

4 PRESENT PRACTICES IN THE FOUR COUNTRIES

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To provide a basis for identifying development challenges, the present practices in the four participating countries were studied. The inventory covered aspects of housing, surroundings and services, relevant for independent living of the elderly. It also focused on policies and principles designed to improve these living conditions. Main differences among the four countries were identified, and conclusions for directing the work on criteria were made.

The inventory was based on country reports from Denmark, Finland, The Netherlands and Spain. The reports were compiled using a common framework in order to make sure that the same issues were covered by all. The country reports were based on information collected from literature reviews, market surveys and expert interviews. The existing standards, criteria and guidelines in each country were also reviewed. For more detail, see Deliverable 1 by van der Linden and Steenbekkers (2003).

4.1 Policies and principles

The guiding principle of the Danish and Dutch governments is the maintenance of independence of older people for as long as possible. The Dutch government tries to reach this by for example large-scale home care. Another aim of the large-scaled home care is to reduce intramural care. When elderly need care they can choose care offered by home care organisations, or they can choose the *Persoonsgebonden Budget* (Individual Care Budget). In this system, people get a certain amount of money (dependent on the extent of care they need) and they can choose the help they prefer. This kind of care gives elderly much more freedom compared with the care received from home care organisations.

In Finland in the 1990's a significant project took place to change the structure of social and health services from institutional care to the direction of non-institutional services. The challenges of the future deal with the amount, quality and economy of services for the elderly. Municipalities have the main responsibility to offer care services to the elderly.

The general housing policy in Spain does not take the elderly people's needs into account. This is probably due to the fact that almost all Spanish elderly that experience problems with independent living or those needing care move in with their relatives.

There are 17 autonomic communities, which have exclusive power regarding housing. Catalunya (one of the regions in Spain) is leading the evolution both in demographic and socio-economic terms.

4.2 Housing

Mostly, the elderly attain a high age and live long independently. Only a small proportion of the elderly live in institutions. In certain parts of Europe it is com-

mon for the elderly to live with relatives, in other parts it is more common to live independently for as long as possible and to receive help to achieve this.

In *Denmark* 72% of people aged 67 years and older live independently (they do not receive home help and do not live in institutions); 24% receive home help and 4% live in institutions. Of people aged 80+, 4% receive more than 20 hours home help per week. 87% of people aged 65 years and older in *Finland* live at home independently, 7% live at home independently but with some help. 5% live with relatives and 2% in institutions (Nissinen and Santalo, 2001). In *the Netherlands* 92% of people aged 65 years and older live independently and 8% live in institutions (Ministerie van VROM, 2000). In *Spain* 54% of people aged 55 years and older live independently, 40% live with relatives and 3% live in institutions.

As is obvious from the above numbers there are major differences between the four countries. In Spain a large proportion of elderly is living with relatives and a smaller proportion of Finnish elderly lives with relatives. On the contrary, this way of living does not occur in Denmark and the Netherlands. Compared with the other countries, in the Netherlands the largest proportion of elderly live in institutions.

As regards the housing situation on the whole, Denmark and Finland have a relatively large number of detached dwellings. Spain has a high number of people living in large-scaled apartment buildings. In the Netherlands more than half of the people live in terraced dwellings.

Among the elderly people (65+), living in single-family dwellings (45%) is as common as living in a block of flats (41%) in Finland, and 12% of the elderly live in terraced dwellings (Nissinen & Santalo, 2001, www.euhousing.org). In the Netherlands two-thirds of people aged 55 years and older live in single-family dwellings, the rest live in apartments. As people grow older in the Netherlands they more often move to apartments with elevators (de Klerk, 2001). In Spain about 43% of elderly people live in single-family houses, alone or in a couple (Eurostat, 2001).

There are also some differences regarding ownership of the dwelling between the countries participating in the Elderathome project. In Denmark more than half of the dwellings are owner-occupied, this are mainly single-family dwellings. In the Netherlands the situation is almost the same as in Denmark. On the contrary, in Spain 81% of the dwellings are owner-occupied. Fifty percent of the Spanish apartments/flats are owner-occupied. This information was from 1996. In Finland in 1998, 60% of dwellings were owner-occupied and 30% were rented.

The situation of the elderly people differs somewhat from the general trends in some countries. In Finland 70% of older people live in owner-occupied housing (Nissinen & Santalo, 2001). In Finland the trend can be noticed that the ownership of the dwelling increases with age. In the Netherlands 43% of the elderly live in a privately owned dwelling (compared with 51% of the total population). 57% of the Dutch elderly live in rented dwellings, which are both social and private rented dwellings (de Klerk, 2001). In Spain about 81% of the elderly live in owner-occupied dwellings while only about 12% live in rented dwellings (Ministry of the Environment, 1999).

Table 7 shows the results of a study that was conducted about problems regarding the housing situation and surroundings in Europe. In the table it can be

seen that in Portugal 16% of households have no bath or shower and another 22% have no hot water. From the participating countries in the Elderathome project Denmark is doing the best and Spain the worst.

Table 7. Problems in housing and surroundings in Europe, 1995, in percentages

	No bath/shower	No hot water	Dwelling too small	Liquid/leak or wood rot	Noise	Vandalism
Austria	4	3	17	14	21	9
Belgium	4	5	13	22	20	17
Denmark*	3	1	16	12	13	10
Finland*(1)	-	-	-	-	-	-
France	4	2	14	24	25	21
Germany	2	6	12	12	29	9
Greece	6	-	26	25	20	7
Ireland	4	5	12	14	9	14
Italy	2	2	18	12	27	17
Luxembourg	2	3	13	13	17	12
Netherlands*	1	1	10	21	24	20
Portugal	16	22	30	42	17	21
Spain*	2	4	22	24	31	24
United Kingdom	0	0	21	25	21	29

* Participant of Elderathome project

(1) Data from Finland are missing.

Source: ministry of VROM, (2000)

In *Denmark*, old institutions are closed or reconstructed to so-called housing for the elderly i.e. adapted two-room flats. The elderly living there have a normal tenancy agreement and can obtain housing allowance as can everybody else in the rented housing sector. The elderly need to pass an assessment of need before they can move to a flat in the new housing for the elderly; if they need help they are allowed to live in the new housing for the elderly.

In 1988 a reform took place by which housing and services were as from then handled separately. Elderly need a separate assessment for their dwelling and when they want to receive services.

During the last 10 years there has been a growing interest in communes for elderly aged 55 years and older. However, many of the elderly living in communes do not choose this kind of housing because of the possibilities of common activities but because it is a way to get a smaller, a more modern, or an accessible dwelling. Only 0.2% of elderly live in a commune.

In *Finland*, the market sector consists of the private market sector and non-profit sector. In the non-profit sector there are many organisations that focus on housing, repairs, welfare and social security of the elderly.

In *the Netherlands* there are several organisations that deal with quality, safety and flexibility of dwellings. An interesting project is the cum-care complex. The starting point of this kind of housing are elderly who live independently, but if it is necessary, a full package of care is available.

In the 1980s the first commune especially for elderly was originated. The initiation of communes lies in the hands of elderly themselves. Elderly who live

in communes like to have their own dwelling and the possibilities of undertaking activities with others.

In *Spain* dwellings with common services are rare, only some such apartments are built in the private sector. There is an interesting project in Barcelona where students live with older people. The students help in the housekeeping and keep the elderly company. They may live there free of charge. This initiative is not taken over by other cities yet.

The dwelling market for the elderly is underdeveloped due to economic factors. Among the Spanish people there is very little mobility regarding housing; people buy a dwelling when they are getting married and most of them do not move anymore. These dwellings are financed by mortgages and people do not have money to adapt or rebuild their dwellings when necessary.

4.3 Surroundings

Loneliness and helplessness are typical problems in Finland among elderly, and probably this is a problem prevalent in many countries. The problems of rural areas are the long distances and lack of certain services. The problems that many elderly perceive in urban areas are crime, violence, a crowded environment. A clear technical problem is the lack of lifts in many buildings.

In the Netherlands, 33% of the elderly do not feel attached to the neighbourhood they live in. Another problem for 21% of elderly is the fact that people in the neighbourhood barely know each other.

In Spain more people aged 65 years and older live in rural areas than in urban areas.

4.4 Services

The number of comparable international studies regarding services is limited. However, in 1991 a collaborative, cross-national study funded by the European Community focusing on services and policies of care for older people in the EC member states (excluding Spain, Portugal and Luxembourg) took place. This study is known as ACRE, which is short for Age Care Research Europe. The aim of the study was to see how far different systems of health and social care were adapting to the changing needs of ageing populations.

Some findings of the study can be summarised as follows:

- There is a vast variation between countries as regards the proportion of older people receiving home help. To this can be added that the variations within each of the countries studied were also considerable.
- The services were distributed in different ways within countries. For example, in France the service is rather 'thinly' spread over a larger proportion of the population, whereas others like the Netherlands would appear to give relatively more people a larger number of hours. In Denmark overall provision is generous compared with any other country studied, so that the service reaches a very large number of people, some of whom receive a few hours of service weekly, but a

considerable proportion of others receive a large amount of care (Evers and van der Zanden, 1993).

The study is dated, but it shows that there were considerable variations between the EU-countries. We assume that some of the variations between countries remains today.

Evers and van der Zanden (1993) conclude the following: Denmark and the Netherlands and, to a lesser extent, the United Kingdom seem to be the countries with the most extensive infrastructure of services among the Northern European Union countries. However, even in the leading countries, the levels of home care services are not sufficient to keep pace with the rising need created by socio-demographic change.

In *Denmark*, services delivered at home have gone through a rapid development since the 1960s. The explicit policy - like the general policy of the government regarding housing - has been the maintenance of independence of older people as long as possible. The local authority decides who shall have home help and how many hours of help will be offered. The local authorities also decide about minor adaptations of the dwellings. There are also some services offered by the market segment, for example services that are not dealt with by the home-helpers or if people want more help then they are offered by the local authority.

A nurse or a therapist offers all elderly (age 75+) visits once a year to discuss whether or not they need some kind of assistance (or more assistance than they receive now).

In *Finland* the offering of services has been reduced during the period 1988-1996. However, the supply of services is improving nowadays.

The insufficient non-institutional services are an increasing problem and the gap between supply and demand is increasing as well. Especially regional inequality in getting services is a reality in Finland.

There are hundreds of firms that offer social and health services, but many are very small. These firms try to sell their services to the municipalities as well as directly to customers.

Elderly expect qualitative and individual services. They regard as important the right to equal treatment, self-determination and dignity of behaviour also when they are not any more able to cope with all the daily activities independently. Society is expected to secure the prerequisites of good life and to secure the sufficient care.

The offering of services is rising in *the Netherlands*. Several businesses are interested in investing in the services market. For example, housing associations and insurance companies are offering services now as well.

In *Spain* home medical assistance is given in emergency situations. So, it is not aimed at independence on the long term. However, the number of day-care centres is increasing. In these day-care centres no medical assistance is given.

There are several services in Spain for which the Ministry of Labour and Social Affairs is responsible. There are also private companies that offer services.

4.5 Main differences

There are several differences between the four countries participating in the project. The biggest differences are discussed below.

Both Denmark and the Netherlands have an explicit policy regarding the maintenance of independence of older people for as long as possible. Finland also pays attention to the independence of elderly; in Finland policy is aimed at a change from institutional care to non-institutional care. On the contrary, in Spain no special attention is given to elderly in general housing policy.

In Denmark, Finland and the Netherlands people try to maintain their independence for as long as possible. They can receive medical, domestic and practical help to cope with daily life. In Spain people can get help as well, but in the majority of cases Spanish elderly move in with relatives when their physical or cognitive state is decreasing. However, in Finland a small proportion of elderly lives with relatives as well. This does not occur in Denmark and the Netherlands. In the Netherlands a bigger proportion of elderly, compared with other countries, lives in institutions.

In Denmark and Finland there is a relatively large amount of detached dwellings. The Finnish elderly live in single-family dwellings or in blocks of flats. Spain has a large number of people living in large-scaled apartment buildings. In the Netherlands most people live in terraced dwellings, most elderly live in single-family dwellings; the rest lives in apartments.

From a European research it became clear that the quality of dwellings in Spain is worst compared with the other countries participating in the project. For example, noise is a problem for 31% of households, vandalism and leak or wood rot is problematic for 22% of houses and 22% of households judges the dwelling as too small.

In Finland we have to consider the long distances and connected with that the lack of certain services in rural areas. In the Netherlands it appears that a lot of elderly do not feel attached with the neighbourhood they live in.

In all countries the market that offers services is growing. In Denmark services were already offered from the 1950s. In Spain several services are only given in emergency situations.

4.6 Conclusions towards criteria development

It is obvious that there are several social and cultural differences between these four countries. Denmark and the Netherlands have some common features, but Finland and Spain are more different. These social and cultural differences have to be taken into account in the criteria work.

There is a lot of information available about dwellings and to a lesser extent about surroundings. Existing standards, criteria and guidelines deal with these aspects. The practices and guidelines concerning services are less developed. Services are, however, developing fast and services are a good instrument to help people to live independently. When facing the challenge of independent living, we develop a framework that can at the same time accommodate the existing knowledge and open doors for new, innovative solutions.