian institutions uses the 67 mark, as this is the age when everyone who has lived in Norway for the last 40 years (after the age of 16) is entitled to a minimum pension.

Another common age-based category used in Norway and in most of European surveys is the Oldest-Old group. The definition of a distinctive group among older persons can trace back to the pioneer work of Bernice Neugarten (1974). One of the main arguments for this distinction is based on the fact that with advancing age, older people suffer more from various conditions. This group can be defined as the population with 80 years or above (Andersen-Ranberg et al., 2005) or 85 years or above (Suzman et al., 1995).

According to the Statistics Norway, individuals above sixty-seven years currently represent some 10.6 per cent of Oslo's population. In absolute terms, older persons in Oslo account for some 39 000 women and 29 000 men, representing 57 per cent and 43 per cent of the older persons group respectively. By 2025, the share of older persons in Oslo will increase to 11.9 per cent, and by 2040 this group will represent 15.2 per cent of the total population (Figure 2).

Nevertheless, Figure 2 shows that there are approximately 11 700 fewer older residents in Oslo in 2017 than there were nearly three decades ago. The share represented by older people is also significantly lower, a consequence of a faster increase of the younger groups.

Table 1. Oslo in and out migration as share of specific age groups (2014).

	In	Out	Net
51-55	1.73%	1.92%	-0.19%
56-60	1.55%	1.75%	-0.19%
61-65	1.19%	1.61%	-0.42%
66-70	1.07%	1.76%	-0.69%
71-75	0.77%	1.34%	-0.57%
76-80	0.47%	0.75%	-0.28%
81-85	0.34%	0.29%	0.05%
86+	0.22%	0.21%	0.01%

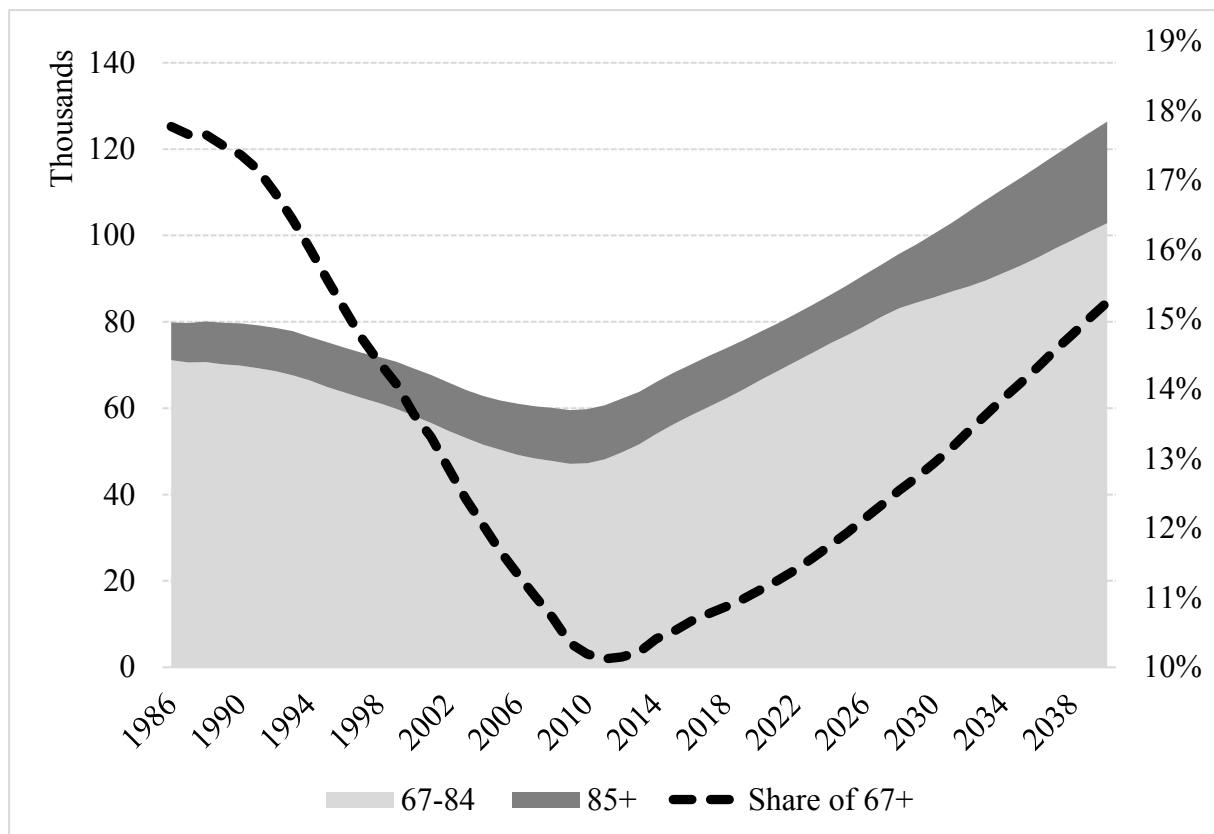
Source: Own Calculation based on Population Registers 2014-15.

If we disregard these historical statistics, the perspective can change completely. Assuming that the median variant of Statistics Norway's projections proves to be correct, Oslo will not only face a significant increase of the absolute number of older residents, but also a significant increase of the oldest groups (85+) during the course of the next 25 years. Although the share of older persons will remain significantly lower than the share observed at the end of 1980s, within the next ten years Oslo will have, for the first time, more than 80 000 older citizens (see Figure 2).

Not only will the share of older persons increase, but this group will also grow older, with a reduction of the share of the youngest cohorts and an increase of the older ones. By 2040, the age group 70-89 will represent 55 per cent of the older persons population in Oslo, a significant change vis-à-vis the current 43 per cent (Statistics Norway, 2014, Population projections, by sex and age, medium variant, own calculations).

After following a slow, but steady growth trend, reaching its peak in 2010 with 12 560 persons, Oslo's "oldest-old" population is declining. The 85 and over group, will continue relatively stable until 2022, when an exponential increase is expected to start: it will double in less than 18 years. Until now this group has been quite stable, counting some ten thousand individuals since 1986.

Another common indicator to assess population ageing is the dependency ratio; a simple ratio of the dependent group (children and older persons) to the working age group (here defined as 19-66). Figure 2 compares the dependency ratios for Norway and Oslo between 1986 and 2040.

Figure 2. Oslo City Population by Age 67-84 and 85+ (Thousands of People) and Share of 67+ (%).

Source: SSB (2018).

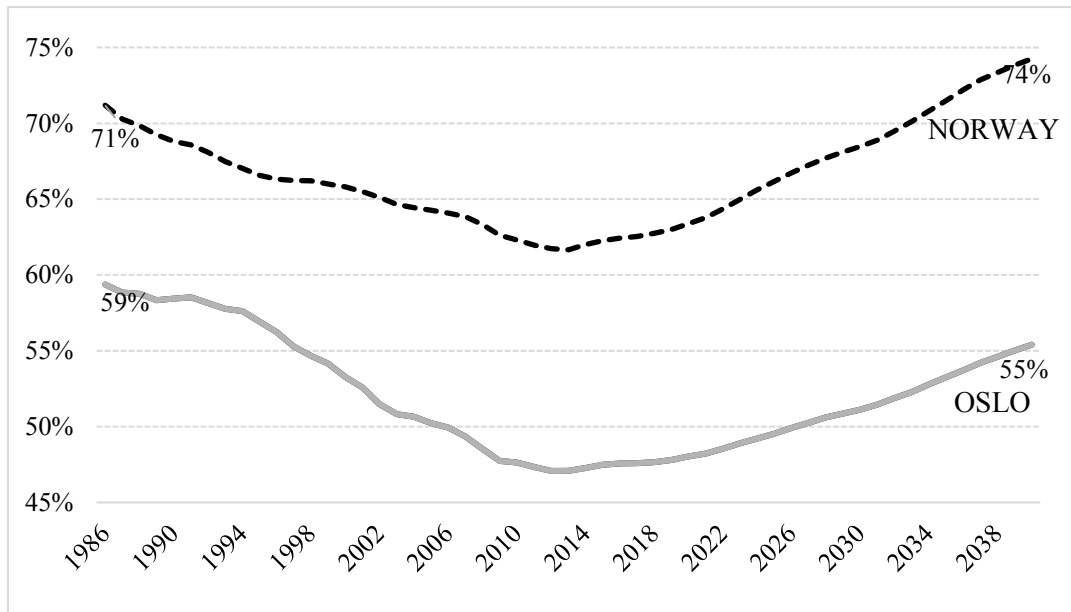
The main purpose with the dependency ratio is to predict the possible consequences of changes in population age structures, and to measure the burden that specific groups would have to support. The indicator is controversial not only due to the already mentioned age cut-off issue, but also for automatically considering a specific group as dependent¹⁶.

Recognizing the limitations of the old age dependency ratios based on a standard cut-off point, Spijker and MacInnes (2013) suggest a different approach, based on the idea of remaining life expectancy, as advanced by Sanderson and Scherbov (2008, 2010; 2007). Another alternative is the “retirement dependency ratio”, developed by Allianz International Pensions. This ratio measures the ratio of people currently receiving pension benefits, regardless of age, to those actually working (Miksa, 2016). As these indicators are relatively new and do not bring substantial contribution to illuminate the scope of this article, they will not be analyzed.

As shown in Figure 3, Oslo is in a relatively comfortable position in terms of dependency. Oslo’s dependency ratio will not only remain lower than the national level, but will also continue to contribute to a more balanced demographic distribution at the national level. In fact, the share of the so-called dependent group will increase in Oslo at a much slower pace than the observed at the national level (remaining lower than the peak observed in 1986).

¹⁶ There are at least two other indicators that deal with similar concepts; (a) The parent support ratio; calculated as the number of persons 85 years old and over per one hundred persons aged 50 to 64 years. (b) The potential support ratio; the number of persons aged 15 to 64 per every person aged 65 or older. (See for example: United Nations, 2002a).

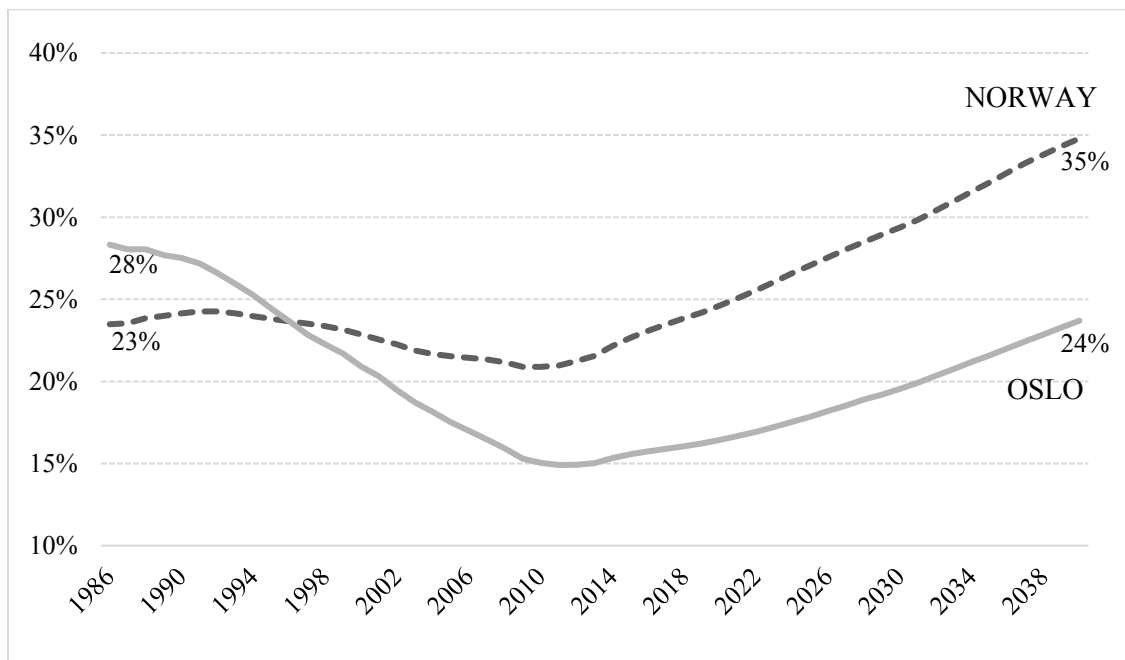
Figure 3. Dependency Ratios for Norway and Oslo.



Source: SSB (2015).

Nonetheless, it is important to note that in typical dependency ratios, the dependent group is formed both by young and older citizens. The old age dependency ratio, Figure 4, is the ratio of older persons (67+) to the same working age group. The results reveal that since the early 1990's, the older citizens group as a proportion of the active population is growing faster at the national level than in Oslo. After inverting the positions in terms of old age dependency, the gap will slowly continue to broaden.

Figure 4. Old Age Dependency Ratios for Norway and Oslo.



Source: SSB (2015).

The final indicator in this series may offer a less problematic definition of population ageing, or, to be more specific, population distribution. The analysis of the median age of Oslo's population from 1986 to 2040 revealed that 2013 marked the lowest value for Oslo's median age. In this year half of the capital's population was 34 years old or younger, four years younger than the observed in 1986. When trying to answer the question title of this section, the median age can be an interesting indicator as it eliminates the disproportional influence that specific groups might have, such as the centenarians, thus given a better picture of the age distribution. Although the ageing process, in terms of share of population, restarted in 2015, it will not affect the population's median age until 2027.

At this point, it is important to highlight the existence of at least three other indicators commonly used to access population ageing: (i) The Age Index; (ii) The Longevity Index; and (iii) The Centenarian Headcount. The Age index and the Longevity Index are both calculations of the proportion of older persons in relation to another specific group of persons. The first, also known as elder-child ratio, is defined by the number of people aged 65 (or 67, or 60) and over per 100 youths under age 15¹⁷. The second, is the ratio of the number of the oldest old persons (for example aged 80 and over) to the number of older persons of an age when they are presumably economically inactive (aged 65 and over). The last one is often a subject of great curiosity, as it is a simple counting of persons 100 years or more. Those indicators can offer some interesting perspectives about population ageing, but would not provide a clear contribution to the scope of this article.

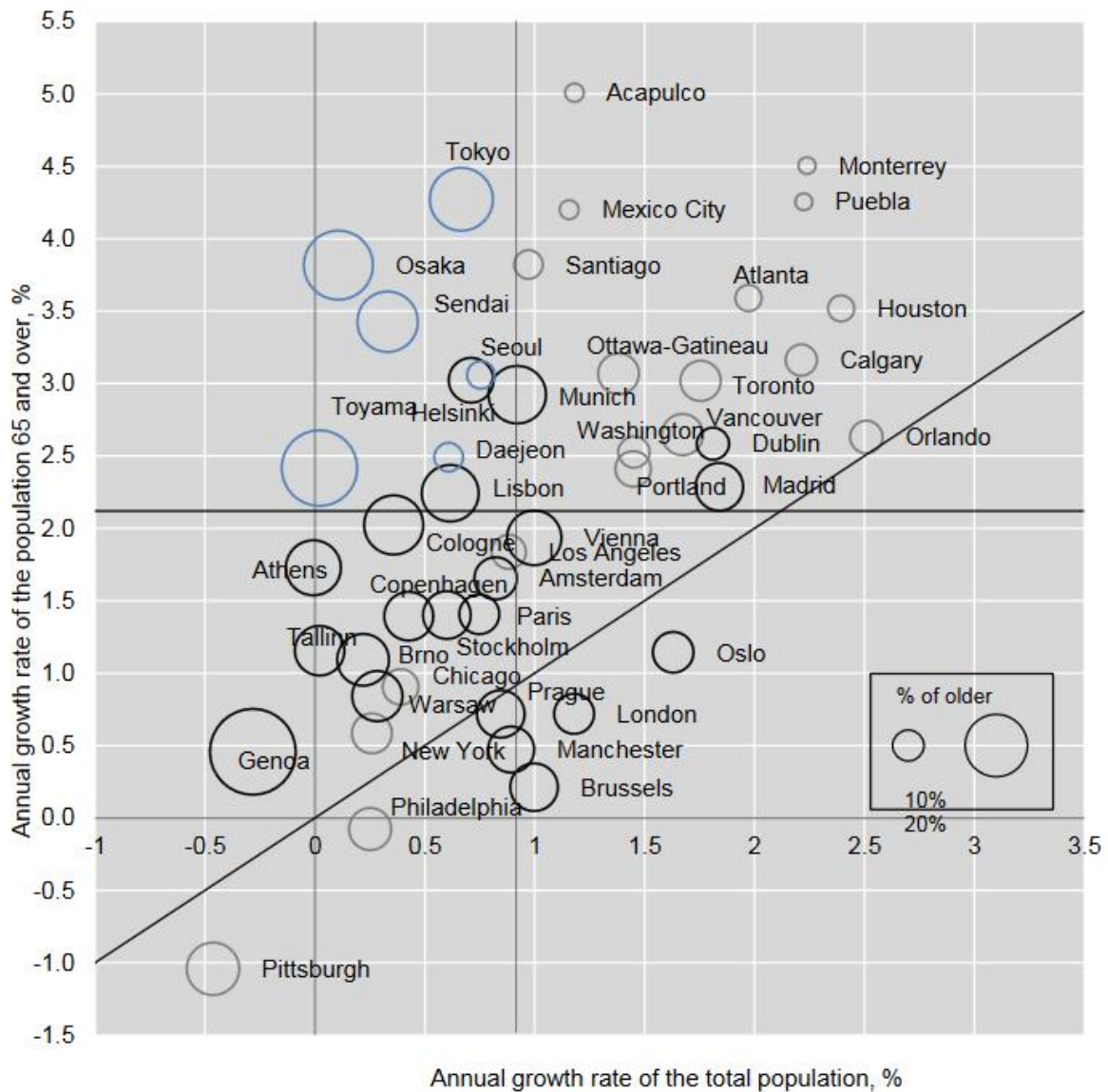
Figure 3 to Figure 4 present different perspectives to support the same fact: After a relatively long period of rejuvenation, Oslo's population is indeed getting older again. In addition to the national and historical context, another important perspective to improve our understanding of Oslo's demographic dynamics, is the international perspective. A recent report on Ageing in Cities, published by the Organization for Economic Co-operation and Development (OECD), offers a source of comparison (OECD, 2015). The report focuses on metropolitan areas rather than cities, an important territorial distinction that I will discuss in the coming sections. Although a direct comparison with the numbers presented in the previous paragraphs is not possible, the insights provided can be of great value.

One of the main findings of the report is that the older population is growing faster than the total population in the OECD metropolitan areas. However, the population trends observed for Oslo differ significantly. Figure 5 shows the annual growth rate of older and total populations from 2001 to 2011 in selected OECD metropolitan areas. In contrast to the majority of the OECD metropolitan areas, Oslo is following a different trend, with a growth of the total population that is slightly higher than the growth of the older population.

The international comparison corroborates the idea that Oslo is in a privileged position to face the potential challenge of population ageing. Although Oslo is facing a new and unprecedented growth of its older population, the proportion of this group is still lower, and will remain lower, than the same proportion in OECD metropolitan areas with similar characteristics.

¹⁷ The Age-Index might also refer to recent attempts to quantify quality of life and wellbeing of older persons, for example the Global AgeWatch Index developed by HelpAge International.

Figure 5. Average annual growth rate of older and total population, and percentage of population of older people in OECD metropolitan areas by country, 2001-11.



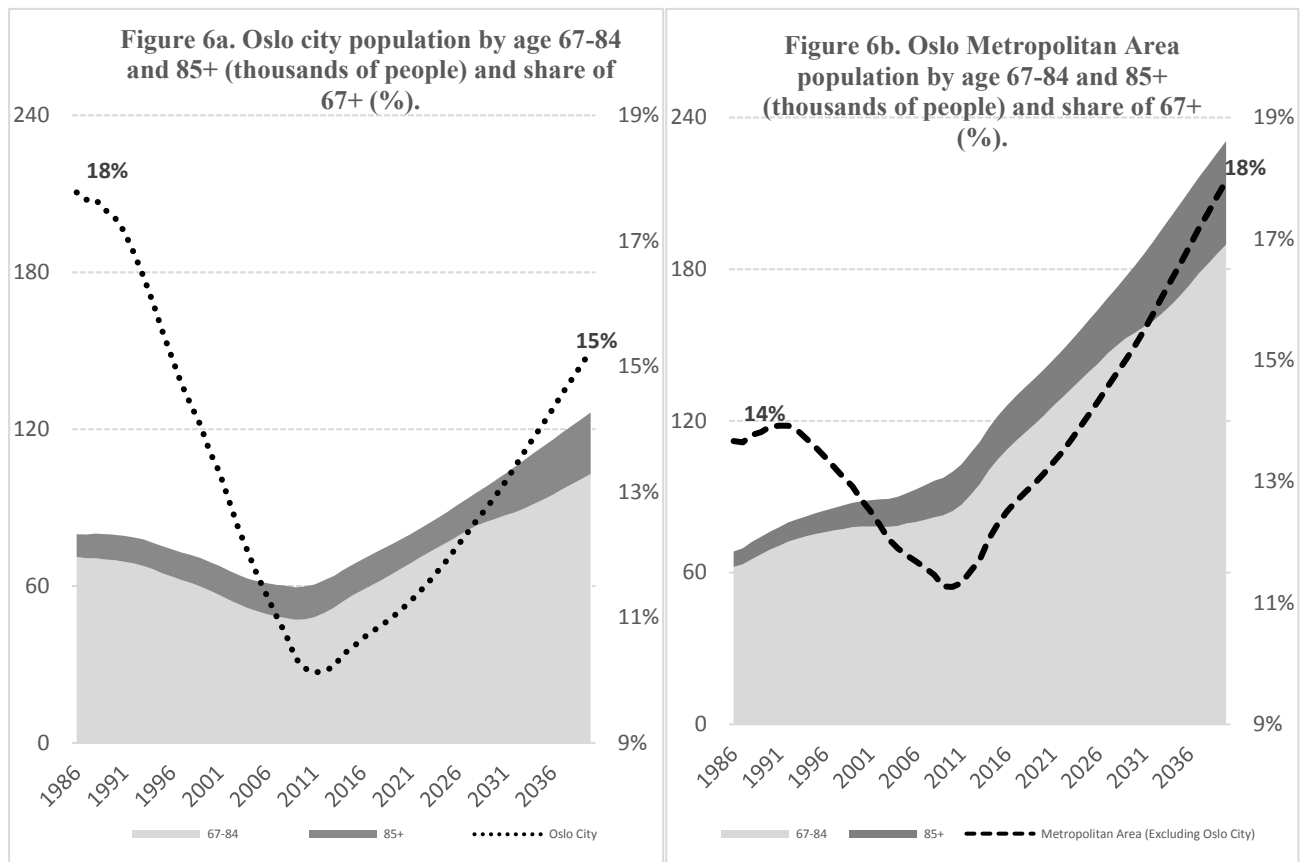
Source: Extracted from OECD (2015: 33).

5. Ageing in Oslo, using different geographic scales

The deep relationship between Oslo and the neighbouring municipalities of Akershus County is a good example of the importance of metropolitan dynamics. The exchange of residents between municipalities is also related to commuting patterns. In 2015, almost one in every four employees working in Oslo was living in a different municipality.

The Greater Oslo Region ("Stor-Oslo-regionen" in Norwegian) is a statistical metropolitan region, which includes the surrounding areas of the Norwegian capital. The region includes the city of Oslo (634 463 residents), the entire county of Akershus (573,326 res.) and several municipalities in the counties of Buskerud (150 709 res.), Oppland (8 552 res.), Vestfold (27 695 res.) and Østfold (102 808 res.).

Figures 6a and 6b introduce the metropolitan context to the city analysis. Even though the period of rejuvenation observed in Oslo also occurred in the surrounding municipalities, its effect was significantly subtler. The share of older persons dropped from 14 percent at the end of 1980s to 11 percent between 2008 and 2011. In absolute terms, the number of older dwellers living in the other metropolitan municipalities remained relatively constant.



Source: SSB (2015).

The surrounding metropolitan municipalities are likely to face a greater challenge than Oslo, with both their shares and the absolute numbers of older residents soon to reach unprecedented levels. The most noticeable trend is the accelerated growth of the oldest old group (85+). This group will double from the current 17 500 persons in less than 18 years.

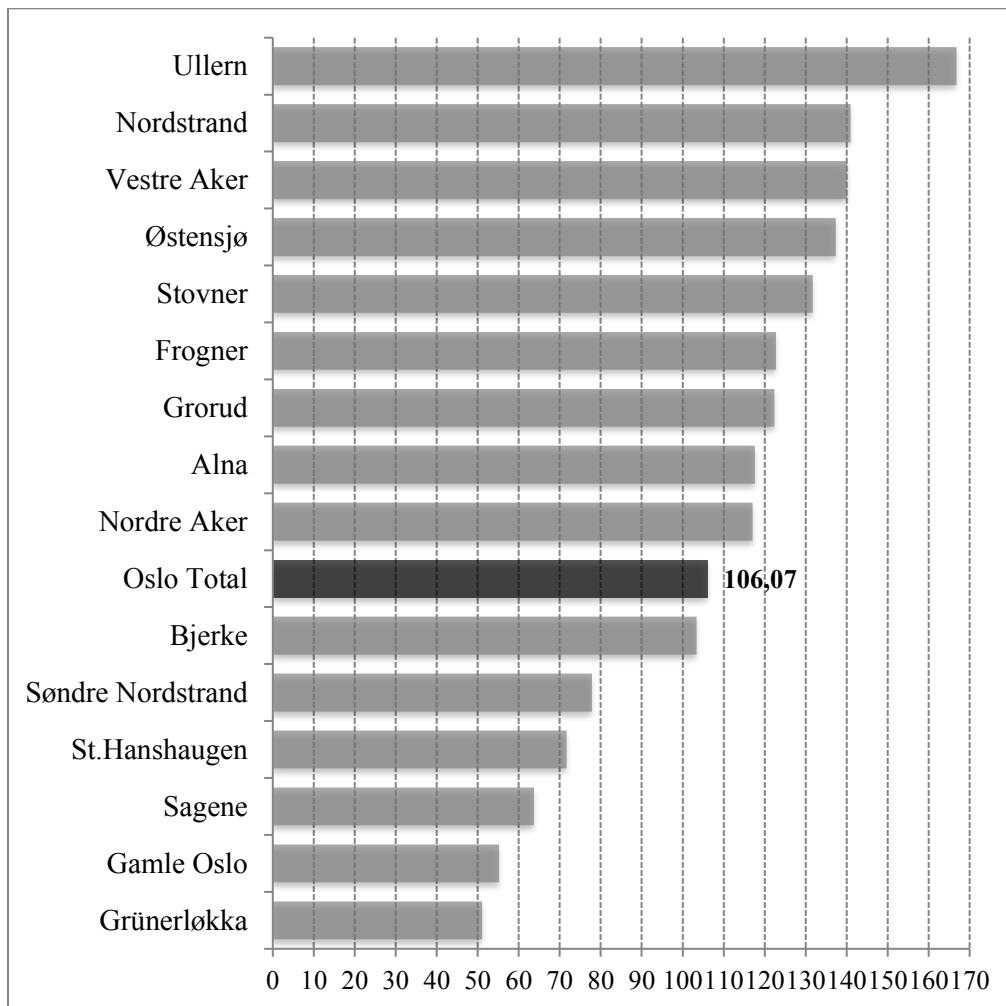
Moving our imaginary lens in the opposite direction, we can observe the different demographic dynamics inside the city of Oslo. The division between East and West is a well-recognized characteristic of Oslo (Hagen et al., 1995; Kriznik, 2015). However, there are other levels of divisions in terms of the social landscape. As suggested by Brattbakk and Wessel (2013), Oslo is marked by two geographical divisions: (i) one between east and west and (ii) another one between the inner and the outer city.

Constructed as a working-class area, Oslo inner east experienced the classic phase of degradation in the period of suburban expansion (1950s-1980s). The outer city evolved with high-income suburbs in the west and low to middle-income suburbs ('satellite towns') in the east. This basic structure has been reproduced to the present day, although two pronounced changes appear at a lower scale: (i) The variation of the inner east character through

gentrification; and (ii) increase deprivation of the outer east, partly through the influx of poor immigrant families (Brattbakk and Wessel, 2013)¹⁸.

Oslo contains of 15 districts, plus a central region and the forest area (Marka)¹⁹. Figure 7 highlights the uneven proportion of older persons among Oslo's districts. With a ratio of 166.8 older persons per 1 000 residents, the district of Ullern has the highest incidence of older persons. Despite the fact that Ullern is one of the districts in Oslo with the fewest inhabitants (only 32 757 residents, 5 per cent of Oslo's population) it is the district with the highest share of older persons (16.7 per cent). Ullern is home to almost 8 per cent of Oslo's older citizens.

Figure 7. 67+ per 1000 residents for Oslo Districts in 2016.



Source: Oslo Kommune Statistikkbanken (2016).

Nordstrand and Vestre Aker also have high incidences of older persons per 1 000 residents; 140.9 and 140.1 respectively. Nordstrand has the second highest share of older residents and is the district that hosts the largest number of older persons, totaling some 7 059, or 10.1 per cent of all older persons living in Oslo.

¹⁸ More about Oslo division, see for example Hagen et al., 1995; Ljunggren and Andersen, 2014; Wessel, 2000.

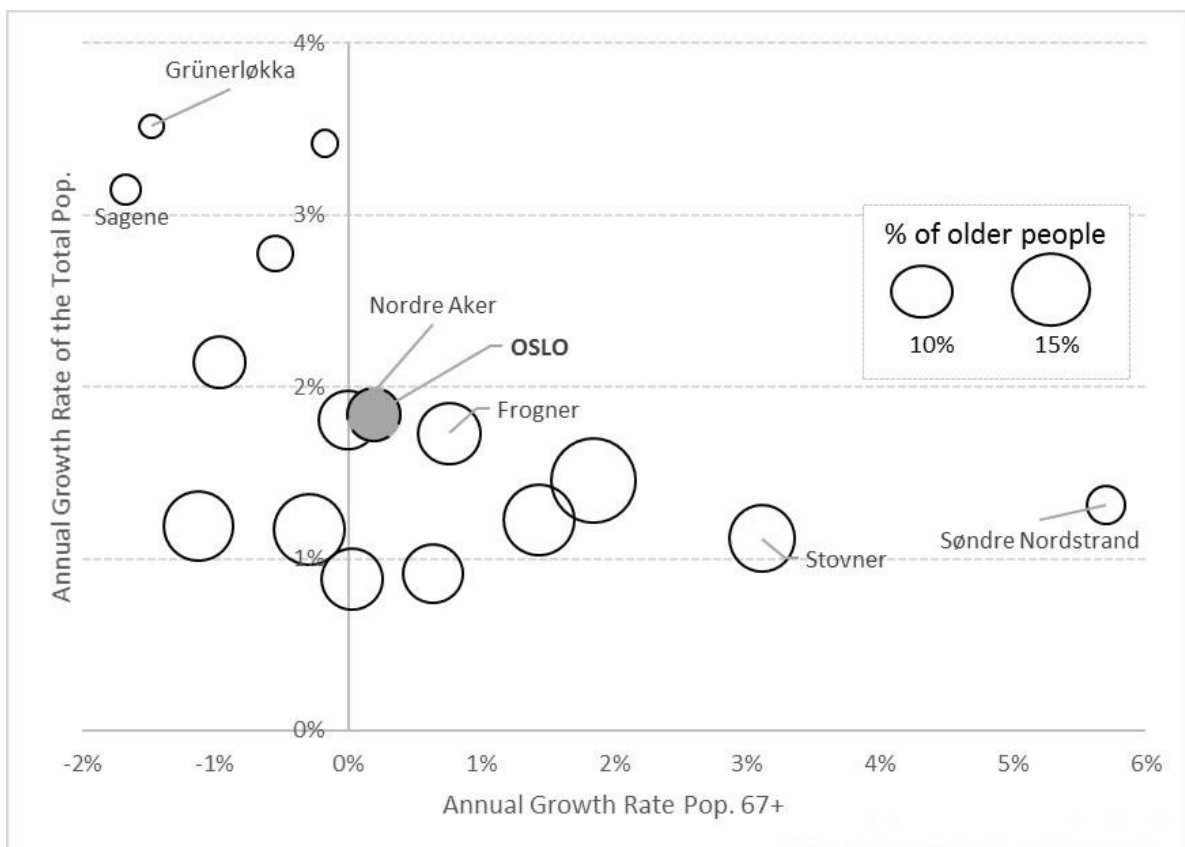
¹⁹ The Oslo kommune statistics department also presents data for citizens without a registered address. In 2015 that group amounted to 3594 individuals, 131 of them aged 67 years and above.

On the opposite side of the age spectrum, we have the central area and the inner-city districts of Grünerløkka, Gamle Oslo and Sagene. These districts have incidences of older persons per 1 000 residents of 22.2; 51.1; 55.2; and 63.7, respectively. The low number of residents in the Central area, around 1 170 persons, compels us to look at that area apart during our analysis.

Apart from the Central area, the four districts with the highest growth rates of the total population are Grünerløkka, Gamle Oslo, Sagene and St.Hanshaugen (Figure 8). Those districts are also experiencing a decreasing number of older persons. Another characteristic these districts have in common is that their share of older persons is below the city's average. The district of Grünerløkka has the largest difference between its contribution to the total residents in Oslo, 9 per cent, and Oslo's older residents, only 4 per cent.

One possible explanation for the distribution observed could be related to the fact that older person's households are typically smaller than the young adults are. According to this logic, when the numbers of elderly fall in a specific district, the total number of inhabitants would grow.

Figure 8. Annual Growth Rate of Older and Total Population for Oslo and Oslo's Districts 2001-16.



Source: Oslo Kommune Statistikkbanken (2016).

Søndre Nordstrand and Stovner stand out compared to the other districts, with higher growth rates of older residents. In Søndre Nordstrand, the annual growth rate of the older population was 5.7 percent, while it was 1.3 percent for the total population. Stovner already has the 5th highest share of older persons (above 6 per cent), while it is home to less than 5 per cent of Oslo's total residents. Figures 7 and 8 lend support to the claim that geographical scales really matters when analyzing the demographics of ageing.

Ageing dynamics within Oslo's districts

The last part of our analysis explores differences within the districts of Oslo. The historical data available on the Oslo Municipality online database starts in 2001 and is consistent with the findings in chapter 1 for the entire city. There is no forecast data for districts and the age-range (grouping) available does not allow the calculation of median ages.

The scope of this paper does not justify an in-depth analysis of all of Oslo's 15 districts. However, in 2015, the district of Nordre Aker became the first district in Oslo to initiate an age-friendly program. Sagene and Frogner will also act as partners of this pilot program, which will last until 2017, when successful experiences are intended to be scaled up to the whole city (Ditt aldersvennlige Oslo - Oslo kommunes medvirkningskonferanse - 7 mars 2016, 2016). Given the interest these districts have shown for their older residents, it might be useful to use them as case studies.

This section will focus on the three above-mentioned districts. Figure A1 to Figure A3 of the appendix show the evolution of the number of older residents since 2011. Although there are variations in terms of scale and speed, the share of the older persons declined in all the three districts. Nordre Aker and Frogner had a relatively stable population of residents aged 67 or above. The oldest group, aged 80 years or above, also remained relatively stable.

During the same period, Sagene had a more pronounced reduction of older persons. The share of residents aged 67 and above dropped from 13.1 to 6.4 per cent. The reduction of the oldest residents, with 80 or more years of age was the main contributor to this change. In other words, the main driver here was most likely the death or institutionalization of those persons.

In Oslo women live longer than men, a pattern observed at the national level and in almost every single country in the world (Austad, 2006). The longevity gap and the consequent feminization of ageing is an important topic, which continues to be overlooked²⁰. The final set of figures presented in this paper (Figure 4 to Figure 6 of the appendix), show not only the variety of ageing patterns within Oslo's districts, but also highlight the longevity gap.

While the older population remained relatively stable in Nordre Aker and Frogner, the longevity gap has consistently declined since 2001. In 2016, there were only 72 more women than men aged 67 to 79 years residing in Nordre Aker (in 2001, there were 649 more women than men living in this district). However, the gap between the number of women and men aged above 80 years, was more significant. In this age group, there were 563 more women than men (the difference amounted to 929 in 2006).

The closing of the longevity gap was even more pronounced in Frogner, with a reduction in both age groups. In 2001, the districts had 2 133 more women than men aged 67 or above. For the age group of 80 years and above, the figure was 1 394. The longevity gap decreased with more than 60 per cent, with a larger contribution from the 80 years or more parcel. A similar trend can be observed in Sagene. However, here it is more a result of the general decline of the older population than due to an increase of male longevity.

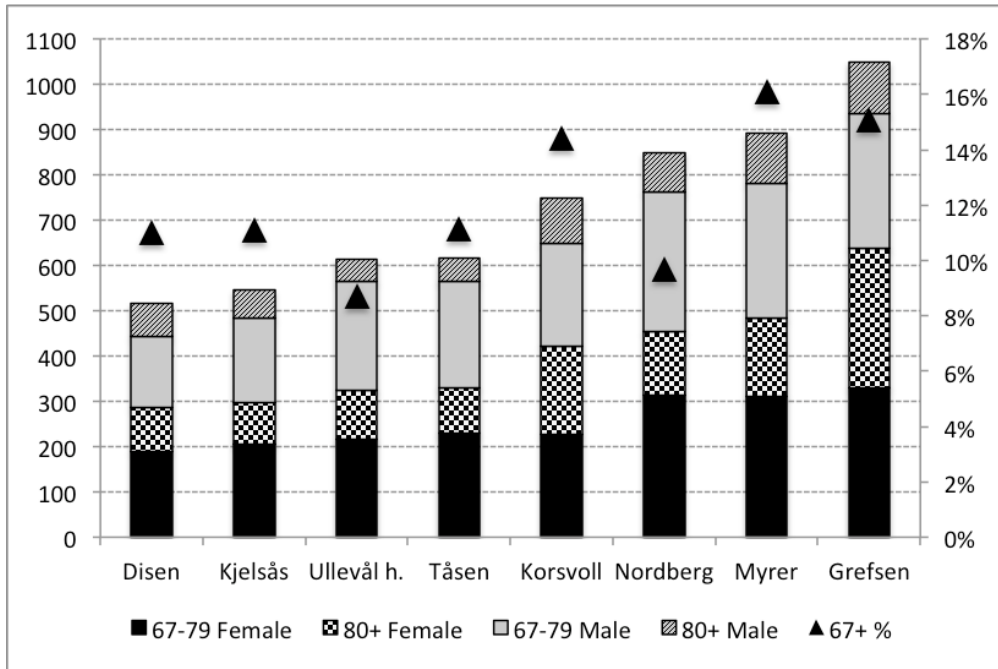
Although the historic data show a reduction of the feminization of ageing, the topic is still relevant. Not only because female residents in Oslo continue to live longer than men, but also because this phenomenon tends to become more pronounced as the population grows older.

Figure 9 to Figure 11 visualize the longevity gap within districts, and the variations in the proportion of older persons in relation to the total population living in the same sub-district. Sandaker and Sagene, sub-districts of Sagene, have the largest longevity gap for the group aged 80 years or above, with a ratio of nearly one man to four women. Both sub-districts combined have 15 731 residents, of which 147 women and 45 men aged 80 years or more.

²⁰ Nonetheless, many scholars have already addressed this issue (Folbre et al., 2006, 2005, 2004; Sara et al., 2003; Spedale et al., 2014).

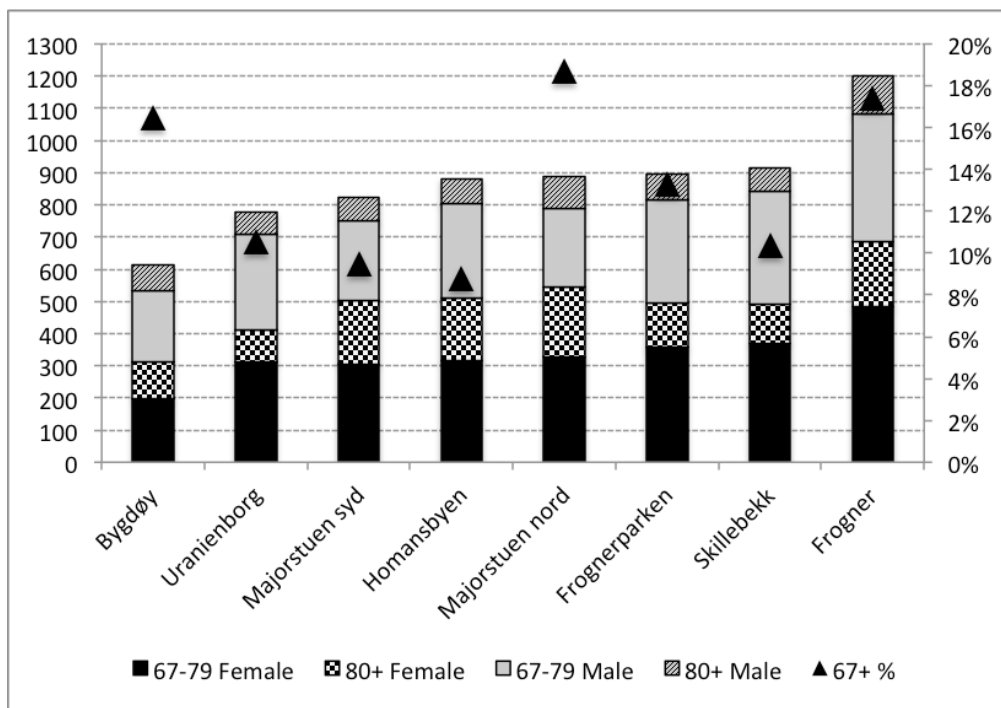
Once again, going further “closer” into the sub-district scale (Figure 9 to Figure 11) I found renewed support to the claim that ageing dynamics are played differently at different geographical scales.

Figure 9. Nordre Aker Sub-District Population by Age and Gender and Share of 67+ (%) (2016).

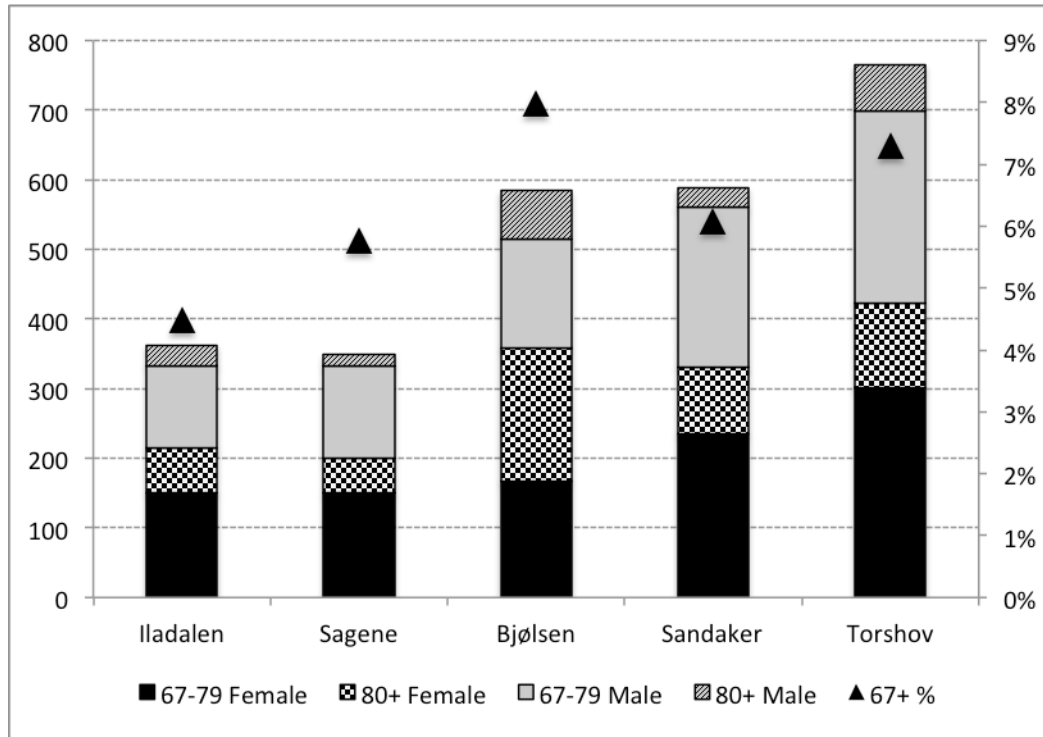


Source: Oslo Kommune Statistikkbanken (2016).

Figure 10. Frogner Sub-District Population by Age and Gender and Share of 67+ (%) (2016).



Source: Oslo Kommune Statistikkbanken (2016).

Figure 11. Sagene Sub-District Population by Age and Gender and Share of 67+ (%) (2016).

Source: Oslo Kommune Statistikkbanken (2016).

6. Conclusions

I started by inquiring how can a critical approach to the demographics of ageing better contribute to city planning. On section three, I affirmed that although age is a critical element in the social organization, different perspectives can be adopted to define old age. I also argued how the critical approach not only acknowledges this fact but also actively highlights the importance of context and relationships to define age and old age.

Despite all the contributions brought by age-based research, gerontological knowledge is still characterized by an imbalance between the accumulation of data and the development of theory. As exposed by Baars et al (2006) and Birren (in Silverstein et al., 2008, p. 459), the study of ageing has often been driven by narrowly defined problem-based questions and with little attention to basic assumptions or larger theoretical issues. In short: “data-rich and theory poor” (Birren and Bengston, 1988).

One of the consequences of the inaccurate use of demographic information can be an apocalyptic-like approach. Under this kind of apocalyptic framework old age is frequently framed by a very narrow stereotype and simplistically portrayed as a problem to be solved.

More than simply shade light on a wrong common assumption – the elderly boom - the article argued that city planners and urbanists must pay a special attention when using demographic data to asses ageing. For this specific case I highlighted only four aspects of the complexity of demographic ageing: (i) the impact of different age cut-offs; (ii) the historical perspective; (iii) the striking disparities when observing different scales; and (iv) the differences in terms of sex. These aspects do not intend to exhaust the complexity of ageing. On the contrary, the aim is to highlight contradictions and alternatives.

I applied the critical demographic approach to the city of Oslo to answer and apparently simply but fundamental and recurrent question: “Is this city getting older?” The review of the available documentation confirmed the “gap”, demographers are aware of the factual information but don’t see the topic as relevant enough to advance with further investigation. City planners blindly trust second-hand projections and constantly overlook data limitations. In this case, the most striking equivoque was ignorance about the historical data, and consequently the lost opportunity of learning from the historical experience so close in time.

After a long period of rejuvenation, Oslo’s has just started to age again. However, all scenarios point to a share of older persons that is still lower than it was during the mid-1980s. The evidence presented for Oslo is important to challenge a misleading perception that in fact make sense in many municipalities in Norway. As the “population bomb” did not explode, the population “ageing bomb” might face the same destiny. Oslo did survive the “age-wave” that hit the city before. So far, there is little evidence to support the idea that Oslo will not be able to manage a similar increase in the share of older persons in the future. Moreover, the critical demographic approach demonstrated the need to take a disaggregated approach at different spatial levels.

Although Oslo’s share of older persons is likely to remain significantly lower than the share observed in the past, the absolute number of older persons will increase. Within ten years, Oslo will have more than 81 000 citizens aged 65 or older for the first time. The speed of the growth of the oldest age group (85 or older) should also be a subject of further analysis. Projections show that the expected doubling of this cohort will happen soon and fast, reaching unprecedented levels.

Another striking characteristic of the current ageing process is the composition of the older persons group. The meaning of age and old-age have been through significant changes in terms of roles and expectation. The relatively recent gains in terms of longevity and the percentage of older persons as a share of the total population, coupled with the different life experiences of different generations, are sufficient reasons to doubt that today’s older adults are exactly the same as the elderly of yesterday and will be the same as those of tomorrow. It is of uttermost importance that this insight is a part of the mental demographic map of city planners and decision makers.

Even in the face of a probable reduction of the longevity gap between older men and women, gender remains one of the key aspects to better understand ageing. However, in Oslo, a recent phenomenon that must be urgently addressed by both researchers and policymakers, is the diversity of the backgrounds of the city’s future older residents. The current situation of nursing homes, with a relatively homogeneous public (older persons born in Norway from Scandinavian parents) is already changing. According to the most recent projections, the share of older persons living in Norway with an immigrant background will jump from the current 4 per cent of all those who are 70 years or older to almost 27 per cent in 2060 (Tønnessen et al., 2016, p. 10). This brings new challenges and needs.

The examples of the three districts analyzed in this article, point out new possibilities to better address the residents’ needs. With such rich information available, policy planners have ample opportunities to create new solutions and arrangements for the provision of public services. The article presented one possible critical approach to the demographics of ageing in Oslo. Other important aspects are still to be explored, as, for example, the impact of the demographic patterns and social policies on family relationships, as suggested by Dykstra and Hagestad (2016).

The fundamental relations of interdependence, in particular when it comes to caregiving, are frequently overlooked. Older persons, typically seen as recipients of care, are constantly denied the recognition for their work as care-givers. Oslo’s future will also depend on how planners can also support the needs of caregivers.

Moving is not a simple decision. For some people it is not even an option. Multiple variables might affect this process, such as household size, affordability, job opportunities etc. Typically, location is a key variable in the real estate market. However, if public spaces are not adapted to all-ages, valuable locations might lose out in relation to more inclusive neighborhoods.

Traditionally attractive neighborhoods might prove to be unviable for the oldest and frailest residents, simply because most of the buildings in certain areas were built when elevators and other accessibility features were not

taken into account. Another key factor might be the availability of specific services and the notion that the area is safe for all ages.

Norway's, and of course Oslo's, main challenge is to build a society that can seize all the opportunities opened by the fantastic achievement population ageing embodies. More than just to cope, the aim should be to build a good society for all. This implies the construction of an environment where people can flourish and contribute with their best during their entire lifetime. In this sense, the sooner we identify ageism as an unconstructive and unacceptable prejudice, the sooner we will be able to fully appreciate and respect all ages contribute. Engaged city planners equipped with a critical demographic knowledge and better-informed local politicians are fundamental to accomplish this.

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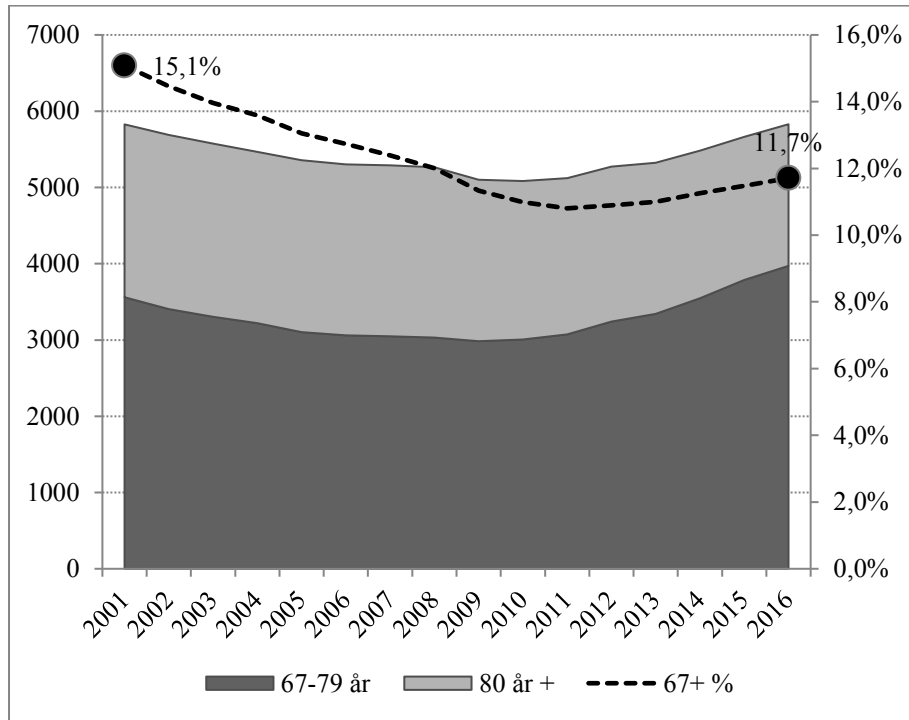
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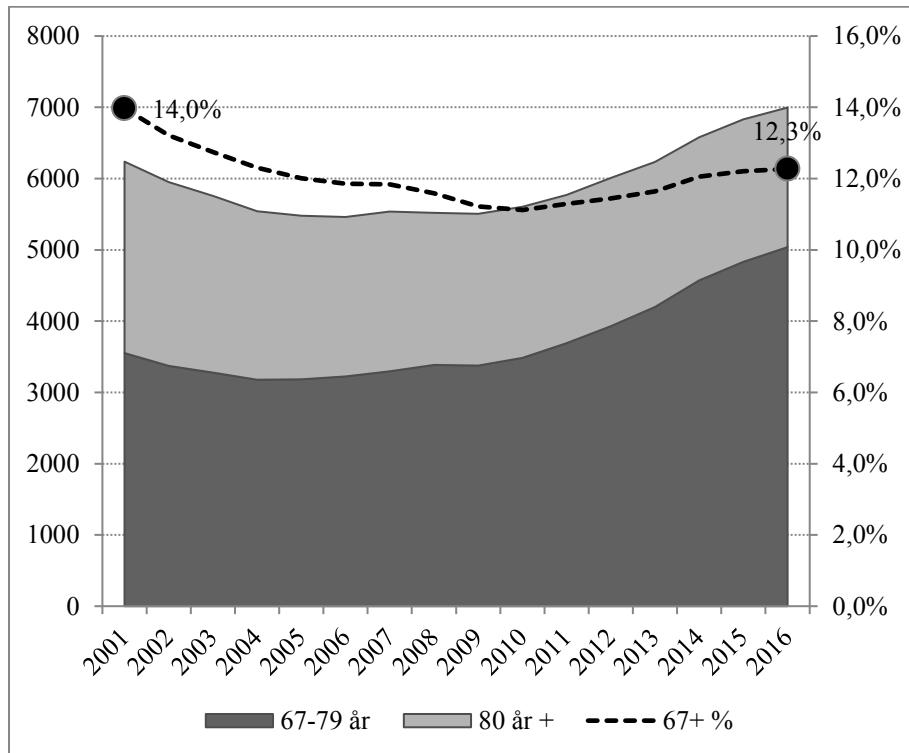
Appendix

Figure A1. District Nordre Aker Population by Age and Share of 67 (%) (2001-16).



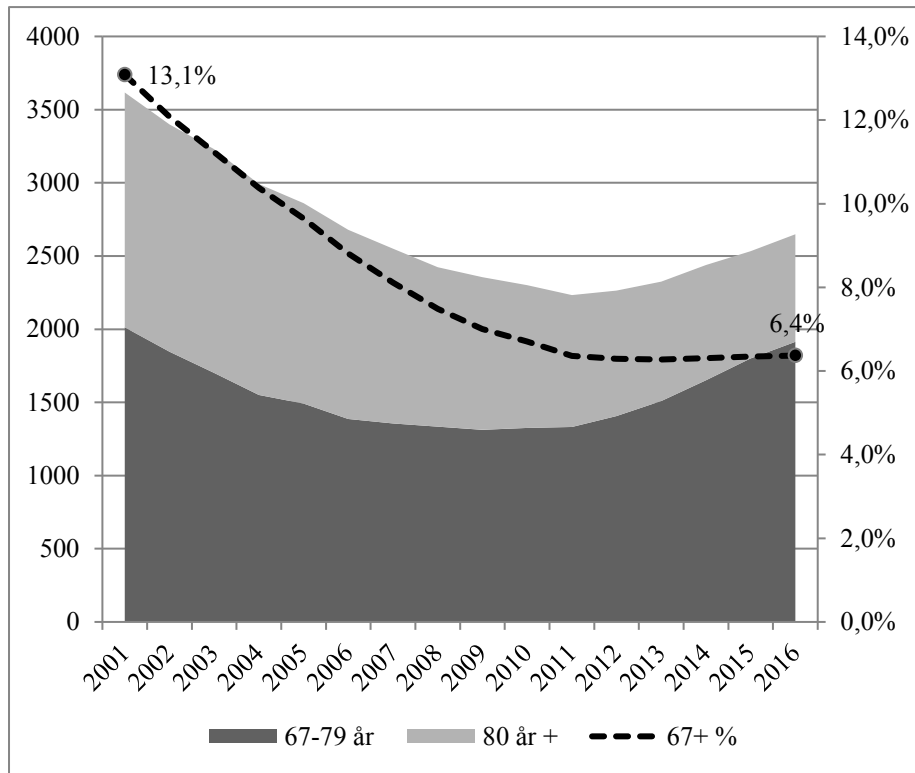
Source: Oslo Kommune Statistikkbanken (2016).

Figure A2. District Frogner Population by Age and Share of 67+ (%) (2001-16).



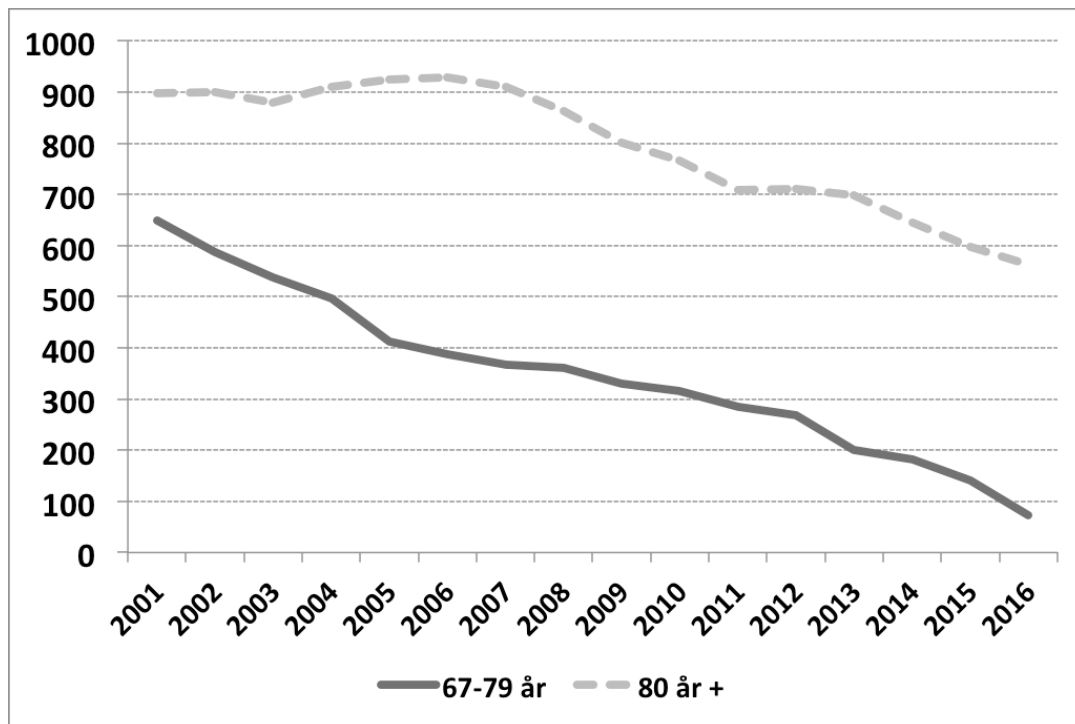
Source: Oslo Kommune Statistikkbanken (2016).

Figure A3. District Sagene Population by Age and Share of 67+ (%) (2001-16).



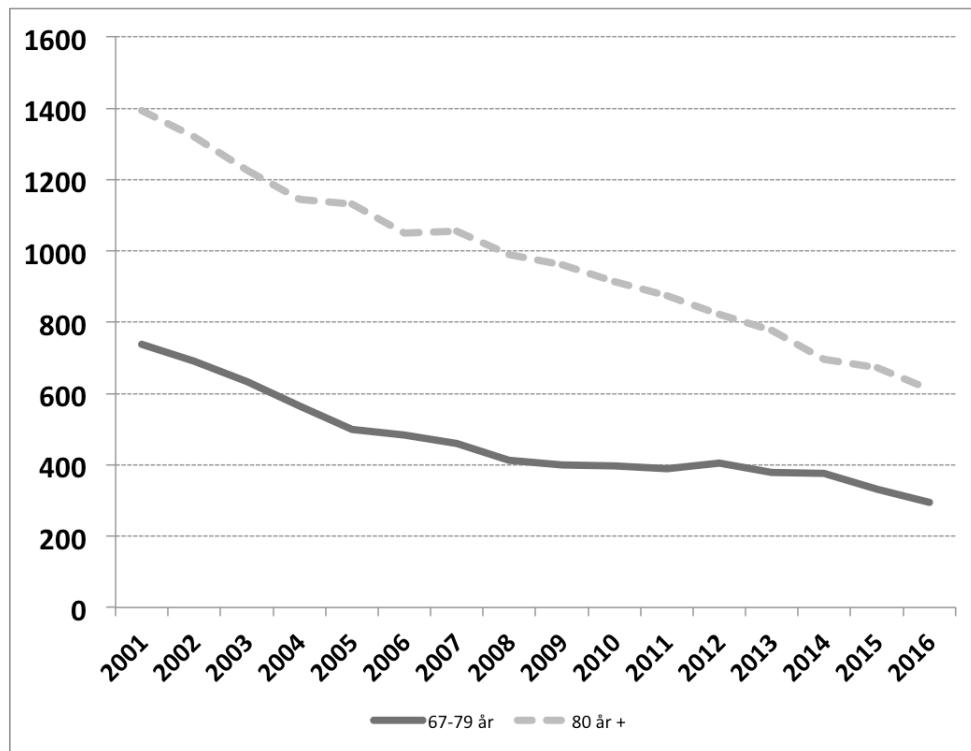
Source: Oslo Kommune Statistikkbanken (2016).

Figure A4. Nordre Aker Sub-District "Longevity Gap" Female Pop. Minus Male Population by Age (2001-16).



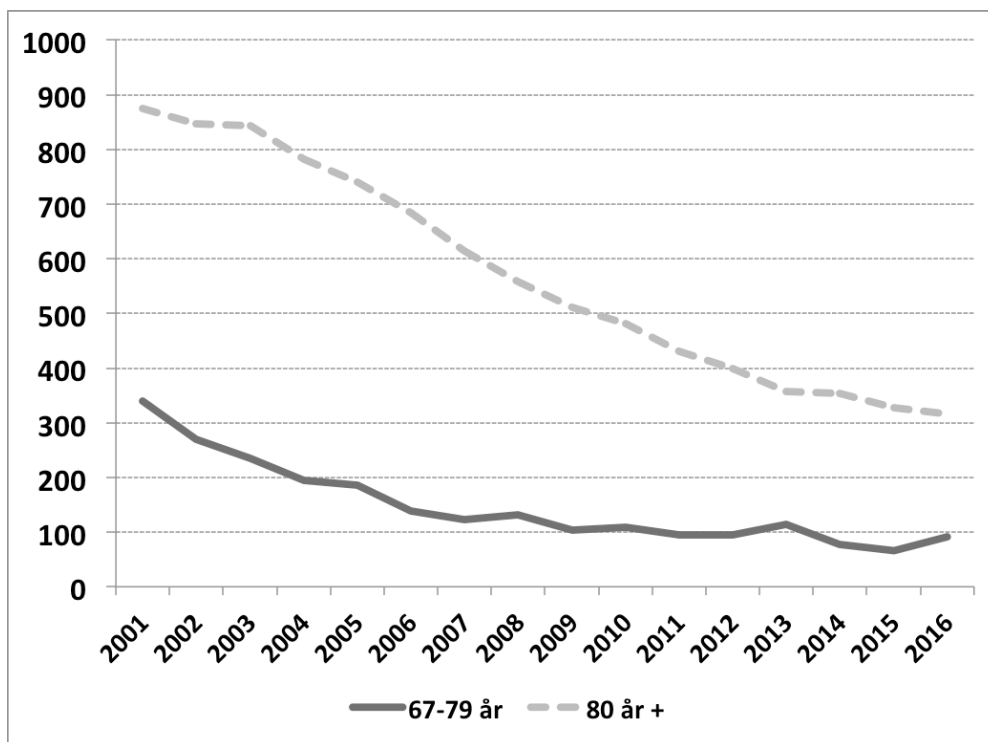
Source: Oslo Kommune Statistikkbanken (2016).

Figure A5. Frogner Sub- District "Longevity Gap" Female Pop. Minus Male Population by Age (2001-16).



Source: Oslo Kommune Statistikkbanken (2016).

Figure A6. Sagene Sub- District "Longevity Gap" Female Pop. Minus Male Population by Age (2001-16).



Source: Oslo Kommune Statistikkbanken (2016).

Paper 2

Sugahara, Gustavo and Nordvik, Viggo. (Submitted) "Knitting alone - in the city." *Nordic Social Work Research*. Submitted 21.01.2019
[Article not attached due to copyright]

Paper 3

Sugahara, Gustavo. (Submitted) “Mainstreaming ageing issues in Oslo - A case study contribution to the Age-friendly Movement.” *Critical Social Policy*. Submitted 27.11.2018

[Article not attached due to copyright]

Errata for the thesis Urban Population Ageing and its Impact on Social Policy –
Lessons from Oslo, submitted for the PhD in Social Work and Social Policy, Faculty
of Social Sciences, OsloMet

Summary, second paragraph, line 3	It reads... `spousal situations...` it should read: `spousal situations...`
Summary, fourth paragraph, line 1	It reads... `for the need...` it should read: `of the need`
Summary, fourth paragraph, line 2	It reads... `social policy response...` it should read: `social policy responses`
Summary, fourth paragraph, line 6	It reads... `also had developed ...` it should read: `also have developed`
Page 38, fourth paragraph, line 3	It reads... `late deindustrialization...` it should read: `late industrialization`
Page 44, first paragraph, line 4	Delete repeated reference (1961)
Page 44, third paragraph, line 1	Delete repeated reference 1950's
Page 44, third paragraph, line 3	Delete repeated reference 1970's
Page 45, first paragraph, line 5	Delete space and hyphen mark after gerontology
Page 52, third paragraph, line 1	Delete repeated reference (2003,160)
Page 52, footnote	Replace round bracket for full stop