



Welfare Housing Policies for Senior Citizens

North East South West  
**INTERREG III C**

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**Welfare housing policies for senior citizens**

**« QUESTIONNAIRE OF NEEDS »**

**Final report**

*“Unless those in their 50s start paying attention to the older group now, they may well find that the example they are setting is that once you’re retired you are not treated as an equal”.*

*“Ideally, good design for older people should not only be found in housing designated for older people but should be built into all homes so they can become ‘future-proof’”*

*“There is a risk that people can be ‘prisoners’ in their own homes thanks to all new technical solutions”.*



**January 2006**



## **Questionnaire of needs – Final report**

The purpose of this report is to sum up the responses of the interviews carried out as directed in the questionnaire of needs interview guide.

The interviews should succeed in gathering information on whether or not interviewees feel the needs of seniors have been met with regard to private dwellings, common areas accessible to seniors residing in the housing complex, the urban context within which the building complex has been built as well as the city itself. The people interviewed in order to obtain a description of existing differences in the perceived needs of senior citizens from country to country, as well as an idea of senior's future needs were for example:

- Experts in the field of housing constructions,
- Public administration officials or civil servants who have worked on senior housing schemes,
- Contractors or developers that have built or renovated/restructured senior housing
- Research Institutes that have dealt with issues concerning senior housing on the basis of their surveys
- Other categories: linked to elderly and housing themes such as specialized magazines and charities funding housing projects for elderly people.

**Section on quality of the urban context: Do you think it is best for seniors to live in an urban context in which services, both public and private, are readily available within a radius of 400-500 meters of their dwellings?**

**England:** The evidence from older people applying for housing is that they would prefer to live in central areas close to local facilities. Sheltered schemes on the outskirts of cities tended to be mainly requested by those already familiar with the areas. The key overall requirement was to live within easy walking distance of local amenities.

**Hungary:** Interviewees think accessibility is important in the urban environment and the closeness of public amenities within a radius of 400-500 metres from their dwellings and points of public transport improve their quality of choice, help and self-sufficiency.

**Italy:** We found a difference in mental attitude and lifestyle in seniors living in large urban contexts as compared to those living in small to medium size towns. A difference that is typical to Italy and has been noted in other surveys and needs analysis even on different subjects. Seniors living in smaller towns prefer staying put in their own homes and neighbourhoods and consider senior housing of any kind a form of institutionalisation, i.e., as an imposition. These seniors prefer adapting their own homes to suit their changing needs rather than moving out. In contrast, city dwellers are usually willing to move especially if they believe it will improve their living conditions and quality of life or if it will bring them closer to a relative. As far as population distribution is concerned, we found that the outskirts and urban suburbs are more densely populated by seniors while the historical or monumental centres of the cities are inhabited mainly by young families. (This is contrary to the situation that characterised the entire second half of the last century).

**Spain:** Seniors prefer to live in their own context (urban or not urban), as long as there is easy accessibility to public and private services. Lately we have found an incipient of urban planning and building of housing for seniors accessible to services, although less than demand. The preference of staying at home highlights the need for adaptations and design of dwellings in order to make easier for seniors to remain in situ.



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The following services or needs should be met to reach a reasonable quality of the urban context:

- accessibility in cities and parks,
- sanitary emergency services,
- domiciliary assistance for disabled and specialized services for non-disabled.

**Sweden:** Seniors have the same needs as other people in the society. It is extremely important to have easy access to transportation and retail outlets selling food and other consumables is important to have in the neighbourhood. Services must be in a “walking frame distance”.

**To the best of your knowledge are dwellings for seniors being built or does urban planning in this area foresee the building of housing within an urban context with a wide array of accessible services in the immediate area that readily meet the needs of seniors?**

**England:** The national trend is away from building more housing just for older people and there is a social policy emphasis on enabling people to stay part of a mixed community, living in their homes in the general housing stock, for as long as possible. All new development needs to take account of local services available to ensure sustainability. Retirement housing appears to be the main development in the region. There seems to be a lack of awareness amongst mainstream housing builders, estate agents etc of the large numbers of older people who might want to buy or rent their housing, also the notion of meeting service needs as well is largely missing. Even private retirement housing is not always built that near facilities.

**Hungary:** Interviewees did not have knowledge about the construction or design mentioned but thought it important because number of applicants for senior housing is 20-30 times more than the available accommodation. Homes already in operation suffice the needs of residents in general.

**What do you think these services should be and/or what needs do seniors have that should be met?**

**England:** Ordinary facilities and amenities available for all the population – cultural, educational, health, recreational, leisure – that older people can use alongside other members of the community. For older people whose lives are



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being 'restricted' in some way or who have specific needs, then opportunities for social 'congregation' will be important; walk in centres for advice on healthcare, diet, etc; local information and advice centres regarding benefits, housing, practical help, etc. Good public transport, help with small repairs/ odd jobs in their home, fast response minor adaptations and efficient delivery of more major adaptations, access to local advice and information services which cover all aspects of older people's lives, leisure, recreation and socialising opportunities e.g. shops, activity centres, lunch clubs, hairdressing, café, cinema, library, health clinic, doctor, chemist, optician, chiropody, gym, IT, health centre

**Hungary:** From the answers received the most important needs are mental and nursing assistance. Permanent medical and nursing service, easily accessible therapy institutes. It is important to have public-based services where physical, emotional spiritual and financial safety is stronger than in the society. Clarity and calculability have to feature in the ambiance of where elderly people are provided supported. In addition, programmes that stimulate physical actives and communicational and social skills enable the elderly to live life to the full, they need to keep active and in good physical condition, have adequate cultural and mental abilities.



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## **Section on leisure time: Do you think it is necessary, in order to meet the needs of seniors, to provide gardens/parks, both public and private, and areas for recreational activities including sports facilities within a 400 to 500 meter radius of their dwellings?**

**England:** Yes. All households whatever their age need access to both private and public outdoor space. The closer leisure and sports facilities are no doubt it is more likely that the community will use them. Additionally, older people enjoy watching other people's activity. A constant low level of physical activity is important and exercise classes are important. Gardening is good for those with the interest and creates physical activity as well as the joy of nurturing something. Transport to facilities is regularly mentioned as a major factor for older people accessing social activities, so facilities near to their dwelling are important. However, where facilities can be 'built into' the dwelling, this becomes less important.

**Hungary:** Absolutely necessary to prevent and make comfortable green areas for human use to protect the active life quality, but would prefer that they not too isolate from other parts of community.

**Italy:** As people get older they need more nature around them and recreational and other areas for social activities. Seniors prefer that there are some trees and gardens as part of the housing complex and that there are parks in the neighbourhood as well. The preference in general is for a variety of choice and a diversified distribution and that the gardens and parks are well taken care of and equipped and of high quality. In contrast, we found that the gardens and parks near the housing complexes were often low quality or not equipped to meet the needs of seniors. In some cases, the complex had no greenery at all.

**Spain:** The provision of recreational activities and parks is important for everybody, not only for seniors. Retirement brings long stretches of leisure time and may result in feelings of loneliness and depression. Therefore the importance of social activities that enable seniors to pursue an active life and contribute to their communities should be taken into account.



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**Sweden:** Of course it is very important there are gardens/parks for recreational activities, but when planning this we should not forget the security. Parks can look very nice in daytime but during evenings and nights many people can be afraid of using them. We should not design parks close to senior houses that make people afraid of going out when it is dark. It is very important to have in mind both the day and night perspective when planning gardens/parks. It is important for everyone to come close to the nature and to have beautiful views to look at. It is important to provide benches and also to create places that make it possible to have different kinds of cultivation.

### **Are these types of areas being provided most of the time?**

**England:** In high-density urban areas, providing private outdoor space can be difficult as can finding a location close to good quality public space. Most UK sheltered schemes have at least a small garden; however, many do not have access to larger scale facilities.

**Hungary:** Those interviewees whose work does not connect directly to the seniors housing complexes did not know whether places existed. Only those interviewees whose role is directly connected with the provision of similar functions know the importance of gardens/parks. It is difficult of provide for gardens/parks where there are none.



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**Section on in-house and/or neighbourhood services: Do you believe that seniors should live in complexes that provide common areas, either in-house or close by, for socializing and other services related to living in a condominium (warden/manager's desk, small café, small kitchen, small dining area/cafeteria, small library, small gym, and so on)?**

**England:** There needs to be a variety of accommodation types for older people. Many older people do not want to live in a complex dedicated to older people but want to remain in their own home in the community they have lived in for many years. However, where this type of dedicated scheme is being provided, facilities that keep residents healthy mentally and physically are key. Care has to be taken to ensure that older persons' schemes do not discourage people from maintaining their existing usual links and networks. Where these facilities are welcome by older people, they need to be properly resourced and imaginatively created, and linked to the wider community. If the facilities at the scheme are not as good as those in the local community, older people, will go elsewhere and the facilities run the risk of being under-used and run at a loss.

**Hungary:** Everybody thinks existing of common areas important and they see them as the elimination of separation. A deferring response did not oppose service inside the complexes, but preferred further facilities outside the complex so the relative separation can not interfere seniors who need larger margins.

**Italy:** The need for in-house and neighbourhood services is strongly felt although these services become less important if the costs are too high or if they are not well managed. We did not find many situations of self-managed in-house services although this could be a valid alternative to more costly solutions. The most sought after service is that of the warden's desk or house manager although there is not a good response to this in the way the complexes we visited are run.

**Spain:** Interviews held show that seniors should not live in closed complexes ("older ghettos"). Those complexes answer to only the needs of just part of the senior community. The most preferable model is to share neighbourhood services. For instance, a cafeteria and the laundry are as useful for seniors as to for businessmen. Furthermore, the provision of support and help to elders in order to maintain their autonomy in their daily live within their own dwelling would satisfy this type of service need.

**Sweden:** These kind of common areas are very important. Many elderly live in their own home and do really have a need of social contacts.

**In your opinion do these types of services respond to the needs of seniors or should we be looking to find different solutions?**

**England:** The vast majority never live in these sorts of services but in mainstream housing. There is a greater need to make independent life work better for older people. Where they are available they tend to be for the more active resident and it is more difficult to maintain people's independence as they become frailer. We should always provide a mix of solutions. However, we know complexes are very popular with their residents. We need to make sure we deliver reflects the best of what we already know. Pets are a problem in complexes – many older people want them in U.K. but often complexes do not allow them. If there are in-house provisions of services, they must be open to older people in the local neighbourhood.

**Hungary:** Responses from interviewees indicated that independent creativity is important, and that services responding to the needs of seniors' wellbeing have been developed

## **Section on social cohesion: What are your thoughts on seniors living in buildings with residents of all ages?**

**England:** This is a debatable issue and older people have differing views. Some older people see ‘younger’ people as an attractive addition to a scheme as they may be able to help organise social activities. However, some older people feel threatened by younger people and feel that their admittance into sheltered housing could cause problems with anti-social behaviour and/or ‘lifestyle’ differences. Some older people’s groups see the admittance of younger people as taking away resources from older people who might already face discrimination in terms of access to services. ‘Mixed’ communities work well if developments are on a large scale where there can be different types of housing. The problem in the UK is that typically developments are small and do not lend themselves to reflecting the population structure overall. Our experience is that older people wish to live as part of the wider community with all ages. The vast majority only wish to move into supported housing if they really are finding live in their current mainstream homes too difficult to manage. At that point some wish to be part of a small community of older people with similar needs.

**Hungary:** It cannot be good a good solution to provide just for seniors to live isolated but at the same time the possibility of calm and smooth recreation also has to be provided for them. Elderly people’s different lifestyles and needs should be taken into consideration but at the same time socialising with younger people gives them great pleasure.

**Italy:** We wanted to understand more about which factors played on improving or hindering social ties among residents. We found that the common areas are used quite a bit by the seniors whether they own or rent their flats in the complex. When the common areas are not well designed or too small, the seniors feel stressed, generally unsatisfied, or unsafe. An interesting fact that emerged quite strongly was the influence of cultural background. Seniors with more social capital resources seem to value social ties more and take a more active role in social matters and activities, while those with fewer resources seem to be more self aware of their limited resources and have a stronger sense of ownership with respect to material things.

Another interesting fact that emerged in some Municipalities was the signing of an agreement with local administration (Contratto di Quartiere) by which several



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dwellings were designed and built comprised of an apartment for a young couple with one or two children with a communicating studio apartment for a senior. Those occupying these flats have to sign a care agreement (Patto di cura), a kind of time sharing bank for two parties in which the elderly man or woman aids the young couple by helping out with the children and the couple helps the senior if the need arises. We do not know yet what the outcome will be of this as it is still in the experimental stages, but we believe it has potential. The specific need of creating a system to help people come together in “families” made up of a mix of ages and even cultural and ethnic backgrounds has emerged, a system that would help create more natural and spontaneous social ties. Wealth at every level is created by diversity and exchange and, for this reason; we feel it is important to mix age groups and backgrounds. Interviewees believed that the aforesaid system must not be made too inflexible through institutionalisation, but built and supported by actions over time. Some interviewees believe that it would help to have young families and seniors living in the same housing complex or in complexes nearby and to create a function or a role of social adhesion to help put them into connect with one another.

Others interviewed preferred the possibility of housing complexes just for seniors (either in the same building or in more than one building but close by), but for seniors of all ages, from the "very young" to the very old. The presence of younger seniors is beneficial to enlivening common recreational or social activities because they are more socially active and incite others to follow suit. In conclusion, general consensus is towards mixing age groups and, if possible, among people from different cultural backgrounds in an urban context and get people involved who can contribute in a positive way to this form of intergenerational habitation.

**Spain:** Nowadays, society is very plural and varied. The mixture of age and ethnic groups is important for the strengthening of both. This consideration stresses that closed complexes are not advisable. When referring to seniors, there are not official initiatives promoted to encourage different ethnic and age groups to live together. Nevertheless, social reality shows that buildings are intergenerational and/or intercultural depending on the income level. The coexistence with different ethnic groups will obviously require higher efforts of integration.

**Sweden:** Some thought it is good to have a mix of different ages and some did not. Those who thought it is good meant that seniors want to live an environment that is as normal as possible and not in an artificial environment specially designed for seniors. Those who did not think it is good meant that



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people who have chosen to live in a senior house have done it for different kind of reasons but one is that they do not want to live in the same house as families with children. They want to have a calm environment. With reference to mixing people from different ethnic backgrounds, it is natural for some but not for all people. We already live in a segregated society and of course that's the same for senior buildings.

### **Is this an important or irrelevant consideration?**

**England:** Very important. It should be an available choice for older people. Putting all senior together loses the opportunity for informal 'caring' to be provided by other people e.g. neighbours, however, anecdotally, although this type of care appears to be in decline in the UK for small scale developments (30 or 40 flats) care and support can be more economically provided if there is a concentration of older people. There is an issue about the use of supported housing for younger people who have support needs (e.g. those with learning disability) and whether they should be accommodated alongside older people with support needs.

**Hungary:** Generally interviewees thought that this consideration is important because without the connection and exchange between the different generations there can be distorted perceptions of opinions and perceived lack of tolerance in society

### **Same question regarding residents of different ethnic backgrounds?**

**England:** Again yes some may choose to live with their own community whilst others prefer a mix of communities. At present, sheltered housing is not attracting applicants from people with different ethnic backgrounds. It is essential that any service reflects the cultural diversity of the local community. The question is whether people from different backgrounds might want facilities that service their community group e.g. in Brighton and Hove, there is a small housing association that caters for Jewish applicants and this remains very popular.

**Hungary:** Belonging to different ethnics is not the reason of selection in the seniors' home complexes. It is true – as well – that the needs of life quality and adaptive abilities are different in ethnic groups. Their traditions and conventions



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means that people from some ethnic groups require these types of services less than others

**Is it common practice in your area nowadays to encourage different ethnic and age groups to live together in the same housing complex?**

**England:** Highly variable across the country. In areas with small BME population (and few seniors) the issue is proclaimed but little evidence exists. Observed schemes in areas with a greater variety of ethnic groups seem to be more mixed. There have been schemes developed for only one ethnic groups of seniors e.g. for the Chinese in Liverpool. There is no encouragement generally for different age groups to live together.

**Hungary:** It is not common practice.

**If so, is it working well?**

**England:** Ideally you need to consider a number of solutions. At present, there is under-representation of people from different ethnic backgrounds and as a result some people feel isolated from their communities. It may be better to have smaller facilities near to local communities or to provide local, floating support. To determine an answer, better consultation needs to be undertaken to get the views of local communities. Staff must be trained to be sensitive to cultural differences

**Hungary:** Interviewees have no experiences concerning of this.

**Or would other solutions perhaps work better?**

**Hungary:** Interviewees do not know good of any solution that would work better.

**Does the provision of common areas for recreational activities encourage residents to socialize or do they have the opposite effect?**

**England:** I think that comes down to individuals. I think where things are too structured / organised this can have a negative effect. Common areas certainly benefit some residents and can often be well used for social activities. However,



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they sometimes become the only focus for social activities and people who feel shy or who have mobility or other medical problems can often be marginalised or ignored. The positioning of common areas is critical. If a sitting room is provided at the back of the scheme. Far from the entrance, overlooking a garden and north facing it will be little used voluntarily. Sitting areas next to the entrance, sunny, overlooking activity will be naturally better used. Generally common areas are under utilised. While the option of social interaction for people who may otherwise be isolated is important, common areas do suggest an ‘institutional’ approach. Cafes, bars and restaurants that are also open to the outside world are better. In the new extra care development in B&H a ‘community liaison worker’ is being appointed who will help to reflect residents’ wishes and preferences and therefore provide facilities that they actually want and will use.

**Hungary:** On the basis of answers it can be stated that these activities encourage socialization, but they need to be well-organized, places and rooms give only provide the possibilities and not the whole provision.



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**Section on safety: In your opinion do the building and dwellings in which seniors live need to have more and/or more sophisticated safety devices and security measures than other categories of users? Have the specific safety needs of seniors been addressed in most cases?**

**England:** Security and peace of mind is a key factor for older people and one of the reasons they choose to live within warden controlled housing rather than remain in their own home. Older people as a serious area of concern often present security and devices such as CCTV are often greatly appreciated. However, good security devices such as CCTV are probably appreciated by other sections of the community not only older people. In one scheme we are installing safes to deter bogus callers and this is appreciated. There tends to be a blanket approach that doesn't always look at individual needs. Many systems are built on a series of preconditions, e.g. community alarms that presuppose you have someone in your life (e.g. an adult child) that can go to your flat and let them in if you contact the community alarm service. There doesn't seem to be much work done to ask older people in different models of life what ideas they might have that would be more appropriate.

**Hungary:** Opinions are different. Those interviewees who have no direct experiences do not think this is important, others who are experienced think it is necessary.

**Italy:** Safety must be considered from the standpoint of both inside and outside the home. Seniors generally do not feel safe outside their own homes. We can understand this as they do belong to one of the more vulnerable population groups, although this perception does not seem totally justified if we consider the crime rate which is lower than what is generally perceived by the seniors. There is, therefore, a growing demand for systems (alarms, call devices, etc.) to guarantee safety and security that must be carefully assessed so that we do not randomly augment a market that is currently supplying a vast quantity of solutions that do not necessarily suit the specific needs of seniors. As the elderly female population is the one that tends to be in the home for the better part of the day, this population is also most sensitive to safety in the home and the lack thereof.



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**Spain:** Fear is one of the elements that become more present as we age. Fear of the unknown is decisive when we analyze the seniors' consumer behaviour. Therefore, there is an increasing demand for security, although too sophisticated safety devices would not be useful at all. In fact, interviewees remark that alarm devices that alert in case of emergencies are more efficient (useful) than security devices.

**Sweden:** It is important to plan senior houses so the people who live there feel safe to go out, even in evenings and nights. Seniors often are afraid of doing so, and so become tied to their homes resulting in them isolation from the rest of the society. This problem can not be solved with just more security systems in fact having too many security systems can make people feel even more insecure. It gives signals that the society outside is very dangerous and can create more fear than before. The security systems should be in the house from the start as installing the systems later can be too expensive. We have to build in ways that enables people to live in their dwellings the rest of their lives.

**Could you list what devices or systems you believe should be provided and which of these you believe must be provided?**

**England:** Entry phone / CCTV / buzzer entry systems; Community alarm service / some form of call system for emergencies / pendant alarms. Everyone should have some kind of telephone system so at the very least they can dial 999 if there's a fire. Entry phones can be very useful for some people, but only if the system itself is either portable or can be easily reached. Window locks and Window restrictors to prevent windows left ajar or being opened for entry at nightfall detectors. Good security locks. Lighting, fire alarms/ smoke alarms-preferably hard wired. Those that must be provided are those that seniors wish to have. What is most important is to wire new build to facilitate easy installation of a full package of assistive measures that can easily be fitted as and when needed and linked to a monitoring service.

**Hungary:** Sensors, emergency telephones, alarm bells, fire and smoke sensors, mobile emergency buttons calling nurse and safety cameras at the entrances, mainly to monitor and control of movements of dementia patients. Equipment



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and systems that compensate for impediments and lack of mobility and reduce barriers to living independently.

**Spain:** Elimination of barriers (ramps, anti-slide floors, grab bars) and promotion of accessibility. Acoustic and visual alarms (in case of fire or any other danger) in addition to gas, water leak and intrusion sensors. Introduction of demotic (to facilitate the control of some home elements such doors, temperature, windows and blinds)



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**Section on personal hygiene: In your opinion do senior dwellings need to be specifically equipped, and/or differently than in the case other categories of users, to properly respond to personal hygiene needs? Have the specific personal hygiene needs of seniors been addressed in most cases?**

**England:** Theoretically if everything is built to lifetime homes standards then any accommodation can be adapted to meet someone's special needs. As much accommodation is not developed to this standard than yes consideration does need to take account of assisting older frail people bath or shower etc. Hoists and strengthened walls. In our extra care housing we have provided level access showers, accessible bathrooms and accessible kitchens, lever taps, anti-slip flooring. There is a growing interest amongst younger adults to have walk-in/wheel-in showers (known as 'wet rooms', which is much more attractive!) If you live on more than one floor then some kind of proper personal washing alternative (i.e. a shower room that you would be prepared to use every day) and a toilet downstairs would be a good starting point. Requests for bathing adaptations account for half of all the requests for adaptations assistance. All too often new housing for older people is being built with a bath, only to be removed and showers installed using a disabled facilities grant

**Hungary:** Specially equipped dwellings are necessary because of seniors' limited physical abilities.

**Italy:** The only issues brought up regarding this scarcely investigated subject, were those relating to bathroom size (usually too small) and fixture placement. It would seem that the only problem is that of assisting people who are becoming increasingly less mobile and so must have another person in the bathroom with them (the elderly person and the carer), as has already been reported in other surveys on seniors. Some differences regarding personal hygiene were reported among men and women, men approaching the subject from a more practical point of view and women from a pleasurable (preference for bathing and relaxing) as well as practical standpoint. Women, also tend to become more practical as they get older switching from bathing to taking a shower. Another important necessity highlighted was that of having top loading washing machines.

**Spain:** The analysis of the interviews highlighted some common disadvantages in many senior dwellings: layout of the bathroom does meet their requirements when they grow older, especially because they become less agile (some need help to shower). In conclusion, all bathrooms must be able to be able to



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adapted so they accessible as the needs of seniors' change (possible elimination of bath tubes, set out of anti-slide pavement and arrangement of grab bars to avoid falls).

**Sweden:** In Sweden there is building law that regulates how a bathroom must be designed and built. It includes all houses, not just those for seniors. It is important that the bathroom is easy to reach from the whole house/flat. People must be able to get to the toilet and bathtub/shower if they are in a wheelchair. We adapt bathrooms to make them more accessible when required. Safety rails/handles in the shower can be installed. The bathroom must be built to be easily adapted to provide different kinds of solutions to changing needs. The accessibility is very important.

**Could you list what should be provided and what you believe must be provided in order to meet the specific needs of seniors?**

**England:** Downstairs toilet and shower arrangements would benefit all households. Level access showers, lever operated taps, hot water temperature controls, space for assistant next to WC, space for WC aids to be positioned, seat in shower area, space for wheelchair use in case person is in wheelchair for short period (this also provides the space they need to move around in bathroom). Walls you can fix grab rails to in future. Privacy. Assistance where needed. Laundry and drying facilities. Access to Occupational Therapist / Social Worker services. Lifetime Home standards should be applied to all new dwellings as an absolute minimum.

**Hungary:** Lifts in case of higher buildings, doors without door-steps, handrails, banisters. Wet chambers (like bathroom, shower) and kitchens need to be of an appropriate size to accommodate the changing needs of the seniors' and have special fittings and equipment and non-sliding floor covers. Need safe switches and automatic machines.

**Spain:** Accessible design and functionality of the bathroom (access ramps if needed) with thermostats in showers, suitable ventilation and lightning.



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**Section on providing a restful environment: In your opinion do senior dwellings need to be specifically equipped, and/or designed differently with respect to other categories of users, in order to meet their specific needs for living in a restful, i.e., not overly stimulating, environment?**

**England:** Why will not older people want to live in a stimulating environment? If you are housebound looking out on a busy street or an attractive park would be beneficial. Obviously there may be frail older people with mental health problems who may need a more soothing environment. To often a restful environment can become a dulling, institutional environment, where no-one can do anything different or exciting. It also strikes as ageist to assume that older people always want a restful, quiet environment. Certainly, some older people like and benefit from quiet areas such as communal gardens. However, some older people also like communal areas where stimulating activities take place, such as tai-chi or line-dancing. Relatively active and independent older people in discussion groups that we have run want the cluster of design features listed in Lifetime Homes standards as a bottom line, but then further features are required. What is important is to avoid the negative features of institutional housing – long corridors, faceless and unwelcoming entrances, poor space standards. A good level of storage and flexibly designed space that incorporates 2 bedrooms, or at least the capacity to move internal partitioning to create a second sleeping space e.g. for temporary carer/ family etc. was seen as most important. Acoustics were important. Noise pollution was often mentioned e.g. being able to hear neighbours through thin walls, especially if the neighbour had a hearing impairment and listened to TV/ radio on loud volume. This added to stress.

**Hungary:** You can see from the answers that seniors have to be provided with the opportunity to live in hygienic dwellings with practical furniture and fitted simple to use equipment and able to keep their own possessions etc.

**Italy:** No particular information or indications were given regarding this section. A general complaint had to do with the bedrooms being too small and, in the case of people in need, not wheelchair accessible. Some complaints were also made regarding one-room apartments that do not allow for privacy at night. Also, the choice of furniture and fixtures should be more sensitive to the needs of seniors.

**Spain:** Senior dwellings need to be designed to be restful, just like the rest of the population. Unfortunately, there is a lack of restful environments in most cases (mainly due to low incomes).

**Sweden:** This is very individual. What means restful for someone can mean under stimulating to another. It is important to tell the difference between restful and stimulating. Too much restfulness can lead to under stimulation. Of course it can be nice to have a nice view to look at but many seniors like to have people as well to look at as this gives the feeling that they are not alone. People should be able to choose for themselves how much stimulance they want

**Has the specific need of seniors to live in a restful environment been addressed in most cases?**

**England:** Yes in extra care and sheltered housing residents have their own flats and communal lounge/activities to which they can go if they choose. Part of the problem is that generally individual needs are not looked at – so what is built and designed is done on a group basis but without the detail of individual wishes (not just needs) to underpin this.

**Hungary:** Basically, half of interviewees were not able to give answer. The others who know homes better thought about whether the homes are specially equipped and that installation of equipment could be financial a problem.

**Could you list what should be provided and what you believe must be provided in order to meet the specific needs of seniors?**

**England:** Ask them – pay attention to what is being asked for; ask about wishes not just needs; do not impose your own preconceptions or the model of life you and the people you know happen to follow; come up with imaginative answers and ask older people to do the same. Work as equals. We could start by asking older people to design our housing based on what they think are our needs – that might be rather revealing! (They might just be spot on, which might be a good lesson for everyone to learn) Non institutional feel to building – externally and corridors. Window with low cells so people have good views out when seated, views over activity where possible, light from two sides, windows that give good views e.g. bays or corner windows. A well maintained garden is often noted as a benefit for residents, especially where people with disabilities can



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gain access. Units should be well soundproofed so that noise from radios/televisions does not affect other residents

**Hungary:** 30 % of interviewees have no idea. Others think it necessary to provide suitable furnishing, measure of basic space that is enough large, a quiet environment that is friendly, cosy and comfortable inside and outside rest areas.

**Spain:** Ergonomic mattresses and jointed beds, lateral bars, height and type of chairs that are suitable, wide spaces, suitable height of the switches and door handles. Good acoustic insulation in buildings and dwellings (insulated windows) and an environment free of motor vehicles and noisy leisure places.

**Section on meals: In your opinion do senior dwellings need to be specifically equipped, and/or designed differently with respect to other categories of users, in order to meet specific needs for the preparation and consumption of meals?**

**England:** Need to consider cultural needs of others. Need flexibility of providing meals for those unable to cook for themselves. As many older people suffer from disabilities individual kitchens need to be large enough to accommodate wheelchairs with flexible height work tops, cooks etc. Although we know many older people, especially in extra care, do not cook a great deal, Housing Corporation Scheme Development Standards force us to provide a standard amount of storage volume. Also cooking desires vary with the individual and families may wish to cook for their seniors. In extra care we allow for parts of the kitchen to be height adjustable in case of wheelchair use. Fridges and ovens/microwaves should be at a height accessible without bending. A well designed and accessible kitchen is necessary which does not look different from general housing but accommodates factors such as poor grip i.e. – lever taps, kettle tipper, larger draw handles, kitchen layout that avoids bending, standing on steps, flexible work top height, good storage. Again, space standards essential – need space for a stool or chair to sit whilst undertaking kitchen tasks.

**Hungary:** 90% interviewees agreed that there should be provision of safe appliances to able seniors to prepare meals and consume them in private if that is their choice. As an alternative to this, the communal provision and consumption of meals is preferred as it allows seniors to socialise and enjoy eating together. The deliver and distribution of meals has emerged as an alternative to the other options.

**Italy:** Not many indications resulted from the questions on meal preparation and consumption, although some merit notice. Generally speaking, seniors were not interested in having dish washers, the women preferred washing up by hand the few dishes they do have to wash. The women tended to prefer taking care of their own kitchens even when living conditions changed (i.e., when moving to a different home), thus demonstrating an emotional attachment. There were complaints about the lack of attention paid to the safety of kitchen appliances, a lack of the possibility of adding a personal touch to their kitchens, and that the drawers were generally too low and the cabinets too high to reach comfortably.

**Spain:** In terms of meals, security and simplicity of use, electrical appliances (avoiding gas stoves) are suitable to use to prepare assorted meals and soft diets, when necessary. It is also advisable to assure the possibility of buying food products easily.

**Sweden:** In Sweden there is a building law that regulates how a kitchen must be designed and built. It includes all houses, not just those for seniors. It is important that the kitchen is easy to reach from the whole house/flat. Most seniors like to cook their own meals for as long as possible. It is important to make the kitchen as accessible as possible, be able to lower appliances etc. When planning for a kitchen we always use as a starting point the needs of someone who is sitting in a wheelchair so even if sitting in a wheelchair you will be able to take care of yourself. The design of the home shall meet their requirements.

### **Have the specific needs of seniors regarding meal preparation and consumption been addressed in most cases?**

**England:** Older kitchens do not meet the needs to older people, however, where kitchens are being re-fitted; good design principles as noted above are being addressed.

**Hungary:** 60 % of interviewees responded yes, 20 % of interviewees responded this was not significant and 10 % responded no.

### **Could you list what should be provided and what you believe must be provided in order to meet the specific needs of seniors?**

**England:** A healthy respect for the fact that many will want to prepare the same sorts of foods they have always prepared; and some will not want to have to eat en masse at particular times. As other adults choose – would like to be able to choose what they eat and cook, when they cook and eat it and with whom. Too often, communal eating ends up meaning older people are ‘corralled’ to eat the same food at the same time, always sitting in the same place (especially in residential care settings) A well designed and accessible kitchen is necessary which does not look different from general housing but accommodates factors such as poor grip i.e. lever taps, kettle tipper, larger draw handles, kitchen layout



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that avoids bending, standing on steps, flexible work top height, good storage. Again, space standards essential – need space for a stool or chair to sit whilst undertaking kitchen tasks.

**Hungary:** 10% of interviewees say that seniors do not have special needs on this field, 10% of interviewees commission designers to plan the kind of equipment that is need, 10% of interviewees think that measures laid in health orders are convenient. 20% said that specially installed equipments must be provided, 20% said that the good solution is to serve seniors by providing of special types of meals (dietetic foods).

**Spain:** Safe and secure kitchens (sensors), domiciliary food services, close dining rooms at a reasonable price, etc.

**Section on health: In your opinion do senior dwellings need to be specifically equipped, and/or designed differently with respect to other categories of users, in order to meet specific health maintenance needs?**

**England:** If you design all homes for an older age, everyone will benefit. So for example hallways should have sufficient space for a turning circle for wheelchairs/walking prams/bicycles. Simple things like electric sockets at waist height help people who can't bend over as well as keeping toddlers' fingers away. Able to be fitted with hoists etc. Rooms available to chiropody, GP visits, home help, eye, hearing tests may be useful. Properties have to be designed to ensure that they meet the needs of older people – the alternative is that people move into homes that fail to meet their needs and have to move out to more suitable accommodation. People with conditions such as dementia need to live in an environment that support them – the alternative is that people with medical conditions have to move into housing where they often have less independence such as residential care. Ideally, good design for older people should not only be found in housing designated for older people but should be built into all homes so they can become 'future-proof'.

**Hungary:** Interviewees thought that the right size of rooms, specifically equipped and designed dwellings, special machines like beds and elevators (to lift patients into bed), personal alarm system and emergency telephone are important. Equipment should be provided and specially fitted for people who are permanently sick.



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**Italy:** Physical space, except on rare and very specific occasions, does not have an influence on health. As in the case of other services, healthcare services cannot be the same for everyone but must be delivered based on specific needs. We have witnessed an increase over the last five years in the need for individual assistance, due to the growing number of seniors, and to the “birth” and growth of a new type of caretaker that is neither a member of the family nor employed by the social and healthcare system. These caretakers, called badanti in Italian, often come from poorer countries (mainly from eastern Europe) and are hired to assist seniors in daily living activities because families can no longer offer this kind of assistance for their loved ones. Having these caretakers has reduced the number of admittances into hospitals or other care institutions and has often reduced the costs of assistance to families. Often, however, this is based on agreements that do not cover any social/health benefits or offer contractual assurances to the caretakers. Something should be done about safeguarding these caretakers who are growing in number; 13,000 to date in the city and province of Bologna alone. Although innovative technology is appreciated for what it offers in the field of security, burglar alarm systems, gas leak sensors, smoke detectors, etc. are not exploited beyond this by seniors. Advanced technology also depends on a system of support services and these are not provided because they are economically unsustainable. Advanced technology could replace some healthcare services that can be provided by phone or computer connection (taking and sending of vitals measures, etc.) but must never completely replace social ties and interpersonal relationships.

**Spain:** Senior dwellings do not need to be specially equipped, but they should meet the accessibility criteria to allow the entrance of the local sanitary services in case of emergency. In Spain, there are domiciliary services in the primary health care. There are also tele assistance services for medical emergencies but not for non urgent visits. Although healthcare advanced technology is currently not feasible in dwellings (economically unsustainable), systems of communication for the location and condition of the senior would be required.

**Sweden:** It can be difficult to respond general to those kinds of questions. Of course you can adapt a home to a person. It is important to have a discussion with the person who is going to live in the house/flat. All solutions do not fit everyone. “What do you want to have”? Speaking about what must be provided is difficult, because in Sweden we have a kind of basic structure that is in all houses.



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**Do you think that appropriate health and social services respond to the needs of seniors today?**

**England:** Yes although their needs to be more provision for people to remain independently within their own home, and a choice to move into alternative home as their needs change. People will be able to remain in sheltered housing if there is sufficient health care and social care available to them. Systems currently do not encourage the use of supported housing to meet the long term care needs of older people and many are admitted to residential care homes when they could live more independently if they had some support. Partly a bathing service might help someone who finds it difficult to use a bath. However, this service might not be required if the person has a level access shower. A service that enable people to have their own homes adapted to meet their changing needs is available and works very well – however, this would not be needed (and people would not have to wait) if the homes were set up for older/disabled people in the first place.

**Hungary:** 70 %: Yes. 30 %: No.

**Do you think that telephone med lines, nursing answering services, emergency call centres providing distance medical and preventive medicine telephone assistance and other technologically advanced services for responding to general health and emergency health calls are necessary and respond to the needs of seniors today?**

**England:** They met the needs of some. When NHS Direct was set up, however, there was a concern about the under use of its nurse-led advice service by older people. There is often a bigger problem that people don't always know about new systems. The Department for Work and Pensions has for the first time this year produced a 'Now you're retired' type information leaflet for everyone who's beginning to meet retirement age which may help that group. Up to a point but complexes can also address loneliness, poor diet (though providing meals) and a feeling for fear from crime, which the above do not yes, to a degree. Certainly call centres and alarms have enabled older people to receive help and support in an emergency (and particularly out-of-hours when face-to-face services often are not available). However, the preference of older people is to see someone face-to-face to deal with their needs. Older people have often



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requested that local services (doctors surgeries, nursing care) be provided at a local level e.g. as part of their scheme.

**Hungary:** 100% of participants in the survey say that these listed services are absolutely necessary. One person would realise more effective medical service with usage of Internet.

**Could you list what should be provided and what you believe must be provided in order to meet the specific needs of seniors?**

**England:** Their needs to be flexible options and these need to be planned on an individual basis responding to people's needs. There is always a need for access to information – although of course you do need to know what you need to ask first, which isn't always obvious Community health services and home care support with personal and day to day tasks (including night time care) in response to an assessment of individual need. Locally based health and care services, that can be accessed out-of-hours for people with medical needs – where based at schemes, these should be open to people in the local community. Dwellings need to be wired for telemedicine

**Hungary:** 30% of interviews said that there must be an organized network of servicing system with central direction. 20% said that this also depends on financial. Technically, the existence of emergency phones and safety equipment is of the most importance.

**Section on mobility: In your opinion do senior dwellings need to be specifically equipped, and/or designed differently with respect to other categories of users, in order to be more readily accessible?**

**England:** They need to be spacious enough to accommodate people as their mobility deteriorates. They also need to be adaptable. There should be a minimum standard for all homes, which ensure that a range of different people can live there safely and securely. Also need some kind of facility safely to store e.g. a mobility scooter, an ordinary scooter, a wheelchair, a walking frame etc. Even some housing designated for older people is clearly unsuitable for people with mobility problems.

**Hungary:** Basically it is important to live in fully accessible and obstacle free buildings, existence of lifts, rooms without door-steps, equipped with banisters, handrails, non-slip floors and doors enough wide for wheelchairs etc. Problems were reported relating to all aspects of this section:

**Italy:** The rooms in the flats are too small; there are often steps or stairs that are difficult to climb especially when carrying or transporting weights (shopping bags, tools, disabled persons, and so on). The presence of architectural barriers or other impediments in the connecting areas between the building and city sidewalks, etc. are not well-marked especially for those with poor eyesight like seniors. There are not only physical but also social and cultural barriers to be overcome both in the larger and smaller cities and neighbourhoods (lack of accessibility to the more common services, transportation, automatic banking services, and so on) and difficulty in managing manual functions (shopping in supermarkets, in trains and bus stations, airports and so on). Planning and designing solutions for everyone is not just a slogan but also a fundamental necessity if we are to respond to the needs of seniors.

**Spain:** Accessibility is the first priority in the design of dwellings. Interviewees highlighted the most important shortcoming regarding accessibility and mobility. In the dwellings, non adapted bathrooms (showers, handrails, chair, etc.), narrow doors and corridors that impede the wheelchairs access, excessive height of wardrobes, lack of illuminated spaces, etc. In the buildings, the stairs (great number of seniors live in buildings of many levels, that are old and without elevator) and access difficulties, elevators and doors not suitable for wheelchairs, absence of ramps. In the cities, lack of ramps (kerbs, stairs, etc),



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non-adapted public transportation, pedestrian crossings etc. with lights that do not allow enough time to cross the streets, non-adapted automatic banking services. There are some facilities that must be taken into account, for example, lifts, corridors of more than 90cm wide, 150cm to turn around, handles instead of knobs, grab bars.

**Sweden:** Elevators are essential, and they have to be wide enough to fit a wheel chair. Ramps by staircases, take away thresholds in the apartments as well the entire building. Make pathways outside from materials to make the use of wheelchairs easy. Houses and the close area around must be accessible to seniors with disabled parking, ramps, elevators and pathways. There should be strong colour contrasts to make it easier for residents with impaired sight.

**Have the specific needs of seniors regarding impaired mobility and easing accessibility been addressed in most cases?**

**England:** In the new extra care housing scheme they are but not yet within other forms of housing. Mostly we tend to think in terms of getting out of the house, and going up and down stairs. We're not so good at thinking about carrying things if walking (or using a wheelchair) is difficult

**Hungary:** Yes, specific needs have been addressed in most cases, but it can be further improved.

**Could you list what should be provided and what you believe must be provided in order to meet the specific needs of seniors?**

**England:** Wider corridors, availability of shower where a bath can't be used. Potential to adjust work-top heights in kitchens, space in bathrooms to enable carers to use and for wheelchair accessibility to amenities, community alarm/telephone care provision, space next to beds for hoists etc, and second bedroom for carer. Level access properties (both inside and outside the premises) with good wheelchair turning space, automated main entrance doors, buttons (lift, call alarm buttons, laundry equipment) at wheelchair height, level access showers in bathrooms, good handrails. Lifetime homes standards as a starting point.



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**Hungary:** Should provide fewer stairs, and more handholds, lifts, banisters, fully accessible and obstacle free buildings, rooms without door-steps, non-sliding floors. Clearing barriers from buildings and installing doors with cameras brings financial questions. 20% suggested carrier and help services to be operated.

**Could you tell me what you believe are the most important shortcomings regarding accessibility and mobility within the dwellings themselves, within the buildings, and within the city?**

**England:** Within dwellings – going into the garden (not seen as a priority); design of white goods and furniture – ergonomic considerations; design and access within bathrooms and kitchens. Within the city – safe ‘parking’ outside for mobility aides. Buildings – no lift access, steps up to entrance without handrails. The city – Poor Street lighting, no dropped kerbs, steps with no alternative route. Shared facilities; narrow doorways; undersize bathrooms and lavatories; lack of wheelchair accessible showers; unsuitable kitchens. Age of buildings

**Hungary:** Narrow inside rooms, lack of lifts and ramps in front of the buildings, lack of ramps leading onto the pavements, narrow doors. A lack of public transport within an accessible distance.

**Section on common service: As it is impossible to build new or renovate dwellings / houses for all seniors, most of them have to live in their ordinary homes. In your opinion what kind of services are needed?**

**England:** In the UK, most people remain in ordinary housing. The service that's probably needed most is one where someone asks an individual who's finding their housing difficult to manage what would be the most help to them, and then coming up with a solution. For example, someone might think that the thing they find most difficult is to change the light bulb in the light fitting in the ceiling; so the various solutions might be – re-wiring a series of table lamps so that these (not the central light fitting) come on when the light switch is turned on, or exchanging the central light fitting for one that can be pulled down. These are not necessarily expensive products – but they do take the time of paid staff to a) ask b) come up with ideas and c) make changes happen. But once it's been done – little further cost; people are still in control in their own home. Good, co-ordinated and inexpensive floating care and support services, particularly out-of-hours for people requiring 24 hour care (problems for older people don't go away at night or at weekends). Good neighbourhood support & local policing that can tackle. Good and cheap transport links where services are not locally accessible. Fast reaction, crisis services to support people at times of illness/hospital discharge are also essential to enable people to retain independence. Information on what is available

**Hungary:** Medical supervision, telecare, emergency call-network, food home-delivery, shopping arranger, cleaning service. Physiotherapy services, socialising in society, get-together parties and public communal places near their homes.

**Italy:** There is a growing sensibility to opening up to new technologies but the services most sought after are those social services that can answer the needs of people at home, in their daily living activities. Certainly central to this is the presence of a warden or house manager who's role must be reconsidered and managed in a way that will lower costs (for example, using service cooperatives or technological alternatives). Another need came to light, that of having a better check on the delivery of services and some form of accreditation or bonding for personnel that should be addressed by public administrations. The biggest challenge for the future is on self-management within the housing



complexes that will have to be run by the companies/developers/contractors that carry out the senior housing projects.

**Spain:** When building or renovating dwellings is not feasible, domiciliary assistance services are the best solution, although it is always cheaper (in the long term) to invest in accessibility. Besides the domiciliary assistance services (help in housework), other services that should be provided are the following: subsidies to adapt the dwelling and to set up the buildings with ramps, elevators, etc., domiciliary sanitary care, and medical visits by phone. Awareness and citizen information programmes on senior citizens problems are very important. Volunteering networks must have an important role in the value and care of elderly but the government is responsible for the social, sanitary, adaptation and suppression of architectonic barriers services. There must be public services.

**Sweden:** There is a risk that people can be “prisoners” in their own homes thanks to all new technical solutions. Too much and too advanced technology can lead to people feeling that someone is controlling them in their own homes. Accessibility is the most important need for seniors who wish to live in the own homes. Elevators, wide doorframes, ramps, automatic door openers, lighting and removal of thresholds, etc. There must be better cooperation between health care and home services.

### **What kinds of technical assistance are possible and/or wished?**

**England:** Often what is most wished for are ‘simple’ things like having a gate fixed; having a shelf moved or put up; having something mended. ‘Handyperson’ schemes where small changes can be made quickly that enable people to be safe in their homes

**Hungary:** Human resources to address the things listed above, equipments, vehicles for the enumerated services. Alarm and nurse-call networks and home assistance services. Health centres where advice is given on life style, etc. with basic health-hygienic services provided at seniors’ convenience.

### **What kind of services do you believe must be provided in order to meet the specific needs of seniors?**



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**England:** All of those described in the first section – if these are not provided, older people will wish to move to designated housing for older people where these needs are addressed. The priorities often depend on the individual – some people might wish to move because they can no longer manage their bathroom, while others because they are afraid of crime in their local community.

**Hungary:** 40% of interviewees thought that the social and health network has to be extended in self-governing domain. This should result in the development of an assistance network.

### **Finally how would it be organised, by community, cooperation among citizens or in other ways?**

**England:** Actively involving older people in planning services. Through local older people forums, where older people themselves can inform the relevant professionals about their needs and how best to respond. The community could organise neighbourhood watches to address security needs. They could also organise voluntary groups or services to help older people with minor repair and gardening issues. Befriending services might also be useful to help older people facing social isolation. Flexible, local provision by the not-for-profit sector so that older people can trust their needs are being met before a profit motive.

**Hungary:** People asked named a wide range of financial and natural assistance, including the heating services, warm-water network, food delivery, attendant supervision, signalling and emergency call systems, physiotherapy and mental help services. 90% thought that the state should take part in it from time to time, financing by public health or by social ways using funds from the government, independent finance and from private individuals.

## Closing questions:

### 1) In your opinion what are the most glaring mistakes that have been made in the field of senior housing and that should be avoided in the design and execution of a senior housing project?

**England:** Inflexible and institutionalised designs. Accommodation should reflect what general population aspire to but build in the specialist elements that people require with failing health, independence and mobility. That they are developed by housing providers and not as joined up social care/housing partnerships. This means that when people have care needs or mobility needs they have to move onto a different home. Views of senior people not being taken account of- not actively involving older people in their need. Assuming that there is such a thing as ‘seniors’ who can be designed for as an amorphous group. Under estimation of the rise in standard has been the most glaring mistake made in the UK i.e. building bed sits which became unlettable because people at the time in the 1960s were happy with them, but in the 1990s wanted one bedroom flats which were available in newer schemes. Concentrating on housing/buildings rather than the care that people need. With the right amount of care people can remain in their own homes (where the majority of older people prefer to be). With intensive 24 hour care attached to housing projects, people with high levels of dependency can be helped to live independently and avoid institutional care. Housing and care need to be ‘joined up’.

**Hungary:** People gave many different answers, so we emphasize the main points only:

- Crowded dwelling units
- Lack of mobility in the flats
- Accessibility of the places by public transport
- Lack of lifts, and suitable doors and stairs
- Unsuitable rooms and spaces inside and outside of the building



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- Low comfort and conveniences
- Low number of housing complexes

**Italy:** Each interviewee had their own ideas regarding glaring mistakes to be avoided in the future, some of which are as follows:

- Scarce attention paid to the real needs of seniors;
- Not enough space, rooms too small especially the bathrooms;
- Bathrooms equipped with bath tubs instead of showers;
- Seniors not involved enough in managing interventions;
- The city itself is not in any way “senior-centred”;
- Projects often carried out in areas on the outskirts of town, thereby increasing isolation;
- Flat assignment procedures for public/rent-controlled dwellings are often too rigid.

**Spain:-**

- Design definition of spaces and needs mistakes (responsibility of architects and builders)
- Materials and finish of the work (responsibility of the constructor)
- Expensive price of new dwellings
- Lack of specific regulation.

**Sweden:** Does not build houses with very much of technical exclusive features. It costs too much and the elderly often do not have the knowledge of how to use it and so do not use it. It is a mistake to force people to stay in their own homes if they do not want to. Sometimes we build new houses that are not accessible to everyone and that a big mistake. Do not build senior housings in hilly areas just because it has a nice view. It must be accessible to everyone. Close to stores, public transportation, libraries etc. Building houses without an elevator is an enormous mistake as well as building houses with no or common areas that do not work.

**What do you believe will be the most important needs of seniors in years to come (i.e., of those of us who are now between 50 and 55 years of age or could you state, in your opinion, what fundamental needs have not yet been addressed?**



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**England:** Peoples aspirations change, expectations of one generation are completely different to the next. Flexibility is the key. To be able to remain within their community with support and health and care delivered to meet their needs and not by moving them somewhere else as their health fails. There is sometimes an assumption, amongst people of the 50-55 cohorts they ‘they’ will be listened to in a way that they acknowledge today’s retired people are not listened to. Unless this cohort in their 50s starts paying attention to an older group now, they may well find that the example they are setting is that once you’re retired you are not treated as an equal. So once they are retired, a younger working age group will treat them exactly the same way many of those in there 50s currently treat those who are older. Currently low running costs look important for the future. Internet connections integrated with telephone/call centre. Alarm pendants/fall sensors etc. look essential. Light and bright interiors. The most important need is to ensure that all properties, regardless of whether they are designated for older people, come already with facilities that help and enable older and disabled people to live independently – this might also include IT infrastructure so that telephone-care facilities can be linked into the home. Designing an inclusive environment – accessible housing, shops and services and building in support technology that enables independent living.

**Hungary:** Keeping the jobs until retirement means higher certainty of existence. Developing of health service standards that bring assurance of providing what is needed old age. Prolonging the ability of self-sufficiency and providing the opportunity to choose the best services according to the needs and expectations of seniors. Buildings should be constructed with facilities for health, mental and recreation and leisure time.

**Italy:** As to the future of seniors and housing, we can summarise as follows:

- We can forecast a growing demand for increasingly specialised housing as seniors will demand more and more to remain as independent as possible, to have their own homes to live in, and to have access to user-friendly technology;
- Enrolment in co-operative construction of flats is also increasing (the number of applications on the part of seniors has recently risen from 3-5% to 30% of overall demand);
- The senior population is on the rise and this means that tomorrow’s seniors will be “new generation” seniors with different cultural and educational/professional backgrounds with respect to seniors today. Life



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expectancy is also growing and so we expect to have large numbers of the very old with changing health needs and diseases tied to aging;

- Tomorrow's seniors will have different cultural "legacies" with respect to elders today: less social capital, less social security, fewer public resources to pay for services all of which will determine the demand for different types of welfare schemes, although there will be more versatility regarding the use of technology and technological/computer-based solutions;
- Beyond the concrete/physical problems regarding living space within the dwellings themselves, new needs will arise regarding the management of in-house services that will have to be programmed and well-organised especially regarding effectiveness and equity.

**Spain:** People that are 50 or 55 years old are very active and live their maturity in a different way (and conditions) than the previous generation (at least in Spain). Society is in a constant change and there is huge information. Women in their 50s are incorporated into the labour world. In addition with the increasing of life expectancy arises other needs related to activities in the leisure time (cultural, sports, etc.) and social relations (besides the sanitary and social care). To sum up, the most important needs will be: health, money and love = healthy maintenance (feeding, sports and healthy habits); maintenance of the status of live; maintenance of relations and development of social abilities (measure against loneliness). To maintain the status of live (and that retirement does not mean a diminishment of the outcomes that they received when they worked); when we speak of love, we refer to the maintenance of relations and the development of social abilities that allow the improvement and enlargement of the social relations as a preventive measure against loneliness.

**Sweden:** The most important things are: accessibility and comfort. The design is very important. Things need to be functional but they also should be nice to look at. It is also important to remember that individuality does not become less when people get older, I am more inclined to think this is the opposite. Of course technical things are good but it can never compensate personal assistance. Most of the older people in our society do not have the technical knowledge to use computers. All problems can not be solved now; we do not know what kind of solutions there will be in the future

**Do you think that building design should include innovative energy saving and ecologically compatible solutions?**

**England:** Yes. Not just building design, but transport, and the design of household goods and products. Older people are amongst the poorest, but spend more time at home and have more health problems so need affordable warmth.

**Hungary:** All the people asked consider it important.

**Italy:** Regarding the final question on ecological sustainability and energy saving schemes, we can state the following: -

- These types of considerations have only recently been introduced in the design and building phase of operations and so there were few concrete answers and a lot of “ideological talk”;
- The context must be suitable in order to effectively introduce bio-architectural techniques into construction so as not to create isolated situations or solutions that would be much less effective than if they were more widespread;
- Improving the quality of housing is still a primary objective for the entire society as is the one of building low-cost housing so that poorer tenants, a category into which seniors often fall, may afford the rents.

**Spain:** Regarding the final question on ecological sustainability and energy saving schemes, we can state the following: Innovative energy saving is essential in the building design.

**Sweden:** All the people asked considers it important

## Summary:

**England:** Many older people do not want to live in a complex dedicated to older people but want to remain in their own home in the community they have lived in for many years. The evidence from older people applying for housing in urban areas is that they would prefer to live close to the centre and local facilities. Good public transport as well as access to both private and public outdoor space is important. Opportunities for social interaction are important; walk in centres for advice on healthcare, diet, etc; local info and advice centres are benefits, housing, practical, help, etc. There needs to be a variety of accommodation types for older people. Security and peace of mind is a key factor for older people and one of the reasons they choose to live within warden controlled housing rather than remain in their own home. Homes need to be spacious enough to accommodate people as their mobility deteriorates. They also need to be adaptable. The Lifetime Homes Standard provides a minimum for all homes, which ensure that the home can be adapted as the needs of the occupants change, removing the need to move to specialist accommodation.

**Hungary:** Accessibility to the urban environment and closeness to public transport are very important factors for senior. By the answers received, the most important needs are mental and nursing assistance. It is absolutely necessary to protect and make comfortable green areas for human use to protect the active life quality. Seniors living in isolation cannot be a good solution. The possibility of calm and smooth recreation has to be provided for them. At the same time connection with younger is pleasing for them. Specially equipped dwellings are necessary because of seniors' limited physical abilities.

**Italy:** We found a difference in mental attitude and lifestyle in seniors living in large urban contexts as compared to those living in small to medium size towns. A difference that is typical to Italy and has been noted in other surveys and needs analysis even on different subjects. As people get older they need more nature around them and recreational and other areas for social activities. Safety must be considered from the point of view of both inside and outside the home. Seniors generally do not feel safe outside their own homes. There is, therefore, a growing demand for systems (alarms, call devices, etc.) to guarantee safety and security that must be carefully assessed so that we do not randomly augment a market that is currently supplying a vast quantity of solutions that do not



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necessarily suit the specific needs of seniors. Planning and designing solutions for everyone is not just a slogan but also a fundamental necessity if we are to respond to the needs of seniors. There is a growing sensibility to opening up to new technologies but the services most sought after are those social services that can answer the needs of people at home, in their daily living activities. Certainly central to this is the presence of a warden or house manager whose role must be reconsidered and managed in a way that will cost less (for example, using service cooperatives or technological alternatives).

**Spain:** Seniors prefer to live in their own context (urban or not urban), as long as there is easy accessibility to public and private services. The preference of staying at home illustrates the need of adaptation and set up of those dwellings in order to make seniors living easy. Accessibility is the first priority in the dwellings' design. The provision of recreational activities and parks is important for everybody, not only for seniors. Retirement brings long stretches of leisure time and may result in feelings of loneliness and depression. This highlights the importance of social activities that enable seniors to pursue an active life and contribute to their communities. Fear is one of the elements that become more present to the extent we age. Fear of the unknown is decisive when we analyze the seniors' consumer behaviour. Therefore, there is an increasing demand for security. Safety devices that are too sophisticated would not be useful at all. Senior dwellings do not need to be specially equipped, but they should meet the accessibility criteria to allow the entrance of the local sanitary services in case of emergency. In Spain, there are domiciliary services in the primary health care. There are also telephone assistance services for medical emergencies except for non urgent visits.

**Sweden:** Seniors have the same needs as other people in the society. The most important amenities to have in the neighbourhood are access to transportations and groceries. Services must be in easy walking distance even for the frailest who need assistance in walking. Gardens and parks for recreational activities are very important, but when planning this we should not forget the security. We can not plan for parks close to senior houses that make people afraid of going out when it is dark. The day and night perspective is very important to have in mind. It is important to plan senior houses so the people who live there feel safe to go out, even in evenings and nights. Seniors often are afraid of doing so, and it makes them tied to their homes making them isolated from the rest of the society. But we do not solve problems with just more security systems. Installing too many security systems can make people even more insecure. It gives message that the society outside is very dangerous so creates more fear than before. The security systems must be in the house from the beginning, as to



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install later can be too expensive. We have to build in such a way that people can live in their dwellings the rest of their lives. There is also a risk that people can be “prisoners” in their own homes because of all new technical solutions. Too much and too advanced technology can lead to people feel that someone is controlling them in their own homes. Accessibility is the most important need for seniors who wish to live in the own homes for example: elevators, wide door frames, ramps, automatic door openers, lighting, removable thresholds etc.

## Conclusions:

There are different conditions in the different countries regarding the opportunities to build new houses that are suited just for seniors or renovate existing houses and adapt them to seniors. But there are more common things for all the countries than there are differences. The most common theme is that seniors want to stay in their homes as long as possible. Because of that, we have to find different kind of solutions for supporting this. One example could be the solution from Senior Forum Boo in Nacka in Sweden where they integrate a part of the town in cooperation and different kinds of activities and services are available both for the seniors living in the senior house and for those who still live in their own homes. Through this kind of solution, we break the isolation of many seniors. Isolation has been reported as a big concern in all five countries. With this kind of solution, more people are getting involved and that creates more opportunities for different kinds of social activities that can be too expensive if it is just a small senior house.

Other common themes for all the five countries and can be found as key aspects when speaking about senior houses are; services and accessibility. Services are necessary if we want people to stay in their homes as long as possible. There must be access to transportations, health care and consumable retail outlets (grocery stores, etc.) in the neighbourhood. Accessibility is the first priority in the design of the dwellings. The safety aspect is also very important, but installing too many security systems is not helpful because it can make people feel even more insecure and if the systems are too advanced, it is possible that the seniors would not able to use them.