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New Housing for Older People

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Summary

Demographic data show a strong increase among the elderly in most industrialized countries. This development has important implications for the design, planning and management of environments supportive of the elderly's needs. The trend projected for the Netherlands indicates that, by the middle of the next century, the Dutch will be among the most aged populations world-wide. The Dutch situation is of interest because mounting costs make it increasingly difficult for the national government to continue undiminished its traditional role in housing and service provision for the elderly. Following a background sketch, several recent and innovative developments are discussed. The issues raised can be seen to be more broadly illustrative of similar challenges faced by other countries. The conclusion briefly comments on problems of cross-national transferability.

Résumé

Dans la plupart des pays industrialisés, les statistiques démographiques montrent une forte augmentation du nombre des personnes âgées. Cette évolution a des implications importantes au niveau de la planification, de l'aménagement et de la gestion des environnements destinés aux aînés. On prévoit que d'ici au milieu du siècle prochain, la population des Pays-Bas sera l'une des plus âgées au monde. Cette situation présente un certain intérêt dans la mesure où le gouvernement hollandais se voit confronté à une telle augmentation des coûts qu'il lui est de plus en plus difficile d'assumer son rôle traditionnel de fournisseur de logis et de services pour les personnes âgées. Nous présentons une esquisse des origines du problème et discutons ensuite quelques évolutions récentes de type innovateur. On verra que les questions soulevées illustrent assez bien les défis auxquels d'autres pays se voient confrontés. En conclusion, nous traitons brièvement du problème du transfert des données au niveau international.

1. Introduction

Demographic trends in industrialized countries worldwide show a strong increase in the elderly. Currently, Sweden is at the forefront of this development, with about 17% of its population aged 65 or older. The population of Japan is ageing faster than that of any other country and is projected to reach a record level of 23.4% by 2025 (Martin, 1989). These increases among the elderly have significant implications for the design, planning and management of housing and community environments. In partic-

ular, as the number of old elderly increases, physical frailty becomes more common.[1] The elderly's needs, associated with frailty, translate into requirements for supportive environments.

During the last two decades, an extensive literature on housing for the elderly has developed. Much of the research that has been conducted is oriented to North America (e.g. Lawton, 1980; Regnier & Pynoos, 1987) and Britain (e.g. Tinker, 1989; Mackintosh et al., 1990). Although the literature is becoming increasingly international (e.g. Nijkamp et al., 1991a+b; Pacolet & Wilderom, 1991), comparatively few studies have concerned themselves with housing solutions that have evolved in other countries. The situation in the Netherlands is of interest for at least two reasons. First, it is expected that the proportion of persons 65 and older will grow rapidly during the upcoming decades. This will place the Dutch among the world's most aged populations by the middle of the next century. Second, the national government has traditionally assumed central responsibility for meeting the elderly's housing and service needs. At present, it is scaling back its elaborate system of subsidization. Costs continue to increase, as the number of elderly increases. Further, the growing prevalence of frailty intensifies the need for supportive housing and services. At the same time, economic growth has declined, making financial resources scarcer. Recognizing the need for change, the government supports and encourages experimental developments. Other innovations result from initiatives by the elderly themselves.

This paper first reviews selected aspects of the housing situation of the elderly in the Netherlands. Special attention is given to the types and condition of housing and its suitability for the elderly. Recent developments are then discussed, including architectural and technological innovations and the emergence of new living arrangements. These developments have broader significance to the extent and in the ways that they have a bearing on problems and opportunities also found elsewhere. The paper concludes with some comments on the cross-national transferability of the examples presented here.

2. Housing Background

2.1. Housing Type and Condition

Most Dutch elderly (about 90%) live independently in individual housing units, sometimes especially adapted to their needs.

Compared with most other countries, the proportion of private homeowners among them is relatively low (31.5%) and declines in older age groups (NWR ,1988). There is a long-standing tradition of rental housing. Further, only a small minority of these rental units is in the private sector (c. 15%). Most are in the social sector. Owing to an extensive system of subsidies, again relative to many other countries, affordability is a limited problem. In 1985, 21% of 65+ renters paid more than 25% of (net) income on housing; among owners the corresponding percentage was 10.1%[2]

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[1] Economic frailty (poverty) and social frailty (isolation) also occur and require supportive arrangements as well.

[2] By comparison, in 1985, 34.9% of U. S. owners and 76.6% of U.S. renters paid 25% or more of gross income on housing costs (see van Vliet, 1993 for a comparative discussion of housing for the elderly in the U.S. and the Netherlands).

There are two types of institutional care for the elderly: homes for the aged and nursing homes. Both are funded largely from public revenues and through national health insurance. Neither operates on a for profit-basis. In 1990, homes for the aged housed 6.9% of the 65+ population; 2.7% resided in nursing homes. Residents of these settings are typically older and more frail. The remainder of this paper will deal only with elderly in non-institutional environments.[3]

Age and associated levels of frailty not only help differentiate between the elderly who live independently and those who live in institutional settings. Age differences also parallel, to a degree, the pattern of housing types occupied by those living independently (see Table 1). In particular, fewer of those of more advanced age reside in single-family dwellings, whereas more of them live on the ground floor of multistory buildings and in multistory buildings with elevators. This inverse relationship is readily explained by the impeding effect of stairs on mobility in the former housing type, and their absence in the latter. However, nearly one-third of those over 75 live on the second or third floor of walk-up buildings. Current public policy includes efforts, described below, to address this growing problem.

Table 1 Housing Types Occupied by Elderly Households in the Non-Institutional Population, by Age Group, The Netherlands, 1985 (%)

Housing Type	Age of Household Head 55-64	65-74	75 and older
Single family dwelling			
detached	13.5%	5.7%	2.5%
duplex	5.6	5.1	1.6
row house	36.0	31.3	21.6
Multistorey building			
ground floor	8.2	14.1	17.9
2nd or 3rd floor	23.5	28.3	32.0
4th floor or more, with elevator	10.6	14.2	24.5
4th floor or more, without elevator	2.6	1.2	----

Source: Serail (1988, 125)

[3] See van Vliet (forthcoming) for a discussion that includes also coverage of institutional environments.

In general, the elderly live in the older housing stock. Whereas 38% of the Dutch population live in dwellings dating prior to 1959, among those 55 or older, this proportion is about 50% (Van Dalen & Jansen, 1988, 12). Many of these dwellings are located in inner-city areas and are in need of renovation. In 1981, about 50% of all dwellings designated for demolition or rehabilitation were occupied by residents 55 or older. About 25% of this age group lived in urban renewal areas (De Baat, 1989). This proportion had dropped to about 10% in 1986 (Serail, 1988, 121). At that time two-thirds of the dwellings deemed unsuitable by their elderly occupants were built before 1960 (Serail, 1988, 29). Unsuitable dwellings also tend to be smaller (one or two rooms, living room less than 20m2), less frequently equipped with central heating and modern amenities, and more often in walk-up buildings without elevators (Serail, 1988, 119-121). However, overall only a very small minority find that they live in an unsuitable dwelling (see Table 2). Even among those lacking a shower or bath, 90% evaluate their housing as suitable. Elderly households with unfavorable evaluations include many non-family, multiple family and single-parent households (Serail, 1988, 30).

Table 2 Evaluation of Dwelling Suitability by Elderly Householders, by Age Group, The Netherlands, 1985/86 (in %)

	Age of Household Head			
Suitability	55-64	65-74	75 or older	All households
very suitable	72.7%	76.4%	78.0%	70.2%
reasonably suitable	23.4	20.5	10.0	25.2
unsuitable	3.9	3.1	3.0	4.6

Source: Serail (1988, 26-27)

2.2. Satisfaction, preferences and mobility

Results of a recent survey suggest that, in general, the elderly are satisfied with their housing situation. In another nationwide study, conducted in 1988, 88% of the respondents described their dwelling as "pleasant". This finding is in keeping with results of research on residential satisfaction in the United States. Those with negative evaluations typically mentioned aspects of neighbourhood and neighbours as the source of their dissatisfaction (Van Dalen & Jansen, 1988,13). The predominantly positive assessments should be seen in the context of experiences of inferior housing earlier in life; attachment to the occupied home and neighbourhood; the limited availability of alternatives that include both a suitable dwelling and a suitable neighbourhood; as well as the elderly's incomplete knowledge about such alternatives.

Consistent with the high level of satisfaction with housing, the propensity to move is not high, and it declines in older age groups. In a recent nationwide study,

19.5% of those aged 55-to-64 expressed a desire to move within two years versus 18.2% of those aged 65-to-74 and 13.1% of those 75 or older (WVC, 1991, 28). Motives for the desire to move include preferences for a smaller dwelling, a unit whose design is better adapted to the elderly's needs, a neighbourhood with better service supports or a more compatible population composition, and affordability.

Actual moving behaviour closely mirrors these inclinations. Research on residential mobility shows that about 10% of all Dutch households move every year. Among those 55 or older, this figure is only about 5%. Most moves made by elderly households are within the same tenure: 66% remain renters and 14% remain homeowners. Among those who do change tenure, more owners become renters than vice versa. This pattern contrasts with that of the general population. Further, many of the elderly move to dwellings smaller than those previously occupied. This trend is more pronounced among those 75 or older.[4] Finally, 20% of all moves is to an adapted senior dwelling, rising to almost 50% among the 75+ population (Serail, 1988, 37-38). The following section reviews the evolution from adapted to adaptable housing and highlights other recent technological interventions.

3. Recent Developments

3.1. Architectural and Technological Innovations

During much of the postwar period, government has supported the construction of senior housing units with general design adaptations responding to common needs of the elderly. This policy gained in prominence throughout the 1970s, when policy was aimed at scaling down the building of homes for the aged in favour of promoting independent living arrangements. Many senior dwellings have been built at ground level, generally in small clusters of 10 to 40 units. However, a number of them are highrises with up to 100 units, usually containing also common spaces, for example, for recreation. Allocation generally occurs via municipal housing distribution authorities. It is estimated that these adapted dwellings house 7.3% of those aged 65 to 74 and 20.2% of those 75 and older (Serail, 1988). Today, many elderly consider the early senior dwellings to be too small; the preference is for units with two bedrooms and a large living room.

The specific subsidization schemes for senior housing have varied. They have included object subsidies, reducing the costs of construction for non-profit builders who might also receive subsidies for operating and maintenance expenses, as well as subject subsidies, reducing renters' monthly payments. In line with a more general policy of decentralization, in 1984 object subsidies were transferred to the local level. However, there they are part of general funds with a range of competing allocations. A subsidy program to help defray expenses of moving and temporary housing was eliminated in 1987.

Another subsidy program reimburses owners and renters for the costs of individual housing adaptations required by handicapped residents. Such adaptations range from attaching grab bars to installing a chair lift. Although eligibility is not tied to age or income, many of the recipients have been elderly. To date, subsidization has been an

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[4] In the 55-to-64 age group, 48% of moves is to a smaller dwelling; among those 75 and older, it is 75% (Van Dalen & Jansen, 1988, 15).

open-ended entitlement. Between 1979 and 1987, take-up increased by 750% and costs escalated to D.fl. 150 million (about U.S. $90 million) in 1987. Plans by the minister of housing to cap total expenditure are being strongly opposed by non-profit housing corporations, elderly interest groups, and the association of municipalities.

Current approaches oppose designating a priori particular dwellings for the elderly, setting the elderly apart and requiring their relocation from a familiar neighbourhood. Instead, the preference is for designing dwellings such that they are easily adaptable to the changing needs of the occupants in fully integrated neighbourhoods. Recent research has produced specific guidelines for the design of such adaptability.[5] Evaluation indicates that introducing adaptability into new dwellings adds little to construction costs and produces savings of between 30 and 90% compared to the retrofitting of "normal" dwellings. Point of departure in the formulation of the guidelines was the ability of wheelchair users to perform a range of activities - e.g., entering, transfer, toileting, bathing, cooking (NWR, 1989). In the current climate of privatization and decentralization, government is reluctant to require conformance to the guidelines. Further, it is not clear that they are equally practicable across the entire spectrum of housing types. Research in progress aims to assess how the guidelines can also be incorporated into the renovation of existing dwellings.

Considering that relatively little new construction will take place, efforts underway in the Netherlands also explore ways of adapting the existing housing stock to the elderly's needs. Among them are numerous projects that involve the installation of an elevator in walk-up apartment buildings. Many of these apartment buildings were constructed during the 1950s and 1960s to help reduce the post-war housing shortage. The occupants, once primarily young families, are now often elderly. The apartments are well-suited to their needs, because all living functions -- sleeping, cooking, eating, bathing, etc. -- are on one level. The problem is that the apartments themselves, except those on ground level, are not easily accessible. Installing elevators is a simple solution whose main disadvantage is its relatively high cost. The largest of these projects, underway in the city of Utrecht, involves the placement of 254 lifts at a cost of D.fl. 75,000 (about U.S. $46,000) each. Central government provides funding under an experimental program designed by a foundation (itself government funded) whose mission calls for the development and evaluation of innovative housing programs, in part specifically for the elderly.

At a different level, there are technological interventions. They are especially intended to improve communication and alarm systems and to automate dwelling equipment (e.g., heating, lighting, stove). Dwellings in ADL - cluster projects also fall into this category.[6] Other work attempts to introduce greater flexibility into interior design, for example, by creating modular components and electrical connections that allow rel-

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5 The "Guidelines for Adaptable Housing" have been translated into several foreign languages. For more information, contact: Nationale Woningraad, Markenlaan 1, Postbus 50051, 1305 AB Almere, The Netherlands, Phone: 03240-9 1911, Fax: 03240-9 1277.

6 ADL - cluster projects consist of 12 to 15 adapted units for severely handicapped persons, integrated in a larger complex of normal dwellings. The Ministry of Housing pays for the dwelling adaptations. ADL - assistance is given from a location within the project and funded under a national disability insurance. However, this insurance does not normally cover those aged 65 or older. Therefore, 65+ - households cannot move into such dwellings. However, residents already living in them can stay there after reaching age 65 (Nolte, 1990, 16).

atively easy repartitioning of spaces. Related as well is the construction of multi-generation housing (e.g., "kangaroo" dwellings analogous to accessory apartments).

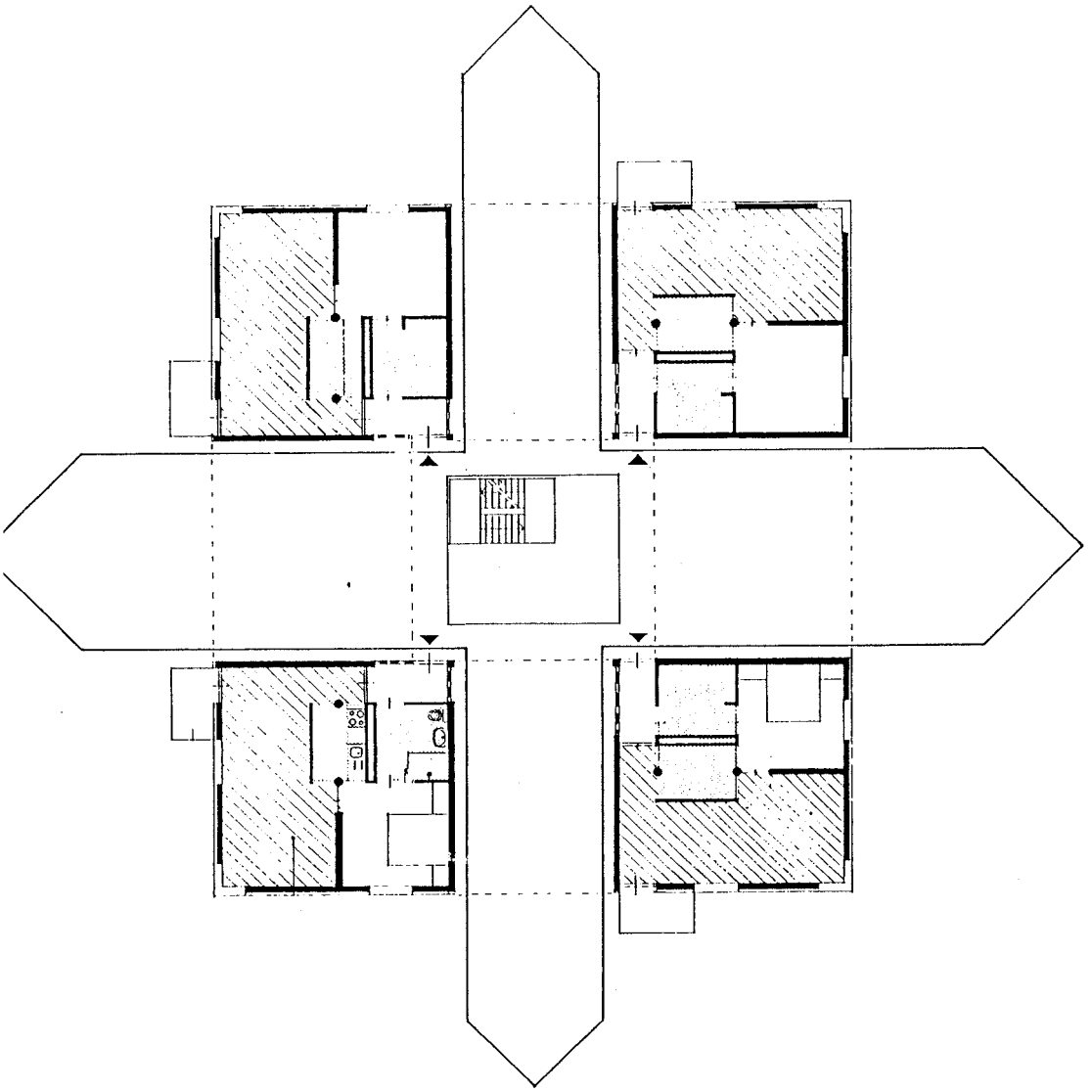

Fig. 1 Basic layout of a cohousing project in the city of Breda.
Aménagement d'une unité de cohabitation située à Breda.

3.2. Alternative Living Arrangements

Besides independent housing, at one end of the spectrum, and institutional environments, at the other end, there is a variety of intermediate living arrangements for the elderly in the Netherlands. Among them is elderly cohousing. Cohousing is not a new phenomenon in Europe. However, cohousing projects with exclusively elderly residents are relatively recent. Members maintain independent households in fully equipped individual dwellings. These units are located in multi-household structures that also contain spaces for shared use. There is considerable variation among cohousing projects in what common spaces are provided as well as in the activities that the members jointly undertake.

Figure 1 shows the basic layout of a cohousing project in the city of Breda where the residents have a relative abundance of shared spaces, but undertake few joint activities. It is a newly constructed three-storey building with 14 two-room apartments, each wheelchair accessible and with several other design adaptations (Figures 2-5). It was built by a non-profit housing corporation, with government subsidy, based on a proposal developed by a group of elderly that had formed to explore the possibility of a cohousing project. This case is illustrative of a growing trend of participatory planning and design for and by the elderly (Houben, 1986). The apartments, occupied by eight couples and six single elderly who range from 61 to 78 years in age, are located on the corners. They include a living room (25m2), bedroom (10m2), kitchen (6m2) and bathroom. The areas in the internal axes are for shared use. An elevator and staircase are in the centre. The collective interior is decorated with artwork and jointly maintained, assisted by hired help for one-half day per week. There are eight common spaces, including a library, a large dining/meeting room with kitchen, a laundry room, guest room, two hobby areas, garden, and bicycle storage area. To realize these common spaces within the existing cost constraints, the prospective residents agreed to a 20% reduction in the size of the individual units. Rent is about D. fl. 480 per month (about U.S. $300). An arduous process of proposal development and project construction contributed to resident cohesion and members also participated in a three-day course to facilitate management of group dynamics. There are various resident subcommittees that meet to deal with common concerns. Otherwise there are few regularly scheduled joint activities. The residents try to be good neighbours, helping each other out when possible. They do not necessarily seek to become close friends.

Fig. 2 Cohousing in Breda. Exterior view. The project is integrated into the surrounding neighbourhood with families of different age groups.

Cohabitation à Breda. Vue extérieure. Le projet est intégré dans un quartier où vivent des familles appartenant à des groupes d'âge différents.

Fig. 3 Cohousing in Breda. Living room and individual housing unit. Note door width to accommodate wheelchair and absence of threshhold.

Cohabitation à Breda. Séjour d'une unité individuelle. A noter: largeur de la porte adaptée à une chaise roulante et seuil manquant.

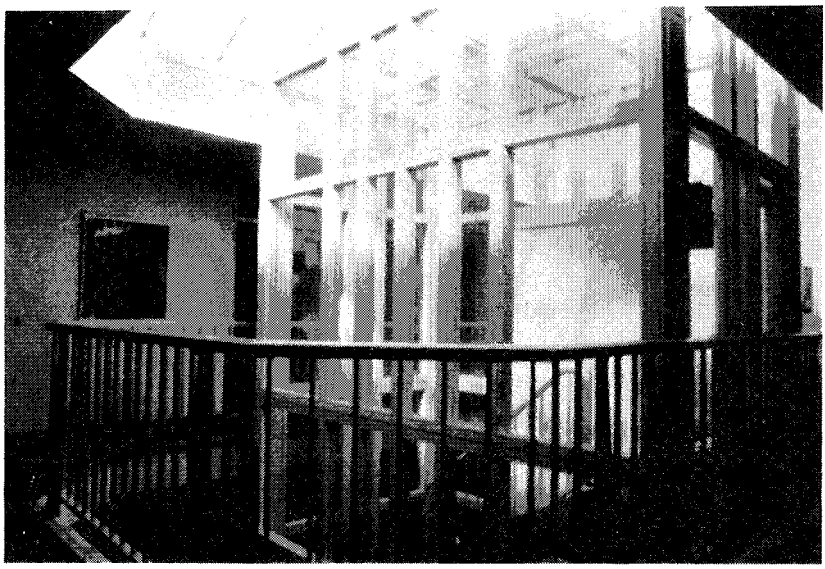

Fig. 4 Cohousing in Breda. Core area with elevator and staircase.

Cohabitation à Breda. Zone avec ascenseur et escaliers.

Fig. 5 Cohousing in Breda. Shared kitchen and dining room doubles as meeting space. Individual units have kitchen with cooking facilities.

Cohabitation à Breda. Cuisine/salle à manger commune, servant également de lieu de réunion. Les unités individuelles sont également équipées d'une cuisine.

Currently there are more than 60 elderly cohousing projects nationwide, averaging about 24 members, with another 60 in various stages of implementation. They are united in a national organization, established in 1984. Their realization is usually complex and heavily dependent on government subsidies. A problem in this connection is the compartmentalization of this support. The Ministry of Housing will subsidize housing functions only. Builders wishing to include spaces for service functions in housing need additional subsidies. Such subsidies often form a patchwork from disparate sources. The central government recently created an independent advisory body (RO) whose tasks specifically concern the enhancement of intergovernmental coordination of policies regarding the elderly. While sheltering a small but growing number of elderly in total, cohousing represents an innovative way of creating small-scale communities, where there is an expectation of informal mutual help in simple matters and a certain critical scale to facilitate the provision of services that respond to shared needs.[7]

4. Conclusion

It would appear that the Netherlands has a relatively well developed system of housing and service provision for the elderly. This is not to say, however, that developments are void of problems or that the solution of problems proceeds smoothly and

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7 For further information, contact: LVGO, Korte Elisabethstraat 13, 3511 JG Utrecht, The Netherlands. LVGO also has a 20-minute English language video-tape that gives an elementary impression of the types of projects realized to date.

in consensual fashion. There are a number of controversial points. Several of them have been discussed elsewhere (van Vliet--, forthcoming), for example, the role of institutional facilities in the coordination and delivery of home care and services in the community, and the relative importance of shelter versus care in homes for the aged. Others have also been mentioned here: the separate subsidy systems of the ministry of housing and the ministry of welfare, the desirability to make design guidelines for adaptable housing mandatory, and the government's plans to limit subsidization of individual housing adaptation. In addition, one other problem should be pointed out. About 70% of Dutch elderly are renters. Of them, about 60% live in housing owned and managed by non-profit corporations. In older age groups, tenancy in this type of housing is more common still. Particularly for these households, where the need for care is more extensive and intensive, a problematic situation has begun to emerge. The operations of the non-profit corporations are by law restricted to housing-related functions. Hence, permissible service provision includes renovation and adaptation of dwellings, installation of alarm systems and equipment, and employment of a warden. However, assistance with household chores, personal and medical care are outside the purview of the corporations. These corporations, united in two national umbrella organizations, continue to explore various alternative legal constructions involving municipal authorities and external service providers in order to produce suitably supportive environments for elderly tenants. At present, there is not yet a satisfactory solution (RO, 1991).

Inevitably, the question arises: what can other countries learn from the Dutch experience? This is a question that is not easy to answer. National boundaries delimit and reflect distinct societies created by historic interactions between particular combinations of social, political, cultural, and economic factors. These factors have produced distinctly national housing systems through the enactment of national legislation, the establishment of national institutions, the formulation of national policy, the application of national resources, the implementation of national programs, and so forth. Even within the European context, considerable variation exists (e.g. van Vliet--,1990; Ball & Harloe & Martens, 1988; Emms, 1990). These differences become magnified when comparisons are made with more profit-oriented market systems as found in the United States and Australia. In other cases, cultural traditions diverge greatly. For example, filial care continues to be important in Japan. Questions of transferability become more complex yet in the Eastern European countries and the less industrialized world where economic wherewithal and organizational infrastructure are more typically oriented to other policy concerns.

Against this background, it is aspects of design that lend themselves most readily to replication. In this connection, a good example might be the development of design guidelines for adaptable housing. (Also here, there are obvious limitations. For example, bathing in Japan has special requirements not contained in the Dutch specifications, (Kose, 1991)). The installation of elevators in walk-up buildings, which originated in Sweden, was elaborated in the Netherlands, resulting in improved design, reduced cost, and development of a market. This approach can in principle be adopted anywhere. Possibilities in this regard were discussed at a recent symposium on the topic, supported by the European Commission (SEV, 1991). The design of group homes as a residential alternative for more costly institutional alternatives is also potentially transferable, depending on the availability of home care services. As elderly populations continue to grow and the demand for supportive environments increases

commensurately, the need for systematic cross-national comparative studies will become more pressing (e.g. Nijkamp et al., 1991a+b).

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