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ESPI INTERNATIONAL REAL ESTATE CONFERENCE (ESPI-IREC)

PROPOSITION FOR: S09 – AGING AND REAL ESTATE IN THE POST-COVID ERA

HEALTH ISSUES FOR THE ELDERLY IN SOCIAL HOUSING

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FRENCH TITLE: Les enjeux de la santé des personnes âgées dans l'habitat social

SUMMARY (200 words)

This article uses two examples of social housing projects to show how different players' conceptions of health in housing are constructed and interact. It is based on two French cases: a new residence (2020) located in the northern suburbs of the medium-sized city of Bourges; and a project in the inner suburbs of Paris belonging to two social housing organizations, each of which is developing their own forms of health-related initiatives and labels. How do their approaches take shape, and what does a reading of the domestic territory through the notion of care contribute? This study focuses specifically on elderly women as the most representative participants in these local actions and initiatives.

Key words, health, elderly, care, participation, housing.

Introduction

Social housing has not been spared by demographic forecasts concerning an aging French population (Ille-Roussel, 2020). This sector represents 4 million homes and 10 million people, with the proportion of elderly people being particularly high in urban areas with tight real estate markets, acting as a safe haven (Dietrich-Ragon, 2013). Retired people, who suffer a loss of income when they stop working,

also make up a significant proportion of social housing applicants (Ille Roussel, 2020). These factors (among others) are leading some social landlords to develop a "health" focus in the design and management of their housing. But how is this approach perceived by elderly residents?

While this article puts the notion of health in housing into perspective, it also seeks to examine the way in which ideas of health adopted by different players in social housing merge amongst project owners, managers and residents. The link between health and housing dates back to the 19th century, when hygiene came into play in public health. This was later identified by Michel Foucault as biopolitics (1975), that is, authorities' governance of people's health. Nevertheless, the criteria defined at that time (i.e., the presence of sanitary facilities, light, heating, running water, enclosed space) by a powerful current of thought (Fijalkow, 1998 ; Murard et Zylberman, 1996) have continued to represent modern comfort standards up until today. Well-being was first introduced to health during the post-war years, via the Constitution of the World Health Organization (WHO). More recently, care practices have further broadened the field of housing and health to include social and environmental interactions, as well as housing design (double orientation, air quality, and control of optimal energy consumption).

These contemporary matrices underline the fact that housing interiors are not watertight shelters from the toxicities of modern urban life. All the more so as the WHO points to the link between respiratory and cardiovascular diseases, depression and, more commonly, stress in urban and suburban environments, along with the quality of air and materials, humidity, sound and thermal insulation, and lack of space (Febvrel et al. 2019). Housing has become a public health issue, manifesting at an individual level through the desire for decent heating and air quality, a healthy noise environment and the absence of pollution (Wilson and Fijalkow, 2023). These factors are linked to both objective measures that can be quantified using tools and data, as well as subjective, qualitative feelings of well-being. But how does an awareness of the link between housing and health emerge, both among landlords and residents, particularly the elderly, who happen to be the most sensitive to health issues? Through the SAPHIR (Santé, Paris, Habitat, Histoire, Résidentiel; Housing, Health and Residential Narratives in Paris) action-research

project, we have studied the link between living space and health, according to certain social temporalities.

In Arcades Vyv, a social housing organization with 220,000 apartments, there is a reciprocal learning process surrounding these issues at work. The first part of this article examines the strategy of this organization, which has developed a "Mon habitat santé" (my health housing) label for some of its new residences, containing an "inclusive" housing component for the elderly. The second part of the article looks at how residents mobilize around this label, analyzing a form of participatory housing supported by the social landlord in the medium-sized French town of Bourges, whose northern districts are undergoing an urban renewal process. The project has been awarded the "health" label, as has the second site examined in the article, which concerns an inclusive social housing project on the outskirts of Paris. This non-participatory program is managed by one of Arcades Vyv's social landlords, as part of a larger complex that also includes social home-ownership programs. In each of these projects, housing for the elderly accounts for a significant proportion, ranging from 60% to 80%.

Table 1. The two cases studied

	Bourges	La Manivelle - Voisins-le-Bretonneux
Location	Outlying district Medium-sized city	Second ring Paris region
Year of Construction	2020	2023
Number of Housing Units	20	95, of which 47 are labeled "Health," and 14 are inclusive housing units
Population Type and Social Class	Elderly. Middle class	Young couples with children. Elderly. Working class
Occupancy Status	Social rental housing - Participative housing	The 47 "health" units are social rental housing
Spatial Layout	3 story building with elevator. Common area, ground floor	3 buildings (health label)

	apartment managed by tenants.	4 stories. Common area managed by the lessor. Open residence.
Heating Type	Individual heating	Individual heating
Housing Type	1 to 5 bedroom - sometimes double orientation - with balconies	1 to 5 bedroom - sometimes double orientation - balconies in some units

A Focus on Health and Care

Health, as practiced in these two examples, resembles that of the WHO, namely a "general state of physical, social and mental well-being" that cannot be summed up by the absence of disease. In this context, we are interested in the notion of care, to understand how concern for others and attention to human life and its continuity (Laugier, 2015) can motivate health projects in social housing. Indeed, Fischer and Tronto propose that the term "caring" [prendre soin] should be seen as a generic activity that includes everything we do to maintain, perpetuate and repair our "world" in order for us to experience it as best as possible. This world includes our bodies, ourselves and our environments (Tronto, 2015). To deal with situations of residential fragility, the notion of care makes it possible to interpret the territory and analyze the relationships between actors. Laugier explains that care ethic invites us to pay attention to what is right in front of our eyes, but which we fail to see due to lack of attention. By ethics, she emphasizes the fact that people look after one another, care about them, and thus contribute to the proper functioning of the world (Laugier, 2015). Care is therefore situated in a continuous movement from the outside inwards, or into the private sphere, and vice versa. It is in this tension that the bond with the other, otherness, finds new strength: taking care of the other and of oneself (Paperman and Laugier, 2020). Applied to the home, care involves the development of practices based on an interest in individual situations, such as daily living arrangements. In this way, care-takers can be identified as¹ people who are

¹ Based on the research "CTRL + H" (Care-taker/support: Resilience Laboratory of Housing) by researchers Audrey Courbebaisse and Chloé Salembier inspired by the work on Care by Berenice Fisher and Joan Tronto (1990). <https://uclouvain.be/fr/instituts-recherche/lab/actualites/ctrl-h-care-taker-support.html>

concerned with the care of others. These care-takers are similar to local associations where, most of the time, women play an important role in the care-support we identify as third places; that is, the space that is the focus of attention and care support (Courbebaïsse et Salembier, 2022 ; Wilson et Fijalkow, 2024a). However, as perceptions of care are often not the same for everyone, using this notion to understand our fieldwork enables us to grasp certain contradictions in discourse and use.

SAPHIR, A narrative methodology in search of "residential stress"

The SAPHIR project has adopted a research methodology based on residents' narratives, meaning it resembles the notion of Care. In 2024, some thirty interviews were conducted in these two residences as part of the overall project, which has been supported by the Agence Régional de Santé Île-de-France since 2022. This action research is based on a qualitative methodology of listening to residents. It consists of a series of building monographs, combining research into the history and collective memory of these buildings with interview campaigns. As a first step, "educational cafés" are organized to discuss the impact of housing quality on physical and mental health with residents, using educational tools. Since 2024, we began by creating a poster displaying this information, which has since been turned into a leaflet that we distribute to tenants in their mailboxes and during educational cafés. The aim is to raise awareness around these issues and encourage them to take part in individual interviews. This ultimately leads them to become an investigator of their own habitat (Dewey 1994).



Image 1: leaflet © SAPHIR, 2024

In the second phase, we work with tenants to explore their residential trajectories, housing and neighborhood practices, overall difficulties and perceptions of health

issues. We also carry out inhabited surveys aimed at mapping the layout of living spaces, highlighting the spatial use, room versatility and occupant density, among other things. The results of these interviews and surveys are synthesized in fact sheets covering "hotspots" such as windows, elevators, balconies, staircases, heating and common spaces. These "hotspots" are often the topic of anecdotes and rumors, and are given specific meanings which are outlined in the fact sheets. They are also lead residents to make "tradeoffs," particularly when the space becomes "contradictory," to use Henri Lefebvre's expression quoted by Busquet (Busquet, 2012). Based on our research, examples include opening a window to air out and in turn letting in pollution; blocking the vents to retain heat; heating the apartment to dry laundry, etc. Through the stories of the tenants we interviewed, both individually and collectively, we are able to use the notion of health to address the issue of housing quality.



Image 2: Left, educational café in Rouen; Right, focus group © SAPHIR, 2023-2024

As part of SAPHIR, we are attentive to what we define as "residential stress" among residents, who sometimes find it difficult to make their housing a meaningful choice, to feel in control of their environment, to adapt to it sustainably (Wilson and Fijalkow, 2024). To illustrate this "residential stress," we rely on the testimonies of tenants, who reveal varying levels of adaptation to their housing, or who take refuge in these "third places" that we also call care-supports (spaces for care and support) often invested by women care-takers in the neighborhood (Wilson et Fijalkow, 2024a). These spaces reveal activities that give residents a sense of justice, developing a "micropolitics of the near" (Paperman and Laugier, 2020). One of the aims of this article is to take up the questions raised by work on gender dynamics, which highlights skills perceived as automatically feminine, such as listening, mothering

and empathizing (Bouysse-Mesnager et al., 2023) and the presence of women in various analyses of the city and urban renewal (Denèfle, 2004; Raibaud, 2017).

1. Health and Care as People Age: The social landlord's strategy

The “Mon Habitant Santé” label is the result of commitments made at the time of the merger between two groups: the Arcade group, a social housing player, and the Vyv group, a mutual benefit conglomerate. Their history is built on the reorganization, restructuring and concentration that characterized the late 2010s. Created in 1979 by several social housing sector companies, the Arcade group was impacted by the Elan Law of 2018, which aims for the reorganization and concentration of social housing organizations in France. As part of this law, Arcades Vyv assembled smaller social housing organizations, such as France Loire, and Antin Résidence, whose sites we studied as part of this article. Shortly before, in 2017, mutual benefit health companies operating in micro-territories found themselves, for other reasons, in need of pooling. Harmonie Mutuelle, born in the Pays de Loire region, was one of these, and foreshadowed a rapprochement between health and housing in its association with the social landlord, Harmonie Habitat, also a regional player. At the same time, the Vyv mutual group was in the process of being set up. Harmonie Mutuelle chose to join this mutual benefit group, along with MGEN and other leading actors in the sector. The subject of housing as a determinant of health quickly took shape. When the Vyv group acquired half of the Arcade group's stake, alongside other shareholders such as Croix-Rouge Habitat, it brought together health specialists from its own ranks, public health doctors, along with prevention and housing experts. Together, they are working on an initial housing and health reference framework, which has led them to propose a label that reflects their commitment to "building a unique model of social housing for better living." In 2019, the formation of the new Arcade-Vyv group and the operating procedures for the label led the directors to preserve it temporarily.

The label is the property of the Vyv group, which has entrusted its management to Arcades Vyv. It is not controlled by an external certifier such as AFNOR, but by the DELCOP cooperative, which is responsible for coordinating a labeling committee

made up of various group players. The committee meets once a month to award the label. Arcades Vyv coordinates a network of correspondents in each of its companies. The members of this network come from a wide range of professions concerned with housing quality, CSR and healthy housing, forming a small community of specialists. The network is led by an employee who is committed to ensuring that the issue of health is recognized by each of the group's social housing businesses. According to her, "in the future, it will be necessary to turn to an external certifier to establish its value, though we haven't yet reached a sufficient level of maturity." In the meantime, the distinctive feature of the label is that it covers both buildings and services. For her, "this distinguishes it from other labels or certifications that exist in the sector, giving it added value. It doesn't replace environmental labels. The label targets what will have a direct impact on the health of residents. It includes proposals for action in terms of prevention and care support. It is designed to address all residents in their own homes, with a level of support that varies according to their needs."

According to the landlord, the label corresponds primarily to a package of services, like Information Santé and Écoute Santé. The first service represents an information bank produced by the Vyv group, located on a website and, in particular, the tenants' newsletter. Écoute Santé includes a listening service and consultations with psychologists. According to our interviewee, "this seemed necessary, as mental health is a major issue in social housing." The offer also includes medical referrals, in particular to pursue a course of treatment and support in a given area, as well as legal assistance.

Secondly, the operations are very conventional when it comes to design. Health commitments are made *à la carte*, depending on the organization's financial options and choices. For example, none of these organizations can afford to dedicate more than 10% of their investment plans to the label and many certified organizations opt for common areas for tenants. Nevertheless, Arcades Vyv Group companies each have their own solution for their managing, which sometimes includes a partnership with a local authority.

Ultimately, this landlord's "health" offer consists mainly of a series of support services for tenants that allow them to rely on the landlord, especially in their ageing process. In terms of quality, expectations vary from one project to the next,

depending on the social and geographical context. Indeed, the landscape offered by buildings with the "health" label is attractive. In these residential buildings, the Mon Logement Santé label is reflected in the color of interior spaces, messages encouraging people to take the stairs, the use of home automation for access, window opening, temperature and air quality, not to mention spaces encouraging physical exercise. From the landlord's perspective, care thus involves a digital presence combined with support for social activities in a common area. It is therefore interesting to learn how residents perceive it.

As shown below, landlords are required to meet a grid of 40 commitments, some of which are compulsory (indoor air quality, spaces for physical exercise, health helpline service, information for residents, PMR accessibility, work-from-home spaces, community events, security features, vegetation), others optional (floor colors, staircase enhancement, secure spaces, Internet access, private outdoor spaces, communal spaces). For the landlord, traditional hygiene standards (sunlight, ventilation, sanitary facilities) are seen as a given. Thus, health appears to be less a question of architectural design than of atmosphere, services and sociability. The provision of natural light, optimum comfort in winter, quality water and protection against electromagnetic waves are therefore not central concerns. On the other hand, the presence of a common room, or even an apartment, to which all tenants have access, and which is the place for meetings and exchanges, is perceived as essential to the health label. In this space, the part-time presence of a facilitator and a supporting association helps to develop links and give meaning to the communal space. From the position of the landlord, we find ourselves at three levels of understanding in terms of health in housing: the provision of services to residents; the ambiance of the architectural space; and the presence of people carrying out a care project for residents (Wilson and Fijalkow, 2024). By analyzing the two residential areas concerned, we can therefore ask how residents perceive this new offer from the social landlord.

Table 2. Health housing commitments in the two residences

Housing and health commitments	LA MANIVELLE	BOURGES
COMMITMENT 1: Integrate indoor air quality right from the design stage, as well as in the choice of housing materials and equipment.	X	X
COMMITMENT 2. Provide occupants with tools for monitoring comfort and indoor air quality		
COMMITMENT 3. Maximize natural light and sunlight in the design of buildings. housing		X
COMMITMENT 4: Choosing colors for the flooring of common areas to create a harmonious effect. on mental health	X	X
COMMITMENT 5. Integrate the acoustic comfort of the conception by repartition of spaces and the choice. equipment	X	
COMMITMENT 6. Offering S equipment to residents to ensure optimum winter comfort		
ENGAGEMENT 7. Offrir aux habitants une eau de qualité	X	
COMMITMENT 8: To include protection against electromagnetic waves in the design of the building	X	
ENGAGEMENT 9. Systematically disinfect common faults with devices health-friendly		
COMMITMENT 10. Highlighting the staircases and offering fun features and d'encourager them résidents à les utiliser	X	X
COMMITMENT 11. Providing safe, accessible and attractive spaces for disabled people	X	X
COMMITMENT 12. Offer spaces or solutions that encourage the practice of physical activities or all ages	X	X
COMMITMENT 13. Offering reserved areas for vegetable gardening and compounds in the spaces and support their use	X	X
COMMITMENT 14. encourage the supply of healthy food from short distribution channels		
CS COMMITMENT. To give all residents access to a 24/7 teleconsultation service.	X	X
COMMITMENT 16. To provide residents with quality, appropriate health information	X	X
COMMITMENT 17. Facilitate access to Internal Environmental Advisors (CEI) to improve the housing health performance		
COMMITMENT 18. Carry out a diagnosis of the healthcare offer in the area, in order to inform local and to study the feasibility of setting up at the foot of the building.	X	
COMMITMENT 19. To make at least all housing accessible to people of reduced mobility. in multi-family buildings	X	X
COMMITMENT 20. Design common areas adapted to non-motor handicaps in the multi-family buildings	X	

2. Social Cohesion as a Health Factor: Maison des Pourquoi Pas

The Maison des Pourquoi Pas, named after the association behind the project, is located on the outskirts of the medium-sized town of Bourges (population 64,000), 15 minutes from the train station by public transport (which is free of charge according to a municipal decision of September 2023). The new building is located on the edge of a major thoroughfare lined with single-family homes and small 1950s social housing blocks, one of which is earmarked for demolition and reconstruction. The rehabilitation of a shopping center and neighborhood facilities is also planned, as part of an ANRU program. The rehousing of the residents of the hundred or so social housing units targeted by the program seems to have been negotiated at length.²

² NPNRU Bourges, to find out more: <https://maps.bourgesplus.fr/portal/apps/storymaps/stories/3e46a259d6894b22a8808429fb85e8b8>

In this neighborhood, some of the buildings have already been surrounded by walls. The Maison des Pourquoi Pas, on the other hand, stands out as a small, modest rental building enclosed on both sides. It features a small parking lot, a small public space and a communal garden.



Image 5: The Maison des Pourquoi pas © authors, 2024

The collective at La Maison des Pourquoi Pas is a tenants' association created by local residents who are well integrated in the community. Their aim was to promote a participatory housing project, devised and designed with residents in mind, that would be intergenerational, sustainable and supportive. The France Loire social landlord, approached by elected representatives and tenants, integrated this fifteen-apartment project into its real-estate strategy by looking for a plot of land and acting as project manager. The tenants say they feel they were part of a collective adventure: during the two-year design phase, they met with the project's architect, and even obtained an elevator (for a 3-storey building). All apartments are therefore accessible to people with reduced mobility.



Image 6: Maison des Pourquoi Pas common area © authors, 2023-2024

The care-support center is an apartment used as a common room, which has been allocated to the association by the landlord. The association is developing its social connection activities there, welcoming us to join them. Here, the collective meets regularly to discuss the rules of communal living in the residence, developing activities to maintain social connections (compost management, waste sorting, gym sessions). The collective garden is cultivated by certain inhabitants of the residence: it essentially comprises small market garden vegetables that are "much envied by the neighbors."



Image 7: Collective garden © authors, 2024

The people who set up the association La Maison des Pourquoi Pas, the care-takers, are mainly elderly women already living in the neighborhood. In fact, the program was only offered to one family with children. Their trajectories demonstrate the relationship between their care activities and the area. Cécile (72) is a case in point. As a former psychiatric nurse, member of the Socialist Party, the daughter of local farmers, and president of the lace-making association, she was one of the first people to initiate the project. While widowed and living alone in a single-family home, she mobilized her neighbors after seeing a report on participative housing. Her house was too big and dark for her, but she still wanted to keep a piece of land that she could look after. Collective housing has been a break in her life, but it gives her material and psychological support, as well as a sense of security. Bernadette (70) also comes from Bourges. A former educator of young children, she is heavily involved in community work, in particular with the Régie de Quartier, where she gives French lessons to immigrants. Before joining this community, Bernadette was living in an apartment block on the third floor with no elevator, which was beginning to make her daily life difficult (for example, bringing groceries up the stairs). As a result, she was already considering leaving her apartment to find a more suitable place to live in, in preparation for her old age. After some twenty years of living in other French towns, Bernadette decided to return to Bourges when she retired. She

chose to live in a neighborhood that seemed close to the life she had known in this medium-sized town in the Cher department. "Everyone told me: Bourges Nord. Nobody wants to go to Bourges Nord. But I said, 'I'm going there.'" During a conversation with Janine, the two neighbors came up with the idea of living in the same building, as if to perpetuate their shared lifestyle, watering each other's plants, collecting the mail, and so on. Thus, Bernadette took Janine at her word and called on the municipal team to initiate the shared, intergenerational housing project, with an elevator and links to the town through its proximity to services (doctors, shops, etc.). Delphine (80), mother of three, lost her husband ten years ago. This former accountant secretary for an agricultural cooperative grew up "in the country." When she married, she lived in a low-income housing estate, then in a house that her husband had renovated. She is familiar with the "neighborhood," especially since her husband's involvement as local councillor. For her, the participative housing project is associated with the idea of "ageing well," especially considering that leaving her home was an important step for her, one that was not easy and that "raised a lot of questions." Emma, 52, is one of the youngest members of the Maison des Pourquoi Pas. Hila, on the other hand, is the daughter of Algerian parents, mother of four, a housewife, and has worked in several trades (in the construction industry). She is particularly involved in community life (football association, "territoire zéro chômeur longue durée", etc.) and neighborhood life. She was first a tenant in a single-family home until sold by the owners, and then a resident in a social housing building in the Turly district, which was emptied for demolition as part of the New Urban Renewal Program. She therefore had to be rehoused, and applied to come and live at the Maison des Pourquoi pas, which accepted her. She notes that staying in the vicinity of her neighborhood has been a real opportunity for her.

These women's backgrounds are strongly rooted in the local area, intersecting with other elderly immigrants from the Maghreb and Turkey. As we were told, diversity is a guiding principle shared by all, in terms of generation, social origins and religious beliefs. For them, intergenerational and inclusive living provides security, as well as a place to make amends within the context of a neighborhood undergoing major renewal. They like to describe their residence as a haven of peace and are delighted to have seen their project through to the end, and to have found an important

partner in the social landlord France Loire. Nevertheless, in view of their advanced age, they are worried about the durability of their housing model.

For France Loire, the association La Maison des Pourquoi Pas is an important partner and has included this project in its "Habitat et Santé" label program. As part of an integrated partnership with a major group of mutual benefit insurance companies, this means, in practical terms, a program that is fully accessible to people with reduced mobility, including the "innovative design of a staircase to encourage users to take this route rather than the elevator." Thermal issues are addressed through reinforced external insulation and the use of materials that promote summer comfort in hot weather. In fact, the partnership with the Pourquoi Pas association also allows the project to be part of a local dynamic, where the tenant association handles everyday management of living rules.³ The landlord provides tenants with a health advisor employed by the organization, who monitors the association's activities, offers them health services and supports them in their reflection on participative housing (for example, by proposing a meeting with other housing organizations of the same type). Meanwhile, the social landlord offers tenants a range of services for the elderly, which can be relayed to medical platforms via remote communication.

Similarly, this home-automated building is equipped with networked, remote-controlled electrical appliances, which tenants have a hard time using. "The radiators are hard to understand, to get them to work. Towel dryers are the same. You'd need a master's degree to use them." The thermodynamic double flow CMV (supplementary heating system in winter and air conditioning system in summer) used in these buildings is a source of confusion for the group of residents interviewed. They admit to being unfamiliar with how it works, and not knowing whether they have CMV or an air conditioning system in their apartment (Fijalkow et Maresca, 2019). Some residents resort to energy restriction and expense reduction strategies, cutting back on daily showers, modifying their diet (limiting meals or eating only cold meals), or using additional appliances (electric blankets, etc.). Others resign to paying the extra costs, leading to major financial difficulties

³ To find out more: <https://www.franceloire.fr/actualites/pose-de-lre-pierre-dun-habitat-participatif-bourges-18>

and severe “residential stress.” In the face of home automation, which is supposed to bring comfort to the elderly, they feel a profound sense of devaluation and depersonalization, something that can be remedied by the existence of a collective. To get a towel-dryer working, or understand how ventilation works, neighbors are a resource, even if they do not always find the solution.

To address this issue, the landlord has attempted using educational leaflets, but the problem seems to lie more with the residents' willingness to learn how to use these devices than it does in the devices themselves.

In this way, residents take refuge in the care-support space that is the common room. This is not a place for expressing problems and resolving conflicts, but rather a neutral space where benevolence is the rule. During the focus group, everyone agreed that remote control devices symbolize contemporary housing turning into a complex machine. They create feelings of tiredness and stress daily. However, the local tools developed by the association La Maison des Pourquoi Pas, such as face-to-face contact and sharing common values, are still effective in breaking the isolation and stress caused by the district's urban renewal.

3. Attention to Building Quality as a Health Factor: La Manivelle residence

This "intergenerational and inclusive housing" residence, completed in 2023, is located in the southwest suburbs (Yvelines department) of Paris. The building benefits from a "health" label, which focuses on social support for residents. The developer and social manager combines three complementary businesses: insurance and retirement, care and support, and housing. The three-building residence includes social rental, intermediate rental and home-ownership units. These "inclusive" housing units target the elderly and disabled (14 of 95 units are reserved for tenants over 65 and/or disabled). An activity manager accompanies these populations and operates from the common room (40 m²), which is a space made available to residents by the landlord. The building is built to the latest thermal and acoustic standards, and features a high degree of home automation, as seen in the window shutters, the VMC (Ventilation Mécanique Contrôlée), the

door with security code and the individual heating thermostat. Some of the homes include balconies in addition to communal areas opening onto the city.

In the recently built social housing complex in the south-west suburbs of Paris, the first educational café discussions centered around building orientation and its effect on thermal insulation issues. Moreover, it appears that some of the apartments on the top floor have not been insulated, if not an entire building. As a result, we met a number of residents who were eager to understand the reasons for these defects, which are the fault of the contractor, but for which the social housing landlord has been blamed. One tenant said that “the windows aren’t fitted properly, and so they don’t sit perfectly together and let air through.” This tenant also expressed disappointment over the technical inspections not targeting problematic units. A collective of tenants speculated about the building’s construction, stating, “Construction works like that too. You build the first, second and third floors, then you realize some materials are missing, but you carry on anyway.” Brigitte (70, retired) says she hasn’t been able to keep herself warm all winter. “You can’t imagine how much I’ve paid in electricity bills, not to mention the fact that I’ve constantly been ill with respiratory problems, and everyone knows it.” The building has received a “health” certification, and the landlord has put up a number of messages in the common areas to encourage residents to consume less energy and exercise more. They read: “Consume calories, not electricity.” Or “Take the stairs rather than the elevator.” In the staircase, each step is decorated with colors and messages that add to the aesthetic appeal and encourage residents to use them more often. The buildings are equipped with home automation tools, such as networked, remote-controlled electrical appliances.

With regard to how health is perceived, we refer to the case of Brigitte, 65, a four year retiree with a CAP degree in office work. Her move into social housing is a relief after a long period of living in private rental accommodation in the Ile-de-France region. The common area provides her with social connections that she does not necessarily associate with health, which she considers to be “good.” Brigitte points out that she airs her apartment every day, whatever the weather. “They always say you have to air a house to avoid all these problems [of humidity]. So, I do.” According to her, the apartment is well insulated. She has not had any problems heating this winter, since “everything is new.” She asked the technician to block the

thermostat at 19 degrees, since that is possible here. Although never mentioning having been cold, she describes herself as easily getting a chill, so she often covers her shoulders. This is a choice that considers the rising cost of energy, and testifies to a strategy of not complaining due to her good fortune of having social housing.

This very positive and conformist attitude is not that of Claudine, 68, who joined Renault at the age of 18 as a "clerk" and ended up as an invoicing manager for all the garages in France. Her job had become "stressful due to not being able to answer all the e-mails addressed to her." After her divorce, she lived in the center of Voisins-le-Bretonneux and is very nostalgic about it. For her, the common room is a place of exasperated conflicts, which can be seen in the WhatsApp group. She finds her home "poorly located" meaning that the rooms are poorly positioned and laid out. The kitchen, for example, is the source of many worries. It "should have been separated by a door" and organized differently. There's "not enough room" for storage. To store her "junk," she would have to add cupboards on the walls, but expressed doubts about the feasibility of this considering the load-bearing walls. She also anticipates having to patch the holes if she ever needed to move. In addition, "the buildings are too close together." However, the view stops at the terrace and she has installed curtains on her two windows. The ventilation system also concerns her, because either it fails to ventilate, or spreads odors throughout her home: "It smelled as if someone was cooking dinner in my house." In order to renew the air, Claudine constantly airs out her apartment: both during the day and at night while she sleeps. Claudine's answer to modern technology is the ancestral practice of airing.

The precarious situation of Julie, who lives in a T3bis apartment with her 7-year-old daughter Mila, is unique. Her accommodation at La Manivelle was provided by the prefecture, after having spent six months in a precarious home full of mold, which accelerated her move due to her daughter falling ill. An allergist confirmed that the mold was causing her to have allergies. While she does not have a mold problem at La Manivelle, at least "not yet," the insulation in her home is ineffective. She tells us that "it's poorly insulated, it's cold." She critiqued the location of the radiators next to the windows, which, according to her, is "always the same thing." At the time of the interview, the thermostat in the living room, above the sofa, read 17° 3 celsius.

Julie doesn't feel comfortable in her own home because of the noises in the neighborhood, which she hears at all times of the day. In a way, the building is an extension of her home. Julie's anxieties relate to soundproofing and she's "positive there's nothing" inside her walls. Despite her dissatisfaction with her home, fueled by noise pollution and resulting conflicts with her neighbors, Julie remains at La Manivelle. Issues surrounding noise exposure seems to have damaged her relationship with her neighbors in building B3 from the moment she arrived. She admits to having "made the mistake of painting 'Please stop slamming' on their door." According to her, S. took a disliking to her from that moment on, signaling the approach taken. Julie has doubts about the quality of the building, and her relationship with the landlord is based on mistrust.

In the focus group, the question of sound quality was often raised, as it is the subject of considerable nuisance, despite the tests carried out by the landlord. Privacy between residents is greatly affected, as is the feeling of being in the way and/or being heard. Some noises are more tolerated than others, but often give rise to spontaneous note posting in the stairwell or cause altercations. Inhabitants' residential stress leads to moral trade-offs, among which certain noises that express "life" are more respected than others.

In this residence, the common room acts as a meeting point for social housing tenants, along with some local residents and first-time buyers, who have gradually realized that they are welcome too. A children's corner with a few toys reflects this desire for openness. The coordinator, an employee of the Reciprocité association funded by the landlord and the municipality, strives to build bridges between all the players. She knows each of the residents and strives to get them involved in the collective. The values held in this space were discussed upon and voted on through her. She continues to act as a public writer for the residents, and has introduced a variety of activities into the collective, such as dance and cooking classes. However, as she readily points out, her role is not to represent the landlord in the face of the problems raised by the residents. Despite the landlord's particular efforts to improve soundproofing and winter temperature comfort (see table 1), these points are discordant, as if a promise had not been kept. Nonetheless, the "good fortune" of having obtained a social housing or social home-ownership scheme weighs down their criticisms, which are often based on health criteria.

Conclusions and Discussion

In Bourges, participative housing and co-supervision were the foundations for the birth of the association La Maison des Pourquoi Pas, in which the social landlord is ultimately a partner. The latter is the initiator of the Habitat Santé label, which the tenants do not seem to object to, but which they see as secondary to the landlord's other actions. It benefits from a local associative structure that manages the site itself, without the need for a *guardian* type figure. The common room, which acts as care-support, is allocated by the landlord. This type of situation has already been studied by Leclercq and Wilson (2021), where a form of communal space becomes a place of individual reparation in the face of neighborhood renewal and the difficulties associated with aging and isolation (Leclercq et Wilson, 2021).

However, the landlord justifies its Habitat santé label by integrating electronic proximity devices such as home automation and remote medical consultation services. This calls into question how landlords assume an affinity for digital techniques on the part of their tenants, along with the “outlets” (Pattaroni, 2016) they truly offer residents to give them a sense of control over their living space. Our research in Bourges shows that even though the landlord is committed to using these tools, residents are less receptive and prefer to engage in face-to-face interaction. We can therefore differentiate between the landlord's understanding of health, which is based on technical devices for remote digital relations, and that of the residents, who develop their own approach to care. Thus, the possibility of leaving individual and collective spaces to the convenience of residents, as well as their ability to create strong bonds of sociability, illustrates their search for well-being in a healthier living environment (Fijalkow and Wilson, 2024). In Bourges, residents feel they are taking care of themselves, despite the anxiety of not being able to pass on this experience due to their advanced age.

In Voisins-le-Bretonneux, the set-up is much more conventional. Nevertheless, the landlord supports the existence of a common room and a series of support activities that are generally well received, without leading to the same bond as in Bourges. In Voisins-le-Bretonneux, tenants and first-time buyers are delighted to have obtained social housing, but there is no association to mediate the relationship between tenants and landlords, as there is in Bourges. Instead, the

space is managed by a local agent external to the landlord. Digital tools also create problems for users and are a source of residential stress, especially since tenants have not chosen their accommodation. While they are pleased to have obtained social housing in the Paris region, they condemn the poor thermal and sound insulation. The common room also does not fulfill the same role as in Bourges.

For the landlord, the "Mon habitat Santé" label represents a package of services, linked to its partnership with insurance companies and mutual health benefit insurers. However, this is not self-evident for residents, who see this "living machine" as increasingly complex and even unattainable to use. Some, especially the elderly, feel excluded from this system, and thus from their ability to live. It seems as though the service platforms are not much used, but the collective atmosphere counterbalances this and helps in reducing self-deprecation. In both of these cases, residential stress that reflects spatial inequalities can be observed, since the Parisian experience of a social housing allocation suffered by tenants' contrasts with that of Bourges, where local sociability helps counteract the feeling of isolation. As a result, residents' observations and accounts reveal a range of attitudes in terms of care, along with a sense of proximity that contrast with that of the landlord. Nonetheless, we can see that the notion of health in the home is being learned: residents understand the meaning of the landlord's action, which is not limited to "providing housing." The Arcade Vyv Group's landlords have initiated actions that garner support, such as the common room, which is staffed by an activity leader. The elderly are the main users of these services, and in the residences with the health label, they are the transmitters of this new housing culture.

In the light of these observations, it is worth asking about the economic reasons for the existence of a health label in housing. If, in this example, Arcade Vyv's label is funded by employee contributions, can it become a "high-performance" label capable of being combined with environmental requirements? Is this why it corresponds to a score for the commitments made by the landlord? Is it intended to be objective, when in practice it translates into digital machinery that elderly people find hard to cope with?

Knowing that today's environmental requirements are increasingly guided by private certifiers whose driving principle is "performance" (Fijalkow, 2018), we may wonder about the relevance of measuring health with the same term. Indeed, at

this stage, the health label could reach a commercial stage, leading to a process of undermining the very objectives inherent in the notion of health. In the meantime, it is certainly a political marketing tool that can be used to implement a distinctive strategy in the context of shrinking social housing production costs.

From the point of view of local residents, as we have seen in Bourges, the health label has proved to be a very positive support for collective activities and joint initiatives. It is undoubtedly in this direction (which it is certainly not possible to evaluate in terms of "performance") that the label heralds another way of understanding individual, moral, and social well-being.

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