



Welfare Housing Policies for Senior Citizens

North East South West
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WEL_HOPS

Welfare housing policies for senior citizen

Component 2:
European Housing experiences
for senior citizens
Report
Policies / Schemas / Experiences
Appendix 2



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WEL_HOPS member state Policy Direction

United Kingdom

UK Older Persons Statistics

Around two thirds of older people in England & Wales own their own home, either outright or with a mortgage. Surveys have shown that low incomes have made it difficult for a large proportion of older people to maintain and improve their homes. Independent living services are being developed to help these households by providing access to maintenance services, repairs, adaptations and enabling the provision of care and support.

A new study into the 85+ age group has recently been published by the Office of National Statistics 'The demographic characteristics of the oldest old in the United Kingdom' (Population Trends No.120, Summer 2005).

The study recognises that people aged 85 and over, the oldest old, are the fastest growing population, in both the UK and developed world. Between 2003 and 2031, the 65 and over age group in the UK is expected to increase by 10%, yet the population aged 85+ is expected to increase by 61% in the same time period.

In respect of the UK, the study highlights:

- In 2003, among the oldest old there were 257 women for every 100 men. This ratio is expected to narrow to 153 women for every 100 men by 2031 as life expectancy for men is increasing at a faster rate than for women
- Three out of every four oldest old (and half of all those 65+) suffer from limiting long-term illnesses, and one in three see themselves as being in poor health.
- Among those oldest old living in private households, four out of every ten very old men and seven out of ten very old women live alone. One out of every five very old people live in communal establishments

The study has highlighted that Brighton & Hove has the 8th highest proportion in England & Wales of oldest old, 85+, in comparison to those aged 65+ at 16.1%.

UK Policy Direction

“Effective Housing, allied to the right care, support and wider services, such as good transport and community safety, can be the springboard that enables older people to remain involved and live their lives to the full. Conversely poor housing can be a fetter for older people, contributing to immobility and social exclusion, ill health and depression”

Quality & Choice for Older People's Housing (UK Government 2001)

The 2001 government publication 'Quality and Choice for Older People's Housing' set out two key objectives for the nation:

- To ensure older people are able to secure and sustain their independence in a home appropriate to their circumstances
- To support older people to make active and informed choices about their accommodation by providing access to appropriate housing and services and by providing advice on suitable services and actions.

These two objectives are cascaded down to five key areas of policy development:

- **Diversity and choice** – ensuring the provision of services which promote independence and are responsive to all older people’s needs and preferences
- **Information and advice** – ensuring that information and advice are accessible both to professionals and older people themselves on the variety and support options/solutions available
- **Flexible service provision** – assisting local authorities and service providers to review housing and service models to improve flexibility to meet changing needs and taking into account the views of older people
- **Quality** – emphasising the importance of the quality of housing and support services, both in terms of ensuring homes are warm, safe and secure and in monitoring the services provided
- **Joint working** – improving the integration of services delivered at the local level by housing, social services and health authorities and nationally through government departments.

This policy direction has led to the mainstreaming of Extra Care housing within the UK and the recognition that sustaining independence means linking the benefits of community alarms with aids and adaptations, home improvement agencies, home care support and occupational therapy.

The government is now completing consultation on a new green paper entitled ‘Independence, Well-being & Choice’ (2005) that includes a proposal to establish a ‘right to request’ not to live in residential and/or nursing care.

ERoSH, Emerging Role of Sheltered Housing, a national consortium of providers is also consulting on the future of housing and care for older people through its 20/20 Project. This study will report towards the end of 2005, and is focussing on:

- the types of housing older people want
- extra care housing
- design standards
- support services
- diversity and equality issues
- the market place
- telecare

- workforce issues

Building Standards for Social Housing

In addition to meeting modern construction standards, a number of other good practice design criteria are often applied to housing schemes that receive a part of their funding from the public purse:

Housing Corporation Scheme Development Standards – compulsory

This standard is compulsory for all social housing schemes receiving Housing Corporation funding and sets minimum criteria for a range of factors such as size, lighting, heating

Lifetime Homes Standard - compulsory

This standard sets design requirements that delivers homes which are more easy to adapt to a households as its mobility needs change through ageing or illness. Some authorities, such as Brighton & Hove, have adopted this standard through planning policies so that it applies to all new housing, not just social housing

Wheelchair Standard – compulsory on applicable homes

Ensures homes built for wheelchair users are appropriate for their purpose

EcoHomes Standard – compulsory to ‘Very Good’ level

Homes built to these standards have incorporated modern materials and design processes to maximise energy efficiency, not just in construction, but also in respect of maintenance and day to day living

Secured by Design Standard – voluntary

These homes have been designed in such a way as to minimise opportunities, and the perception of opportunities for criminals, by, for example, ensuring door and window locks meet certain criteria, or that there are no ‘blind-spots’ where people could lurk unseen from the householder

Sweden

Swedish policy for the elderly

The elderly population

The number of elderly people in Sweden is set to rise very sharply in the decades ahead. As the generation born in the 1940s passes retirement age there will, initially, be a rapid increase in the number of “young old” people (aged 65-79). A decade and a half later – in the 2020s – the large increase in number of “old old” (aged 80 and over) will ensue.

The population increase in Sweden in the twentieth century can largely be attributed to a reduction in mortality at all ages having raised average life expectancy. In 2004, average life expectancy for women was 82.7 years and for men 78.4 years.

National objectives on policy for the elderly

In Sweden, policy for the elderly aims at enabling older persons to live independently with a high quality of life. Older persons in need of care and social services are entitled to help of high quality. Elderly care is provided in accordance with democratic principles and is mainly financed out of taxation revenue. The Swedish Parliament (Riksdagen) has defined the following objectives for national policy for the elderly. Older persons shall

- be able to lead active lives and have influence in society and in issues affecting their daily lives,
- be able to age with security and with their independence preserved,
- be met with respect and
- have access to good health and social care services

One of the most important principles of Swedish policy for the elderly is that society’s initiatives are to be framed in such a way that older persons can continue living in their own homes for as long as possible, even when in need of extensive care and social services. An accessible society, good housing, transport services and home help services are examples of important measures to realize that principle.

Housing and accessibility

A great majority of the elderly in Sweden (about 93%) live in ordinary homes. The housing conditions of older persons do not differ significantly from those of the population generally; most elderly persons live in modern, centrally heated homes with well-equipped kitchens, hot and cold running water and an indoor toilet. The great majority of older persons live by themselves or with their spouses. Very few live with their children.

Grants for housing adaptation make it possible for persons with functional impairment to undertake the individual adaptations to their homes and immediate vicinity that they need to stay on in their own homes. Common adaptations are e.g. removing thresholds and rebuilding bathrooms.

Transport services

The municipalities offer special transport services to persons that are unable to use public transport because of functional impairment. This service enables persons with functional impairment to travel by taxi or in specially adapted vehicles at prices on the same level as public transport fares. The number of journeys per person has an upper limit in many municipalities. Regional and national journeys are also possible within the framework of this system.

The Social Services Act

The Social Services Act covers the duty of municipalities to provide social services and care for older persons. Under this act, any person who is unable to provide for his or her needs or to obtain provision for them in any other way is entitled to assistance towards their livelihood and towards their living in general. The municipalities are responsible for the casework - which also includes needs assessment - under the Social Services Act. The formal regulations concerning the casework are contained both in the act itself and in a special statute, the Administrative Procedure Act. An elderly person dissatisfied with a decision regarding means-tested social services and care made in accordance with the Social Services Act can appeal to an administrative court.

The act further stipulates that municipalities shall endeavor to ensure that older persons are enabled to live independently, in secure conditions and with respect shown for their self-determination and privacy.

Among other things, the municipality should facilitate for the individual to continue living at home by means of home help services, include daytime activities or other such social services. Through support and relief services, municipalities should facilitate the situation for family members caring for older persons. The act also requires the municipality to establish special forms of housing accommodation with service and care for older persons in need of special support.

Home help service and home nursing

Home help service is service and personal care in the home provided by the municipality under the Social Services Act. Service tasks include for example cleaning and doing laundry, help with shopping, post office and bank errands and preparation of meals. Personal care can include assistance with eating and drinking, getting dressed, personal hygiene and moving about. For those in need, municipal security alarms are available, which are usually linked to the nearest special housing, where personnel respond and attend to alarms received. In 2004, 9% of persons aged 65 and older were entitled to home help services in ordinary housing. The corresponding figure for those 80 years and older was 20 %.

During the 1990s it became increasingly common for persons in need of extensive care and attention to be looked after in their own homes. Home nursing today can mean qualified care and highly specialized medical care as well as terminal care all around the clock. About one third of the persons that receive home help services also receive home nursing care.

About half of Sweden's municipalities have opted to take over responsibility for home nursing from the county councils.

Daytime activities and short-term care

Daytime activities and short-term care signify means tested support, under the Social Services Act and/or the Health and Medical Services Act. The support of daytime activities is given in the form of treatment and rehabilitation during daytime for persons suffering for example, from senile dementia, persons with mental functional impairment and persons otherwise in need of treatment and rehabilitation. In 2004 roughly 1% of persons aged 65 and older were provided with daytime activities. Short-term care is given in the form of temporary housing combined with treatment, rehabilitation and care, partly for purposes of relief and alternate care. In 2004 roughly 1% of persons aged 65 or older received short-term care.

Special housing accommodation

Special housing accommodation is taken to include housing that in earlier legislation was classed as service blocks, old people's homes, group housing and nursing homes. A place or apartment in special housing accommodation is granted as assistance under the Social Services Act. In most municipalities today, in order for older persons to qualify for special housing accommodation they must be in very extensive need of care and attention. In 2004, 7% of those aged 65 years and older were living permanently in special forms of housing accommodation. The corresponding figure for those 80 years and older was 17%.

Future policy for the elderly

The economy and the supply of appropriately qualified personnel are the main issues relating to the future of caring and other services for the elderly. A higher retirement rate during the years ahead, coupled with diminishing numbers of younger personnel in the elderly care, will make the recruitment and retention of personnel a critical factor.

The ongoing change in the age structure of Sweden's population will impinge on most sectors of society – the family and social relations, the labour market and economic activity, pensions, caring and other services, and so on.

Italy

The National Level: Current Social Services situation in Italy and comparison with the region of Emilia-Romagna.

Information and Statistics regarding the ageing population in Italy

The steady increase in the ageing population has greatly affected demographics as well as brought about almost revolutionary changes in human behaviour, expectations, and relationships in advanced societies.

In Italy, 19% of the population is over 65 years of age, 8.5% of this group is over 75; in the Region of Emilia-Romagna, more than 22% of the population is over 65, and in Bologna, the region's capital, senior citizens make up 26% of the population (data from 2004 source: RUR/ISTAT).

If we consider the future, the scenario becomes even more impressive – the forecast for 2015 is that senior citizens will account for well over 30% of the population. This will naturally lead to a much more intense demand for services for senior citizens that will have to be of an increasingly better and articulated quality in order to respond to their specific needs.

To realize what services will be needed, we must begin to classify the level of self-sufficiency seniors have. According to Italy's national census bureau – ISTAT – 19.5% (a total of 2,400,000 people) of the population over 60 has some degree of disability. In 62.2% of these cases (i.e., 1,660,000 people), the individuals cannot perform daily living activities and are, therefore, in need of social care (home help) as well as of healthcare. Disability prevalence increases considerably as people age and reaches 51.7% in persons over 80. The response to demand is not adequate to satisfying the needs of the disabled or non self-sufficient elderly: the number of geriatric beds is approximately 55.1 for every 100,000 person 65 or over.

Families are barely able to find the resources to cope with these needs: 15% of the family units in which the family head is 65 or over live in poverty, while only 4.2% of families in which the family head is under 65 are living under similar economic conditions.

A final “statistically based” reflection: Seniors make up only 6.5% of the entire population while 28% of healthcare expenditure is on social and healthcare needs. Should we be asking ourselves whether all the money spent actually leads to satisfactory outcomes?

Social health care within the integrated network of national and regional services

It is not possible to clearly draw the line between social care and healthcare in the case of care delivered to the elderly; too many different necessities (or musts) coincide such as the necessity of avoiding social alienation, the importance of giving senior citizens psychological and material support 7 days a week, 365 days a year, and that of offering round-the-clock care including medical care (often advanced medical care).

An efficient social healthcare service must therefore answer two fundamental requisites: a high integration and flexibility of supply to respond to needs as they arise.

In Italy, the jurisdiction over health and social care for the elderly has been entrusted to Community and District Health Authorities – Communes, Provinces, and Regions – while central government sets down the general directives through National Health Plans and legislation. The care delivered to the senior population through local services is based on a principle of solidarity that requires this portion of the population be safeguarded. To better understand the strong as well as the weak points of care delivery, it is necessary to go into more detail about how the system works and how the different forms of local government intertwine.

The Regions formulate Regional Health Plans in which they set policies and mandate the delivery of care to the different types of facilities, etc.; the Regions also allocate funding to the Local Health Authorities based on legislation. The Provinces also receive a lump sum that they in turn must allocate for specific types of services (dementia, disabilities, special funds, etc.) City governments directly manage the delivery of social care resorting to *certified* (*bonded, authorised, licensed* – depending on the terminology used in the different countries) cooperatives if necessary and pay out cheques to families from monies allocated by higher-level local authorities.

At the legislative and planning levels, the process of building a network of services for senior citizens has advanced over the last 10 years driven and supported by recommendations set down in the National and Regional Health Plans. Only recently, however, has it become fundamental to identify and standardise measurements and assessments of social healthcare programmes and to coordinate the continuum of health and social care in terms of transition from one section of the network to the next. It cannot be denied that health and social care services for the elderly are managed with an eye to economic considerations thus leading to shortened hospital stays that respond only to acute episodes. Patients with chronic diseases are discharged earlier than in the past also due to how reimbursement/insurance schemes are calibrated, rewarding short hospital stays and penalising long ones. Although age cannot be considered a “disease”, elderly patients, as in the case of the chronically ill, are treated in hospital for acute episodes and then discharged therefore, making it necessary to continue care delivery out of hospital for many older people and especially the more fragile for whom needed care is often long-term and burdensome.

In order to deal with this problem, some regions have set up discharge procedures so that out of hospital services are activated before the patient leaves the hospital. Sometimes, however even when the transition from hospital to out of hospital services are considered, they are often ill-planned or incomplete and care gets “choppy” or is discontinued for a period of time. In light of well established international experiences, authorities have opted for a revision of this type of care system; a revision based on an assessment of the “elderly patient” that takes many different aspects into consideration. A new commission was established called the Geriatric Evaluation Unit (made up of doctors and allied health workers) nominated in order to evaluate each case individually. Elderly patient care is now managed through an integrated network of differentiated geriatric community services: *Assistenza Domiciliare Integrata* – Integrated Home Help, *Ospedalizzazione Domiciliare* – medical and nursing staff visit the patient at home; semi-residential services (Geriatric Day Hospital/Day Surgery; day care rehab centres); residential services (Geriatric Divisions and Units in community hospitals, Hospice).

Social care services were also created alongside these more healthcare oriented services: *Residenze Sanitarie Assitenziali* - Nursing Homes, *Case Protette* – Assisted Living/Sheltered

Homes, *Case di Riposo* – Rest or retirement homes, *Comunità alloggio* – community housing, *Alloggi protetti*, sheltered housing, *Alloggi con servizi* – housing with services, *Centri Diurni*-day care centres).

A break down of the system follows, to give you a better understanding of how it works. The implementation of specific care services for the elderly as alternatives to various forms of hospitalisation and institutionalisation has been steadily increasing especially thanks to the development of certain Integrated Home Help programmes (*Assistenza Domiciliare Integrata* -ADI) and to the recent (only since 2000) transformation of nursing homes into Residenze Sanitarie Assistenziali (RSA) and Hospices.

Since the '90's, we have witnessed a shift in the ever more demanding role of the Residenze Sanitarie Assistite (RSA) that have had to become more hospital-like in caring for patients as hospitals have developed into acute care centres dedicated more and more to tertiary (highly specialised surgical and diagnostic) care. RSA's today must therefore deliver care that was once delivered in hospital to the sicker and less self-sufficient patients who cannot afford to pay for private care.

A few facts about institutionalised facilities: Italy is one of the EU Member States (data refers to 15 Member States) with the least number of institutionalised beds; the Region of Emilia-Romagna can cover demand for these types of beds for a little over 2% (well within standard range).

Generally speaking, care facilities, conceived as a network of services, often have overlapping roles and deliver services that are increasingly less of a healthcare nature as patients' level of self-sufficiency increases. In theory, Emilia-Romagna's RSA's should only take in people who are no longer self-sufficient; no more that 50% of the people living in the *Case Protette* and *Case di Riposo* should be non self-sufficient; those living in sheltered or assisted living (housing with services) facilities should be almost completely self-sufficient.

In a perfect world, the above described system could really work well enough in delivering continued and personalised social and health care aimed at maintaining a high level of self-sufficiency for as long as possible. Unfortunately, the lack of coordination among the different types of facilities, short hospital stays for treating acute episodes and early discharge have created a vacuum when it comes to answering the need for long-term care.

In order to respond to the need and demand for assistance in the performance of daily living activities as well as to the psychological need for company, families are increasingly turning to hiring live-in help or "*badanti*", i.e., women of all ages, usually native of Eastern European countries, who have no specific training in caring for the elderly.

Senior housing and the real estate market

Over the last 7 to 8 years, the construction market has been greatly influenced by the steadily growing price of real estate. Homes in Italy are selling for sums that are completely out of proportion with respect to the country's economy (where the average income per family is around 15,000 €/year).

In many Italian cities, prices have doubled from an average of 3,000 € per square metre and in some cases have even reached 15-18,000 € per square metre in the old part of certain tourist cities such as Venice, Cortina d'Ampezzo, and Porto Cervo.

This increase in real estate has greatly affected the cost of building land which is a totally private market in Italy. Public bodies/local governments can obtain building land either by compulsory purchase (usually for no more than half the market price) or through “urban contracts” only recently introduced (since 2000) through regional legislation.

Alongside these increases, rents for homes have also grown especially due to the repeal of rent-control laws. This freeing-up of the market has led to rents that in many cases take up 50% of the renting family unit's overall income.

This is the building market context, one of extremely high prices, in which we have to place the issue at hand: senior housing. The only viable option for the majority of self-sufficient seniors in Italy is to remain in their own homes. Since approximately 80% of homes are owner occupied, the possibility of continuing to live in one's own home in later life depends on the quality of the dwelling in terms of response to changing needs.

Italy's architectural heritage is quite old and because of wanting to preserve this heritage, policies established in the 70's regarding reclamation of ancient buildings in the old parts of our cities did not take into consideration the needs of the senior population living in them. Senior home-owners consider their homes as part of their individual identity and life story and to have to move out of them is, to say the least, traumatic.

Seniors renting their homes have even greater problems – a) they are renting and therefore have no guarantee they will not be evicted, and b) landlords are often negligent in property maintenance. The future is already at hand and this means that the problems tied to senior housing/homes will have to be faced now by rapidly improving the quality of existing homes and building new housing that answers the needs and demands of the elderly. The building of new senior housing is mainly controlled by public initiatives as interventions of this sort are considered a social responsibility – that of safeguarding and rendering services to the more vulnerable population groups.

To boost the market and prepare it to receive innovative demand, we must launch an aggressive campaign to promote new housing policies that will help change the point of view of professionals working in this sector. They need to understand that designing a home for seniors is economically advantageous because, without the support of private enterprise, new legislation and changes in policy are not enough to make these changes happen. Regarding political directives, legislation at the national level (no. 21/2001) has allocated 180 million Euros for the building of senior housing with services throughout Italy. A call for tenders was announced and a list established but because of budget restraints at the national level none of the projects planned for each of Italy's 20 regions has been carried out.

The Region of Emilia-Romagna has also passed legislation for the financing of senior housing with services for a total of approximately 400 flats, only some of which have not yet reached completion. We examined all those brought to completion and chose the 6 Italian experiences from amongst them.

The Regional Level – The Socio-Assistencial Policies of Emilia-Romagna Regional Authority: Plan of Action in Favour

Well aware of the strategic importance for the entire regional community, the Region of Emilia-Romagna, one of the oldest regions in the world, began thinking about how the phenomenon of an ageing population, deeply affecting and changing communities throughout Europe, could be dealt with at the regional community level envisioning solutions for the future evolution of Europe.

Based on the observations and proposals of the United Nations' 2nd Conference on ageing populations, Madrid April 2002 and of the European Union, the Region of Emilia-Romagna on November 2004 approved a Plan of action for the 21st century that embraces the challenges presented by an ageing population in a new light, as an opportunity for development and a widening of people's freedom of choice and the right to self-determination, and of respect for citizens' rights throughout their entire lifetime. The Region has taken on the role of promoter of a profound renewal and catalyst of a wide-reaching, free and creative process based on a clear choice of methods and contents: focussing attention on the needs of the senior citizens of today and of tomorrow. Living at home, being physically active, having fun, playing sports, maintaining good health, taking care of oneself, being culturally active, travelling, living in safety, using new technologies: The proposed Plan of Action is an attempt at responding to these basic human rights.

The Plan of Action is really important, as part of a service network logic, the diffusion of innovative housing solutions: the creation of new housing solutions with services, the development of policies supporting independent living, together with a new network approach that calls for a rethinking concerning the regional planning indexes of current services. These indexes must refer to the overall capacity of local systems to respond adequately and appropriately to needs rather than to the attainment of rigorous goals set according to service typology.

The objective of diffusing innovative housing solutions can be reached just by planning services for people who are no longer self-sufficient allowing them to stay at home.

Therefore, homes must be equipped to accommodate the various levels of self-sufficiency and the dynamics of a changing population.

Strategic Aims of the Plan of Action in favour of the senior citizens

The general aim of this Plan of Action is to contribute to creating a society for all ages, that recognises the different needs and abilities of all its members, no longer programmed by referring to healthy adult males, but by taking into account the needs of children, the young and the elderly, in order to overcome age discrimination, listening to the opinion, experience and needs of the elderly in defining policies that affect them by means of active, organised involvement of senior citizens in the debating of policies and measures that affect quality of life.”

In more detail, Plan of Action strategic aims are the following:

A) Recognition of the active role of the elderly and promotion of active policies for senior citizens and of a positive attitude towards ageing.

Traditional approaches to the needs and requirements of the elderly are still characterised by prevalent, if not exclusive attention to their assistance and/or material needs. The recognition of the active role of the elderly requires renewed attention to the need for “active citizenship” expressed by the elderly.

B) Sustain senior citizen’s freedom of choice, thus empowering the elderly (and also those requiring care and personal assistance) to:

- freely choose to continue living as they have always lived;
- make their own decisions concerning everyday life (choosing between different opportunities and services);
- make the best possible use of their residual resources and abilities.

C) Favouring and supporting self-sufficiency. The home (and its position in the urban context) must be promoted as fundamental for preserving rights for all citizens, including seniors. Continuing to live at home and within one’s own social context favours continuing self-sufficiency for seniors and precludes feelings of uselessness and the depressive states that lead to isolation and a steady decline in mental and physical health.

D) Favouring the reorganisation of the course of life on a collective and individual level, by means of greater flexibility between training, work and leisure in the different phases of life, thus overcoming rigid sequential order;

E) Supporting those who choose to care for their family or acquaintances. A work programme for recognising those family members who guarantee care and assistance as subjects with special needs, for whom qualified and specific measures are required.

F) Ensuring responses to the needs of elderly women through the development of appropriate gender-specific policies and assessment of their impact on the population and on social and healthcare and workers.

G) Expanding the contribution and use of new technologies in order to increase the margin of freedom and self-sufficiency for all people (including the elderly) and directing research and the use of technology to the needs of senior citizens and to promoting individual acceptance of new technologies.

H) Promoting well-being and health in the elderly by guaranteeing a preventative approach throughout life and the universality and equality of access to social and healthcare services

Innovative services and a Regional fund in order to overcome institutionalisation

The Plan of Action establishes a profound cultural and organisational change for the health system. The aim is to answer to the specific requirements posed by the condition of co-morbidity and functional loss that characterises the life of elderly people fragile or likely to become so. The fundamental, strategic choices for the health system that have to be pursued in order to overcome the institutionalisation of elderly people are the following:

- supporting and promoting independent living at home;
- favouring and supporting the self-determination of the elderly choices
- favouring appropriate use of technology

- making the available services flexible, integrated and qualified
- favouring the consolidation and professionalisation of the social assistance

The strategic choices contribute to the establishment of the following general aims:

- Promoting health and well-being for the elderly population and assuring equal opportunities of access to social and health services without age discrimination
- Improving access to health and social services
- Guaranteeing an adequate long-term care system as a citizens' right
- Development and qualification of a network of residential services
- Supporting family caretakers and the neighbourhood solidarity network
- Promoting actions for frail or sickly senior citizens and for those who are at risk of developing problems of frailty or who are living alone and isolated from others
- Supporting socialisation and contact with other people
- Dying with dignity and limited pain
- Using professional training and continuing education as a strategic instrument for organisational change and to promulgate innovation

In order to reach the above-mentioned the Regional Authority has scheduled the establishment of a **Regional Fund** to help provide an entire range services to the non self-sufficient elderly population. Allocation of monies is ethically and socially based on the principles of universality and equality. Recent Finance Acts have curtailed the levying of regional and other local taxes, thus making it impossible to set up the regional fund, the establishment of which is strategic and essential to the creation of a system of social and health care for the non self-sufficient population, an unalienable right of all citizens.

Independent life and suitable housing choices as a key point of the Regional plan of action

The Plan of Action is centred on the concept of overcoming institutionalisation through an autonomous living for senior. To reach this aim it is therefore fundamental to establish appropriate housing solutions for the elderly.

Existing property is generally modelled around one type of family (young, with children, independent with regards to mobility), which does not always correspond to current and future accommodation needs.

Objectives established by the Plan of Action with reference to the elderly:

- a. To guarantee various accommodation possibilities, by means of housing types and solutions respecting the freedom of choice of where to live, promoting the conditions for independent life. This aim can be achieved by offering a wide range of housing types and models.**

Actions that have to be undertaken in order to reach the goal of promoting and supporting functional adaptation of the homes in which the elderly live (be it rented or owned):

The construction and diffusion/spreading of technical advice centres or structures that provide information on how to improve the elderly person's quality of life,

- Economic and fiscal incentives (reduction of taxes and rates), to extend the concept of abolishing architectural barriers and promoting the use of equipment and technology for an independent life;
- Guaranteeing qualified and up-to-date information for the elderly and their families and for technicians on housing needs

Actions that have to be undertaken in order to improve the quality of new houses or those created from renovation work following concepts of “flexible housing” and “design for all”:

- Disseminating the best experiences and the design philosophy
- Upgrading and training programme, in co-operation with Universities and professional orders and category organisations for architects, electricians and craftsmen
- Promotion of integrated initiatives that add to the overall quality of urban and rural territory, rather than taking up new space for single purpose solutions
- Preferential encouragement of recovery works of existing property, by means of concerted initiatives between private subjects and public administration;
- Establishment of radical transformation programmes of public residential property with regards to the type of housing in order to make them more in keeping with new housing needs of the elderly, young couples, students and workers in mobility. Upgrading the level of comfort and equipment and technologic systems installed
- In the housing policy sector studying how it brings together old people living alone with young couples, families of immigrants and students in the same district
- Supporting social surveillance experiments, in agreements with local bodies and ACER (Public Housing Agencies), as an instrument that prevents solitude and isolation
- Encouraging actions that favour living together (co-habitation of subjects who are not relatives), aimed at assuring new forms of solidarity, also for preparing for old age.

b. Supporting autonomous residential mobility options

It is advisable to support autonomous residential mobility options by means of:

- bringing together (even from one town to another) family members or people who perform important care and support functions by means of public housing mobility;
- realizing territorial monitoring of residential mobility and the experimentation of information and support instruments to improve housing mobility of persons with limited abilities

c. Promoting a wide-scale “assisted living” programme

The widespread creation of new forms of sheltered housing, set up under the definition of guidelines (Regional Council resolution 270/2000) and the inclusion of such operations amongst those that can be funded by regional housing and social services planning, is a priority. Assisted living is a new opportunity that enriches existing options and can represent a useful alternative, on the condition that it is centrally located, in order to favour social exchange and interaction and the promotion of the residents’ freedom of choice and identity. The role played by public authorities is important in establishing the process, supporting pilot projects, monitoring early experiences and promoting exchange with other European experiences, including management issues.

It is also important to create the conditions whereby by means of direct or indirect incentives (reduction in town planning charges, taxes and rates, etc.), but above all through direct financial intervention for the future residents and/or other investors, the arrangement of new contractual forms (for example, “right to advanced booking”, etc.) in the years to come a substantial number of assisted living projects be realised, including the involvement of non-profit making organisations and foundations, as well as the traditional economic operators that operate in the housing sector.

The spread throughout the entire regional territory of significant quantities of new housing solutions that assure the comfort and availability of basic services, represents an absolute necessity both with regards to the profound transformation of the family unit and the widespread possibility for many of tomorrow’s elderly not to be backed by family networks and in order to guarantee a reduction in use of institutionalisation.

It is important that intervention scheduling gives priority to realizations enclosed in urban renewal contexts (see Regional Law 19/98 – Regulations for urban renewal -) allowing an integrated approach of urban policies together with social policies, as wished by/hoped by the recent Regional Law 2/03.

d. Upgrading and promoting economic support for rental fees.

By means of legislation also in force, (R. L. 21/2001 there are measures to reduce housing decrease and intervention to increase rented accommodation offers. An experimental programme of residential housing 20.000 rented accommodation; in implementation/execution of Regional Law 24/00 and L 21/01) will provide important and meaningful results to increase rented accommodation on offer in the regional territory. It is necessary to continue to pursue the goal of widening rented accommodation on offer.

As for renting economic help measures, it is necessary to reverse the tendency of last years to national funding reduction, which stated centrality of this instrument to assure, on one side an adequate sustain to population layers/sectors with reduced incomes and on the other, the possibility to develop a rent market.

e. Promoting the distribution of up-to-date, qualified information on accessibility, usage, abolishing of barriers, aids and technology for an independent lifestyle.

Consolidating and qualifying the activity set up on a regional level (Regional aid Centre – Bologna and Regional Centre of information on accessibility and architectural barriers – Reggio Emilia), posing the aim of achieving, in conjunction with other regional authorities, the definition of qualified reference points for the entire regional and inter-regional panorama, by means of the inter-regional dimension, structured introduction into a network with other international centres and experiences.

A commitment is yet to be made in terms of **real co-ordination of regional policy, in order to make integrated residency and assistance projects more widespread throughout the territory** and in order to attribute to each citizen a greater possibility to make choices regarding services to individuals of which housing must play a part.

Another key point of the plan of action: welcoming, secure, accessible, wholesome and user-friendly environment for a city for all ages

As a component of primary importance for the psychophysical well-being of elderly people, the home is not sufficient, unless introduced within a network of relationships within the urban context, in order to satisfy the needs of the population as a whole. It is necessary to favour accessibility, user-friendliness, and mobility of the largest possible number of people, starting with the elderly. It is clear that the needs of the elderly population are entwined with that of the rest of the community, in particular with other sensitive categories such as children and the disabled. The concept of accessibility must go beyond technical and architectural requisites, but must also consider aspects that are equally important such as psychological, physical-sensorial ones, environmental comfort, and individual privacy. This concept includes reaching the following goals:

- a) **Accessibility of the territorial context** that must be pursued through:
 - The Local Co-ordination Plans, which propose organisational action and measures according to the intrinsic potential and the rank that urban centres assume within the local dimension;
 - Measures to face the ageing of small mountain, remote, valley or low plane communities, where community survival is threatened by the gradual disappearance of basic facilities

- b) **Improving urban quality**, intended as the achievement of parameters that define satisfactory levels in the quality of physical, social and psychological elements that must be pursued through:
 - the definition of criteria for new approaches to town planning;
 - definition of indicators and standards for evaluating the “social friendliness” of communities, assuming them as a parameter for any form of incentive chosen;
 - putting into practice measures aimed at increasing safety and social cohesion;
 - recovery of parkland in the neighbourhood;
 - use of a functional mix in planning new districts and upgrading urban fabric;
 - localisation of facilities coherent with the distribution of the population over the territory;
 - guidelines and directives to authorities on the arrangement of urban and territorial planning instruments;
 - mitigation of negative impacts of traffic and urban congestion.

- c) **Improvement of the quality of living** in the widespread settlement system, which must make the accessibility of primary services, an efficient public transport system and an efficient distribution of services throughout the territory top priorities.
This goal must be pursued through:
 - upgrading the main and peripheral road network, the regional rail system and local road transport;
 - implementing town planning and construction policies, even subsidised in order to allow the consensual transfer of the elderly population currently resident in parts of the territory characterised by difficult accessibility and absence of services into well-equipped urban areas;
 - creating and upgrading of transport and information networks and the use of technology that permits transmission of data, including medical information, from homes to services and medical centres, thus reducing the need for mobility;

- implementing town planning policies for the consolidation and upgrading, where possible, of rural hamlets and agglomerations
 - implementing building and environmental policies aimed at securing rural areas against natural disasters such as floods, landslides and earthquakes;
- d) **Improving the quality of technological infrastructures**, a theme that is transversal to those mentioned above, which affects both the quality of settlement environments and the ability to use new technology that serves the community. It can be reached through:
- defining standards and parameters aimed at identifying the quality of infrastructures;
 - implementing policies and incentives for the transportation of new communication technologies (satellite reception, Internet, etc.) in areas with the greatest accessibility problems.
- e) **Promoting ongoing attention to the needs of various ages in the training process and decisions involving strategic urban planning choices.**

It is advisable to set up an active citizen and association participation process in order to evaluate the impact of urban planning choices on social as well as environmental and territorial sustainability, by means of:

- the dissemination and extension for social sustainability, of Environmental and Territorial Sustainability Evaluation - ETSE), foreseen by regional town planning laws.
- the promotion of new forms of preventative debate and involvement of citizens and watchdog associations of various types concerning strategic aims and town planning choices.
- the adoption of monitoring systems and ex-post verifications, also the social impact on specific population targets, in particular the elderly, using instruments aimed at evaluating.

Spain

Ageing in Spain:

Spain is facing the problems of an ageing population, as people around the world get older and families are having fewer children. The 65+-group account for 17% of the total Spanish population.

The increase in the size and the future growth of the elderly population represent a challenge for society and for the authorities. Their aspirations of improvement go hand in hand with the enhancement of living conditions for society at large. Elderly persons want to take part in the economic and technological developments that increase the material well being of individuals. Building a society for all age's means that we must work hard in order to grasp the many aspects involved in this process that Spain is supporting unconditionally.

Indicators of social living in Spain:

Spain is growing old and will continue to age in the coming decades. By 2050, Spain will have the oldest average age in the world; there will be over 12 million people in 65+-group. At present this group accounts for 16.8% of the total Spanish population of 40,202,158. The 80+ group will grow, now there are 1.5 million, and in 2050 there will be 4.1 million in this age group.

The vast majority (85%) of pensioners in Spain live with family or in their own home, a high proportion by European standards, although residential care for the elderly is growing in popularity.

Rural areas record relatively high ageing figures: in over 5,500 municipalities (there are 8,097 in Spain) one can find one elderly person for every four inhabitants (1/4)

Between 12% of the elderly population (with severe and moderate dependence) and 26% (also including those with slight dependence) need help from another people to carry out activities of daily living.

Social services try to keep the elderly persons at home for as long as possible. The amount of public care given to the dependent elderly is little, although it is increasing. According to Inerso (National Institute of Social Services) data in Spain:

- Fewer than 2% of the over 65s had a Home Help Service (between less than 1% and less than 5% depending on the Autonomous Community), with an average of almost 3 hours of care per week (between 8.07 and 0.52 hours per week).
- Tele-assistance was given to less than 1% of the elderly and 0.11% had the services of a Day Centre for dependent people.
- 78% of elderly persons reside in their large old homes, with deficiencies in terms of facilities and equipment, 12% expect to live with their children, and 9% expect to live in an urbanisation or residential town specifically for elderly persons.

The elderly living alone are a growing group, which in last census accounted for 20.1% of the over 65s, women being in the majority.

Living facilities for seniors in Spain

The occupiers own more than 80% of the senior's homes in Spain.

When looking at homes for senior citizens other than their own private homes, there are various types:

- a) Public institutional old people's homes.
- b) Private old people's homes run for profit (by companies, limited societies, and social cooperatives,
- c) "Old people's home" run by religious institutions, and
- d) Seniors independent adapted dwellings, both public and private (less common).

Moreover, there are shared homes (up to 5 seniors live together in an adapted dwelling with house care); this option permits senior citizens to pay low rents, and to continue to live in their own homes thanks to some type of support or exchange. However, there are very few of these types of residences available.

What motivations do seniors have and what priorities and constraints do they encounter when looking for more suitable housing facilities?

The main priority is not to adapt one's self to a model or ideal situation; it is rather to improve one's personal situation, looking for more social relationships and integration into a more social/cultural setting to avoid risk of exclusion.

The reasons or motives of looking for more suitable housing facilities could be the following:

- a) Personal loneliness through lack of family or the impossibility of being looked after by the family.
- b) Deterioration of health.
- c) Insufficient help in the home (need of extra-services).
- d) A house with significant problems, for example, of light, dampness, central heating, lifts, local noise or vandalism, financial charges...

But in spite of everything, 54% of senior citizens say that they are happy in their own homes.

The order of preference is to live:

1. with the family in their own homes. (80% would like to continue living in their own home, by adapting it to the needs that may arise as they grow older and with the support of social and health services)
2. in permanent public old people's home.
3. in permanent private old people's home.

Whatever the preference, they prefer to live within the city itself, or as close as possible, where continual public transport is available, and where they can walk about the streets by themselves. Also, they prefer individual rooms so that they can arrange things according to taste, and to their own ideas.

The main obstacle is the scarcity of places in public old people's homes, and the high cost and inadequacy of private old people's homes. Work is being done to improve this, but it must be said that it is possible to find situations in which:

- a) the smaller old people's homes do not guarantee the best service,
- b) there could be a loss of personal identity,
- c) the difficulty of living with others, who are terminally ill,
- d) totalitarian institutions where the senior citizens acquire submissive and passive attitudes of behaviour,
- e) lack of places in specialised old people's homes.

New concepts in the senior's living conditions

With the obstacles mentioned before, we need to meet the need to find better solutions and answers to guarantee the "Welfare housing for senior citizens", which allow them to improve their own independence, identity, develop their aptitudes, hobbies and cover the basic needs. It is necessary to emphasize that, the residential sector in our country has changed enormously in the last years and, in general, it has adapted to the levels of quality and the needs demanded by the elderly, that they already do not live through their old age as an inevitable step, but as a pleasant and rich time in experiences and new opportunities.

This new concept has made us change the perception that we traditionally have had of the residences of seniors as sad and cold places. This perception is going to change in a more radical way in the next years, when the new offers and alternatives to facilitate the life of this group through the "New residential Centres and Urbanizations" is made known and promoted in our country.

These big complexes, with first pilot schemes started in France twenty-five years ago, consist of individual apartments constructed around a great central building that shelters services such as care services 24 hours, restaurant, swimming pool, library, etc. This is a basic definition, and those who promote or live in these big residential complexes speak, with conviction, about "a new style of life ". It means that those who have worked through decades can rest calmly and without resigning any activity but with everything at their hand, included the practical aspects, and in total freedom.

"They are the ideal framework to do what we can call an active retirement". It make this possible because it promotes the contact between the residents living in the complex, who end up realizing common activities. The location of these complexes or urbanizations support services is so important for the social development and facilitating intergenerational meetings.

In these urbanizations the independence stays completely save, since the only shared building is that of the central service, whilst every home/apartment is a strictly personal space in which the inhabitants have their insured intimacy. In general, they are would be a complex of 100 or more homes/apartments with an average of approximately of 50m². They have at least a room, a living room, a bathroom and a kitchen.

Consideration is given to the people who will be living in the home/apartment during construction and so they are constructed on one level/floor, with an accessible structure and an interior design that is without barriers and fully accessible for the elderly or disabled person with broad doors, emergency alarms etc. Every effort is made to ensure that the

"clinical" elements are perfectly integrated to the decoration of the apartments, in order that they seem to be neither dramatic nor orthopaedic.

These centres/urbanizations are producing a change of mentality in Spain and it is probable that in a few years the purchase of housing exclusively for retirement will be generalized also; a place that is not an asylum, but our own house, perfectly adaptable to the contingencies of the ageing. The presence of an urban context in the surroundings also is a priority element. As well as the promotion of welfare housing policies, such this kind of New Model housing for seniors, improving our living in our own house can also be promoted, so as to prevent us from moving to an "institutionalised residence"

As we can see, the Spanish society has started moving in this new direction. The increase of our life expectancy, the improvement of our purchasing power and the wide professionalisation of this social sector will drive the proposals, and centres and urbanizations will become more widespread.

The profile of Valencia region

The Valencia regional government has promoted through the IVVSA (Valencian Dwelling Institute S.A) this type of dwelling and aims to substitute the classical senior's residences. This project is called "Hábitat Senior", and it was promoted in 2003 under the Elaia programme.

There are 185 dwellings in the province of Alicante, 20 in the Municipality of Orihuela, 36 in the Municipality of Nucía, 39 in the Municipality of San Vicente Raspeig, 42 in the Municipality of Benidorm and 48 in the Municipality of Castalla.

The philosophy is completely innovative in Spain and it means a huge advance in the quality of senior's services. They are a new way of life that is an alternative to the traditional residences. The traditional residences will only aim at seniors with special needs and disabilities. These dwellings are for rent at a moderate price, around 300€ depending on the senior's income. Within the basic rent, the maintenance of the building and the maintenance services, for example, painting, plumbing, cleaning are included.

Hungary

Services supporting the life of old people in their own homes as long as possible

Help at home with a signal system

In the city of Győr there are 23,802 elderly people over 60 years. According to gerontological studies there are more and more elderly people suffering from one or more serious illness and requiring the support of their family or supporting from their surrounding area. These people are frail and are prone to fall easy, fall from the bed or become unwell. In these situations they can not move and shout to call for help, or if they could shout for help there is nobody around them to help. Very often they live alone, or spend most of the day alone because their family, children or other relatives, work. They need the help of a kind of care system to feel secure and get the necessary help as soon as possible.

To make it possible for these old people to stay in their own home and lead the life they used to we operate a signal system for the elderly inhabitants of Győr. The system currently operating is able to provide 70 devices to the homes of old people by which people in need of help may alert the dispatching centre. There are two different technical systems available:
one-way communication – only signal
two-way communication – sound connection

There is a dispatching centre, which can be found in the centre of the city at Rónay u. 5-7. The elderly people requiring this service have a small device either on the wrist or around the neck. If there is an emergency situation he/she can press the bottom, which can be easily pressed by anybody, and via a radio transceiver the signal is transmitted to the dispatching centre using either of the two systems.

In case of the first system the dispatcher receives the signal and reports the alarm to the nurse on duty. The dispatcher can communicate to the elderly person by the telephone system, if he/she is able to move.

The second system enables the dispatcher, to receive the signal and also communicate with the old person at the same time, asking about the problem and calming him/her meanwhile reporting to the nurse.

In both cases the nurse on duty leaves to attend the person at place where the alarm was set off immediately and makes the necessary arrangements.

With the help of this system we can prolong the residence of elderly people in their own home. Both the elderly people and their relatives feel secure; children are not anxious to leave their parents at home while they are at work, either during the day or for the night. The elderly people know if there is an emergency situation they can get immediate professional help, which can even save their life.

According to our registers there are more and more people requiring this services, so its development is necessary because of the demand from the inhabitants.

Flats for old people

There are 3 complexes with a total 227 flats located in areas of the city that provide an independent life for the elderly people moving into their own apartments.

The buildings were designed and constructed according to the specialties of elderly people. There are elevators in them, they are obstacle free, the bathrooms and toilets are easy to reach even by moving with aid equipments. The houses are situated near parks in a suitable infrastructural environment. Two of them are near the city centre, and the third one is situated on the edge of a housing estate close to the shopping facilities, in a peaceful surrounding.

These complexes enable elderly people to have an independent life; living alongside other elderly people. The residents pay a monthly rent plus the household expenditure. This enables us to provide 24-hour nursing care within the building. Through using of the service the elderly people may continue their previous activities and keep their earlier habits and their independency. Services provided:

- cleaning the apartments (this service is the first and the one most often required by the residents)
- 24-hour nursing care
- “jobs by the bed”

The services include the basic caring and nursing treatments, which are necessary for ill people – changing nappies, dispensing medicine as prescribed by the doctor. The diversity of treatment and care available is very important for the elderly, as many have at least one or more illnesses, and year-by-year there is an increasing number of the elderly people needing comprehensive treatment.

Other services provided include:

- Meals (3 times a day)
- Shopping
- Arranging official affairs
- Laundry
- Club-life

The services enable different kinds of activities and opportunities to come together. Each building has a community room, where the elderly residents can come together, read the paper, discuss the news or televisions programmes. There are also organised free-time activities, cultural programmes, and opportunities for residents to make short or long trips together. The residents can play board games or join in with a literary activity where literary works are read out aloud either by the leader of the club or local actors and actresses.