Original

A note on suitable and healthy housing in the Netherlands

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W. van Staalduinen, G.J. Maas, M. Hinkema. A note on suitable and healthy housing in the Netherlands. Gerontechnology2016;15(4):245-246; doi:10.4017/gt.2016.15.4.008.00 Housing is one of the eight domains of the concept of age-friendly cities or environments of the World Health Organization. This concept concentrates mainly on enabling active ageing and tapping the potential that older people represent for humanity. Proper housing is essential for the safety and well-being of older people and there is also a link between appropriate housing and access to community and social services in influencing independence and quality of life of older people. Given the importance of housing for older people, it looks at least a bit awkward that both the Global Age-Watch Index GAWI and Active Ageing Index AAI pay so little attention to the physical aspects of housing. The question emerges which sub-indices can be made available for GAWI and AAI to include suitable and healthy housing. In our contribution we are offering some suggestions.

Keywords: suitable housing, older people, ageing index, the Netherlands

The world is ageing fast. By 2030, there will be more people over 60 than under 10 years of age. Already now, there are more adults over 60 than children under 5. To capture the multidimensional nature of the quality of life and wellbeing of older people, and to provide means for measuring performance and promoting improvements, the Global Age Watch Index (GAWI) has been developed by the United Nations Population Fund UNFPA and HelpAge International^{1,2}. For Europe, a similar type of index has been developed: the Active Ageing Index (AAI)³. Both indexes work with indicators for four key domains to measure the level to which older people live independent lives, participate in paid employment and social activities, and have the capacity and environment to actively age.

In our perspective, suitable or properly adapted housing is one of the enablers for independent living. Housing is one of the identified domains by the WHO to realise age-friendly environments, which enable active ageing and tap the potential that older people represent for humanity⁴. Housing is essential for the safety and well-being of older people and there is also a link between appro-

priate housing and access to community and social services in influencing the independence and quality of life of older people. While acknowledging the importance of housing for older people by the World Health Organization (WHO)⁵, it looks at least a bit awkward that both GAWI and AAI pay so little attention to the physical aspects of housing

as such (*Table 1*). This evokes the question which sub-indices can be made available for GAWI and AAI to include suitable and healthy housing. On the basis of a survey in the Netherlands, we will offer some suggestions.

POLICY

The policy of the Dutch government is to increase of the number of older people who are ageing in place and to prolong independent living. In 2014, according to the Dutch National office for statistics, over 200,000 mainly older adults stayed in a nursing or residential care home⁶. Recent policies limit access to Dutch residential long term care in order to lower the number of residents. Only those people who permanently need 24/7 guidance and nursing are allowed to get residential care. It is expected that the number of institutionalized people will diminish with at least 30%, regardless the demographic change. Since 2015, local governments are responsible for enabling older people to age in place. Their policy is mainly to strengthen the social network and self-management capabilities of the older person and to limit the use of formal care. At the same time, municipalities haven been

community and social services in influencing the in-

	Index (GAWI) ¹ and the Active Ageing Index (AAI) ³		
	Section	GAWI	AAI
_	Domain	4 Enabling environment	3: Independent, healthy and
			secure living
	Sub-domain	4.1 Social connections	3.1 Physical exercise
		4.2 Physical safety	3.2 Access to health services
		4.3 Civic freedom	3.3 Independent living
		4.4 Access to public transport	3.4-3.6 Financial security
			3.7 Physical safety
			3.8 Lifelong learning

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made responsible for the realisation of the physical environments and neighbourhoods where older people live: adapted housing, accessible outdoor spaces and buildings.

METHODS

Every three years, the Dutch national government carries out a survey among 70,000 respondents in the over seven million households in the Netherlands. This survey is called the National Housing Survey of the Netherlands (WoonOnderzoek Nederland, WoON)⁷ and the outcomes are used for local and national housing policies. Local governments are permitted to include their citizens in the national survey to learn more about the housing needs and demands of their local population.

This national survey uses a structured list of mainly closed questions. The questions vary from home ownership, health of the respondent and the other members of the household, characteristics and accessibility of present and previous homes and living environment, provisions and characteristics of the neighbourhood, house-related costs and energy use, satisfaction with respondent's living conditions and relocation wishes or needs such as the wish to move to a house adapted to personal restrictions.

RESULTS

Based on the WoOn survey, TNO and ABF Research made an in-depth analysis about housing, use of healthcare and moving behaviour of older persons⁸. This analysis shows that Dutch older people, for instance, have higher incomes than they had in former times and that there is a growing number of older people who are home owners. Older persons who are renters have higher costs of housing than home owners of the same age. Home owners and renters of 80 years and over have the highest additional expenditures for housing (energy costs and local taxes). Over 75% of people of 80 years and over live in suitable or adapted housing. Formal healthcare provisions at home are more often used by single households, lower educated people, lower income groups, renters and those who live in suitable adapted

housing. It also turned out that these older persons more often live in urban environments.

The research showed that there is no direct relation between housing features and the use of formal healthcare provisions. The use of healthcare is mainly caused by personal characteristics like health, age, education and income. Looking at neighbourhood level, there is some relationship: neighbourhoods with low incomes, low scores on livability and lower life expectancy tend to have a more frequent use of formal healthcare. Spatial characteristics of the neighbourhood have some relation with the use of formal care, but these are also closely related to individual characteristics as income, rent or ownership and age.

DISCUSSION AND CONCLUSION

Well-being and active and healthy ageing belong to the main assets for people to continue to participate in society. Safe and secure housing is essential for remaining healthy, as was pointed out by the WHO. Therefore, we suggest to add some features of the Dutch national Housing Survey to the GAWI and AAI. To be more precise, we suggest the GAWI and AAI to also use:

- (i) Affordability of suitable housing for older people:
- The percentage of income older people have to use for independent living;
- b. The percentage of income older people have to use for home services and energy use.
- (ii) Accessibility of housing for older people:
- a. Split level housing,
- b. The presence of stairs,
- Freedom of movement in all rooms and passageways;
- (iii) Sufficient and affordable housing for frail and disabled older people: the match or mismatch between relocation needs and available housing.

We believe that the suggested values can be made available from surveys in several countries and that these will provide insight in valuable aspects of housing for older people.

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