Integrating housing, care and social support in residential areas: Swedish and German concepts of future housing in old age

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Abstract
Background: With more and more very old people and relatively less young people as well as an old population becoming more demanding what their self-determined life is concerned the provision of housing and care needs structural changes. Concepts of such changes have been developed in Europe including both Germany and Sweden.
Methods: In Germany the Residential Area Concept has been developed by analyzing existing care and housing solutions that seemed better suited to future needs than traditional ones. Also examples from abroad were included. The results showed a great variety of solutions both in terms of forms of housing, and in particular of care provision for local areas.
Results: In the German concept the focus is laid on strengthening social networks within rather small-scale residential areas where housing, care and social support should be integrated. Also special needs housing should be laid out to serve this purpose. Such a new care structure needs changes of the roles providers play. They must cooperate and encourage citizen participation. In Sweden, special forms of housing are in the focus of the more centralized social planning, but a revision towards a more community oriented approach is under discussion.

Keywords: Housing and care for older people; Small-scale residential areas; Social networks; Cooperation; Citizen participation; Community planning

Introduction
The demographic development in countries with a growing number of very old people asks for a revision of the provision of housing and care for senior citizens. Older people can’t any longer be treated as a minority group and merely cared for by more and more professional services. A restructuring of care provision is also needed because an increasing number of older people wish to remain in the residential environment they are familiar with. They want to partake in life there and live as independently as possible even if they depend on assistance and care (isa-platform 2010). Increasingly they also demand to be able to choose between different options according to their individual needs.

In different European countries a model has emerged during the last ten years which is meant to be an answer to those challenges. It has different names as for example “Residential Area Concept”, “Integrated Service Areas” (or as in Germany “Quartierskonzept”) as well as different ways of implementation but the goals are very similar. The concept is focused on all types of residential areas where the old and young live together. Here the necessary infrastructure, housing care and social support should be integrated and be provided in cooperation with the local players and citizens. In Germany this model has been developed by a collection of independent providers such as smaller welfare organisations, housing associations, citizen’s initiatives and some
municipalities rather than through state intervention. Whilst such Residential Area projects are still rather the exception than the rule, their number is rising steadily and the role of citizen's initiatives is taking more and more importance.

In the following this model will be described and illustrated by a successfully realized example. In the following the Swedish approach to the challenges of housing and care of the elderly as it developed during the last decades will be analyzed and compared with the German "Residential Area Concept". Sweden one of the first greying societies and has a long experience of planning for housing and care of the elderly. But does it have the solutions for the future, given the fact that the "greying development" continues at the same time as the financial resources are getting scarcer? The Swedish welfare model is under pressure and has already got partly revised. It seems time to get new impressions and to learn from experiences of other countries. In what way could the Swedish debate on new concepts for future housing in old age benefit from the experiences in Germany?

Methods

The formulation of a coherent "Residential Area Concept" came in as part of a research project carried out between 2003-2007 by the German Foundation for the Care of Older People (KDA) in cooperation with the Bertelsmann Foundation entitled "Living and housing in old age". As a first step an inventory was made over interesting projects all over Germany, including both forms of housing and care strategies for residential areas which seemed relevant for meeting future demands (Kremer-Preiß & Stolarz 2003). On this basis a concept for future old-age housing was developed named "Residential Area Concept" (Quartierskonzept"). Both to publicize the concept and to gain more information on practical solutions the KDA carried out a competition on realized projects in 2005. Through this event and the publication of the results (Kremer-Preiß & Stolarz 2005) the concept became known. Its analysis (Stolarz, 2007) provided further insights to effective implementation.

Elements of the concept go back to the 80ies as the example described below shows. The common thread uniting these early examples was the search for an alternative to institutional care and the provision of prophylactic services. The small scale aspect played a role already, in that the projects were initiated in small municipalities or housing developments. One of the founding principles of the Residential Area Concept was to turn it into a widely available solution. It quickly became clear that for the concept to work, it needed to be carried out in a small-scale residential area. This was supported by similar findings in other European countries such as Denmark or The Netherlands.

Results

The German "Residential Area Concept"

Demography and Changing Needs

There are two main factors that put the traditional system of housing and care into question. One is that older people are not any longer a minority group, but become increasingly a major part of society — amounting to about one third of the overall population in 2050. Thus neither specialist housing excluding older people from society nor care relying only on professional support can be the answer to the demographic aging of society. Whilst this development itself can hardly be influenced, it is the system of housing and care that must be altered, if it was only for economic reason. But it is also the older people themselves who ask for a different kind of provision. What they increasingly wish for is to continue a self-reliant life and be included in society, even if they are in a severe need of care. Some of the challenges as caused by the demographic development are:

As the number of people in advanced old age (aged 80 years and over) is particularly increasing (in Germany from over 3 million people 80+ to 9 million by the year 2050), the number of people requiring nursing care will rise drastically. Today, the majority of these people — two-thirds — are being cared for at home by their relatives. In the future, these helpers will not be quite so available.

In Germany (and some other countries) the birth rate is very low and there will be a drastic decline in the number of younger people (till 2050 by 15 million people under 65 years, compared with the increase of older
people 65+ by "only" 6.7 million). In simple terms, for every future old person gained, two young people will be lost. There will be fewer and fewer younger people to look after the elderly. In addition, also relatively fewer "young old" people (65 - 80) will be there to care for the very elderly.

This burden cannot be borne by the younger relatives alone. To match this growing care needs by additional nursing homes the number of spots available had to be doubled till 2050. This would not only be overly expensive, not to speak of the availability of staff, but it would not be desired by most elderly people as many studies on seniors' preferences show.

**Structural changes to the provision of housing and care**

The basic idea for structural changes was that the growing care needs cannot be met by a mere increase of professional care provisions but by getting older and younger citizens involved, i.e. there should a change from a "provision oriented" to a more "participation oriented" approach. To encourage this housing and care for older people must be organised where old and young live together and social networks can function, i.e. in ordinary residential areas. In order to bring about this structural change the following strategies have been formulated:

Strengthening the possibilities for normal independent living in one's own home:

This includes help with housing adaptations, accessible public space and accommodating infrastructure as well as sufficient care and support services at home.

Spread and development of new alternative forms of independent housing:

Already existing special forms like "assisted housing" and "communal living" should be adapted to care needs and integrated in residential areas. Particularly self-organised communal living projects need more support.

Spread and development of self-determined group living arrangements for people with care needs:

A range of different "residential care groups" both in an institutional and non-institutional setting has been developed as an alternative to traditional nursing homes, allowing people to remain in their familiar area. Particularly groups arranged by small care providers or relative's initiatives need more support.

Small-scale and decentralized organisation of housing and care provisions for the elderly:

In order to strengthen independent living and to allow older people to remain in their familiar environment the provision of housing, care and social support must be organised on a more decentralised, small-scale manor, within the residential area.

Strengthening individual initiatives and encouraging mutual help:

The focus on local areas can also help to strengthen the participation of regular citizens, which is needed in order to supplement professional care. Social networks as well as mutual help can develop best where old and young live together, but must also be targeted and encouraged.

**Characteristics of the "Residential Area Concept"**

The Residential Area Concept in Germany has the following basic features: The Focus lies on "small-scale" residential areas, where the three building blocks of supply i.e. housing, social support and nursing care are all integrated. Key to successful implementation is professional cooperation and citizen participation. In addition, there must be a 'minder' of some kind - a person or organisation - who is responsible for overseeing this.

With "small-scale" is meant that the residents of such an area must recognize it as their familiar surroundings. An area with up to 10,000 - 15,000 inhabitants seems to be a sensible size. Naturally, Residential Area projects can vary in their size and they can be realised in all type of housing areas: a residential quarter, a housing settlement, a whole small community or a village.

The three main building blocks of supply contain the following range of provision:

- Integrating senior-friendly housing options into local areas

This includes the construction of new accessible housing, remodelling of the existing housing stock and counselling services for housing adaptation; the integration of self-reliant forms of housing in the
neighbourhood and ensuring an accommodating infrastructure in the area e.g. grocery shopping and public transport within walking distance.

• Ensuring that social support is offered in each neighbourhood

Social support is meant to provide opportunities for social interaction, thus strengthening the social network of the neighbourhood, and to coordinate the provision of services. All Residential Area projects have this key building block and most projects started with it. The main fields are:

Counselling and home help: out-reaching advice, coordination and mediation of the provision of services, provision of affordable home help, primarily through volunteers from the community.

Social integration and mutual help: common rooms and social meeting places, communal and leisure-time activities, support of self-help and mutual help as well as help within families.

• Organizing nursing care on a local scale

This is accomplished by organizing home care on a neighbourhood basis and by spreading the concept of ‘small group living’ for those who can no longer be cared for at home. In addition, nursing homes should also become a part of this concept by decentralizing their institutional structure as well as expanding their services throughout the local community.

Practical experience has shown that Residential Area Concepts achieve their goals only if they adopt two important means of implementation:

• Securing professional cooperation

The different actors in the neighborhood – housing companies, service providers of various affiliations, local authorities – must work together. No single actor can set up or run a project of this type alone. Cooperation and coordination among the various actors is called for. An analysis of the Residential Area competition showed that besides housing associations and welfare organization - citizen initiatives were a key player in many projects, whilst only few municipalities had this role.

• Securing residential participation

Without the agreement and collaboration of residents in the neighbourhood, the concept won’t work. If the active participation of private citizens is desired, then they must be involved in the planning and implementation of the concept. One can only expect their engagement if the opportunities for participation have been provided.

Practical Challenges and Financing

The cooperation among diverse actors and the motivation of individual citizens calls for different organizational structures and a continuing support mechanism. It is particularly hard to finance the costs of the provision of social support including counselling as well as provisions for communal activities and home help. The main challenge however is the financing of the coordination tasks i.e. of the “minder” or of district management. To cover these costs there are basically two options:

Common financing: The municipality covers the costs e.g. by entrusting responsibility for this to an organisation (as is the case with Eching example, see below). This is the easiest way, but only few municipalities are able or willing to do so. Or all old and young residents in the area carry the costs e.g. via rent surcharge in a housing association. This applies only to very few housing cooperatives, where also resident’s associations can contribute financially. Some other projects opened new ways by including private financing. Here a social fund was created into which the municipality, housing project providers (e.g. spending their sales profit) and local citizens and/or civil organisations can pay.

Financing by the users or providers: In some cases the money gained from basic rates in assisted housing is partly used for funding some coordination tasks around the residential area. Or a basic rate is charged only from those who ask for support in their own home. Sometimes the housing and care providers themselves cover some of these costs. Another practice is to use claims of welfare benefits to also finance some community work. By addressing different need groups including young disabled people as many welfare benefit options as possible are exhausted.
However, only common funding can generate enough money to cover the cost of sufficient community work for a whole residential area. Up till now this has only been possible where there are very favourable conditions e.g. a wealthy municipality or a housing association with marked solidarity amongst residents.

**Example of the German Residential Area Concept - Care in the hands of the citizens themselves**

The Eching Centre for Older People (Alten Service Zentrum Eching ASZ) was opened in 1995. Provider is a citizen’s association “Getting Older in Eching” (Älter werden in Eching e.V.). The service area contains the whole community of Eching with 13,604 inhabitants. It is located near Munich, Bavaria, and belongs to the county Freising. Eching is a rather well off community with their own industrial area and many people are commuters to Munich. The predominantly single family houses were built after the 1960ies. Today, about 20% of its inhabitants are 65 years and older.

**Goals and the beginning of the project**

The community council decided in 1986 to build up a comprehensive local care supply that would allow all citizens to grow old within Eching without having to move to a nursing home. At that time only two community nurses were responsible for people in the need of care and nursing homes existed only outside the municipality. In 1989 an association “Getting older in Eching” was founded, of which all local players and the local authority as well as many citizens became members. The idea was to build a local service- and community centre from where care and support could be organised for all older residents of the municipality. After local providers failed to decide on who should take the lead, the association was eventually assigned this task.

The service centre located in the middle of the community beside the town hall contained: 21 dwellings (assisted housing); 16 short-term care as well as day care facilities; common rooms including a hall for social and cultural events, rooms for training courses, public café (ground floor); rooms for coordinating all provisions. Also swimming pool, technical aid rental, physiotherapy as well as shops are allocated here. In 2007 a new building was added nearby with: 30 dwellings (assisted housing) and 8 places in a non-institutional residential care group for people with dementia. (Insert 2 figures: pictures of Local centre and the building of the Service centre)

**Building blocks of supply**

- **Housing**

  The supply of suitable housing focuses on assisted housing. It offers closeness to social activities as well as care services. There is a basic service (contact person, advice, social support) with a general fee. All other services are optional and are paid for on a pro rata basis. The inner court yard offers all flats a view to the central atrium where the cafe open to the public is situated. Services are provided by the staff of the association. For older people wishing to adapt their existing houses there is some help available. Besides general information, the association collaborates with a housing counselling service from Munich in case specialist support is needed.

- **Social support**

  Communal activities and cultural events: There is a broad range of events and courses organised by the staff of the association and to a large extent by volunteers. In 2008 about 12,500 old and young inhabitants of Eching took part in 60 events and 22 courses, most of them held weekly. The common rooms are also used by third parties such as an adult education centre. There is a yearly big public event celebrating the inauguration of the centre. Since 2007, the centre extended its provisions for families and young people by becoming part of a federal program entitled “multigenerational meeting places” (Mehrgenerationenhäuser).

  Coordination and advice/ Residential area management: The management and staff employed by the association are key co-ordinators throughout the residential area. The head office and coordination office make sure that the different services and key players are well-coordinated. They help citizens to find the right kind of help for themselves as well as helping them to find suitable voluntary work options.
Home help services and neighbourly help: The support of old and disabled people in managing their own independent living plays a key role in this project. This support network has vastly expanded over the past few years, as shown by the turnover increase from 2,100 Euros in 2002 to 24,000 Euros in 2006. These services mainly involve help with household chores (cooking, cleaning, shopping etc.), giving lifts, accompanying people to doctor's appointments/shops etc. This also includes arranging things like meals on wheels and even holidays. Many volunteers and low income staff are also involved in providing these services.

- Nursing care

Domiciliary care: Aside from one smaller private service, the service run by the association has a monopoly in Eching. It provides nursing care for 10 people living at home, 12 people living in assisted housing as well as 7 people in the residential care group. The professional staff (about 8 fulltime jobs) works together with about 10 helpers who receive small financial rewards. To this date, out-patient care has been only offered (and required) during the day.

Residential care group: The 8 dementia sufferers live in a (non-institutional) group living facility located on the ground floor of the new assisted housing complex: 8 single rooms 20 m², each with their own bathroom. The kitchen, living room, terrace and sheltered garden are all communally shared. In accordance with the law there is a division of labour between the landlord and the care provider. The association owns the property and sub-lets it another provider who will act as landlord and 'solicitor' for the individual tenants. The relatives of the residents meet regularly to decide on everyday matters for the care group which the landlord attends also. The care team of the association provides assistance and nursing care services where required. (Insert figure: floor plan residential care group)

Short-term care and Day Care: Alleviating the burden of care provided by relatives was key to the ethos of the care concept. Short term care places and day care were provided right from the beginning on the first floor of the Eching centre. Due to lack in demand and financing this could not be maintained. Day care was axed in 2006 and short-term care followed in 2008. Eching cites competition from surrounding nursing homes alongside lacking funding of small-scale institutional care by the county as influencing factors. This has created a considerable gap in Eching's otherwise comprehensive care provision. The residential care group and more out-patient care provisions have only partly made up for this. The spaces formerly used for day- and short-term care will be converted into additional assisted housing with smaller dwellings for low-income groups and for families with disabled children.

Implementation of the project

- Cooperation

The existence of a citizen's association as the only service provider ensures the close cooperation of all local professional players. They are all represented on the board: municipality, welfare-organisations, churches, adult education centre, neighbourhood help organisation and other associations as well as 13 citizen representatives.

- Citizen participation

Citizens participated from the very beginning of this project including deciding on its goals. As board members, they took part in all the planning stages imposing for example considerable changes to the design of the building. Today, the association has nearly 500 members, most of whom are Eching citizens (80 % aged 65 and above). The on-going work of the Eching centre is undertaken in great part by citizens: Community centre: about 110 volunteers (250 hours/month), Home help service: about 25 helpers receiving financial rewards (over 150 hours/month), Domiciliary nursing care: about 10 helpers receiving financial rewards, Engagement in neighbourhood help: over 200 hours/month.

The project has been realised in two big stages: the building of 'ASZ Eching' (completed in 1995) and the additional housing complex (completed in 2007). A provisional meeting place and a home help service were already set up in 1989. These measures were carefully prepared. With the help of an external social planning office a survey was carried out and an architectural competition organised by the municipality. This office acted
as a mediator between the key players. A contract between the municipality and the association was a decisive measure in 1994. In the contract, the association was assigned responsibility for running the project and in return, the municipality offered to take financial responsibility. The project has been continuously extended. But it also suffered a setback with the axing of the day care centre and the short-term care. A perspective for the future is to extend domiciliary nursing care in order to provide a 24-hour-service.

Cost and Financing: Both the costs of building and developing the project were subsidised by external bodies such as the 'Robert Bosch Foundation' and the state of Bavaria. Also, the federal government provides funding to support the operation of the 'multi-generational house'. The overall expenditure for the project in 2008 amounted to approx. 1.5 Million Euros, nearly 1 Million Euros for staff with the rest for leasing and other operating costs. The association employs a total of 20 regular workers, representing 14 full-time jobs: Approx. 5 for coordination including education management, counselling and administration, 8 for care provisions and 1 for technical tasks. There are further costs for about 30 helpers who receive financial rewards.

On the other hand, the association has earnings mainly through rent (housing, shops) and fees for services, as for example: assisted housing: monthly rent 8.50–10.50 Euros per square metre, basic service fee approx. 100 Euros/month; group living: monthly rent 650 Euros/person, household expenditure 150 Euros/Pers., basic care-service 1,800 Euros/person (nursing care according to need); home help: 11 Euros/hour; courses: about 3 Euros/hour. About two thirds of the operational costs are refinanced through the users (and social benefits) via rent and fees. The remaining cost of about 0.45 Million Euros is financed by the municipality. This mainly covers the staff costs for coordination, management and counselling.

**Advantageous and disadvantageous conditions**

Only the lack of agreement between the municipality and the county on how to organize nursing care facilities appears to be a disadvantageous condition. The policy of the county (who is responsible for allocating welfare benefits) to only support traditional nursing homes counteracts the provision of care services based on a residential area.

In many ways, Eching provides an ideal framework for how to develop and implement a residential area concept: The residential area makes up a whole municipality. This means there is enough political decision-making power when it comes to aims and financing. The municipality (lead by the major) strongly supported and financed the project. The municipality is relatively wealthy and can afford non-compulsory 'extras'. In addition, there were subsidies helping to alleviate development/building costs. Tying the involved professionals with a citizen's association allowed cooperation and a high level of citizen participation. The Eching project drew attention at federal, national and even international level right from the beginning and has received many awards.

**The Swedish debate on future housing in old age**

Social planning in the Swedish welfare state

Confidence in social planning as means to create welfare is a distinguishing quality in the Swedish welfare model that emerged in post-war Sweden. There is now even in Europe a discussion beginning around the weight of society's engagement in order to manage the challenge connected to a greying society. The concept of social planning can be defined as physical planning with social goals or something broader like socially aimed community planning. The connection between housing politics and social politics can be traced already to the 1930s with the couple Alva and Gunnar Myrdal as well-known advocates for a social democratic politics possessing features of social engineering with the purpose to "put life in order" for the citizens (Hirdman, 2000). With help of social planning, the ambition was to create a better life situation for the citizens. The social and housing politics of the 1930s had as the purpose to stimulate a far too low birth rate through better housing for families with many children. Cramped living and lack of housing was observed again during the '60s as a societal problem, which became the object of state initiated contributions. A state subsidized housing construction program (the so-called Million Program) was launched in 1965, with the goal to build one
million residences during a ten year period. This is yet another example of how housing policy contributions were used as means to solve social problems. It is in line with the Swedish tradition to focus on housing issues in developing strategies to meet the challenge linked to a development towards a greying society.

During the 1980s a series of projects was carried out in order to renew the supply of housing units from the ’40s. Since a large number of older people lived in these housing areas particularly advantageous loans were granted for the landlords and housing companies that in connection with the renewal also carried out measures in order to facilitate for older people to age in place. The concept of “aging in place” is defined in this context as to be able to still live in the same apartment after rebuilding and renovation, but the concept is more often interpreted as a possibility to be able to remain in the same housing area. (Later the concept has had a broader meaning, to be able to remain in the regular housing units instead of being forced to move to some form of institution, i.e. special accommodation). After researchers studied a few examples of area renewal that were initiated as a result of the government subsidies, alarming reports came about how the elderly who lived in these areas experienced that their local social networks were torn apart because of the renewal process (see e.g. Jacobson, 1991; Öresjö, 1988). In 1986 in the housing area Frösundavik in Eskilstuna, a renewal process began where care became a catchword. Partly it concerned a care about buildings, the language of design and the character of the area, but just as important was the care about existing social networks. In a later research project different contributions that were made during the renewal of the area were documented, which had as a purpose to preserve and create conditions for a neighbourly community (Henning, 1994). This project is an example of social planning that is especially directed towards the elderly as a target group.

During the 1960s and ’70s a tradition of community work within social work emerged in Sweden, inspired primarily by community development projects in the U.S., England and The Netherlands. In a new Social Services Act from 1980 (SFS 1980:620) it was written for the first time that a mission for social services, with regards to individually aimed contributions, should simultaneously be aimed at structure, i.e. be preventative and create conditions for welfare. The participation of social services in community planning is indicated as a means to reach this ambition, which could mean providing a planning foundation, as well as directly contributing as participants in different planning contexts at the municipal level. In Linköping Municipality a special model for the participation of social services in community planning set in the ’80s the norms for how the intentions of the Social Services Law would be implemented (Henning, 1991, Henning 1995). A key concept for elderhousing in this model was integration in the local community. This was realized through an interlinking between eldercare and child care, between old and young dwellers and between elderhousing and ordinary housing. Elder care was decentralized and comprehensive. Ten years later this planning model was changed in favour of “free choice” and marketization of elder care (Henning & Lieberg 1997). The type of expert-initiated planning that emerged during the 1970s, and that was exemplified through “The Linköping Model for social planning”, was later criticized for being too controlled from the top (ibid). This model of goal-means-rational planning could best be described as characteristic for the “art of social engineering” that came to be associated with the traditional Swedish welfare model.

Aging in place has been the dominant policy in Sweden all since a government report was published (SOU 1984:78) based on the statement that this policy was as well most humane as most cost effective. Closely linked to the policy concerning elderhousing in Sweden is the organization of home based care which has facilitated the development towards aging in place. The home help system in Sweden during the 1960s and up to the mid-1970s was characterized by a substantial increase in the number of home help recipients (Daatland et al., 1997; SOU 1984:78; Trydegård, 2000). The 1980s and 1990s saw a fall in the proportion of older people (65+) receiving home help from about 16 percent to less than 10 percent (Szebehely, 2003). During the last years the proportion of older people receiving home-help has been around 10 percent (NBHW, 2008b). One consequence of the relative decline in the home help system has been a change in prioritizing, meaning that those with the greatest need of help have received more help while a substantial group that earlier received help does not get any help at all, with instrumental tasks such as shopping and cleaning (Edebalke, 2002; Szebehely, ibid). This development has led to a new debate in Sweden concerning the role of civil society in eldercare. The
informal sector, with family and volunteer organisations, is in focus when discussing how to organize eldercare in the future (Renblad, Henning, Jegermalm 2009). This development also has implications for the discussions about new concepts for future elderhousing.

In Search for the Model for Future Elder Housing in Sweden

Sweden has a long tradition of building different forms of collective housing. This was launched as a concept in the 30’ies by the utopian social democrats as a way to liberate women from too many household tasks. Day care centers were supposed to facilitate for women to work outside home. Shared facilities like a restaurant should ease the burden of every day cooking for the single family. In the 70’ies the idea of collective housing was picked up again, but now with the basic idea of sharing everyday work with cooking and child upbringing. A special model for this kind of housing (The BIG-model for congregate housing) was launched in the 80’ies by the Swedish Council for Building Research. This housing concept included localities for common activities, a big kitchen with dining room and day care center. A Nordic network for female researchers in the field of community planning published reports (Forskargruppen för det nya vardagslivet 1984, 1987) with new ideas for a feminist housing policy.

During the 90’ies a new concept for congregate housing for people 55+ was developed. This was called “senior housing”. The idea was to build accessible housing alternatives with localities for common activities. This development was in line with the policy towards aging in place. The most important ideas were to create barrier free housing and to encourage informal supportive networks to grow among people of the same generation.

As a consequence of the policy towards aging in place, many “supported housing” alternatives have been transferred into ordinary housing. A need assessment procedure is necessary to get a place in a supported/sheltered housing alternative. In contrast, senior housing is considered as an example of ordinary housing as there is no staff around the clock in this kind of housing. However, there is a growing awareness that too many sheltered housing facilities have been transferred into ordinary housing. The aging in place policy has in Sweden gone too far. The current discussions focus on the need of a more secure housing alternative between residential care (sheltered housing) and ordinary housing. Therefore a so called “safety housing” alternative has been launched in some government reports (SOU 2007, SOU 2008). This is also a kind of ordinary housing, like senior housing. The Swedish government has allocated 500 million SEK/ year in 3 years as subsidies for stimulating the building of “safety housing”. This kind of governing leads to a demand for developing criteria for how to get eligible for the subsidies. In this housing alternative there is no staff around the clock but some kind of coordinator or host for practical service and support must be available during day time all days during the week. This person could also be responsible for organizing different kinds of activities together with volunteers in the common localities (Henning & Åhnby 2008). There must be localities for both communal meals (including a kitchen) and for hobby activities. These localities must be placed in the same building as the flats. A person must be at least 70 years old to get access to a flat in a safety housing (for couples at least one person must be that old).

In the current debate concerning housing for the elderly, there is a strive in Sweden to find the new concept for future elderhousing. A concept that could be implemented all over Sweden and where the Swedish government could allocate subsidies in order to stimulate the building of safety housing on the housing market. This is the typical Swedish way. Another significant feature of the current Swedish debate is the focus on the house. Where are the experiences from earlier projects aiming at integration (like the “Linköping Model”)? Seniors are not a homogeneous group of people. Is it valid to give priority to just one concept? To get inspiration for a discussion of these and similar questions, connected to the ambition of implementing elder housing issues in community planning, it is fruitful to compare with the current discussion and development in Germany.
Discussion

The underlying argument for the German Residential Area Concept seems also relevant for Sweden or other countries:

It will not be enough simply to broaden the range of elderly-appropriate housing and care options; these provisions must be better integrated into residential areas. Older people should be able to remain in their neighbourhood, where they have lived for many years, and have built up a network of contacts. They should not have to move away simply because their housing is not senior-friendly, because the necessary support structure is lacking or because the infrastructure is deficient. To ensure this, more elderly-appropriate housing options, as well as the necessary social and nursing care support must be made available in their local area. Thus housing and care needs to be organized in a more decentralized, small-scale fashion.

The focus on local areas is necessary for a further reason. Since there will not be enough professional caregivers in the future for the growing number of older people needing care, more participation on the part of regular citizens will be required. A big challenge to the future structure of welfare for the elderly lies in the ability to strengthen the potential for individual initiatives and mutual help. This will likely develop best in places where the young and old already live together, and where relationships have developed over many years – in other words, in “normal” residential areas. Only here one can succeed in building up and strengthen social networks. Proximity of these services will not be enough, however; individual initiatives and mutual help must also be actively targeted and encouraged.

Comparing Swedish and German experiences from a Swedish perspective

The latest trend within social planning brings forth the significance of grass roots engagement and that initiatives are taken that emerge from the bottom up to the level of the decision makers and the people in power. Something that is often emphasized is the weight of a social pedagogical perspective on planning (Åhnby, 2000; Henning & Åhnby, 2008; Henning, Åhnby & Österström, 2009) that brings forth the significance of empowerment (power through participation).

As an increased insight emerged about the challenges that an aging society is brought up against, the social planning has had something of a renaissance as the means to create welfare for the citizens. Sweden has a tradition and an experience of developing models for a community planning with social goals. When it concerns planning for an aging-friendly society it really matters to learn from history and earlier mistakes from a planning that was far too managed from the top. The challenge lies in developing new strategies in order to encourage the participation and engagement of the elderly in a process managed from the bottom (von Löwis & Neumann 2009). Linked to the new Swedish concept of “safety housing” is a recommendation, when applying for subsidies, to try find ways to include seniors in the planning process.

What we can learn from German experiences is that there could be a great potential in people’s own initiative and that this stimulates a great variety in solutions with adaptation to local conditions. But also initiatives of different service-providers can contribute to this. Most important though, is the emphasis on decentralization and integration of housing and care in the local context. These ideas correspond with the results of a research program at the School of Health Sciences in Jönköping (Malmberg & Henning 2002).

Comparing different approaches from a German perspective

If one compares different approaches in different countries it becomes obvious that each solution has its own strength and weakness. In simple terms the Swedish model may involve too much state intervention resulting in centrally proposed models and centrally controlled services. This could be not flexible enough for producing the necessary variety of service and housing provision in order to suit the individual and local demand. In contrast, there is too little state support for encouraging such Residential Area projects in Germany. In this sense, more state intervention would be needed. On the other hand, the lack of central planning and regulation allowed for a great variety of different solutions to emerge and being implemented by new providers including the involvement of citizens. It is mainly the organization and financing of living, care and housing
that influence the implementation of such concepts in different countries. Since the national conditions with regard to social laws and administrative regulations, as they have historically developed, often seem to be untouchable if one sees them only from inside a country, it can be very helpful to look beyond country boundaries. With the aim of promoting the exchange of experiences, encouraging mutual learning and stimulating innovation, an international platform on "Integrated Service Areas" was formed where best-practice examples are described along with the specific social and political background of each country. As a start, examples from Netherlands, Switzerland, Denmark and Germany are presented, other countries including Sweden are to follow (see: www.isa-platform.eu). Although there is a great variety of solutions as well as background, some general issues can be named of how to improve the conditions for realizing the concept: Better financing of social support, more decision-making powers for small scale areas as well as municipalities, more incentives for housing and care providers as well as for all other players to act locally and to cooperate rather than to compete with each other.

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References

Germany

Sweden


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(Graphs to be please inserted)

Private rooms/ technical and staff rooms
Private bathrooms/ hallway
Common room/ garden

Floor plan: residential care group for dementia-sufferers