This factsheet is developed in support of the EUKN Policy Lab for the Netherlands, on ‘Housing and Care’. This document provides an overview of the broader context of Housing and Care from European level to a more local perspective. A number of international cases are presented, which provide a deeper insight in the position of Housing and Care in Europe.

Introduction
Europe has an ageing population: in 2060, 30% of Europeans will be over 65 years old. This is a result of two trends: improvements in health care and declining fertility rates. It is foreseen that for every retired person there will be only 2 people working, while the present ratio is 1 to 4. With the associated decrease in tax revenues, it seems that while the number of elderly people potentially in need of care will increase, the funds available for social care are likely to decrease.

Fostered by these concerns, 2012 was the European Year for Active Ageing and Solidarity between Generations. In a report published in that year by CECODHAS, the European Organization of Social Housing Corporations, active ageing is one of the main aspirations of the Europe 2020 strategy to promote growth and employment, in the context of the smart and inclusive growth objectives.

The report points out that the main challenge is to ensure that people are able to work longer and to lead an independent life as long as possible, including living by themselves. Moreover, an adequate housing supply has to take into account the needs of older people: to be located in a neighbourhood that allows for social and societal participation, to provide, if needed, social, medical and care services, and to be affordable.

Providing services can be done with low funding, if building creatively on the cooperation between different actors, as in the Danish example in Box 1.
How to make care & housing affordable?

Providing affordable care & housing can be a matter of establishing partnerships between different actors, and exploring how joint budgets can be used more efficiently and effectively. This is also the case for European funding. The report “Demographic change and its consequences for the future Cohesion Policy of the EU”, adopted by the European Parliament, supports the possibility of mobilizing funding from the European regional development Fund (ERDF) for investments in housing which would combine adaptation of dwellings to the needs of elderly people and energy efficient refurbishment.

1. EU policies and programmes on housing and health

The EU has both policies and programmes dealing with housing and health. There are no policies or programmes that integrate both topics, but recent documents alert for the necessity of working with sectors such as housing when addressing health and ageing issues.

Health Policies

Regarding Health, the EU guarantees the right of Member Countries to run their own healthcare systems. However, effects on health policy can come from sources other than the European Commission's health directorate. An example of that is the Working Time Directive (1988), which restricts excessive night work and gives EU workers the right of resting at least 11 hours in any 24 hours. The Directive, aims to protect people’s health and safety, as excessive working time is cited as a major cause of stress, depression and illness.

Investment in Health for Growth and against Inequality

The EU Commission sees Health as a main pillar of the Social Investment for Growth and Cohesion. The EU Health Strategy "Together for Health" supports the overall Europe 2020 strategy. Europe 2020 aims to turn the EU into a smart, sustainable and inclusive economy promoting growth for all – one prerequisite of which is a population in good health. The Commission argues, in the report “Investing in Health” (2013), that better health promotion and disease prevention should be carried out in and outside the health sector. It should include measures designed and implemented jointly with other sectors that have a major impact on health, such as housing.

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Box 1. “Free taxi” in Greve, Denmark.
The same report gives the example of the “free taxi” for elderly residents in Greve. The taxi is an electric car which helps the elderly residents in Gersagerparken with their daily activities. 22 volunteers have signed up as drivers and telephone attendants, many of whom are also retired residents. In the common room of the housing estate, volunteers sit every day from 9:30 to 11:30 and residents can call and arrange a time when they need help getting a ride to the post office, the doctor, or just a walk to the local supermarket. The project was sponsored by an electric car company which recently opened in Copenhagen, providing the cars, and operational costs are paid by the housing association. From Preparing the Future (CECODHAS) 2012)
The same report highlights the issue of Health Inequality in Europe, as health outcomes vary considerably between Member States. In 2010, the gap in life expectancy at birth between the highest and lowest values for EU-27 Member States was 11.6 years for males and 7.9 years for females. People with a lower income and less education die younger and their health is worse. Poor housing is one of the factors mentioned as inductive of poorer health.

For more information on public health in Europe: [http://ec.europa.eu/health/index_en.htm](http://ec.europa.eu/health/index_en.htm)

**Health Programmes**

**Innovation Partnership on Active and Healthy Ageing**

The EU Innovation Partnership on Active and Healthy Ageing (EIP on AHA) is part of the EU2020 Innovation Union Initiative. This partnership has the ambitious aim of **adding an average of two years of healthy life for everyone in Europe.**


Besides that, the partnership has three goals:

- Improving the health and quality of life of Europeans with a focus on older people;
- Supporting the long-term sustainability and efficiency of health and social care systems;
- Enhancing the competitiveness of EU industry through business and expansion in new markets.

The website of the Innovation Partnership has a “marketplace” area which aims to be a platform for cooperation that can help to develop innovative ideas and initiatives within the EIP on AHA, by enabling to: find partners for an initiative, find an initiative to participate in, provide and search for information, get in touch with stakeholders, participate in discussions on the forum, promote events, create groups and private forums.

**eHealth Action Plan**

The 2012-2020 eHealth Action Plan has three different aims: improving healthcare for the users, allow patients more control of their care and reduce the costs of healthcare. ICT can play a big role in these goals: it can provide online access to the patient’s health record, it can support prevention and early diagnosis, enable personalised therapies and help older adults live at home independently for more years (ICT for Societal Challenges 2013).

**2. National views**

Throughout Europe there is an increasing concern with aspects of welfare, related to how to accommodate an ageing population. In Sweden and UK governmental documents and programmes have been developed to envisage solutions for longer independent and active living. The solutions depend on how the health care system is organized in each country.

**Who should be responsible for providing adequate housing for the elderly?**

The actors responsible for organizing and managing the health care system vary from country to country. Sweden has, since the 80’s, a decentralized health care system in which
the county councils and municipalities have the responsibility (and the freedom) of organizing the health care provision. In Portugal, planning and regulation takes place largely at the central level in the Ministry of Health and its institutions. The Netherlands is currently under a transition from a centralized to a decentralized system of healthcare responsibilities, in which municipalities will become responsible for the health and social care of the elderly and disabled.

This decentralization of responsibilities can be seen on one hand as an added burden on municipalities, but on the other hand, as an opportunity to improve and prepare a resilient health and social care for the future demographic transition, by facilitating creative cooperation between local actors, such as health care providers and housing corporations. The municipalities seem better inclined to do this, since they know better the local needs and potentials, and have a closer contact with the local actors than the national government.

**Sweden, experienced decentralized system**

Local self-government has a long tradition in Sweden. The Health and Medical Services Act of 1982 specifies that the responsibility for ensuring that everyone living in Sweden has access to good health care lies with the county councils and municipalities. The Act gives county councils and municipalities considerable freedom with regard to the organization of their health services.

The county councils are responsible for the funding and provision of health care services to their populations. The municipalities are legally obliged to meet the care and housing needs of older people and people with disabilities. There is a mix of publicly and privately owned health care facilities but they are generally publically funded. Both the county councils and the municipalities levy proportional income taxes on the population to cover the services that they provide. The county councils and the municipalities also generate income through state grants and user charges.

**“Living well in later life”**

The Swedish government commission "Living well in later life" ran between the years 2010 to 2012. The starting point for the government commission was that 25 percent of the population is estimated to be over 65 years in 20-30 years. An aging population coupled with deficiencies in the existing housing motivates municipalities to effectively have to plan to meet future needs. Under the commission, municipalities could apply for grants for feasibility studies, projects and architectural competitions.

During the work, about seventy projects on senior housing and living environments have been launched around the country. Surveys have been conducted, inventories of accessibility in housing were carried out and exhibitions have been created. This website contains all results and more from the mission (Swedish): [http://www.hi.se/sv-se/Arbetsomraden/Projekt/Avslutade-projekt/Bo-bra-pa-aldre-dar/](http://www.hi.se/sv-se/Arbetsomraden/Projekt/Avslutade-projekt/Bo-bra-pa-aldre-dar/)

**UK: charity organizations and the call for integrated housing and care**

The UK’s health landscape is rich in charity organizations. According to a report by the National Institute for Health Research ([http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/SSCR-Scoping-Review_2_web.pdf](http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/SSCR-Scoping-Review_2_web.pdf)), the third sector delivery of social care services was well established in the UK by the end of
the nineteenth century, before the development of significant public provision; and despite the greater development of public services throughout the twentieth century, third sector provision remained a significant and essential element of overall services.

In recent years, there has been an increased concern with issues of ageing and housing. The report "Ready for Ageing?" from the House of Lords, mentions that providers of both public and private services need to meet the challenge of the ageing population. Also the governmental white paper “Caring for our future” highlights the need for integrated housing and care and announces a 200 million pounds funding, over five years, to encourage providers to develop new accommodation options for older people and disabled.

3. Lessons learned
Based on the growing number of experiences in developing integrated care and housing solutions, valuable lessons can be learned. Below some relevant reports and general guidebooks are highlighted.

Prepared the Future: Affordable housing and the challenge of an ageing population in Europe – Success stories (CECODHAS)
This publication shows 19 examples around the theme of the EU 'Active Ageing' year. The examples clearly show that financial resources are essential for the success of projects, but it is also important that people get excited and involved in the projects. Without commitment, there is no project. The various projects give a multicolored picture of what is happening in Europe in the field of senior housing. The projects are divided into five themes: multi-generational living, inter- and intra-generational solidarity, technological innovations, aging in green, active aging.

How to deliver quality housing and health partnerships (Chartered Institute of Housing)
This 'how to' guide sets out how housing professionals can establish effective relationships with colleagues working in health, to improve outcomes for residents. The guide is particularly timely as budgets in both many housing and related support services and health services are facing budget constraints. These pressures could make the two sectors retreat in to their silos, or it could drive innovation in how housing and health together deliver more personalised and cost-effective services.

Providing an alternative pathway :The value of integrating housing, care and support. (National Housing Federation)
This report, aimed at local commissioners of health and social care, tells the real stories of five people who receive integrated care, housing and support. Each service shows local authorities, housing providers, GPs and acute trusts working together to provide an alternative care pathway which reduces the demand an individual has for other services, as well as improving their quality of life.
Approach: independent living

- Cooperation between housing, research and companies.
- To develop pilot projects.

Approach: integrated offer of services

- Partnerships between different providers
- Integration of services of house adaptations, telecare and telehealth.
- A single contact point for consumers.

4. Practical case studies

Germany, Saxon Housing Cooperatives

The project „Living the Age“ is a cooperation project of housing cooperatives, research institutions and companies. Its declared target is to adapt housing units of sax cooperatives to the changing needs of their aging inhabitants. It is the objective of the project to design pilot forms of self-determined housing supported by technical measures, systems of technical assistance as well as personally linked services and to implement all this within housing cooperatives. In the sense of a balanced use of techniques and services a move to an elderly home or a similar care institution should be postponed or completely avoided.

From: Good practices in integrated care:

UK – (to be filled out by expert)

The documents we used as case-study:

http://www.housing.org.uk/publications/browse/providing-an-alternative-pathway/

Mears’ integrated service offer for older people (UK)

A Mears Group has developed an integrated care offer that aims to provide local authorities with solutions for meeting the dual challenges of increasing care needs from an ageing population and significantly reduced budgets. Rather than local authorities reducing the level of care provided, Mears’ offer seeks to deliver ‘more for less’ via integrating services and introducing incentive based commissioning. To enable a truly integrated offer for older people, Mears has formed a partnership with AKW, a major provider of
home adaptations, and Tunstall, a leading provider of telecare and telehealth. This partnership facilitates a fully combined offer, whereby local authorities and individuals can purchase in one step a full package of the domiciliary care, housing repair, adaptations and telecare services they need, rather than a separately assessed and costed collection of services. The offer involves the use of:

- Home Improvement Agencies as a single point of contact, providing advice and information about the options available for self funders and people with individual budgets
- a single assessment process which can identify the nature and level of support required
- the delivery of housing repair and adaptation by trained maintenance staff co-working with domiciliary care staff.


**Nijmegen – Assisted living areas**

Assisted living areas have been established in collaboration with partners such as housing associations, healthcare institutions, welfare and representatives of the target groups. The concept Assisted Living Areas applies to the entire city of Nijmegen, but every neighborhood will develop its own tailored made approach.

Key components of any residential service area are: living, the living environment (accessibility) and amenities. The central point is the neighborhood service point surrounded by houses for the target group. The municipality invests in:

- building neighbourhood service points
- building homes for the elderly and people with disabilities and
- organizing neighborhood-oriented healthcare and services.

It is the intention that in 15 years all areas and all necessary neighborhood service points are developed for the elderly and people with disabilities. The environment in the assisted living areas should be adapted as well. Finally, the provisions must be sufficient, which means that everyone in their own neighborhood can get the specific care and services he or she needs. Then it can be called a city in which resistant neighborhoods are developed and one can live there all his/her life.

http://www2.nijmegen.nl/wonen/zorgwelzijn/gehandicapten/woonsoorgebieden

**Hogewey, Weesp, The Netherlands**

Located close to Amsterdam, 'De Hogeweyk' is a village-style neighbourhood for elderly residents with dementia, offering maximum mobility and an opportunity to have a normal and active daily life. The innovative care concept, which is based on the requirements of the residents, is attracting a lot of attention.

Inside the complex, there is a park with a pond, a long boulevard, several squares with cafés and restaurants, as well as a theatre square. There is enough space to allow for the pronounced urge to move, typical for the illness, and there are plenty of areas for communication and social exchange. Although people suffering from Alzheimer's disease are often still very fit physically, they have problems with memory and mental capacity. They feel disoriented and can't manage without
help. Here they can move about freely on the grounds without having to worry about not finding their way back home again.

Learning points from Hogeweyk (Dutch):
http://www.bijzonderegebouwen.nl/2012/12/06/8-lessen-die-bouwprojecten-kunnen-leren-van-hogeweyk/


Please visit www.eukn.eu for more background information on integration of housing and care