

LEE LI MING
PROGRAMME IN
AGEING URBANISM

Housing for Older Population¹

Netherlands

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The Netherlands is one of the countries that has spear headed the practice of long-term care and assisted living for the elderly for many decades. The country, like most other European countries, is ageing rapidly. The percentage of people aged 65 or older is expected to increase from 16% in 2012 to 26% in 2040². Consequently, the strategy for tackling housing issues has evolved to suit the changing needs of the elderly and to practice economically viable solutions. Aging-in-place is now being viewed by policy makers as a way to avoid the costly option of institutional care, and as a means to cope with the expected shortage of care professionals. Long-term care for older individuals in the Netherlands has

¹ This is an evolving database. We will be adding more examples and cases over time.

² P T M Sebastiaan et al (2015) Older Adults' Reasons for Using Technology while Aging in Place,

Gerontology- Regenerative and Technological Section, Karger.com, <https://www.karger.com/Article/FullText/430949> accessed on 28 October 2015.

traditionally been publicly provided. However, in the recent decades of the 20th Century, long term care in the Netherlands has shifted from a publicly-subsidized institutional care system to a more privatized home-based care regime. We review some of these examples below.

Innovations for long term care housing of the elderly

The main aim of the public housing scheme in the Netherlands has been to enable the elderly and vulnerable groups to live independently and take part in society wherever possible. Consistent with this aim to empower older people and to promote independence, a number of initiatives have been developed to help to continue living in their own homes as long as possible. Some of these efforts as noted by Tinker et al (2013) include:

1. **Telecare and Telehealth**

Offer remote monitoring of individuals' health and needs, avoiding the need for them to visit their doctors. This technology is seen as cost effective in many countries. New devices and techniques may involve users only passively or as operators exchanging information with professionals.

2. **Internet**

Internet helps older people to keep in constant contact with family and friends who do not live nearby. It is beneficial, especially for those with physical disabilities. The City of Almere, in 2009, has invested in a more extensive high-speed broadband network, the 'Versilvering' programme. The aim is to overcome the constraints of location and mobility, to integrate the older population to the outside world.

3. **Smart Homes**

These homes can be defined as 'consisting of any device or system that allows an individual to perform a task they would otherwise be unable to do or increases the ease and safety with which the task can be performed'³. This can promote healthy ageing process with greater independence. In the Netherlands, these devices include alarms, grab rails, level thresholds, raised seats on toilets, raised beds, height-adjustable work surfaces and stair lifts that cope even with winding staircases, etc. Smart technology may include a network of sensors, cameras, electronic and computer-controlled devices integrated strategically in the house. Eligibility for assistive technology depends on disability level. Smart home

3 Cowan and Turner-Smith (1999) The role of assistive technology in alternative models of care for older people, Centre Of Rehabilitation Engineering, Kings College

London, Introduction To Assistive Technology, London, 2: 325—346

systems are only funded where there is severe disability.

4. Apartments for Life

These were first built in Rotterdam in the 1990s by the non-profit Humanitas Foundation. They were designed as 'age proof' apartments that can be adapted as disabilities develop. There are now 15 complexes with 1,700 apartments housing an estimated 2,500 individuals⁴. The apartments are available to couples, individuals and residents. Apartments may be purchased or rented and in the 195 apartments of Humanitas-Bergweg, the rent is subsidised.

5. Co-housing (centraalwonen)

This movement started in the 1960s, with each household having normal rooms but shares facilities such as laundries, meeting places, hobby rooms, workshops and garden space. Schemes usually have 30 to 70 households, sometimes in self-managing clusters. Most are rented from a housing cooperative but some are owner-occupied⁵. The reward is a sense of belonging, reciprocity and learning from others. Members value this form of living for its warmth and companionability, social

interaction and mutual support. Some older people choose a mixed-age community, while others select age-based communities. An age range of 55 to over 90 years allows natural renewal to take place, with younger and more able members providing help for the most disabled.

6. Care Cooperative village - Hoogeloon.

In 2005, residents in this village built on a traditional model of the farm cooperative and organised a care cooperative. The community now has 200 members including volunteers, paid coordinators and professional healthcare staff. The aim is to meet older people's need for health and social care in their own village, instead of having to travel to a nearby town. This initiative demonstrates the viability of a small-scale approach to social care and the advantages of services being embedded in a community.

An ex-care home director provided necessary know-how and contacts. Volunteers took turns to cook meals for older disabled residents, provide other domestic help required and transport, when necessary. Start-up subsidies (under the Social Support Act) were used in 2008 to build 14 serviced homes and a Support

⁴<http://agelessvoice.net/294/away-from-misery-island/#more-294> Accessed on 29 October 2015.

⁵ P. J. Bakker (2009) Cohousing in the Netherlands, Paper presented at the First International Cohousing Summit, Seattle

Centre for older people. Day care is available twice a week, giving relief to informal care givers. Wheelchairs and motorised scooters are lent out as needed. Running costs of services are met from Personal Budgets of users and from cooperative members' annual subscription (20 Euros), with the aim to make the services entirely self-funding.

7. 'City Village South' (StadsdorpZuid)

This is a citizen's initiative near Amsterdam, with the aim of helping older people remain active, healthy and safe in their own home and neighbourhood as long as possible. The importance of social interaction is emphasized, creating activities where people meet, to combat loneliness. Information is available on reasonably-priced services, restaurants and shops that deliver healthy food at a discount. There is a contract with a home care organization for providing personal home assistance. The project was funded by private parties first but financial contributions of the residents will enable the project to continue.

Innovations for intensive long term care housing needs of elderly

Institutional care usually deprives residents of their personalised perception of 'normal' life – one in which they feel like they have

independence, choices, privacy, dignity and opportunities for social interaction with a wide range of people. Elderly with specific conditions need more specially designed spaces in order to make their living independent and hassle free. The Netherlands has developed residential homes that are carefully designed to offer a more home-like, normal and enjoyable life to older people suffering from Alzheimer's, dementia, etc. Innovative residential complexes have been put in place to prolong independent living along with 24-hour care. Some of these popular efforts include:

1. **WiekslagKrabbelaan**

Located in Utrecht, this scheme is a nursing home for dementia care in an environment that is familiar, enabling, and 'home-like' and secure; the home is connected to its neighbourhood and promotes interaction with the wide community. Each household has its own front door, private bedrooms, each of 25 square metres with a basin, one bathroom and a shared living area with kitchen, dining and sitting. There is access to gardens, from where residents can see activities in the neighbourhood. Two households share large multipurpose areas for creative and cultural activities with staff or family members. The small size of the home and location near to shops are intended to encourage residents to go out shopping with staff or family.

2. Weidervogelhof

It is a 'lifetime' neighbourhood, with 201 rented sheltered housing apartments (176 affordable); up to 82 of the sheltered housing units are reserved for people needing nursing home care. Thus, the scheme allows for transition in care needs.

This development consists of nine buildings scattered throughout the neighbourhood and is run by collaboration between housing associations and a care organization. The philosophy is to provide housing, at-home care and welfare services in close proximity, enabling people to live independently in their own home but with support available in the same neighbourhood when needed. Apartments are offered to older people with care needs but also to others needing shelter or care. Each apartment has its own garden or balcony.

There are 41 one-bedroom assisted living apartments designed flexibly to enable reconfiguration into more households for dementia care in addition to another 10 apartments, each accommodating six people with dementia. A 'Care Hotel' has six rooms with ensuite bath and for rehabilitation and hospice care, allowing for transitions. One cluster of apartments is for severely physically

disabled people, while another has 100 affordable apartments for people aged over 55.

Weidervogelhof also has a range of primary care, dentistry, pharmacy, physiotherapy, speech therapy, welfare and other services. Although the development is high density, public green spaces are included⁶.

3. Hogeweyk village

This Dementia village is located in Weesp, near Amsterdam. It is designed for individuals with dementia who can no longer live independently in their own home. Care is available 24 hours, seven days a week. The whole range of dementia is catered for, including the mildly impaired and largely autonomous, those who are moderately or severely cognitively impaired and need professional supervision on a daily basis and also those who are bed-bound.

The aim is to replicate daily life in a village of households, thus, making residents as comfortable as possible and enabling them 'to continue to live in the manner to which they were accustomed prior the onset of dementia. To that end, they have created seven different life styles within the village as 'homes within homes'. Each home is planned so as to reflect a particular set of social circumstances:

⁶ J. Anderzhon, D. Hughes, S. Judd, E. Kiyota, & M. Wijnties (2012) Design for Aging: International case

studies of building and program, New Jersey: John Wiley & Sons

- *Het Gooi* for well-off residents attaching importance to etiquette and appearance;
- *Culturel* for those with interests in art and other culture;
- *Amsterdamse* for city dwellers;
- *Indische* for those with an Indonesian background;
- *Christelijke* for practising Christians;
- *Ambachtelijke* for those who had a skilled trade;
- *Huiselijke* for those whose focus had been family caring and domestic life.

Individuals choose their preferred lifestyle and live with similar companions in one of the seven types of home. Each of the 23 homes is self-contained, with a budget for food, medicines and care supplies, its own front door and doorbell, 6 or 7 bedrooms and two bathrooms and kitchen. Meals are cooked and laundry done by a housekeeping team. Each home has a distinctive internal layout and exterior to aid residents in finding their way and identifying their own home.

The design of the village promotes normal life and local residents may use the Hogeweyk facilities amenities and act as volunteers if they wish. The buildings enclose a spacious area with landscaped gardens, squares and streets where residents can walk and mingle safely around the ponds and benches.

The village has a full range of amenities such as a supermarket, café and restaurant with outdoor terraces, clubroom, theatre and facilities for games such as boules. Meaningful activities are encouraged. Residents may visit their doctor, physiotherapist or hairdresser within the village and shop for groceries at the supermarket, accompanied if necessary. Meals are cooked within each home. It is claimed that the cost per resident in Hogeweyk is no higher than in a Dutch nursing home but there has not been a thorough examination of the cost-effectiveness of the scheme nor studies assessing clinical outcomes.

Sources: A Tinker et al (2013) Assisted Living Platform -The Long Term Care Revolution: *A study of innovative models to support older people with disabilities in the Netherlands*, London, Housing Learning & Improvement Network, Kings College London; Cowan and Turner-Smith (1999) *The role of assistive technology in alternative models of care for older people*, Centre Of Rehabilitation Engineering, Kings College London, Introduction To Assistive Technology, London, 2: 325—346; P. J. Bakker (2009) Cohousing in the Netherlands, First International Cohousing Summit, Seattle; J. Anderzhon, D. Hughes, S. Judd, E. Kiyota, & M. Wijnties (2012) Design for Aging: International case studies of building and program, New Jersey: John Wiley & Sons; P T M Sebastiaan et al (2015) Older Adults' Reasons for Using ssTechnology while Aging in Place, Gerontology- Regenerative and Technological Section, Karger.com, <https://www.karger.com/Article/FullText/430949> accessed on 28 October 2015; <http://agelessvoice.net/294/away-from-misery-island/#more-294> Accessed on 29 October 2015;

A.A.M. van Vliet (2012) *Aging-in-Place: A Challenge towards Sustainable Planning in the Dutch Housing Market*, Gerontechnology 11(2):312, <http://gerontechnology.info/index.php/journal/article/view/gt.2012.11.02.550.00/1800>