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1 Current situation

The countries within Europe are confronted by great challenges as the demographic structure in the European Union (EU) is changing. Low birth rates in the recent past and the present (TFR¹ of 1.6 in 2008) are accompanied by increasing life expectations of Europeans (82.4 years for women; 76.4 years for men in 2008²). At present, 17.4% of all Europeans are aged 65 and older. In 2020, the share of those over age 65 will rise to 28% (COM 2011). Accordingly, within the European Member States, a growing number of older – primarily very old – people stand in contrast to a declining number of younger people who are able to care for the elderly to a lesser extent. Furthermore, the number of single elderly persons and single-person households will increase – in the same manner as the number of senior citizens from a migrant background or with a disability.

These processes change the housing market and require new forms of housing to be developed. This is because the majority of the elderly people want to remain in their familiar environment and to live as independently as possible – even in the case they need assistance and care. As older people spend more time in their homes with increasing age and health limitations, the age appropriateness (location, furnishing) of the living situation and age-appropriate design of the residential environment are the key to maintaining independence and quality of life.

At present, the shortage in age-appropriate and adapted living space presents economy and politics with great challenges. Based on current calculations, 2.5 million barrier-free residential units are lacking in Germany in the near term and in the medium-term the number climbs to 3 million (BMVBS 2011: 11).

For the housing industry, older consumers have become a significant target group over the past several years as senior citizens properties, in particular in the age-appropriate residential field, represent an important growth sector (Kahler 2010). Policy makers are likewise trying to support the desire on the part of the elderly to live in familiar (residential) environment. In the meantime, most European countries have implemented support programmes for adapting residential space and designing residential environment. Similarly, the development of new forms of living is being supported. As part of national demographic and ageing strategies which address the consequences of demographic change, the segment "Living in Old Age" plays an important role. Designing future-oriented residential

¹ Total Fertility Rate (TFR): The TFR is the mean number of children that would be born alive to a woman during her lifetime if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year (COM 2011: 28).

² Upon attaining age 65, women within the EU 27 can expect to live additional 20.7 years and men additional 17.2 years (COM 2011).

and living forms is being increasingly understood as an interdisciplinary issue affecting numerous policy fields (residential, senior, social, family and health policies). The goal of such strategies is not solely to provide housing, but rather to enable social participation.

Important areas of action in national policy approaches include:

- Design and adaptation of living space in order to enable age-appropriate / barrier-free living
- Development of new residential forms between nursing home and living at home (shared housing, intergenerational housing, sheltered housing...)
- Advice and support in meeting everyday challenges through services and providing advice on-site
- Construction and expansion of age-appropriate infrastructure and care in the residential environment (mobility, shopping, sport and recreation opportunities)
- Design of public meeting space (neighbourhood meeting spaces, municipal meeting spaces, etc.), linkage of support networks and promotion of voluntary engagement

This paper summarises the results of comparative studies on the topic of "Living in Old Age" and the results of a research on latest sociopolitical measures and developments for senior citizens in selected countries (Linz/Stula 2011a, Linz/Stula 2011b). It provides an overview of how the topic "Living in Old Age³" is being discussed at the European level and in selected Member States. For this purpose, how the elderly are living in Europe will be presented first. Current initiatives at the European level and transnational projects and networks will be discussed next. Finally, approaches from five European Member States who provide innovative impulses when it comes to developing new residential forms for elderly people will be presented.

³ "Living in Old Age," as used here describes measures and strategies aimed at future-oriented housing and living forms which include measures to promote age-appropriate housing (in one's own home or alternative forms of living) and to design age-appropriate living environments.

2 Living situation of the elderly in the EU

The following first provides an overview of comparative data on the living situation of elderly people in the EU. If one considers available studies on this topic, the "hard" factors (e.g. size of residence, rent, number of persons in a household, etc.) are more likely to be recorded; by contrast, "soft" factors, such as integration in the residential environment or subjective satisfaction are captured less frequently (Seifert/Schelling 2011). The presentation contained herein is based on data from the Statistical Office of the European Union (Eurostat) and of the international survey project SHARE⁴, as well as the results of a comparative study by the Bundesverband Freier Immobilien- und Wohnungsunternehmen e.V. (BFW) (BFW 2007).

Household structure: Within the EU 27, the majority of those aged 65 and older lives alone (31.1%) or as a couple (48.3%). In 2009, approximately nine of ten persons aged 65 and above in Germany, France, Finland and the United Kingdom lived independently in their own home. In the Netherlands, the percentage was actually 95 percent. By contrast, this share was especially low in Cyprus, Spain, Portugal and Estonia. In these countries, elderly people more often lived in common households together with their children. Across Europe, this only applies to 4.6 percent of all of senior citizens (Eurostat 2011: 95). In the Scandinavian countries in particular and in the United Kingdom this share is very low, whilst this form of living is more common in the countries of Southern and Eastern Europe. In Romania, Poland and the Baltic states this share is more than 10 percent. (id.; Mai et al. 2007: 51 et seq.)

Home ownership: Within all European countries, the home ownership rate for persons aged 65 and older is above-average compared to the population as a whole (BFW 2007: 7). However, there are large differences between individual Member States. The SHARE data show that approximately 80 percent of those aged 55 and above in Belgium, the Netherlands and Denmark live in their own house, whilst in the Czech Republic the percentage is only one-third (Angelini/Laferrère 2008: 99). The home ownership rate is especially high in the Member States of Southern and Eastern Europe (Lithuania, Hungary, Estonia, Slovenia, Spain, Greece and Italy) as well. Privatisation of home ownership occurred rapidly following the end of socialism in the countries of Eastern Europe, whereby residences were transferred to their tenants at no cost in some cases. However, most of the new owners in the low-income segment were not able to maintain their property (Mau et al. 2009: 208). The lowest rates of home ownership may be found in Sweden, Germany and the Czech Republic (id. 210).

⁴ Survey of Health, Ageing and Retirement in Europe (SHARE) is a representative study of the population aged 55 and older, by means of which changes in the economic, health and social situation are monitored for more than 55,000 elderly residents in 20 European countries. The results used here are from the second round of the survey 2006/2007 in 14 European countries and Israel (Angelini/Laferrère 2008, Kohli et al. 2008).

Furnishings: In relation to furnishing flats with bathroom, toilette, central heating or television, there has been a large degree of convergence within Europe over the past several years. Almost 100 percent of those questioned by SHARE live in a household with a bathroom and toilette. The only exceptions are Greece (78%) and Poland (88%) (Mau et al. 2009: 208, Kohli 2008: 110 et seq.). With regard to the furnishing of households with devices that assist persons with physical impairments or health problems, the SHARE data show that throughout Europe those over 80 years of age, at 15 percent, are three times more likely to live in households equipped with such devices as those in the age group 50-59 years old. The highest degree of inclusion of devices for people with physical impairments may be found in the Netherlands where every sixth and almost one-half of persons aged 80 and above live in residences with special features – followed by Denmark and Switzerland. By contrast, there are hardly any such accommodations in Poland, Italy and Greece (1-3%). There is a clear deficit especially in the Member States in Southern and Eastern Europe. One reason for this could be stronger family traditions in the South on the basis of which expectations are that services provided by co-residing or close family members (or migrant household carers) will make up for disability of the elderly people (Kohli et al 2008: 110).

Adaptation of housing: A study of the development of age-appropriate forms of housing in 13 European countries from 2007 reached the conclusion that on average only one percent of all residences in Europe are barrier-free or have been adapted to the needs of elderly people. These exist within the housing stock of ten countries. In particular, Belgium, Germany, Finland, France, Great Britain, Italy, the Netherlands, Austria, Poland and Sweden are categorised as progressive on this point (BFW 2007: 8). According to this study, the greatest successes in the adaptation of individual living space may be observed in the Netherlands, the United Kingdom and Belgium with shares of between two and five percent. In the Member States of Eastern Europe, age-appropriate residences are only on offer to a limited extent (id. 5).

New forms of living: Within Europe, new housing forms which vary by size, form of organisation, mutual commitment, homogeneity of age or generational composition are gaining in importance. According to the BFW study, common housing forms are residential group models⁵, which are not subject to any statutory or other rules in most countries and do not receive state subsidies (id. 8).

Residential change: One of the most important decisions facing people as they become older is whether to stay in their house or flat or to choose an alternative living arrangement (e.g.

⁵These are either sheltered housing communities with tenant status and care provided by out-patient nursing services or in-patient sheltered residential groups as an integrated care concept in pre-in-patient nursing institutions / housing communities connected to nursing homes set up separately in a normal residential environment (BFW 2007: 8).

age-appropriate adaption or reduction in living space, move into some form of sheltered housing or to a new location, possibly abroad or to family members). In general, the willingness to leave familiar surroundings declines significantly in old age. There are many reasons which influence the decision whether to relocate in old age. Financial considerations play an important role, as well as whether the individual rents or owns. Tenants are more likely to move than owners. On the whole, declining health, change in marital status (for example through death of the spouse or partner), low income or too much room to take care of (mostly resulting from children leaving home or death of the spouse or partner) are the most significant factors promoting a residential change. (Eurostat 2011: 96, Kohli et al. 2008: 111)

3 European contributions and projects

3.1 European contributions

The European Union has proven to be an important player in the discussion of the consequences of demographic change in Europe over the past several years. Even though senior citizen and housing policy is within the spheres of competence of the individual Member States, through their initiatives, the European institutions play an important role in promoting the exchange of experiences between the countries regarding these issues.

The European Commission organizes a European *Demography Forum* every two years since 2006 at which it presents current analyses and actions in order to encourage cooperation and discussion between the Member States, stakeholders and experts from all over Europe. In order to support these discussions, it presents a report on the demographic situation in the EU containing the most important facts and figures related to demographic change and discussing appropriate strategies. The last *demography report* from April 2012 shows a slight increase in birth rates and longer life expectancy throughout the European Union. The Commission emphasises in this report that it will be of particular importance in the coming years to use the great potential of the two fastest growing population groups, that of senior citizens and migrants (COM 2011: 8).

In the ten-year growth strategy *Europe 2020* approved in June 2010 (KOM 2010a), population ageing is described both as a challenge and an opportunity for smart, sustainable and inclusive growth. In each the strategy's flagship initiatives, *A Digital Agenda for Europe* and *Innovation Union*, the topic of population ageing is given priority, whereby a focal point for both initiatives is the expansion of technical aid and assistance. The Digital Agenda includes the goal of making in the form of technology for ambient assisted living⁶ ICT⁷-supported innovative services, products and processes accessible to everyone. In order to promote independent living for senior citizens, ICT-based solutions for the prevention of falls are in particular to be promoted (KOM 2010b: 35). In the flagship initiative *Innovation Union*, ICT-based solutions likewise play an important role in the "European Innovation Partnership for Active and Healthy Ageing". The goal of this initiative is to enable people to live healthy, longer independent lives, to introduce innovations on a higher level than previously in health

⁶ The joint EU and Member State programme dedicated to AAL, "Ambient Assisted Living Joint Programme (AAL-JP)," is a transnational subsidy programme in which 23 European countries are participating. The AAL-JP was created in 2008 by 20 EU Member States and three associated countries. The programme's focus is on the applied research of ICT-based products and services for elderly citizens (<http://www.aal-europe.eu/calls/call-5-2012>) (accessed: 15/06/2012).

⁷ Information and communications technology ("ICT")

promotion, prevention and early recognition and to increase the average number of healthy years of life by two by 2020⁸ (KOM 2010c).

An additional current initiative is the *European Accessibility Act* that the European Commission is currently working on – as a key element of the European Disability Strategy 2010-2020. People with disabilities should not be disadvantaged either when accessing the physical environment, transportation or information and communications technologies and systems. This initiative will also benefit people with limited mobility, e.g. the elderly. Draft legislation should be prepared by fall 2012 and should also contain the results of the public consultations held between November 2011 and February 2012⁹.

3.2 European projects and networks

Several current or recently completed transnational scientific projects and networks will be described below which have as their goal the generation of new knowledge on the topic of promoting independent living in old age and the exchange between interested stakeholders. The projects selected offer an insight into which actors and which countries are currently working on the topic of living in old age on the European level.

Enabling Autonomy, Participation, and Well-Being in Old Age: The Home Environment as a Determinant for Healthy Ageing (duration: 2002 to 2004)¹⁰

Project description: The project financed from funds from the Fifth Framework Programme of the European Commission, analysed the influence of the home environment (objective living conditions, living patterns, subjective perceptions) on societal participation and well-being of persons in very old age groups (75-89 years old) who lived alone in urban regions in five European countries (Sweden, United Kingdom, Hungary, Latvia and Germany). The empirical study is designed longitudinally with two dates, supplemented by qualitative in-depth studies with national focal points.

Results: People who have an accessible home environment, who experience their home environment as useful and important and hardly place responsibility for their own living situation on others or on fate, are more independent in daily activities, feel better

⁸ http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing (accessed: 15.6.2012)

⁹ http://ec.europa.eu/governance/impact/plannde_ia/docs/2012_just_025_european_accessibility_act_en.pdf (accessed: 15/06/2012).

("environmental mastery") and are less often depressed. With respect to the comparability of the interaction between living situation and healthy ageing in the five regions, patterns tend to correspond despite different forms accessibility, satisfaction with life or depression within the research regions. In addition, the findings show that residential research today must always take objective and subjective aspects into account in order to depict the connection between living situation and healthy ageing.

Further information: <http://www.enableage.arb.lu.se/>

FUTURAGE (duration: September 2009 to October 2011)

The goal of this project, subsidised by the European Commission, consisted of developing a strategy for future research on ageing ("European Roadmap for Ageing Research") for the next 15 to 20 years. 24 partners from 14 European Member States took part. The strategy, which identified a total of seven priority themes [including: "Ageing Well at Home and in Community Environments"] was presented in Brussels on 18 October 2011.

Further information: <http://futurage.group.shef.ac.uk/>

Programme planning initiative "Joint Programming Initiative – more years, better lives"

"Joint programming" is a new approach to foster collaboration and cooperation in research and development in Europe. The programme planning initiative "More Years, Better Lives - The Potential and Challenges of Demographic Change" seeks to enhance coordination and collaboration between European and national research programmes related to demographic change. It is a Member States driven activity. Denmark, Germany, Finland, France, Italy, the Netherlands, Austria, Poland, Sweden, Switzerland, Spain, Turkey and the United Kingdom are participating in the initiative (Belgium, Ireland and Norway have observer status). A strategic research plan was developed jointly which is now being implemented in common actions and projects. The first results are expected after 2012.

Current and future research initiatives and projects from the participating countries related to the priority themes health/efficiency, work/productivity, education/learning, housing/urban development and/or rural development/mobility, social systems/welfare are published on its website.

Further information: <http://www.jp-demographic.eu/>

¹⁰ This project has - compared to the other projects presented - been concluded for some time. However, it is discussed here due to the project's important results on the topic of living in old age.

ISA-Platform: “Integrated Service Areas”

The goal of the platform is to encourage the exchange of experiences related to social and community space issues at the international level. The network includes representatives from institutes in Denmark, Germany, the Netherlands and Switzerland. The purpose of the platform is to encourage the exchange of experiences in order to learn from each other and to stimulate innovation. It is a private initiative which works independently of governments or the European Union.

The website includes an outline of national senior citizen policy and the state of development of integrated service area concepts. In each case, an example in a rural area and in a larger town was selected.

Further information: <http://www.isa-platform.eu>

HOPE: Trends in Housing for older people

This network, which was formed as follow-on to the European Year for Active Ageing and Solidarity between Generations in 1993, consists of housing associations and housing companies from Denmark, Germany, the Netherlands, Sweden and the United Kingdom. It seeks to share knowledge and exchange ideas about housing for older people and related service solutions that arise from the demands and needs of older people.

Further information: www.kab-bolig.dk/

Ageing better in Europe: local authorities exchange their viewpoints (duration: September 2009 to June 2011)

Seven European local authorities from France, Austria, Poland, Romania and Hungary were involved in the project. Issues on which the representatives from regional authorities exchanged their experiences include housing for the elderly, age-appropriate infrastructure, social integration of elderly people, needs of specific groups of people (ageing disabled people, patients with Alzheimer's and related diseases and elderly migrants) and the employment of senior citizens. The project resulted in the development of a guide based on the results of discussions which may be accessed online (Ageing better in Europe 2011).

Further information:

http://www.europa.steiermark.at/cms/dokumente/11560703_2950520/061b1aec/the_challenge_of_ageing_cooperation_in_action_A4.pdf

HELPS – Housing and Homecare for the Elderly and Local Partnership Strategies in Central European Cities (duration: October 2011 to September 2014)

The HELPS project focuses on integrated local governance orientated housing and care approaches that combine the structural and technical adaptation to and in buildings and that integrate on-site provision of care, health, and additional services. Twelve partners from Central Europe are involved under the leadership of the Italian region Friuli Venezia Giulia. The project partners are developing new forms of cooperation between cities, home owners, social institutions, home care services as well as civil society and neighbourhood communities. Innovative approaches will be implemented in model projects. At the same time, scientific findings and examples of good practices will be collected, evaluated and exchanged.

Further information: <http://www.deutscher-verband.org/cms/index.php?id=helps>

4 Approaches from selected Member States

The aim of this chapter is to illustrate different future-oriented forms of housing and living in Denmark, the Netherlands, the United Kingdom, France and Finland.

4.1 The Netherlands

Context:

In the Netherlands, the majority of responsibility for housing and social welfare lies with local authorities. Dutch municipalities are increasingly directing their interventions to individual residential districts. The aim is to promote and maintain "vital cohabitations", which all citizens feel they belong to. (4LeafClover 2009: 134, Nederlands Instituut voor Zorg en Welzijn 2002: 7). As a result of the new social act WMO (Wet maatschappelijke ondersteuning), which became effective in 2007, municipalities are legally obliged to offer comprehensive services for older and disabled people – these include advice and information on public transport provision through to assistance and provisions available in the home (e.g. household assistance, adaptation of living space, provision of wheelchairs, driving services for those with limited mobility). The law caused more municipalities to assume an active role implementing concepts that focus on residential districts. Support of the municipalities is paid from taxes (4LeafClover 2009: 134f, Green-Pedersen/Baggesen Klitgaard 2008, ISA 2012: 2).

Housing forms:

With regard to existing housing forms, the development of mixed forms of housing for senior citizens between nursing home and the own home had an early start in the Netherlands. Due to increasing cost pressure on the welfare state, the expansion of the Dutch variant of *sheltered housing*, the so-called living in a protected environment ("Wonen in een beschermde omgeving"), has been promoted since the start of the 1970's. In the long-term nursing and old-age homes should largely be rendered superfluous. According to data from the BFW study, this form of sheltered housing comprises at least ten barrier-free flats with a care and support unit within a maximum distance of 250 metres. The housing units have a maximum size of two to three rooms between 55 and 70 square metres. Eighty-five percent of the costs for household help and out-patient nursing care are borne by the social insurance system and the remaining portion must be paid by the resident (BFW 2007: 11).

"*Integrated service areas*" were introduced in the Netherlands as a planning tool in the 1990's for the integration of housing, services and care on the level of a neighbourhood or

village. Since then, more than 200 such integrated service areas have been appointed by municipalities all over the country. The goal is to integrate care services in regular housing areas, to strengthen self-supportiveness of citizens and to improve quality of life on the whole (ISA 2012).

According to the BFW study, approximately 50% of newly-built homes are now built to be "adaptable", which means requirements for disabled-friendly accommodation or a relatively easy conversion are taken into account during planning and construction. As the complete adaption of existing flats is expensive, the "*Opplussen*" (home upgrading) concept has been developed where homes are redesigned to become barrier-free units. "Opplussen" is subsidised by the state and represents an economical measure for making age-appropriate living space available (BFW 2007: 10). According to ISA, the housing associations are the primary investors in barrier-free living; some of them are systematically adapting their housing stock to the needs of barrier-free construction ("lifetime housing") (ISA 2012: 8).

Current initiatives:

Independent living for elderly people is being supported through a series of current projects. The purpose of the Dutch "*Action plan for better living within the residential environment*" (Actieplan Better (t)huis in de buurt) (duration: 2007 - 2011) is to strengthen individual freedom of choice and to promote better access to individually-tailored support and care. The "*Programme for improved integration of care, housing and welfare in the immediate environment*" (Zichtbare Schakel) – which runs from 2009 to 2013 - is pursuing a similar goal and aims to improve integration between medical and nursing care services. In addition, numerous different projects related to the issue of growing old at home were initiated as part of the "*National Programme Elderly Care*". For example, one such project was "Live long at home" (Lang Leve Thuis).

Additional information may be found at:

Ministry of Health, Welfare and Sport (Ministerie van Volksgezondheid, Welzijn en Sport)
<http://www.rijksoverheid.nl>

Steering group for experiments in residential construction [Stuurgroep Experimenten Volkshuisvesting (SEV)]: Foundation that tests and disseminates new housing forms
<http://www.sev.nl>

Association of Dutch Local Authorities (Vereniging van Nederlandse Gemeenten): The website contains a data base with practice examples from and for local authorities (Databank Praktijkvoorbeelden: van en voor gemeenten) <http://www.gewoongemak.nl/>

4.2 Denmark

Context:

The social and health services in Denmark are organised on a de-centralised basis through local authorities. The municipalities are responsible for outpatient and in-patient care as well as for housing, support and social services. With the reform of the public sector in 2004, private actors were increasingly included in the provision of social services. According to the principle of free choice eligible persons may choose whether they want to receive services from the local authorities or from private service providers. The construction of new old-age and nursing homes was initially prohibited under a housing law for senior citizens in 1987. At the same time, the municipalities were given the possibility to offer a variety of alternative forms of care provision. The underlying idea is that public care services do not need to be tied to a specific housing form but rather may be provided on an out-patient basis in independent homes. Social services cover a broad area and include a broad range of simple support in performing household chores through to medical and nursing care and the organisation of visiting services. The use of household services (help washing dishes, cleaning sanitary facilities, curtains, etc.) is subsidised in Denmark via the so-called "Home Service Programme" (Hjemmeservice)¹¹ (4LeafClover 2009: 19, Green-Pedersen/Baggesen Klitgaard 2008: 162-166, Haberkern 2009: 60-63).

Housing forms:

In addition to the ability to receive support for independent living within one's own home in the form of household and social services, Danish citizens who are aged 75 and above who do not yet receive out-patient care and support are entitled to *preventive home visits* at no cost. The goal of this measure is to promptly recognise any potential need for assistance and to offer help in planning independent living¹².

The Danish local authorities are legally obliged to provide a certain number of *flats for senior citizens* that are barrier-free and equipped with an emergency call system. They are frequently coordinated with a care department so that help is quickly available. In order to receive one of these flats, an application must be submitted early so that one is placed on the waiting list. Senior citizens with a greater need for assistance may be housed in a *nursing flat* or a *nursing home*. Need and acceptance are addressed via medical report. (Mai et al. 2007: 38, Age-Stiftung 2011: 10f)

¹¹ Since 2004, the requirement is that at least one person in a household is older than age 65 or is in early retirement. The maximum subsidy equals 6,000 Krone per quarter per household.

The 1996 care reform placed a focus on modern care and nursing homes which include a *mixed living and care concept* for senior citizens with differing needs for care. Care and social services may be provided to the same extent in both institutional and residential settings (Age-Stiftung 2011: 8).

In-patient old age and nursing care centres offer another form of flexibly combining housing and care in the form of *sheltered housing*. These facilities bring together residential areas consisting of elderly and nursing care flats with service centres so that different offerings are available for differing needs. Common housing for dementia patients is also frequently included in such centres (id. 24 et seq.).

Senior citizen shared housing communities ("Seniorbofællesskaber"), has become established in Denmark as an independent form of living in old age since the 1970's. According to information from the Age-Stiftung, the Danish version of the senior citizen shared housing community consists of living space in single-family homes for persons aged 50 and above which are jointly planned and administered by the residents themselves. Senior citizen shared housing communities come in various sizes (between five and one hundred housing units, usually between twelve and 24 flats). By contrast, the size of the individual flats is set by the standards of the state residential construction subsidies and the limits for public subsidies (id. 4). In 2011 there were more than 200 of such shared housing communities which were financed either by housing associations, private owners or cooperative organisations. The advisory centre for community living BOF (Bofællesskabsrådgivning) is available to the elderly in connection with the planning, construction and formation of shared housing communities. The centre works as the representative of the Danish ministry for housing and provides support to the communities up to one year after formation (id. 20 et seq.).

Current initiatives:

The increased use of technology in the social sector is an additional focal point of current senior citizen policy in Denmark. Since 2008, the *Public Welfare Technology Fund* (PWT Fund) tests and disseminates new supportive technologies (such as the use of tele-medicine, sensor technology in homes and online care models) and restructures services provision processes in the public sector. The Danish Ministry of Finance provides financing to the fund in the amount of EUR 400 million for the period 2009-2016 (Duus 2011: 197 et seq.).

¹² <http://www.sm.dk/Temaer/sociale-omraader/Eldre/forebyggende-arbejde/Sider/Start.aspx> (accessed: 16/05/2012)

Additional information may be found at:

Ministry of Social Affairs and Integration (Socialministeriet) <http://www.sm.dk/>

Ministry of Housing, Urban and Rural Affairs (Ministeriet for by, bolig och landdistrikter) <http://www.mbbi.dk>

Ældre Sagen (DanAge): Largest Danish interest group for the elderly <http://www.aeldresagen.dk>

Danish Institute of Gerontology (Videnscenter på Ældreområdet): Independent scientific centre for questions of ageing <http://www.phmetropol.dk/>

Advisory centre for community living BOF (Bofællesskabsrådgivning) <http://bof-radgivning.dk/>

Public Welfare Technology (PWT) – Fund <http://www.abtfonden.dk/>

4.3 United Kingdom

Context:

Social services include social work and care services and are provided by the municipalities (assessment of social services, distribution of public funds for the commissioning of private and non-profit providers and the provision of own services). The municipalities offer assistance and care services to elderly people. Since the early 1960's, the trend has been away from in-patient care toward care in the community. This was accompanied by a trend towards privatisation of social service provision and increased competition as a result of adaptation of residential space, technical assistance and out-patient services (Mai et al. 2007: 57). Services are means tested. Those who do not meet the criteria must purchase services on the market (Mitton 2008: 274-279).

Housing forms:

In Great Britain *sheltered housing* for elderly people is an established institution which exists on a widespread basis throughout the country since the 1960's. It is a multi-level concept depending on the differing level of need for care of the senior citizens. The first variation consists of age-appropriate flats primarily for senior citizens who are still spry. The independent housing units are barrier-free and some of them have emergency call systems and domestic help in the residential area, community facilities, guest rooms and laundry facilities. According to the BFW study, between four and nine care providers are assigned to cover 100 senior citizens depending on the intensity of care needed. *Very sheltered housing* represents the next level of support between sheltered housing and nursing home. A majority of occupants require medium to intense nursing and receive additional care and full meal

services. *Sheltered housing* is offered by private providers, local authorities, housing associations and charitable providers. (BFW 2007: 10 et seq. Mai et al. 2009: 57).

Current initiatives:

The Department for Communities and Local Government published the strategy "*Lifetime homes, lifetime neighbourhoods – A national strategy for housing in an ageing society*" in 2008 (Department for Communities and Local Government et al., 2008). The strategy not only addresses current challenges for housing, but also focuses on the importance of a favourable residential environment for the welfare and independence of senior citizens ("inclusive and sustainable neighbourhoods"). The focus of the strategy is on investments in new age-appropriate residential space, the provision of funds for smaller repairs and adaptations in the home ("lifelong living") as well as on the expansion of information and counselling on offer for the elderly (amongst others on the topics of relocation, adaptations in the home, financing) (id.).

Following this strategy, the British government implemented various programmes. The programme *FirstStop*, in place since 2008, provides independent information and advice for older people their families and carers about care, housing and supportive services in later life in order to sustain independent living. It is delivered by a network of local and national partners led by the charity "Elderly Accommodation Counsel". Service includes a website, a national Advice Line and a face-to-face service delivered by its local partners. The project is funded by the Department for Communities and Local Government (Cambridge Center for Housing Research 2012). Innovative household services (smaller repairs and household adaptations) are financed as part of the *Handyperson programme* (Department for Communities and Local Government 2012).

The British government's *housing strategy* published in November 2011 ("Laying the Foundations. A Housing Strategy for England") (Department for Communities and Local Government 2011) has as goal, amongst others, the promotion of independent living in old age, as well.

Additional information may be found at:

Department for Communities and Local Government <http://www.communities.gov.uk>

Housing Learning and Improvement Network (LIN): Network of experts in the areas of living, health and social care with a focus on the needs of the elderly:

<http://www.housinglin.org.uk/>

4.4 France

Context:

In France, in opposition to the Scandinavian countries, the responsibility of caring for the elderly has traditionally been with the family. Today by contrast, the responsibility is primarily divided between the state, social insurance providers, the social economy and the family. The Départements are primarily responsible for public welfare as well as some responsibilities in the area of public health care. The municipalities bear a portion of the responsibility for the area of public health, maintain local social welfare centres and subsidise organisations that work with disadvantaged groups. Charitable insurance companies and actors from the private economy operate old age and nursing homes, whereby the significance of private actors in the areas of health and social work is increasing rapidly (Gallouj/Gallouj 2008, Mai et al. 2007: 39).

Housing forms:

In the past several years, efforts to enable senior citizens to live as long as possible in their own home have also gained importance in France. Various models, such as respite or day care, have been expanded to keep as long as possible the person at home. In addition, various care services have been developed such as meals on wheels or home help (4 Leaf Clover 2009: 59).

Current initiatives:

The national strategy "*Ageing Well*" (plan national bien vieillir) was developed in 2006 (duration 2007-2009) and defines specific steps in order to enable "successful ageing" (on an individual and societal level) in France (focus: development of preventative strategies, improvement of the residential and living environments, reinforcement and support of the societal role of senior citizens). The municipalities implemented the programme locally. One of the programme's results is the label "*Ageing well - living together*" (Bien vieillir-Vivre ensemble) which is awarded each year to French municipalities pursuing exemplary local policies for elderly people and work toward well-functioning coexistence between all generations.¹³

The "*Solidarity Plan with the Older Generation 2007-2012*" (Plan Solidarité Grand Age) provides numerous measures in order to improve the provision and quality of care in

¹³ <http://www.social-sante.gouv.fr/espaces,770/aines,776/dossiers,758/plan-national-bien-vieillir,763/> (accessed: 15.6.2012)

institutions as well as expanding short-term care. The goal is to allow a free choice between care at home and living in a nursing home. In total, EUR 2.3 billion were provided for this purpose (Ministère délégué à la Sécurité sociale, aux Personnes âgées, aux Personnes handicapées et à la Famille 2006). A summary of the results for the period 2007-2010 is available online.¹⁴

The project report "*Growing old at home*" (Vivre chez soi) which had been commissioned by the state secretary for the elderly, was presented in 2010. It proposes specific measures as to how the concept can be implemented. These include, amongst others, the increased use of technology and services and the modernisation of household services. The report's proposals are directed at the state as well as public (agencies, local governments) and private (suppliers of technical solutions and household services) actors (Franco 2010). On the basis of this report *the Centre d'Expertise National Habitat et Logement*" (CEN Habitat) was founded in November 2011 with the goal of developing new assistive devices for living space, to coordinate processes between the different actors and to build networks with the relevant actors including those at the European level¹⁵.

As part of the French Alzheimer strategy, so-called "*maisons pour l'autonomie et l'intégration des malades Alzheimer*" (MAIA) are currently being set up across the country. MAIA are central points of contact for dementia patients and their family members. The goal is the integrated provision of services on-site coordinated by case managers (gestionnaires de cas). 17 centres were put in place during the first pilot phase (2008-2010) under scientific supervision. 40 additional centres were added in April 2011, 100 additional centres are supposed to be opened during 2012. In addition, support for dementia patients who live at home is to be improved through specialised home care personnel within the framework of the Alzheimer strategy. In-patient care capacity designed to deal with the needs of dementia patients are to be created within nursing homes in the form of special stations and/or housing units (Présidence de la république 2011).

Additional information may be found at:

Ministry of Social Affairs and Health (Ministère des affaires sociales et de la santé):
<http://www.social-sante.gouv.fr/>

Centre Expert National Habitat (CEN Habitat) <http://www.cnr-sante.fr/2011/10/cen-habitat/>

¹⁴ <http://www.senat.fr/rap/l11-074-3/l11-074-37.html> (accessed: 15.6.2012)

¹⁵ <http://www.cnr-sante.fr/2011/10/cen-habitat/> (accessed: 15.6.2012)

4.5 Finland

Context:

In Finland, the municipalities (kunta) and the 415 local authorities are largely responsible for implementing and designing social policies. Local authorities are in authority of social services, health care and technical infrastructure; they are likewise primarily responsible for care services for elderly people (Kangas/Saari 2008: 252). Policy for senior citizens in Finland aims to make high-quality services and support available on a comprehensive basis so that as many elderly persons as possible may stay in their own home. In the past several years, services have been made available that are characterised by their service orientation. In addition, the role of out-patient care is to be strengthened further in future in order to meet the growing demand for old-age care. The so-called "cash for care" policy, which offers financial compensation to care persons, represents a component of Finnish measures in this field (id. 252 et seq.).

Housing forms:

Independent living is supported through the provision of public funding for the adaptation of private homes. Costs are reimbursed for minor repairs and adaptations to residential space¹⁶ (applications are processed by the municipalities).

For persons with a greater need for support, there are offers such as "*supported living*" or "assisted living"; for persons with a very great need for support, there is "intensive assisted living". The various housing forms are offered by municipalities, welfare associations and private actors. Placement in nursing homes has since been largely replaced by assisted living (4LeafClover 2009: 46).

As part of the Finnish *ageing strategy*, focus is being placed on preventative measures and the promotion of independent living in old age (Prime Minister's Office 2009).

Finland has set quality goals for the provision of care to Finnish citizens aged 75 which are to be achieved by the end of 2012 ("National Framework Programme for High-Quality Services for the Elderly"):

- 91-92% should be able to live independently in their own home with the assistance of social and health services adapted to suit individual needs;
- 13-14% should receive regular out-patient care;

¹⁶ In normal cases, subsidies amount to at most 40 percent of the total costs of the repair. In exceptional cases, up to 70% of the costs may be assumed if failing to make the repairs would mean that the resident would need to relocate long-term because mobility within the living space is limited or the provision of social and care services cannot be guaranteed [<http://www.ara.fi/default.asp?node=692&lan=en#a1> (accessed: 24/04/2012)].

- 5-6% should receive support in the form of informal care;
- 5-6% fall within the intensive care sector;
- 3% should be cared for long-term in an institutional setting (Ministry of Social Affairs and Health 2008).

Current developments:

At present, the Ministry of the Environment has established a working group in order to further drive the expansion of services that enable independent living in old age (amongst others, through the installation of lifts, general repair work, improvement of overall accessibility and safety of living space as well as alternative housing concepts that conform to the needs of the elderly) (duration 2012-2015).

Additional information may be found at:

Ministry of Social Affairs and Health (Sosiaali ja Terveysministeriö) <http://www.stm.fi>

Ministry of the Environment (Miljöministeriet): <http://www.ymparisto.fi>

The Housing Finance and Development Centre of Finland [Asumisen rahoitus- ja kehittämiskeskus (ARA)]: government-sponsored agency subject to the supervision of the Ministry of the Environment the task of which is to implement social housing policy <http://www.ara.fi/>

Association of Finnish Local and Regional Authorities (Kunnat)

<http://www.localfinland.fi/en/Pages/default.aspx>

STAKES - National Institute for Health and Welfare (THL – Terveiden ja Hyvinvoinnin Laitos): the institute develops and evaluates practices and methods within the social services sector <http://www.stakes.fi/EN/Aiheet/olderpeople/index.htm>

5 Conclusion

The European comparison shows that the approaches promoting living in old age in the Member States analysed extend beyond the design and adaptation of living space and include involvement in society as well as the active integration of the elderly in the (residential) surroundings. These approaches are supplemented by measures to design age- or generation-appropriate infrastructure and the provision of local supportive services. An example is the *British strategy "Lifetime homes, lifetime neighbourhoods"*, that not only puts focus on the current challenges for housing, but also on the importance of the living environment for well-being and independence of elderly people ("inclusive and sustainable neighbourhoods").

Common trends may be identified despite cultural and political differences that exist between the states:

An important area of action and a large challenge for all of the states observed is *barrier-free design and/or the adapting of existing housing stock* where the majority of European senior citizens live. Accordingly, in Finland and the United Kingdom for example, programmes were put in place to provide funding for minor adaptations and repairs in private households. In the case of *new constructions*, increasing emphasis is being placed having buildings be adaptable and flexible (e.g. "Opplussen" in the Netherlands).

With regard to the *development of new housing forms*, a broad range of different arrangements has been developed across Europe in the past several years where the distinction between out-patient and in-patient care is becoming ever more blurred and focus is increasingly being placed on providing care on-site. In addition to old age and nursing homes, there is a variety of professional residential facilities offering care services (assisted living, sheltered housing, and shared housing¹⁷), day and short-term care through to the arrangements that help to live in one's own home and to receive care from family members and/or friends if needed. A further initiative, to support living in one's own home, are preventative home visits in Denmark and Finland for senior citizens who do not yet receive out-patient care and support. The goal of those visits is to promptly recognise a need for care and to support senior citizens in planning independent lives.

The *coordination of actors and services* on-site is a focus in many of the national programmes. The goal of the French "MAIA" is, for example, creating integrated service provision on-site for dementia patients which are coordinated by case managers. At the European level, the European project HELPS seeks out new forms of cooperation between cities, home owners, care services as well as civil society and neighbourhood communities.

¹⁷ among senior citizens or intergenerational

In addition, *local information and advice* play an important role for the elderly and their family members. The British programme "FirstStop" provides independent information and advice for older people, their families and carers about care, housing and supportive services in later life in order to sustain independent living. Service includes a website, a national Advice Line and a face-to-face service delivered by its local partners. In Denmark, a counselling centre for shared housing communities was set up that provides advice to the elderly in relation to planning, constructing and founding shared housing communities.

Furthermore, the states are looking into in the *use of technical help and assistance* for in-home support for senior citizens (such as fall prevention) and to relieve care personnel.

On the whole, the consequences of demographic and societal change make the development of new housing forms necessary across Europe that support the desire of elderly people to spend their lives in familiar surroundings. In this respect, it must be taken into account that senior citizens are not a homogeneous group, but rather vary with respect to their needs, interests, lifestyles and financial options. Accordingly, *differentiated and flexible provision* is required that, for example, also takes into account the needs of the growing group of elderly people with migrant background. In addition, challenges for the Member States are presented by the *prevention of social isolation and loneliness in old age* on the part of the growing number of older single persons and single-person households. Points of contact in the neighbourhood, home visit programmes, shared housing communities and intergenerational housing concepts may be starting points. An additional challenge is the *accessibility of services for all senior citizens* in light of declining retirement income and reductions in government-provided services. Finally, the *development of adequate concepts for rural areas also represents a challenge* for many Member States. In this respect, increasing ageing and relocation on the part of family members who could otherwise provide support urgently require new solutions (Andersen 2008, CECODHAS 2009).

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