
INTERGENERATIONAL LIVING IN A PARTICIPATION SOCIETY

Developing a framework to assess intergenerational living options in the Netherlands



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Preface

Very early in my master thesis I searched for a nice picture on the front. I thought about many figures with regard to houses or older people, but came across the picture you see on the front of my thesis¹. I thought this picture would be replaced somewhere along the way, but it turned out differently. The longer I now look at it, the more I realize how well chosen this picture is.

When I look at that picture I see different shaped and coloured hands implying the multiple generations of intergenerational living. Furthermore, it is a complex picture: can you see how the hands are entangled exactly? This shows the complexity of the intergenerational living concept. Also, all these hands together make a strong base (or: *'Vele handen maken licht werk'*) and provide support.

Support is something I have had from many persons when writing my thesis. I would like to take this opportunity to thank them. First and foremost, the members of my graduation committee prof.dr.ir. M.G. Elsinga, dr. R.J. Kleinhans and prof.dr. E.M. van Bueren for providing feedback and putting forward new ideas when I got stuck.

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Last but not least: Mum, thanks for being a sounding board, sending information you came across and being there when I wanted to give up.

Enjoy reading!

Nine Krul
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¹ Source: <http://www.aarp.org/home-garden/housing/>

Summary

In the 19th century taking care of people who were not able to take care of themselves was a task provided by family, the church, societies and/or guilds. Since then, government has gradually taken over this task. The Algemene Wet Bijzondere Ziektekosten (AWBZ) used to be the main regulation for long-term care. However, the Dutch population is ageing and the costs for AWBZ have been increasing. In order to relieve the AWBZ, the Wet maatschappelijke ondersteuning (Wmo) was introduced, but the long-term care costs have still been increasing too much. In 2013 the participation society was announced where ageing in place and active ageing became part of national policy and in which citizens need to take care more of each other and themselves. The participation society was initiated and in 2015 accompanied by transferring more functions to the Wmo and transforming the AWBZ into the retrenched Wet langdurige zorg (Wlz).

In this new system, municipalities have a higher responsibility to which they are not used yet. Furthermore, many informal carers taking care of their parents are overloaded, which means new providers of care should be found. Citizens are asked to take more care of each other, but it is not clear whether and how they want to. Intergenerational living - combining communal living and intergenerational contact - might offer opportunities to improve the possibility of ageing in place as well as meet the requirement of the Dutch society taking (more) care of itself. Unfortunately this concept has not yet been examined extensively.

Research theme

In order to determine the opportunities intergenerational living offers, this research explores this concept. It is assumed that a certain set of institutional and physical factors support or hamper the success of intergenerational living. Therefore the general aim of this research is to understand how the institutional and physical context influence intergenerational living projects. Based on this aim, the following research question is formulated: *How can the institutional and physical context be supportive in the development of intergenerational living projects in the Netherlands?*

Research approach

To be able to answer this question, a multiple case study research design is used. A first exploration is based on concepts related to intergenerational living and a definition is formulated to be able to select cases. A list of 29 interesting intergenerational living cases is gathered and the three most promising cases (one French case: Générations and two Dutch cases: BloemRijk and Solink) are selected. The institutional and physical context of these cases is described to determine influential factors per case. These factors are then compared to each other in order to determine common influential factors in intergenerational living. Finally, these factors are evaluated by an expert meeting and Dutch constraints are explored.

In this case study, data is collected based on literature research, interviews and an expert review. The literature research is used to find intergenerational living cases and select the three most promising cases. Key involved actors from these cases are interviewed to further define and evaluate the context. The expert meeting is then used to evaluate the results and determine potential Dutch constraints.

Next to these data collection methods, three models are used for analysis: the intergen-

erational solidarity model of Bengtson, the four-layer model of Koppenjan and Groenewegen (adapted version of the Williamson model) and the institutional analysis and development (IAD) framework of Ostrom. The intergenerational solidarity model is used to determine the most promising cases, whereas the four-layer model and IAD framework are used in the institutional analysis of the three most promising cases.

Exploring intergenerational living

Intergenerational living is a form of *intentional community* with the specific aim of making *ageing in place* and *active ageing* for seniors possible by providing opportunities for increasing *intergenerational solidarity*. The scale of this community can range from two generations living in one house to a complete neighbourhood with households from multiple generations.

Intentional communities consist of a group of unrelated people living together with a certain purpose and encourage social interaction and interdependence between residents. Ageing in place and active ageing are focused on remaining in the community and actively participating in it. Ageing in place consists of five conditions: (1) availability of informal care, (2) a sufficient social network, (3) adequate surroundings, (4) senior housing and (5) sufficient health. Active ageing assumes seven principles: (1) participation for (2) all kinds of older people (3) as well as other generations (4) by improving intergenerational solidarity. For seniors this also means the (5) obligation to participate, whereas governments should allow (6) public participation. Principle 7 includes respecting the national and cultural diversity.

The last theory incorporated in the definition, intergenerational solidarity, can be seen as doing something beneficial for someone from another generation. Intergenerational solidarity supports ageing in place and active ageing and therefore improves the success of intergenerational living.

Understanding intergenerational living

As described in the research approach, the institutional and physical context of the three most promising cases Générations, BloemRijk and SOlink is described and influential factors per case are determined.

Based on a comparison of these cases, common influential factors in intergenerational living are determined. The following 11 influential factors occur in all three cases and are therefore assumed common influential factors: physical structure, national culture, local culture, formal versus informal care rules, eligibility, division of roles, public participation, communication, activities, trust or distrust and core values.

Based on the interviews held with key involved actors of the three cases, a first indication of the most important factors is obtained. Two factors are mentioned as extremely important in all interviews held: communication and the physical structure. The interviewees of the two Dutch cases add a third factor: culture. In addition they mention healthcare regulation as an important obstructive factor (this factor is not of influence in the French case and is therefore not included in the list of 11 influential factors).

Based on the expert meeting an evaluation of the factors is provided and the influence of the factors in a Dutch context is determined. The experts agree with 10 out of the 11 above-mentioned influential factors: communication is important but is automatically addressed and therefore not part of the influential factors. Trust or distrust is adapted to commitment to form a better factor. With regard to the influence in the Dutch context it becomes clear that the experts see more than half of the factors as obstructive in the Netherlands. Of these factors, culture is seen as most obstructive.

Three discrepancies become visible between the interviews and the expert meeting. First, communication is not valued the same by the interviewees and the experts. Second, healthcare regulation was seen as an important difficulty by the interviewees of the two Dutch cases but in the expert meeting Dutch healthcare regulation was seen as supportive. Third, although both the interviewees and experts agree that culture is of influence, the interviewees do not necessarily see the Dutch culture as obstructive.

Based on the empirical research and investigation of the three discrepancies, each of the 11 factors mentioned is deemed influential. It is difficult to determine their exact influence on intergenerational living, but they can be incorporated in three umbrella factors: culture, commitment and communication. These three factors are therefore seen as the most important influential factors in intergenerational living.

Conclusions

Since intergenerational living aims to make ageing in place and active ageing possible, the results of the empirical grounding are juxtaposed to these concepts. Intergenerational living fulfils the five conditions of ageing in place. The sufficient social network, adequate surroundings and senior dwellings are related to the physical context, whereas sufficient informal care and general health are incorporated in the factor informal versus formal care.

The same holds up for active ageing: the principles are visible in one or more cases. Each of these principles increases the chance of successfully implementing intergenerational living except the principle public participation. This principle hampers the success of the BloemRijk project. As part of respecting the culture though, public participation in a Dutch context has to be included. Therefore the principle of public participation deserves extra attention in implementing intergenerational living in the Netherlands.

The influential factors of intergenerational living can all be traced back to either one of the concepts. This means that theoretically the concept of intergenerational living fits well in the Dutch participation society.

The institutional and physical context are intertwined and should both be addressed in order for intergenerational living to be successful. The physical context is supportive when it simulates contact and communication. Contact can be made easier by installing intercoms, creating meeting spaces and structuring the project in such a way that residents run into their neighbours easily.

The institutional context is supportive when culture, commitment and communication are addressed. The Dutch culture seems to create an opportunity for creating commitment by regulation. On a national scale this can be done by clear and stable health and housing regulation, but on a more local level a social contract can be used. Communication should be structurally addressed by regular contact and meetings between involved parties. Moreover, this communication structure should be recorded, which can be incorporated in the social contract.

Addressing these factors in an adequate manner makes it possible to create a successful project even in a difficult institutional context. This shows that the concept fits in the Dutch participation society both theoretically and in practice.

Recommendations for intergenerational living projects

This research has shown the potential intergenerational living has in the Dutch participation society. The most important recommendation of this research therefore is to consider this

concept either in redevelopment or new development projects.

An intergenerational living project will be more successful when the physical context and the three factors culture, commitment and communication of the institutional context are addressed. However, the seniors that this concept focuses on do not necessarily fit in the participation society (and intergenerational living) because they are used to formal instead of informal care. In order to include this target group, the second recommendation is to actively reach out to seniors and provide information about informal versus formal care in the participation society.

Recommendations for future research

This case study has shown what factors are influential in intergenerational living and has provided starting points for addressing them. Three recommendations for further research can also be identified.

The first recommendation is to determine how the social contract should be given form in the Netherlands. In addition, the specific influence of aspects of the physical context such as scale and availability of formal care facilities has not been determined. The second recommendation is therefore to conduct more research in the influence of the aspects of the physical context. Thirdly, as described above not all seniors might ‘fit’ in the participation society. Housing preference research and more specific how to reach vulnerable seniors will offer more insight in this target group.

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List of abbreviations

AAI	Active Ageing Index
ADL	activities of daily living
AOW	Algemene Ouderdomswet (Old-age Insurance Law)
APA	Allocation Personnalisée d'Autonomie (Personal autonomy allowance)
AWBZ	Algemene Wet Bijzondere Ziektekosten (Exceptional Medical Expenses Act)
CIZ	Centrum Indicatiestelling Zorg (Center for Needs Assessment)
CNSA	Caisse nationale de solidarité pour l'autonomie (National Solidarity Fund for Autonomy)
FEDOSAD	Fédération Dijonnaise des Oeuvres de Soutien à Domicile (Federation of Works for Home Support)
HLM	Habitation à Loyer Modéré (Low-Rent Housing office)
IAD	institutional analysis and development
OECD	Organisation for Economic Co-operation and Development
OPAC	Office Public d'Aménagement et de Construction (Dijon Office of Public Planning and Building), since 2012 Dijon Habitat
pgb	persoonsgebonden budget
SHI	Statutory Health Insurance
SVB	Sociale Verzekeringsbank (Social Insurance Bank)
VAT	value added tax, in Dutch BTW
WHO	World Health Organization
Wlz	Wet langdurige zorg (Long-term care act)
Wmo	Wet maatschappelijke ondersteuning (Social Support Act)
Zvw	Zorgverzekeringswet (Health insurance law)

Glossary

AAI	Index used to monitor active ageing and indicate untapped potential for older people
ADLs	For example help with personal hygiene and eating
Affectual solidarity	Degree of positive sentiments between generations
Active ageing	The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age
Ageing in place	Older people remaining in the community, instead of moving into residential care facilities
AOW	Basic benefits for retirees that lived in the Netherlands between their 15 th and 65 th
APA	Cash allowance to pay for help with activities in daily life, administered by local departments
Associational solidarity	Frequency and types of intergenerational activities
AWBZ	Compulsory social health insurance for long-term care
CIZ	Organization in charge of eligibility assessments for the AWBZ
CNSA	National referee agency for the compensation policy and equity in services for disabled and dependent elderly
Consensual solidarity	Degree of agreement in values, attitudes and beliefs
FGAS	Government fund for providing low income households mortgage guarantees
four-layer model	Model for analysing and designing institutions based on four different layers
Functional solidarity	Degree of helping and exchange of resources
IAD framework	Method for organizing policy analysis and understanding complex social situations
Institutions	Systems of established and embedded social rules that structure social interactions
Intentional community	Group of unrelated people living together for a certain purpose
Intergenerational living	Form of intentional community with the specific aim of making ageing in place and active ageing for seniors possible by providing opportunities for increasing intergenerational solidarity
Intergenerational solidarity	Doing something beneficial for someone from another generation such as helping with household tasks
Intergenerational solidarity model	Model describing social cohesion between generations based on six dimensions
Normative solidarity	Strength of commitment to intergenerational roles and obligations
OECD	Forum in which governments can work together to share experiences and seek solutions to common problems in order to improve economic and social well-being of people around the world
OECD countries	Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom, United States
pgb	Personal budget to be able to control your own care, guidance, resources and/or facilities
Structural solidarity	Opportunities for intergenerational relationships

0. Glossary

SVB	Agency that pays out pensions (AOW-uitkering)
Wlz	Replacement act for AWBZ, providing 24 hour care
Wmo	Provision of a range of home care services to citizens with (chronic) health problems, ageing or disabilities
Zvw	Personal care at home

Part I

Exploring intergenerational living

1. Introduction

‘The impersonal hand of government can never replace the helping hand of a neighbour.’

— Hubert Humphrey^a

^a38th Vice-President of the United States, 1911 – 1978

Was Humphrey right in that the two care systems – formal and informal – should exist next to each other? Where should government interference stop and where should people start taking care of each other?

In this chapter an introduction will be given to the context of the Dutch formal care system and its problems concerning an ageing population (section 1.1). In section 1.2 the research goal and questions of this thesis will be described, followed by the research design in section 1.3. The last section provides a reading guide for this research.

1.1. Context

In the 19th century taking care of people who were not able to take care of themselves was a task provided by family, the church, societies and/or guilds (Boele et al., 2014; Wildeboer-Schut et al., 2000). This however changed when government started interfering and provided a minimum social security level.

The Dutch welfare state...

In 1874 the modern Dutch welfare state was given form with the law prohibiting children from working under the age of 12 (Van Oorschot, 2006). Compared to other countries, further developments came slowly due to the slow industrial development (Plantinga and Tollenaar, 2007). The expansion of the welfare system was offered through several other laws: the *‘Ongevallenwet’* (1901)², the *‘Ouderdomswet’* (1919)³ and the *‘Ziektewet’* (1930)⁴ (Wildeboer-Schut et al., 2000).

During the German occupation, in 1941, health insurance became mandatory as well (Zorgverzekering Informatie Centrum, 2014). After World War II, the Dutch government kept this mandatory health insurance system and expanded it further.

In the second half of the 20th century, the welfare state was expanded rapidly (Van Oorschot, 2006). Providing social security and protection became a state responsibility and several new laws were implemented. In 1952 the *‘Werkloosheidswet’* for unemployment was introduced, followed by the *‘Algemene Ouderdomswet’* for old age pensions, the 1965 *‘Algemene Bijstandswet’* for social assistance, and the *‘Wet Arbeidsongeschiktheid’* of 1967 for employees who are not able to work (Plantinga and Tollenaar, 2007). In 1968 the *‘Algemene Wet Bijzondere Ziektekosten’* (AWBZ) was introduced, providing insurance for long-term health care (Van Gorp

² Ongevallenwet: law providing insurance for work-related accidents

³ Ouderdomswet: law providing insurance for old age

⁴ Ziektewet: law providing insurance for employees who were unable to work due to illness

et al., 2009). In 1975 the insurance of getting disabled was also covered in the ‘*Algemene Arbeidsongeschiktheidswet*’.

...more and more under pressure

‘With the oil price induced economic crisis of the late 1970s and early 1980s, the period of expansion, collectivisation and solidarisation of the Dutch welfare state came to an end’ (Van Oorschot, 2006, p. 60). The costs for the AWBZ nevertheless kept increasing due to expansion of the care falling under the AWBZ (Van Gorp et al., 2009). In 1996 the care falling under AWBZ was reduced so that it specifically aimed at long-term care again and the costs dropped for a short period (see figure 1.1).

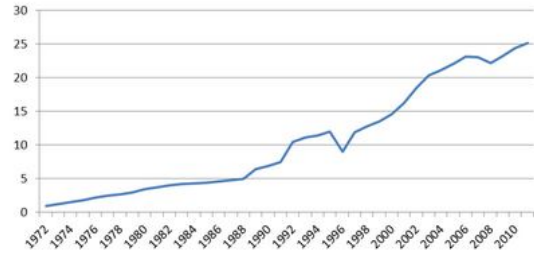


Figure 1.1: Development AWBZ expenses since 1972 (in bln. Euro) (source: Tweede Kamer (2013))

However, due to increasing numbers of elderly and chronically ill people, more and more people relied on the AWBZ, thereby increasing the costs associated with it. In 2003 a new measure was introduced in order to try to minimize the costs. The AWBZ was modernized in order to reduce the costs again and from then on the care was personalized, providing exactly what the insured needed. Unfortunately, a side-effect of the modernized version was that more people could invoke rights from the AWBZ, which meant that the costs kept on rising (Van Gorp et al., 2009).

Because the measure did not improve the situation sufficiently, in 2007 the ‘*Wet maatschappelijke ondersteuning*’ (Wmo) was introduced in order to relieve the AWBZ and increase the participation of Dutch citizens (De Klerk et al., 2010). In this new law, the central government only provides a general framework and municipalities are responsible for the local implementation (Stavenuiter and Van Dongen, 2008). The Wmo provides assistance to live at home as long as possible through home help, home adjustments, regional transport, wheelchairs, meal delivery and/or temporary shelter (Rijksoverheid, 2014a).

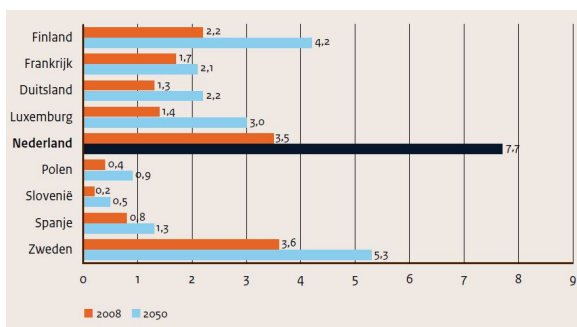


Figure 1.2: Costs for long-term care in several European countries (in % GDP) (source: Ministerie van Volksgezondheid, Welzijn en Sport (2012))

due to the ageing population (Glass et al., 2004). In 2050 the costs are expected to become extremely high (figure 1.2).

Long-term care in the Netherlands is thus mostly publicly funded through the AWBZ and the Wmo. However, the population is ageing rapidly. Currently 16% of the population is over 65, and is expected to increase to 25% in 2050 (Chorus et al., 2011; Raad voor de Volksgezondheid en Zorg, 2012). This trend increases the costs for long-term care even further.

In 2010 the use of long-term home care or institutional care in the Netherlands was one of the highest among Europe (Gradus and Van Asselt, 2011; Maarse, 2012). This need for long-term care will continuously increase

In 2013, the start of a new area in the Dutch care system was announced. ‘The classical post-war welfare state produced schemes that are unsustainable in their present form and which no longer meet people’s expectations. In today’s world, people want to be able to make their own choices, manage their own lives and take care of one another’ (Het Koninklijk Huis, 2013)⁵. The focus of the welfare state is therefore shifting towards a participation society in which citizens need to take more care of themselves and each other.

The transition to a participation society...

From an economical perspective, government tries to decrease the costs for long-term care. In 2015 more functions have been transferred to the Wmo and the AWBZ is transformed into the long-term care act (Wlz) and only provides for people who really cannot take care of themselves (Rijksoverheid, 2014b). This means that the responsibility of municipalities has been increased and they are responsible for, amongst others, elderly who are able to live alone with some form of support. Municipalities therefore try to stimulate the use of informal care and living independently longer (Raad voor de Leefomgeving en Infrastructuur, 2014).

From the viewpoint of the citizen, in their research Kanne et al. (2013) investigate the willingness of Dutch people to actively participate in society. They conclude that a large amount of citizens is willing to take care of elderly people, but are not doing so yet. Furthermore, in the Netherlands as well as in other countries around the world, seniors prefer to live in their own homes as long as possible even when their health is failing them (De Groot et al., 2013; Doorten, 2012; Tang and Lee, 2011; Wiles et al., 2012). Another preference is that more elderly people would like to live in intergenerational neighbourhoods (Aedes-Actiz Kenniscentrum Wonen-Zorg, 2013).

According to Jansen et al. (2008) communal living forms are an adequate solution to avoid isolation and improve the social networks of seniors, while at the same time they can live independently. Furthermore, intergenerational contact (e.g. playing games or cooking) has proven to increase the health and well-being of older people, as well as make them feel worth something (Springate et al., 2008).

...not as easy as it seems

Government thus stimulates living independently longer, seniors prefer this as well, citizens are willing to help each other, and research has offered an opportunity to facilitate this. This suggests a simple transition towards a participation society. However, there are some aspects that make the transition more difficult than expected.

First of all, the responsibility of the municipality is increased by the expansion of the Wmo. Extramural support⁶ and guidance will entirely be a municipal responsibility. This however, is a new field of expertise for the municipalities and therefore much remains unclear. Questions arise whether municipalities are given enough time to make preparations for this transition (De Volkskrant, 2014).

The second aspect concerns the willingness of citizens to take care of each other. This so-called informal care can be improved by increasing intergenerational solidarity. Intergenerational solidarity can be seen as children taking care of elderly parents (Isengard and Szydlik, 2012). Family members form a large part of informal care or ‘*mantelzorg*’ (Doorten, 2012). However, one in five people taking care of their parents are heavily overloaded and 30% feels burdened and has problems combining work and care-taking (Cloin et al., 2011). Non-familial care-taking

⁵ The first King’s speech held at September 17, 2013

⁶ Support for elderly living independently

could offer opportunities for improving this situation but it is not clear how to actively engage them.

Intergenerational living – combining communal living and intergenerational contact – might offer opportunities to improve the possibility of ageing in place as well as meet the requirement of the Dutch society taking (more) care of itself. Unfortunately, just like Tummers (2011) in her paper concludes, intergenerational living forms have not yet been extensively examined and not at all from the engineering and design viewpoint (i.e. physical design and management). Instead, only sociological and economical viewpoints have been examined.

1.2. Research theme

Intergenerational living should be explored in order to determine the opportunities it might offer. To be able to gain a comprehensive understanding of the concept, the research should be expanded to include the engineering and design viewpoint. This project attempts to expand this understanding by examining the institutional and physical context in which intergenerational living takes place.

1.2.1 Research questions

It is assumed that a certain set of institutional factors makes it easier for intergenerational living to work. This leads to the following main question.

How can the institutional and physical context be supportive in the development of intergenerational living projects in the Netherlands?

In order to be able to answer this question, four sub questions are formulated:

1. What is intergenerational living?
2. What are promising cases of intergenerational living?
3. What influential factors can be derived from the institutional and physical context of the promising cases?
4. How does the (Dutch) context relate to the success of intergenerational living?

The first sub question is focused at the theoretical background of intergenerational living. This question aims to formulate a definition of intergenerational living. By examining the concepts connected to intergenerational living and determining how these concepts influence intergenerational living the definition will be formulated.

The second sub question aims to select (three) promising cases of intergenerational living that will be investigated in more detail. In order to select the most promising cases, first a list of national and international cases of intergenerational living is composed. Then, the cases on this list will be scored to determine the most promising cases. This implies finding a method to score the cases is also part of this sub question.

In sub question three the aim is to determine how the institutional and physical context of intergenerational living is given form in the selected cases and what factors are influential in these cases. In order to be able to determine this, a theory for investigating the context will first be selected. This theory is then used to determine per case what factors are important in the context.

Sub question four lastly aims to determine common influential factors in intergenerational living. This is determined by comparing the contexts of the three cases to each other. Because

institutional contexts vary across countries, it is also important to determine the influence of the Dutch context.

1.2.2 Objectives and relevance

The general aim of this research is to understand how the institutional and physical context⁷ influence intergenerational living projects. By analysing (inter)national projects, it aims at a deeper understanding of supportive and obstructive factors. As stated in the previous section, not much research has been conducted in intergenerational living forms yet. The willingness of Dutch people to participate in this living form has not been determined yet and it is not clear what the optimal physical characteristics (i.e. one house, an apartment building, neighbourhood etcetera) should look like, keeping in mind the needs and wishes of Dutch citizens. In order to understand the institutional influence, exploration of intergenerational living forms thus is necessary.

The research will offer municipalities as well as housing associations starting points for new forms of senior housing. Finding ways to adapt to the changing demands of the ageing population is crucial. Ageing in place and intergenerational contact provide a solution but opportunities are scarce at the moment. Given the transition towards a participation society, this is the moment to combine these two aspects.

Furthermore, a comprehensive understanding of intergenerational living is missing. A part of this knowledge gap will be filled by exploring the institutional opportunities and difficulties of the concept. Furthermore, the physical aspect is also explored in this thesis in order to address the design knowledge gap. This research can form a starting point for research in other aspects of intergenerational living.

1.3. Research design

This research tries to improve the insight in intergenerational living forms. In section 1.2.1, the research questions have been discussed. In this section these questions will be linked to a research design including the steps, methods, input and deliverables of the project. An overview of the design is shown in figure 1.3 on the next page. The research methodology will be discussed in chapter 3 and the theoretical models used for analysis are described in chapter 4.

First of all, a theoretical grounding is provided. A general definition of intergenerational living is formulated to answer sub question 1. In this step, policies and concepts related to ageing, informal care, intergenerational relationships and senior housing will be discussed.

The empirical grounding of this research starts in step 2. In this step the first part consists of selecting intergenerational living cases from all over the world (sub question 2 part 1). This list of intergenerational living cases will be used to examine the forms that are used in intergenerational living. The definition of intergenerational living of the previous step serves as criterion for selecting the cases. Not only physical options, but also coupled groups and other involved actors will be described, which results in a general overview of cases.

In the second part (sub question 2 part 2), the intergenerational solidarity model of Bengtson

⁷ Originally this research only aimed to investigate the institutional context. However, during the research the importance of the physical context in intergenerational living became more and more clear. Moreover, the physical context is intertwined with the institutional context and can therefore not be excluded from this research.

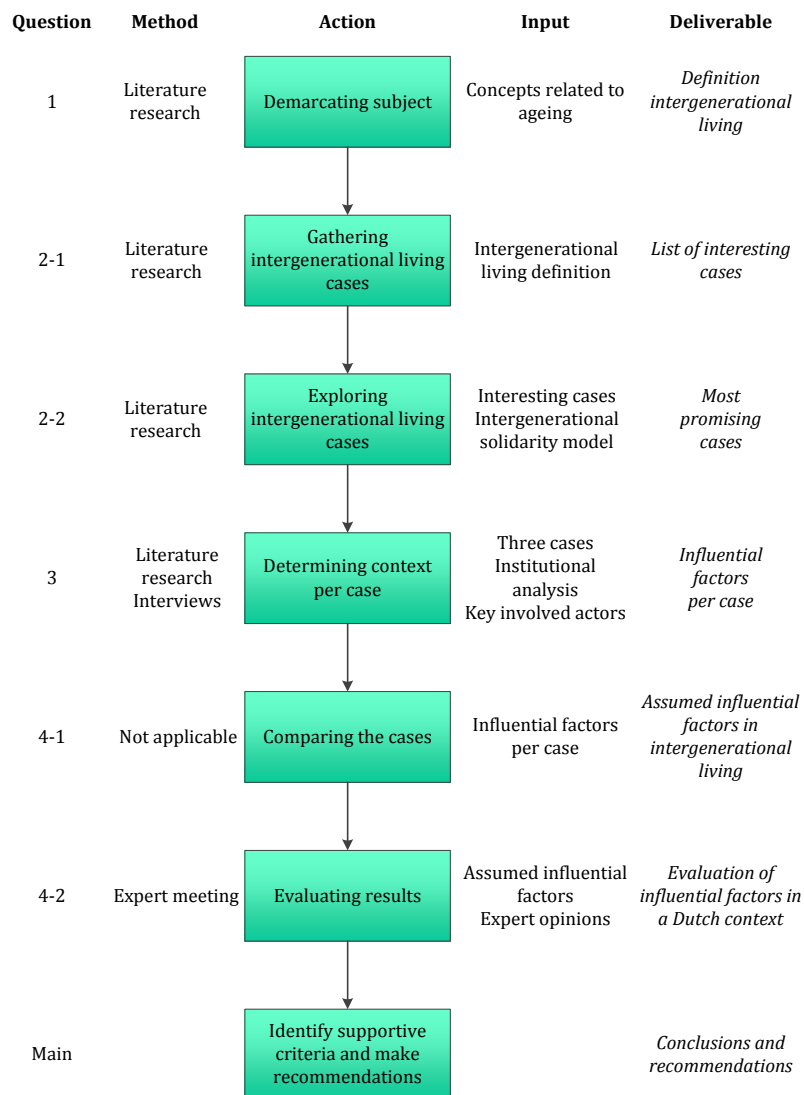


Figure 1.3: An overview of the research design

(for an explanation of this model, see section 4.1) will be used to index the intergenerational relationships within these cases. By doing so, the cases can be classified and the most promising cases will be selected for further investigation.

The three most promising cases will be examined thoroughly in the third step. In this step, institutional analysis will guide the research. In this analysis, the institutional context will be described on the basis of the four-layer model of Koppenjan and Groenewegen (adapted version from Williamson’s model) and the institutional analysis and development (IAD) framework developed by Ostrom. Further explanation about the institutional analysis is provided in section 4.2. The results of this analysis, together with results from the interviews, will provide a list of influential factors per case.

The fourth question consists of two parts again. The first part (sub question 4 part 1) consists of comparing the institutional and physical factors for each of the cases to each other. By doing so, factors occurring in all three cases can be identified. This leads to a list of factors

that are assumed to be influential in intergenerational living in general.

By using one of the selected cases in an expert meeting, the influential factors will be further evaluated (sub question 4 part 2). The input of the experts will serve to adapt and improve the factors and to determine the influence of the Dutch context. The research will then be concluded by answering the main question and formulating recommendations.

1.4. Reading guide

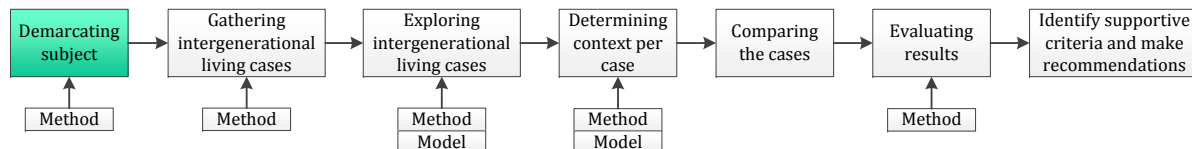
This research is structured in three main parts. In this first part intergenerational living will be explored. The next chapter examines concepts related to intergenerational living and ends with a definition of this concept. The third chapter is focused on the methodology of this research, whereas the fourth chapter describes the theoretical models used.

In the second section understanding intergenerational living is the central theme. Chapter 5, 6 and 7 provide information about the context of three intergenerational living cases. This is followed by a chapter in which these contexts are compared to each other. Chapter 8 also provides a further evaluation of influential factors and position this research in a Dutch context.

Finally, in the conclusions part, conclusions and recommendations are given in chapter nine. Chapter 10 provides a reflection of this research. It is followed by an epilogue in chapter 11, which describes changes in legislation in the time this thesis was conducted.

In order to relate the chapters to the research steps of the research design, each chapter starts with an overview of the research design. The step described in that particular chapter is coloured.

2. Intergenerational living definition



2.1 – 2.4 Aspects related to intergenerational living
2.5 Definition of intergenerational living
(Appendix A The Active Ageing Index framework)

In this chapter a theoretical background will be provided by explaining the concept of intergenerational living based on several (theoretical) aspects. As described in the introduction, the Dutch population is ageing. New policies have been adopted to reduce the pressure on the long term care system caused by an ageing population.

Two policies and main theoretical backgrounds used for this research, ageing in place and active ageing, will be described in section 2.1. The participation society in which people take more care of themselves and each other is reflected in the section describing informal care (section 2.2). In section 2.3, the intergenerational relationships will be described, followed by 2.4 in which housing options for seniors are discussed.

These four aspects are part of the concept of intergenerational living. In the concluding section of this chapter (section 2.5), the links to intergenerational living will be explained and finalized with a definition.

2.1. Ageing

As stated above, this section describes the theoretical background of this thesis with regard to ageing. The two policies ageing in place and active ageing are aimed at improving the self-reliance of senior citizens to decrease the burden on the health care system. Furthermore, they are closely linked to each other. In section 2.1.1 ageing in place will be discussed, followed by active ageing in section 2.1.2.

2.1.1 Ageing in place

As stated in chapter 1, government tries to stimulate living at home as long as possible. This policy became popular under the term ‘ageing in place’ and is defined as ‘older people will remain in the community, either in their family homes, in homes to which they have moved in mid or later life, or in supported accommodation of some type, rather than moving into residential care’ (Davey et al., 2004, p. 20). In this section positive and negative impacts and the main conditions of ageing in place will be explored.

Impacts

There are three major arguments for governments to stimulate ageing in place. First of all, it is assumed to be a cost effective solution to the problems of an ageing population and decreases the burden on the health care system (Sixsmith and Sixsmith, 2008). The ageing population will increase the need for long-term institutional care, and thereby increase the costs associated with it. Home care or community care is generally believed to be cheaper than institutional care and is therefore the main reason for stimulating ageing in place.

The second argument for ageing in place is that it is assumed to improve the quality of life of seniors. Living at home improves well-being, independence, autonomy, social participation and healthy ageing (Wiles et al., 2012).

Thirdly, a majority of seniors prefer to stay at home as long as possible (Sixsmith and Sixsmith, 2008). Ageing in place is seen as being independent and autonomous, which is important in Western cultures. By living independently, seniors have more control over their lives and keep making decisions, which again improves the quality of their lives (Blood, 2010).

However, some remarks should be added to these arguments, since they are based on a government perspective. An important condition for the policy being cost-effective is the availability of informal care (Chappell et al., 2004) and is not even underlined by all research (Vasunilashorn et al., 2012). Furthermore, because the policy is based on the ideal of community care it could mean seniors are deprived of having multiple options of support and living arrangements (Wiles et al., 2012). Instead, the only option is to age in place. Lastly, the policy does not specifically take into account the different needs of different seniors (Wiles et al., 2012). However, not all seniors ‘fit’ the profile that is used.

Furthermore, remaining at home does not always have a positive influence. Seniors can experience loneliness or live in a neighbourhood that does not support their needs (Sixsmith and Sixsmith, 2008). A small or non-existent social network increases the chance of feeling lonely (Zantinge et al., 2011), whereas the physical character of the neighbourhood has a significant impact on the mobility, independence and quality of life of older people (Burton et al., 2011, p. 840).

Main conditions

From the impacts described above, several conditions for ageing in place can be derived: (1) the availability of informal care, (2) a sufficient social network and (3) providing adequate surroundings. Other important conditions are (4) adaptability of the dwelling to the changing demands (Raad voor de Volksgezondheid en Zorg, 2012) and (5) preventing health issues (Stavenuiter and Van Dongen, 2008). All these factors are interrelated and are influenced by other factors.

Informal care

In order to be able to age in place, some form of support or informal care is necessary (Stavenuiter and Van Dongen, 2008). ‘Low-level support services, such as cleaning, gardening, assistance with laundry tasks and home maintenance, play an important role in maintaining the ability to remain independent’ (Davey et al., 2004, p. 29). Seniors themselves as well emphasize the importance of support and home maintenance (Wiles et al., 2012). Furthermore, home assistance and larger social networks offer more options for support and thereby decrease the risk of needing institutional care (Tang and Lee, 2011). This informal care aspect is elaborated upon in section 2.2.

Social network

‘Loneliness has been clearly identified as a problem, especially for older adults, as it places individuals at risk of worsened health outcomes, depression, and even of dementia, functional decline, and mortality. There is increasing evidence that isolation itself puts individuals at health risk, especially elders’ (Glass and Vander Plaats, 2013, p. 429). Seniors have a higher risk of being lonely because the size of their network generally is smaller (Zantinge et al., 2011). There are several reasons for the smaller network of seniors: partners and friends pass away,

retirement and absence of work and colleagues, and due to a lower mobility it becomes harder to undertake activities.

Living together with a partner (or someone else) decreases the chance of being lonely significantly (De Jong Gierveld et al., 2012). Also the importance of privacy, personally as well as culturally defined, is of influence on feelings of loneliness in seniors. Lastly, participation in social activities increases the chance to meet new people and increasing the network or are used to stay connected with friends (Tang and Lee, 2011). Ageing-friendly neighbourhoods make it easy to participate in and promote social interaction.

Surroundings

Seniors rely more on their surroundings because their mobility decreases when they get older which increases the need for local social networks (Stavenuiter and Van Dongen, 2008). However, much economic activity has shifted towards city edges and shopping malls. People work and do their shopping as well as their leisure activities somewhere else, which means encounters in the neighbourhood are less frequent.

Retail and other commercial uses in the neighbourhood make it easier for seniors to take care of themselves (Scharlach, 2012). An additional advantage of economic activity in the neighbourhood is that it increases intergenerational contact and understanding, and thereby the size of the senior's social network and the support level from neighbours (Doorten, 2012).

A second important aspect is transportation options. Seniors see a lack of transportation options as a major barrier for staying independent (Sixsmith and Sixsmith, 2008). Ageing in place is easier when not only the dwelling itself is taken into account, but also transportation options, recreational opportunities and options for physical activities, social interaction, cultural engagement, and education in the neighbourhood (Emlet and Mocerri, 2012; Wiles et al., 2012).

Dwelling

Although the importance of adequate surroundings is recognized more and more (Wiles et al., 2012), age-friendly housing cannot be overlooked. Adaptability of the dwelling to the changing demands when ageing makes it easier to age in place (Raad voor de Volksgezondheid en Zorg, 2012). 'The most common indoor modifications are grab or hand rails, followed by wet-area showers and easy-to-get-to toilets. Outdoors, handrails at steps or doorways, easily accessible driveways, ramps and street level entrances are the main changes' (Davey et al., 2004, p. 134). Furthermore, telecare such as alarm buttons and sensors can also make it a lot easier and safer to stay put (Sixsmith and Sixsmith, 2008).

However, the current housing stock for seniors is not sufficient (De Groot et al., 2013). Since seniors prefer to stay in their homes, a large part of the houses should be adapted. This could be a problem for older home-owners, especially those with a lower income (Davey et al., 2004). These seniors are not capable of maintaining or adapting their homes themselves anymore, but do not have the funds to pay for a professional. This can lead to housing in poor condition, which in turn decreases the health level of the senior (Sixsmith and Sixsmith, 2008). Also in the rental sector, this problem is expected since there is not enough money to adapt existing dwellings (NRC, 2015).

Health

One of the main reasons for not being able to live independent any longer are a failing health and/or physical disability (Bekhet et al., 2009). Although at some point it is not possible to live independently anymore, maintaining the health level and slowing decline will postpone this moment. Sufficient social support or a large social network improves seniors well-being, a higher quality of life and fewer symptoms of depression (Blood, 2010; Tang and Lee, 2011). Intergenerational contact (e.g. conversations, playing games or cooking and eating meals together) has also proven to increase the health and well-being of older people, as well as make them feel worth something (Springate et al., 2008). Also contact within the generation improves the well-being, since a last major influence on the health level of seniors is loneliness.

2.1.2 Active ageing

A second popular concept in current ageing policies, and closely related to ageing in place, is active ageing. Active ageing makes seniors less vulnerable because their health improves (WHO, 2002) and thus makes it easier to live independently. Furthermore, the policy stimulates participation in general, which fits perfectly in the Dutch participation society.

Active ageing as a concept though is no new concept. It originates in the 1940s from socio-gerontology and the activity theory stating that an active lifestyle in old age is very important to live a satisfying life (Boudiny, 2013).

Successful ageing in the 1940s meant trying to maintain activity patterns and values that were built up in middle age as long as possible. In this rather negative view, old age was seen as the life stage in which withdrawal from roles and relationships is inevitable (Walker, 2002). It was focused on limitations instead of possibilities and was characterized by dependency, decline and loss (Boudiny, 2013).

In the 1980s this view was abandoned and the more positive term productive ageing became popular. This new view focuses on what older people are still capable of and the knowledge and competences they have acquired during life (Boudiny, 2013). However, active ageing policy in this period was focused on economy and the labour force, which was too narrow defined.

The modern concept of active ageing

Under influence of the World Health Organization (WHO) a new and broader concept of active ageing started to emerge in the nineties (Walker, 2002). Instead of solely focusing on making citizens work longer, productivity was combined with health and quality of life.

In 2002 the WHO provided a policy framework to promote healthy and active ageing. In this publication a definition of active ageing was given. It is ‘the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age’ (WHO, 2002, p. 12).

Active ageing is influenced by several determinants that differ per individual, family and nation (WHO, 2002). In figure 2.1 an

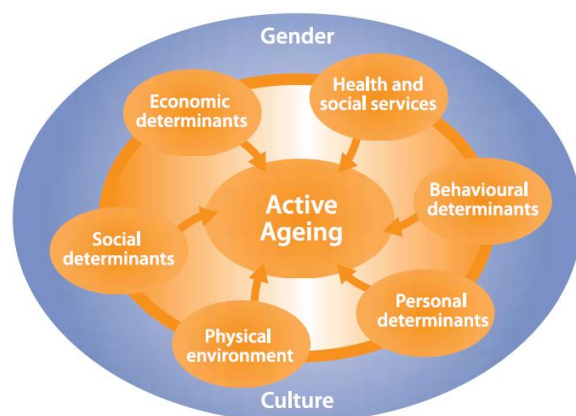


Figure 2.1: The determinants of active ageing (source: WHO (2002))

overview of these determinants is given. All of these aspects influence each other and determine the health and quality of life of seniors. Although all aspects are important, the physical environment is one of the focus points for this research. This encompasses for example safe housing, a stimulating neighbourhood to go outside and accessible public transportation.

In the framework three pillars are central: health, participation and security (Stenner et al., 2011). In the first pillar activities and environments that promote healthy ageing are encouraged in order to reduce the costs for health care. The second pillar is focused on activities related to participation. Activities that provide protection, dignity and care for people in need are part of the third pillar. By understanding the influence of the determinants, actions in these pillars can be determined.

Furthermore, there are seven principles embedded in the framework (Walker, 2002; Walker and Maltby, 2012; WHO, 2002):

1. Ageing is not simply participating in the labour force, but consists of all possible activities to participate (i.e. social, economic, cultural, spiritual and civic affairs). This means that voluntary work is valued equally to paid employment.
2. The policy should be focused at all older people even when they are frail or disabled.
3. Active ageing should be a preventive concept. This means that not only the older generations but all life stages should be targeted.
4. Intergenerational solidarity should be maintained and expanded. This means equal opportunities for all generations as well as providing activities that span the generations. This is an important principle for this research and the model describing intergenerational solidarity will be discussed in section 4.1.
5. Active ageing not only means rights but also obligations. Providing social protection and lifelong education should be accompanied by the obligation to take advantage of this.
6. Policies should not just be implemented top-down, but should also provide room for citizens to take action themselves (public participation).
7. Since it is a European policy, national and cultural diversity should be respected. This means that implementation can differ per country.

According to WHO (2002), implementing policies in the three pillars that respect these principles will potentially lead to several advantages. There will be fewer premature deaths, fewer disabilities, more people enjoying a high quality of life, more active participation and lower medical costs. This concept of active ageing however is also criticized for several reasons.

Active Ageing Index

In 2012 the Active Ageing Index (AAI) was developed by the European Centre for Social Welfare Policy and Research in Vienna. It is ‘a new analytical tool that aims to help policy makers in developing policies for active and healthy ageing. Its aim is to point to the untapped potential of older people for more active participation in employment, in social life and for independent living.’ (European Commission, 2013, p, 3).

In this index, indicators in four domains are used to determine how well a country is doing in the concept of active ageing. The four domains are employment, participation in society, independent, healthy and secure living, and capacity and enabling environment for active ageing. In appendix A an overview of the domains and the indicators is provided.

As can be seen in figure 2.2 on the next page the Netherlands has improved its score since 2010⁸ and ranks third in 2014. All domains except capacity an enabling environment for active

⁸ The 2010 scores have been calculated in retrospect after the release of the AAI in 2012.

2. Intergenerational living definition

ageing have improved in score since 2010 (UNECE/ European Commission, 2015). However, when looking at the ranking, the Netherlands also drops in the domain participation in society. In 2010 the Netherlands ranks first in this domain, but in 2012 this drops to the fifth place. Moreover, between 2012 and 2014 the score has not improved at all, which is remarkable since the participation society was introduced in 2013.

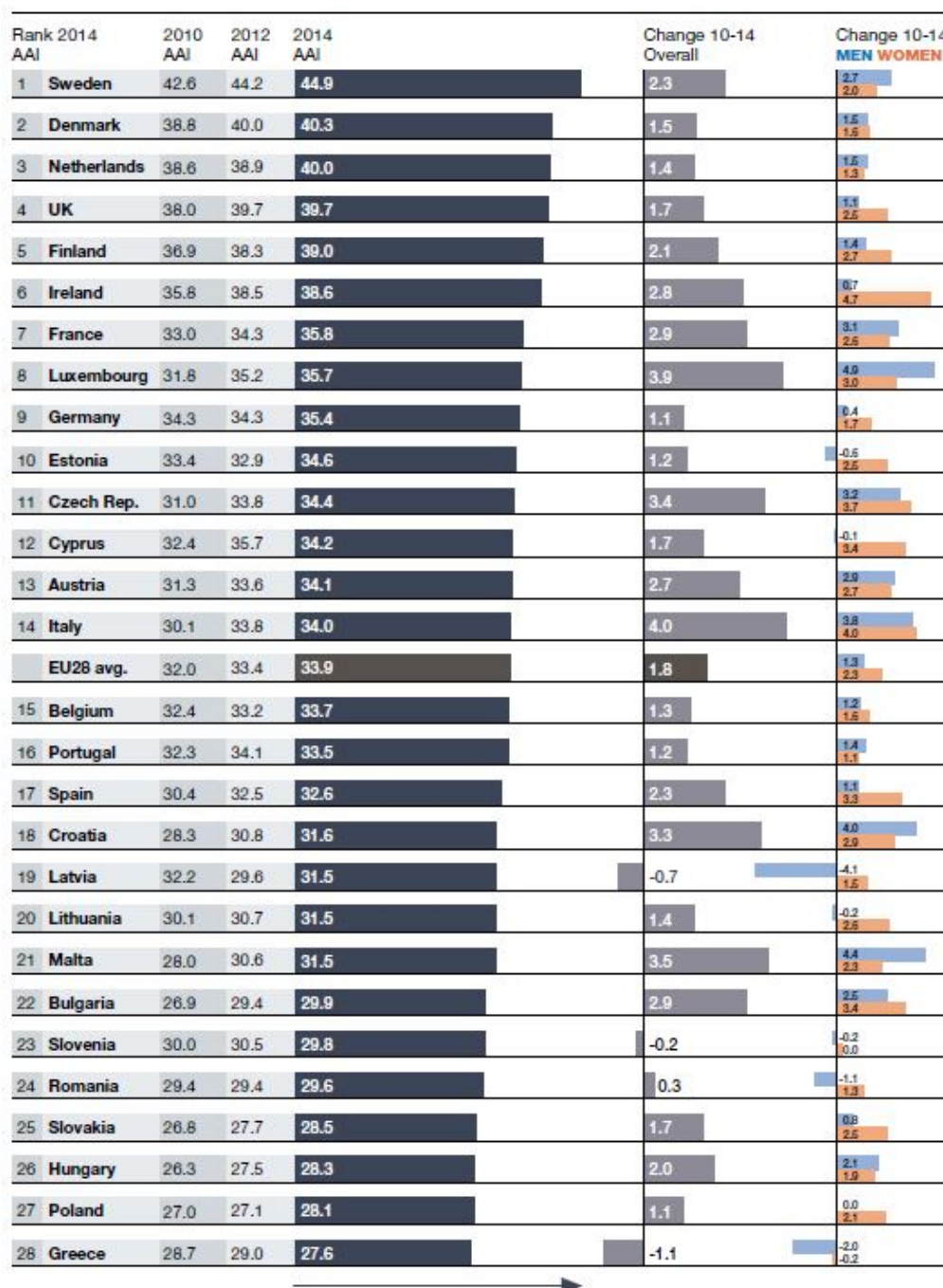


Figure 2.2: Changes in the Active Ageing Index (source: (UNECE/ European Commission, 2015))

Critique on active ageing

Although the concept of active ageing has become a popular term in policy, it still has no precise universally accepted definition (Walker and Maltby, 2012). As shown above, the WHO has tried to define the concept. However, the concept itself still remains very vague and is understood differently by various people. Furthermore, the terms healthy ageing and productive ageing are also used whereas those have a slightly different meaning (Boudiny, 2013).

The second point of critique concerns the focus of active ageing. The underlying reason for stimulating active ageing still remains the same: reducing the rising costs of an expanding older population. The concept is brought as a positive term, but it insinuates that seniors are a burden and reinforces the negative stereotype of older persons (Ranzijn, 2010).

A third problem concerning the active ageing policy is that it does not always take into account the reality. By focusing on the positive aspects of ageing, an unrealistic image of ageing is sketched (Stenner et al., 2011). At some point, people actually become old and it is not possible to deny a less healthy body anymore. Furthermore, seniors are stimulated to work longer, but this is not always possible. In reality, older workers face discrimination with regard to job recruitment and are simply not hired any longer (Walker and Maltby, 2012).

Lastly, to be able to age actively resources are required. Resources include good health and health care, physical fitness facilities such as gyms and pools, senior centres for social involvement and money (Ranzijn, 2010, p. 717). This means that when someone does not have the means (money) to gain access to these resources, it becomes difficult to age actively.

2.2. Informal care

Informal care is all the care provided for a person outside the formal care system. ‘It may include care given by members of the care-receiver’s household, relatives, friends, acquaintances, colleagues or neighbours which stems from a relationship between the care-giver and care-receiver’ (Oudijk et al., 2010). In this section informal care is described from two viewpoints: that of the provider and that of the receiver.

2.2.1 Providers of informal care

In 2008, the largest amount of informal caregivers provided care for a parent or parent-in-law (40%) (Oudijk et al., 2010). This is followed by taking care of a partner (18%), friends, acquaintances, colleagues or neighbours (17%), another relative (15%), and a sick child/ stepchild/ foster child (11%) (see figure 2.3 on the next page). Almost half of the caregivers is aged between 45 and 65, although the amount of caretakers in the older group is growing (see figure 2.4 on the next page). Depending on the exact definition of informal care, slightly different results have been reported by Cloin et al. (2011). Remarkably even in newer studies into informal care (for example by De Boer and De Klerk (2013) and Doekhie et al. (2014)), no more up to date data have been found than the data from 2008.

Providing informal care generally consists of emotional support, accompanying the older person (to for example family or a doctor’s appointment), domestic help and administrative help (Cloin et al., 2011). This takes a lot of time and therefore many informal caretakers experience some difficulty. Between 2001 and 2008 the number of heavily overloaded carers have increased significantly from around 300.000 to 450.000 carers (Oudijk et al., 2010) and make up almost 20% of the total caretakers (Cloin et al., 2011). Around 30% has problems combining taking care of someone with other tasks such as a job and their own family. The other half of

caretakers experience less or no problems but a part of them still feel the continuous pressure of the obligation to take care of someone.

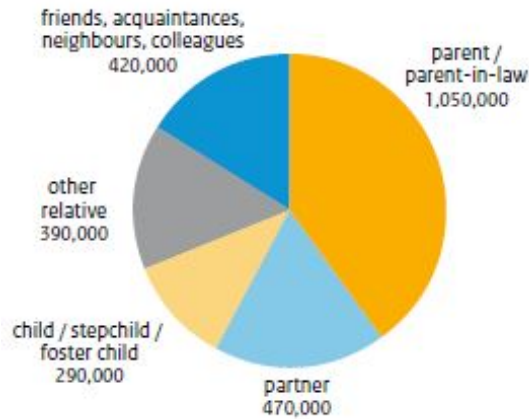


Figure 2.3: Social relationship between care-givers and informal carers providing long-term and/or intensive care, 2008 (in absolute numbers) (source: Oudijk et al. (2010))

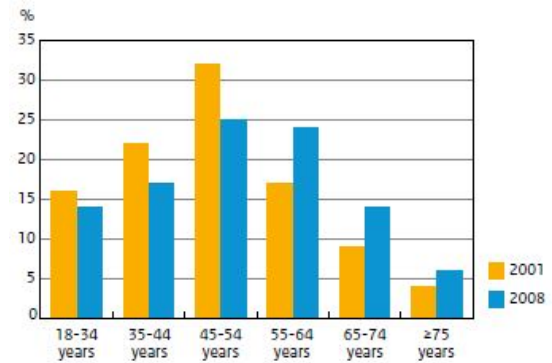


Figure 2.4: Age distribution of informal carers providing long-term and/or intensive care, 2001 and 2008 (in percentages) (source: Oudijk et al. (2010))

Willingness of Dutch people to take care of each other

In a participation society, informal care becomes even more important and more care is needed. As described above, the problem is that many informal caregivers cannot provide more care. Furthermore, many seniors cannot get enough care already (Doekhie et al., 2014). Therefore, extra caretakers are necessary that do not provide care at the moment. Over half of the Dutch people is willing to take care of one of their parents for a short period (Cloin et al., 2011). One in three persons is willing to take care of their parents for a longer period.

However, taking care of your own parents is something different than taking care of a neighbour or friend. Kanne et al. (2013) examine the willingness of Dutch people to take care of someone else who is not family. Taking care of neighbours and friends is no problem for approximately 30% and over 35% might be willing to do this. For taking care of people in need in the neighbourhood this consecutively is 26% and 42%. This means that there is unused potential of people willing to take care of non-relatives.

Taking care of someone is driven by love, is seen as logical behaviour or is given out of a sense of duty when someone needs it (De Boer and De Klerk, 2013). By many researchers culture and/or the care system are seen as being of influence on the willingness to take care of others (Daatland and Herlofson, 2003; De Jong Gierveld and Van Tilburg, 1999; Dykstra et al., 2013; Isengard and Szydlik, 2012; Kalmijn and Saraceno, 2006; Reher, 1998). Furthermore, it is assumed that increasing intergenerational solidarity improves the willingness to take care of someone else (Isengard and Szydlik, 2012).

2.2.2 Receivers of informal care

Informal care is generally seen as the best option for making it possible to age in place, but often the receiver of informal care is overlooked (De Boer and Timmermans, 2007; McCann

and Evans, 2002). In order to give an overview of informal care, this viewpoint should also be shown.

First of all, informal care is only effective when no specific knowledge or skill is required for the domestic help and personal care (Doekhie et al., 2014). Furthermore, formal care can only be substituted by informal care for seniors with a low level of disability, thus making the policy less influential as suggested (Bonsang, 2009).

Another important aspect is the acceptance of receiving care by the seniors. Many seniors prefer professional help over informal care (Doekhie et al., 2014) and find it difficult to ask for help (Linders, 2010). Two-thirds of the seniors needing help, beliefs their family and friends cannot give them the (extra) help needed, and almost two-thirds do not want to ask more from their family and friends (De Boer and De Klerk, 2013).

There are several reasons that make it difficult to ask for help. Seniors are first of all scared that their relationship with the caretaker changes, but also of being a burden (Linders, 2010). Another factor influencing the decision to ask for help is the need for independence and privacy. Especially for women the loss of independence and invasion of their privacy makes them reluctant to ask for help (Roe et al., 2001).

Furthermore, it depends on the person that is asked for help (Doekhie et al., 2014) and the nature of the help needed (personal help such as help with bathing is more difficult to ask for) (Linders, 2010). In a questionnaire asking (future) seniors for their opinions about who to ask for help, the following results were found (see table 2.1). For all persons, the willingness to ask this person for help decreases by the intensiveness of help needed, except for the professionals. For the rest, the partner is the easiest person to ask for help, followed by children and volunteers. The persons that will be asked less frequently are other relatives, neighbours and friends.

Table 2.1: Acceptance of aid for (future) seniors (*source: Doekhie et al. (2014)*)

Help	Domestic care	Personal care	Nursing
	%	%	%
Partner	53	50	34
Children	33	19	13
Other family members	6	2	1
Neighbours	11	2	1
Friends	16	5	2
Volunteers	29	17	9
Professionals	68	83	92

Senior profiles

The willingness to accept help from different persons and for different purposes thus varies and moreover suggests friction between the availability and willingness to accept informal care. It is therefore important to keep in mind that not all seniors are willing to accept help and also need different kinds of help.

Doekhie et al. (2014) distinguish four types of seniors depending on their need for self-reliance and experienced control over their life: the care-desiring, the pro-active, the cautious and the powerless senior.

The care-desiring senior knows when he needs help, knows how to get it and expects people

to help when asked for. The pro-active senior also experiences a control over his life and thus knows when and how to get help. However, the pro-active senior does not like to ask for help and therefore tries to do things alone for as long as possible. On the lower side of the figure are the seniors that experience less control over their life. On the one hand, the cautious senior accepts help relatively easily, while the powerless senior on the other hand does not want help.

Furthermore, Doekhie et al. (2014) state that there are four general factors determining the type of senior. First of all, the need for care influences the experienced control. Someone experiences less control when he cannot take care of himself. This means that a person that needs more help, experiences less control over his life. The second factor of influence is the cultural background of a person, where not only the willingness to accept help but also the person to ask help from is of influence. This is related to culture, which (partly) determines for example the wish to live independently⁹. Thirdly, knowledge, motivation and self-esteem empowers seniors. The last influence is comprised of personal and situational characteristics.

When relating these senior profiles to the table who to ask for help (table 2.1), Doekhie et al. (2014) find the following. The care-desiring and pro-active senior prefers informal domestic help, is open to informal and professional personal help, but absolutely prefers professional care when nursing is needed. Both types also have sufficient financial means and a large social network to get informal care.

The cautious senior has no preference for either formal or informal domestic care, but does prefer professional personal care and nursing. This type of senior has limited financial resources and a limited social network. The powerless senior prefers professional care for all three types of help. This senior furthermore, has few financial resources and a small or non-existent social network. In figure 2.5, the profiles and preferences of the seniors is depicted.

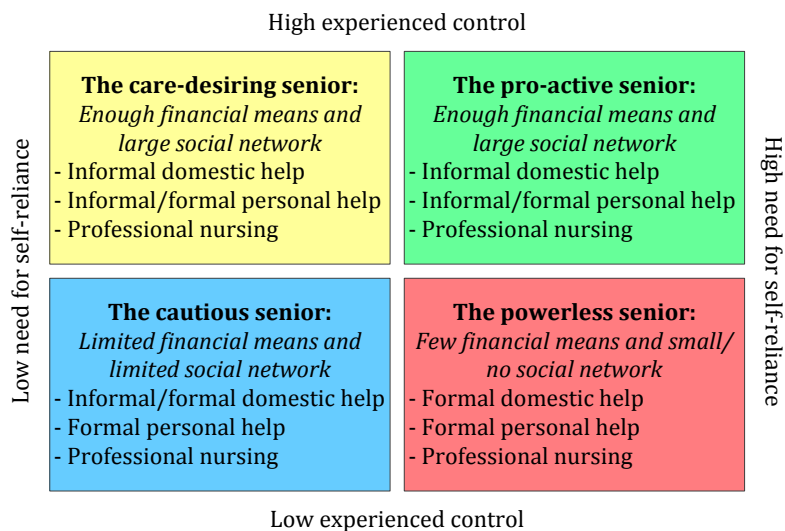


Figure 2.5: Senior profiles (adapted from source: Doekhie et al. (2014))

⁹ For example, in East Asia it is normal to take care of your parents when they become older, whereas this is less normal in West European countries (Esteve and Liu, 2014). Therefore, seniors in East Asia find it easier to let their children help them.

2.3. Intergenerational relationships

Solidarity can be seen as doing something for someone else that is beneficial to or supports that person (Kalmijn, 2005). This can be based on functional or practical support (e.g. helping with household tasks), financial support, or social support. The last form of support is based on visiting each other and/or giving attention or advice.

As will be described in section 4.1, the solidarity model identifies six dimensions along which solidarity is formed and intergenerational solidarity should be promoted in order to be able to age actively (WHO, 2002). However, although assumed that the model can be applied to both within a family as well as outside family boundaries, intergenerational relationships could be formed differently when there is no family connection. Therefore, in this section intergenerational relationships and contact in general will also be examined.

Intergenerational contact (e.g. conversations, playing games or cooking and eating meals together) increase the health and well-being of older people, as well as make them feel worth something (Springate et al., 2008). However, young and old people are separated more and more. In the Netherlands over 30% of seniors of 65 have few to no contact at all with people under 25 (this includes their own grandchildren) and about 20% of seniors older than 75 have no contact at all (Peninx, 2003). Especially seniors do want more contact with other generations.

The European Social Survey¹⁰ (ESS) investigates attitudes and values of Europeans. In their report, Abrams et al. (2011) show the percentage of respondents that have friends over 70 (see figure 2.6)). Compared to the other countries, a high percentage of respondents in the Netherlands have no friends over 70.

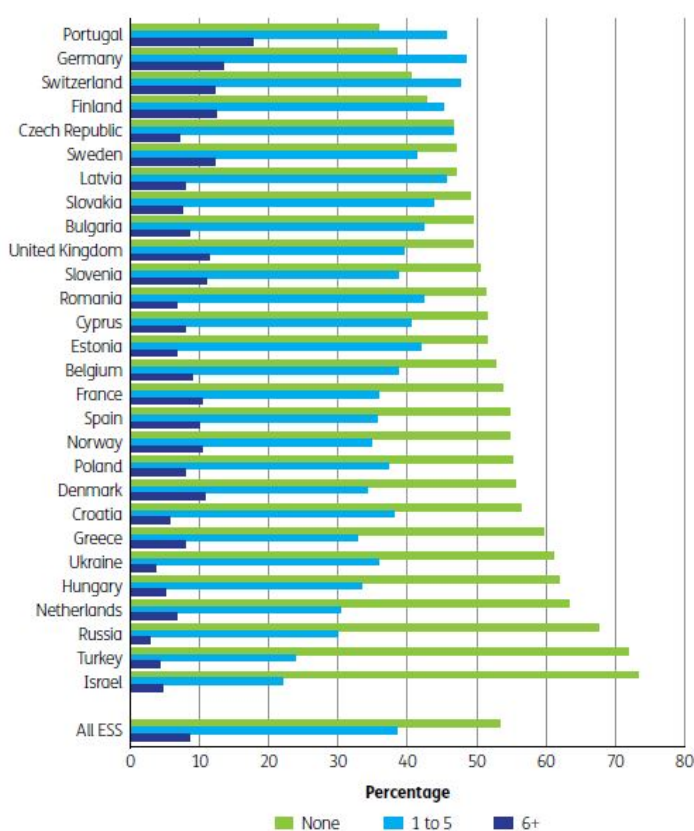


Figure 2.6: Percentage with friends over 70 in ESS countries (source: Abrams et al. (2011))

Negative effects of age segregation

According to Hagestad and Uhlenberg (2005) there are three reasons for this age segregation to occur: institutional, spatial and cultural trends. Institutional age segregation is formed through principles and norms that exclude certain ages (i.e. certain activities are only allowed for certain ages such as school only for children). This also leads to spatial segregation, where

¹⁰ Conducted in 25 European countries + Israel, Russia and Ukraine

children are at school, adults at work, and older people at home. This means that there are less or no opportunities for face-to-face interactions between generations. Lastly, cultural contrasts (mostly reflected in language) stimulates the forming of ‘us’ and ‘them’. Younger people for example use abbreviations which other age groups do not understand and make it more difficult to interact.

A consequence of age segregation is that it becomes more difficult to form networks (Hagestad and Uhlenberg, 2005). Institutional and spatial age segregation makes the pool of potential friends smaller, whereas cultural age segregation makes persons from other age groups unattractive as a friend. However, in these networks information and contacts are shared and people learn to understand each other better.

Age segregation furthermore leads to ageism (Grefe, 2011; Hagestad and Uhlenberg, 2005), which simply stated is the discrimination of people because they are old. ‘The intolerance and prejudice based on a person’s age, or ageism, is one of the most enduring and widespread forms of prejudice along with racism and sexism’ (Crespo and Du Preez, 2014, p. 67). The most effective way to avoid ageism is to stimulate intergroup contact (Grefe, 2011; Prior and Sargent-Cox, 2014).

Stimulating intergroup contact actually implies avoiding the age segregation that caused the problem in the first place and is therefore difficult to overcome. Social contact in a community is promoted ‘when residents have opportunities for contact, live in close proximity to others and have appropriate space for interaction’ (Williams, 2005, p. 197). Furthermore, seniors are more dependent for social relationships on their immediate surroundings (Penninx, 2003). This means that seniors and other generations should be brought together within their neighbourhoods to form social networks.

2.4. Housing options

In this section the options available to seniors will be discussed. First, general senior housing will be examined. However, there is also an option that cannot be categorized the same as the senior housing options, but still is a possible solution. This option, intentional communities, will also be examined in this section.

2.4.1 Senior housing

For seniors there are many options to choose from for an appropriate dwelling when they age. Options range from living independently to nursing homes but no universally applied classification is available. Vegter (2006) drew up an extensive framework with variations on six aspects to be able to classify senior housing options (see table 2.2 on the next page).

The choice for a certain option depends on mobility and medical needs, the ability to maintain a home, social and emotional needs, and financial means (Robinson et al., 2014), which are also reflected in the framework. In this section the most common options will be discussed based on two of the aspects: concentration and care supply and services. An overview of these common options is given in figure 2.7 (next page), but is by no means meant as a comprehensive overview of all possible variations.

Table 2.2: Aspects senior housing with care and services and possible variations (*source: adapted from Vegter (2006)*)

Aspect	Possible variations			
<i>Physical dwelling</i>	Care house	Life-proof dwelling	Zero stairs dwelling	Customizable dwelling
<i>Physical environment</i>	Full service complex	Health and convenience (doctor and services within 500 m, 24-hour care warranty)	Services (meeting space and manager in complex)	Neighbourhood amenities (shops, public transport, bank within 500 m)
<i>Care supply and services</i>	24-hour care	On demand	With appointment	
<i>Kind of arrangement</i>	Mandatory	Optional	No arrangement	
<i>Concentration</i>	Concentrated (intramural, sheltered housing complex)	In between form (sheltered housing, service flat)	Independent homes	
<i>Price</i>	Social	Middle segment	High segment	

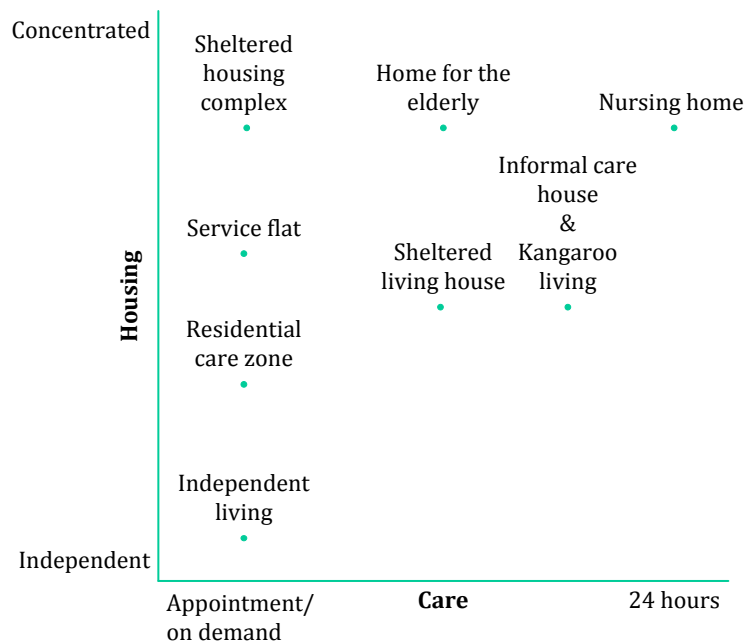


Figure 2.7: Overview of senior housing options

Concentrated housing

The most concentrated form of senior housing is intramural care. This form of senior housing is meant for seniors who cannot take care of themselves any longer. In a sheltered housing complex, seniors receive care based on demand or by appointment (Vegter, 2006). One step further is the home for the elderly (in Dutch: ‘verzorgingshuis’), followed by the nursing home

(in Dutch: *‘verpleeghuis’*)¹¹. The home for the elderly is meant for seniors who need help with daily activities such as cooking and cleaning (Rijksoverheid, 2014c). In a nursing home residents get intensive care and offers more extensive services such as physiotherapists.

In between independent and concentrated housing

In the area with less care provision but not living completely independent, there are many slightly differing forms of senior housing. Most initiatives fall under the term assisted living, which means that certain daily help is required but there is no need for 24 hours service (Robinson et al., 2014). In a residential care zone, seniors can use neighbourhood facilities such as a district service centre or care centre. Sheltered living houses (in Dutch: *‘aanleunwoning’*) are dwellings in the vicinity of a nursing home which offers the needed services for the seniors (Swon, 2014). A service flat is an apartment complex where collective facilities (e.g. meals, recreational space, reception and a caretaker) as well as individual facilities such as domestic help are available (Stavenuiter and Van Dongen, 2008).

Besides these formal care options, there are also initiatives available where informal care becomes more important. Kangaroo houses – also described as multiple generations house or duplex house – are independent but coupled houses or units through an indoor connection. The informal care house (in Dutch: *‘mantelzorgwoning’*) is a transportable customized independent living unit that can be placed near an existing dwelling (Swon, 2014). Lastly, a Dutch initiative called *‘Thuishuis’*, is a home were five to seven seniors live together and help each other, with help from volunteers when necessary (Stichting Thuis in Welzijn, 2015). In light of the participation society and changing demands of seniors, these forms are becoming more important.

Independent homes

Independent living arrangements include all dwellings or units where seniors can live with a minimum of assistance. This assistance mainly lies in home automation, telecare, adaptations to the house (e.g. hand rails or grips), availability of public transport etcetera.

2.4.2 Intentional communities

Living together with someone decreases the chance of being lonely and makes it easier to age in place (see section 2.1.2). A group of unrelated people that live together for a certain purpose is called an intentional community (Jarvis, 2011). There are many sorts of intentional communities with varying goals, principles and organizational forms (Tummers, 2011). The best-known form of intentional community is cohousing. Besides cohousing, other terminologies such as collective housing and community living are used as well. Unfortunately, it is a concept that not only has different forms, but also has different meanings which makes it a very difficult concept.

Modern cohousing originates in Denmark and Sweden in the late 1960s as *‘bofællesskabet’* and *‘kollektivhus’* (Jarvis, 2011). First notions of collective living however occur much earlier based on utopian or religious beliefs (Stavenuiter and Van Dongen, 2008). The idea of an ideal community in which common property is a key factor even goes back to Plato in the fourth century BC (Bobonich and Meadows, 2013). In the 16th century the term utopia is used for the

¹¹ Verzorgingshuis and verpleeghuis translated to English are both nursing home, but in the Netherlands there is a difference between the two. Verzorgingshuis will therefore be translated with home for the elderly and verpleeghuis with nursing home.

first time by More (The Utopian Impulse, 2014). It is however not until the late 18th century before utopia is becoming more practice- instead of theory-oriented and religious groups start intentional utopian communities.

In the 19th century cohousing evolved as a ‘utopian community based on communitarian and feminist ideals’ (Williams, 2005, p. 201). In the 20th century the so-called ‘first wave’ starts in Denmark and spreads to Sweden and the Netherlands. The first community was built in 1964 in Denmark to improve social relationships and communities. In the seventies elderly cohousing or senior communities emerged, in which only seniors were allowed to live based on the idea that they preferred living together (Bamford, 2005).

The second wave occurred in the eighties and nineties, in which the cohousing concept spread to America (Williams, 2005). Here the main motivation was social support and interaction between residents and different development forms emerged. With the third wave, Australia and South-East Asia were reached. In this wave, accessibility and affordability become integrated in the cohousing concept.

Even though size and shapes vary, all cohousing forms combine the advantages of private dwellings with a certain degree of shared facilities or common space (Bamford, 2005; Jansen et al., 2008; Riseborough, 2013; Williams, 2005). Furthermore, the design is aimed at encouraging social interaction and interdependence between residents (Jarvis, 2011; Williams, 2005). Other characteristics do not occur in all cases but are sometimes given as part of the common aspects. Examples are resident management (Lietaert, 2010) and sustainability (Riseborough, 2013; Tummers, 2011).

Examples of a cohousing form specifically aimed at seniors are dotted and harmonica living. These examples are focused on apartment buildings, but could also be applied to neighbourhoods. In these forms, seniors live independently in an apartment building and share common rooms (SEV, 2008). In the dotted model they live spread through the building whereas they are clustered in the harmonica model (see figure 2.8).

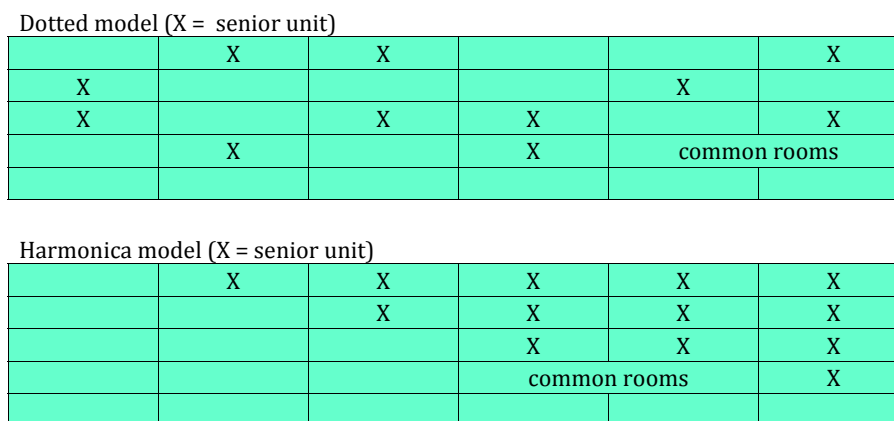


Figure 2.8: Two models: dotted and harmonica living (*source: SEV (2008)*)

2.5. Definition of intergenerational living

In this chapter the four main aspects that are of influence on intergenerational living have been described. Based on these aspects, a definition of intergenerational living can be formulated.

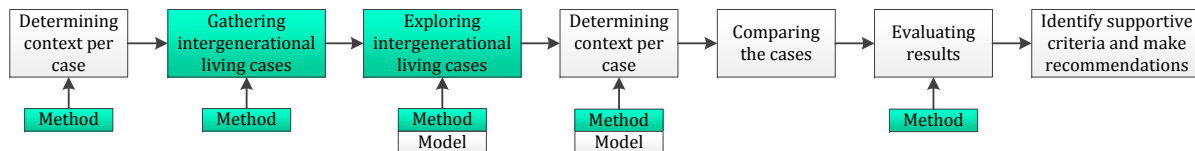
This definition will serve as a starting point for selecting intergenerational living cases.

Government tries to stimulate ageing in place and active ageing to reduce the costs of long term care. Ageing in place is possible when there is some form of informal care, a social network, adequate surroundings and dwelling and sufficient health. Furthermore, active ageing is achieved by participation in activities, including all sorts of seniors, public participation, adaptation to local cultures, but most of all by stimulating intergenerational solidarity.

Intentional communities could be the solution because they not only encompass the conditions for ageing in place, but also encourage social interaction and solidarity. However, because intentional community is such a broad term, a different and more specific terminology will be used. ‘Intergenerational living’ is a form of intentional community where seniors are key players. Each of the described concepts are interrelated and are incorporated in this term. A shorter description of intergenerational living is given below:

Intergenerational living: *A form of intentional community with the specific aim of making ageing in place and active ageing for seniors possible by providing opportunities for increasing intergenerational solidarity. The scale of this community can range from two generations living in one house to a complete neighbourhood with households from multiple generations.*

3. Research methodology



3.1 Case study (selection cases)

3.2 Data collection methods

(Appendix B Introducing the cases)

(Appendix C Hand out for participants of the expert meeting)

Having delineated the intergenerational living concept, it is now time to discuss the research methodology used in this research. In general, three approaches are available: quantitative, qualitative and mixed methods approaches (Creswell, 2003). Qualitative research is exploratory and is used when little research has been done on a topic. Since intergenerational living is a concept that still needs much research, the qualitative research approach is chosen for this thesis. In section 3.1 the qualitative research method case study research will be discussed. In section 3.2 an overview of the data collection methods is provided.

3.1. Case study

Case study research seems to be the best method to use. It is used when ‘a ”how” or ”why” question is being asked about a contemporary set of events, over which the investigator has little or no control’ (Yin, 2009, p. 13). This research is concerned with *how* the physical and institutional context influences intergenerational living and thus fulfils the first of the three criteria for case studies. Secondly, intergenerational living concepts can be observed directly and thirdly the projects cannot be influenced.

Besides, Yin (2009, p. 18) states that ‘you would use a case study method because you wanted to understand a real-life phenomenon in depth, but such understanding encompassed important contextual conditions’. Since this research aims to understand the influence of the context on intergenerational living, in-depth examination is necessary. Swanborn (2008) adds that case study researchers should be interested in social relationships between involved stakeholders and experienced bottlenecks by these participants. Intergenerational living is not only comprised of living but also of social contact. Success or failure and experienced constraints will be addressed in the fourth research question.

3.1.1 Case study design

Having determined that case studies are a good approach to investigate the context of intergenerational living projects, the next step is the design of the case study. This means choosing between single or multiple-case designs, and holistic or embedded designs (Yin, 2009).

Single case research can be selected when this case represents a critical case in testing, when it is an extreme or unique case, a typical or representative case, a revelatory case or a longitudinal case. Choosing a multiple-case design on the other hand would be best in a situation where two or more cases are literal replications and the conditions under which the results are established are investigated. Although a single-case design would be less time-consuming it is not clear what are extreme, representative or any other outstanding cases. Instead, it is assumed that

there is a large group of intergenerational living projects in which some conditions are more supportive than others, thus a rationale for a multiple-case design.

The second aspect of the case study design is concerned with holistic versus embedded designs. The holistic design is focused on the global nature of a single organization or phenomenon whereas an embedded design investigates multiple units of analysis. Separate units of intergenerational living cannot be identified before this research, which means a single unit is assumed and a holistic approach is used.

3.1.2 Selection of cases

In this research there are two stages for selecting the cases. In the first selection stage, a large number of cases is examined based on the intergenerational living definition of section 2.5. In this stage, a trade-off between the number of valuable cases and time spent on finding these cases is important. Since it is not possible to find all intergenerational living projects spread throughout the world, the aim is to find a variety of cases in terms of scale and target groups.

Selection of (inter)national cases

Selection of these cases is based on the intergenerational living definition of section 2.5. This definition implies three selection criteria:

1. In order to have contact between generations, at least one other generation besides seniors should be involved in the case.
2. In order to improve intergenerational solidarity, there should be actual contact between these generations.
3. In order to make it possible to age in place, some form of care is available for the seniors.

Search terms to find cases that fit these criteria started with intergenerational living, intentional communities, cohousing and mixes of these terms, both in Dutch and English. Later, the search terms were also expanded by multiple generation living and communities of all ages. The documents of the projects were furthermore searched for references to other projects.

In total, 29 interesting cases around the world have been found (see figure 3.1 on the next page). In appendix B, a short description of each of the cases is given. The cases presented do not necessarily include all projects around the world, since there are so many housing projects and not all of them are recorded well online. The list however, is meant as a tool-kit to investigate the different options available for intergenerational living and shows enough variety to serve this purpose.

Selection of promising cases

In the second selection phase, the number of intergenerational living projects is reduced to a manageable amount for in-depth investigation. Here, the intergenerational solidarity model is used to determine the (expected) most successful projects. The intergenerational solidarity model will be discussed in section 4.1. The most interesting cases will be used to determine the influence of the context on intergenerational living. More cases could lead to more information, but again there is a time constraint. Therefore, the cases will be clustered based on target groups and for each target group, the assumed best project is selected.

Each of the cases is given an intergenerational solidarity score based on the available information and the indicators of the intergenerational solidarity model. The cases are furthermore

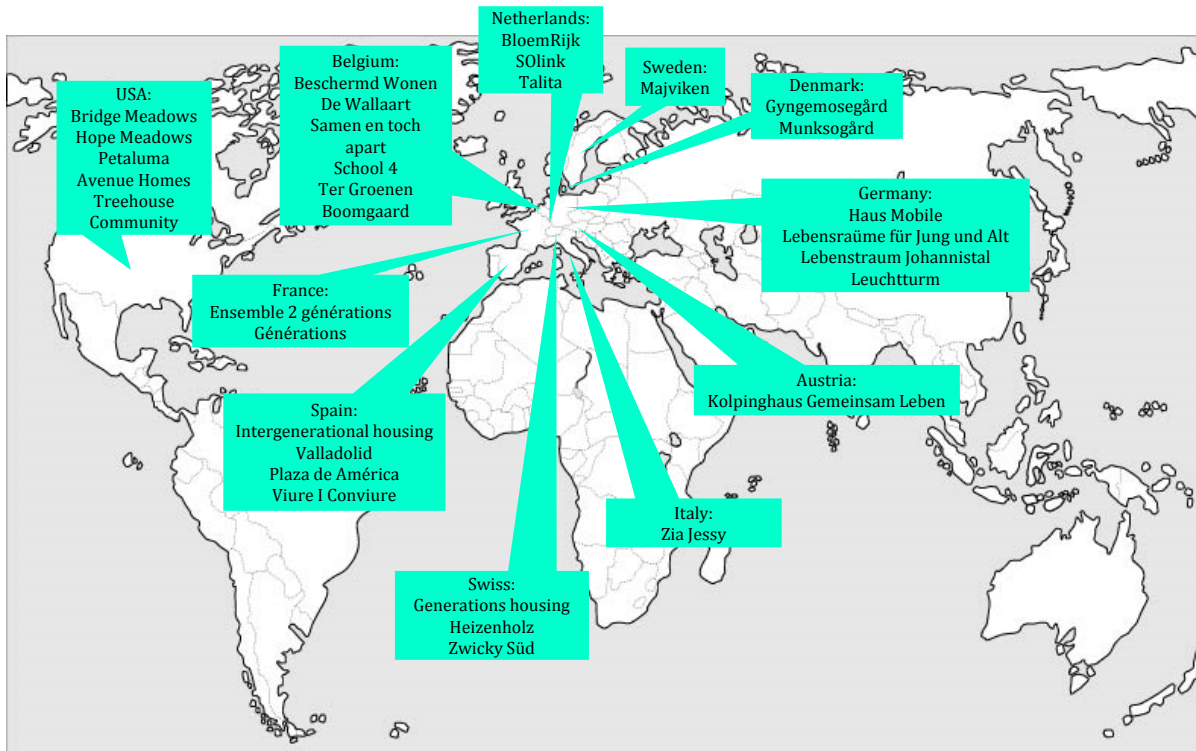


Figure 3.1: Overview of international cases

divided into three different target groups: families, open to anyone and students¹². For each target group, the highest solidarity score is assumed to be the most promising case. In figure 3.2 (next page), the cumulative scores for all the cases are given per category (separate scores for the indicators are available in appendix B.13).

The most promising cases, based on the highest score per target group, are Générations in France, BloemRijk in the Netherlands and Ensemble 2 générations in France. It is remarkable that two French cases score high but it is unclear whether this is coincidence, due to the fact that these projects are well documented, or that intergenerational living in France is more advanced than in other countries.

Unfortunately, one of the three cases was difficult to examine in-depth. For Ensemble 2 générations, the language barrier turned out to be too much an influence to conduct a proper interview. However, multiple persons referred to a similar Dutch initiative called SOLink as well as that it also scores high on solidarity. Therefore this initiative is further analysed, but with the available information about Ensemble2générations kept in mind.

These cases will first be analysed separately and then a cross-case analysis will be conducted. The four-layer model and IAD framework (see section 4.2), together with the interviews (see next section), will be used to analyse the cases separately. The cross-case comparison consists of a comparison between the contexts and finding commonalities in influential factors. The interviews and an expert meeting (see section 3.2.3) will then be used to further evaluate the influential factors with regard to the most important factors and Dutch constraints.

¹² The target group families is comprised of both two-parent and single-parent families. When there is no specific target group, the category anyone is given. Students and younger people (with a low income) are categorized as students.

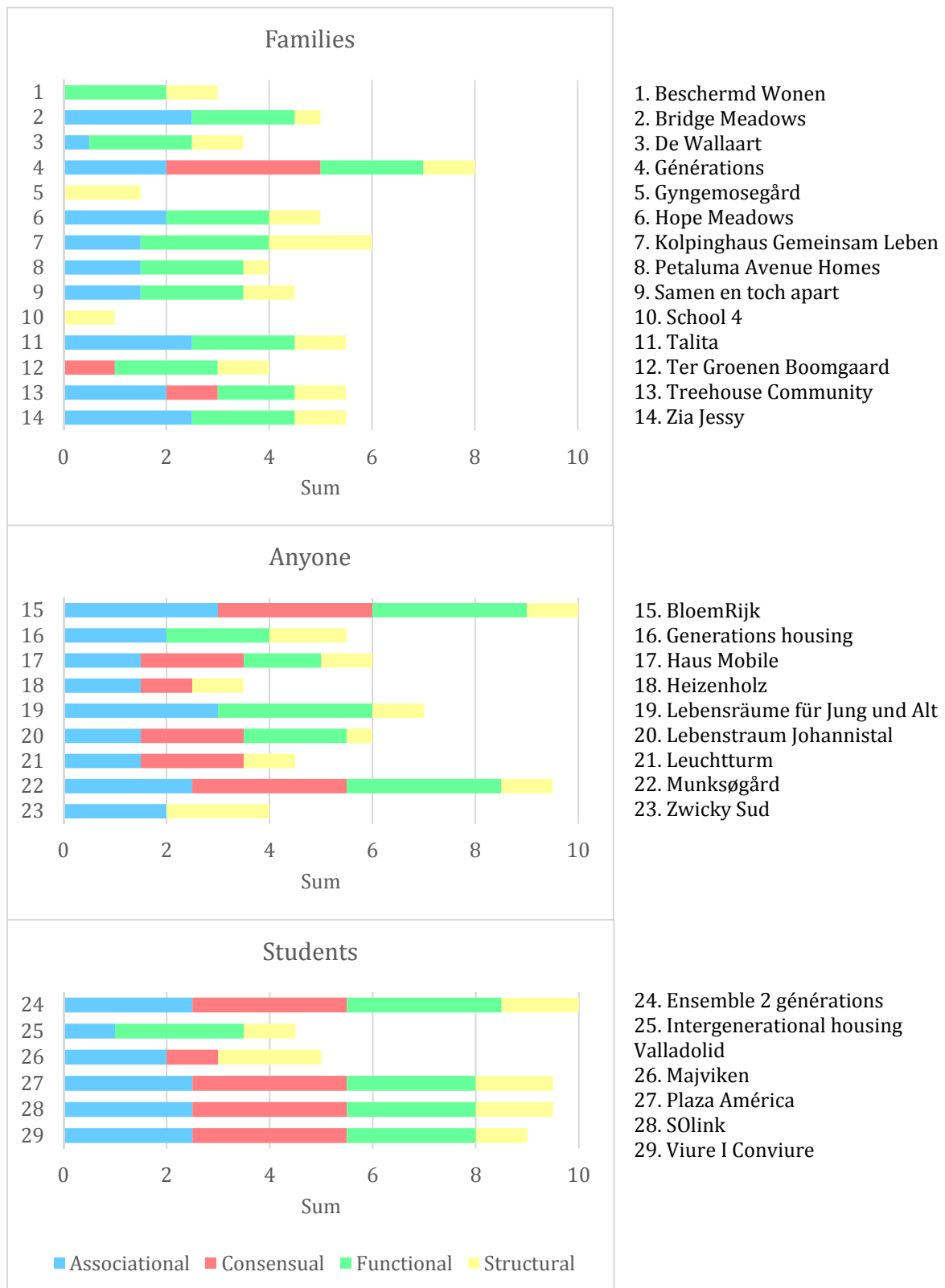


Figure 3.2: The cumulative solidarity scores of the cases (for an explanation see section 4.1.2 and table 4.2)

3.2. Data collection

In order to conduct the research, several methods are used (see figure 1.3). Literature research is used to gain a general understanding of the different concepts related to intergenerational living and gather cases. Furthermore, interviews will be used for in-depth examining a selection of cases and finally an expert meeting to validation and to explore the challenges for implementation of intergenerational living in the Netherlands. Each of these choices is explained in the following sections.

3.2.1 Literature research

According to Ridley (2008), literature research is used to provide a context and relate it to previous research. Although literature research is conducted throughout the thesis, two main parts can be identified: the aspects relating to intergenerational living and the gathering of cases.

In chapter 2, the general aspects ageing, informal care, intergenerational relationships and senior housing were mentioned. Each of these aspects is closely related to intergenerational living and is further explained in order to delineate the concept of intergenerational living (sub question 1). The literature research of this part is based on scientific literature and shows a critical reflection of the results of previous research. The key words used to search relevant literature are these four aspects and related terms that were found in the relevant literature.

In the second literature research part, an overview of cases is gathered (sub question 2). This research is conducted in order to get a general understanding of what options of intergenerational living for seniors are available. Here, also non-scientific sources are used since a description of projects is given. Key search terms are intergenerational living, intentional communities and cohousing as explained in the previous section.

3.2.2 Interviews

Interviews are used to examine the cases and determine the institutional context. Qualitative interviewing is used to understand experiences and is especially useful in describing social processes (Rubin and Rubin, 2005). Intergenerational living can be seen as a social process and is difficult (or even impossible) to understand by only reading descriptions of the cases on internet. Therefore the interviews will be held to fill in the gaps in the descriptions.

For the three cases, the goal is to investigate three different viewpoints: management, senior (care-receiver) and another generation (care-provider). During the interviews it is important to determine the underlying reasons and experiences in intergenerational living. Additionally, the most important influential factors according to the interviewees will be determined. The actual questions asked during the interview depend on two aspects: the information found on the internet and the IAD framework.

The available information on the internet determines how much more information is needed. Besides the experiences, factual information such as for example the number of residents or investors and other involved actors might not be available on the internet. When this information is not available, this will be determined in the interviews in order to get a broader view of the project. However, the goal of the interview will remain to determine underlying reasons, thus the intangible knowledge.

The IAD framework gives guidelines to investigate institutional settings. By filling in the framework, gaps or unclear situations can be derived. These gaps and situations will then deter-

mine which questions should be asked in the interviews. An overview of the interviewed persons is provided in table 3.1. Further explanation of the IAD framework is given in section 4.2.

Table 3.1: Interviewed persons

Name	Case	Organization	Description
Pierre Henri Daure	Générations	FEDOSAD	Director of establishments
Aad van Opstal, Johan de Pater and Willem Groeneveld	BloemRijk	residents	Aad participates in the core group, Johan is an active resident and Willem participated in the project group
Rita Schoen	BloemRijk	QuaWonen	During the development of BloemRijk manager Housing Services and manager of Participation and Liveability
Isabelle Etienne	Ensemble2générations	Ensemble2générations	Department manager
Brian van der Graaf	SOLink	Stichting SOLink	Project leader
Erne de Kievit and Marleen van der Ree*	SOLink	participants	Seniors and students that participate in the SOLink project
Henk Meulstee and Annika Snoeren*	SOLink	participants	Seniors and students that participate in the SOLink project
Henk Meulstee and Jiske Meulendijks*	SOLink	participants	Seniors and students that participate in the SOLink project
Siebe Nijenhuis and Patrick van Iperen*	SOLink	participants	Seniors and students that participate in the SOLink project

* Information provided by these persons is based on interviews placed on the website of Stichting SOLink

3.2.3 Expert meeting

The last method used is an expert meeting. The goal of the expert meeting is twofold. First of all, it is used to evaluate the results of this research. The factors influencing intergenerational living are discussed by the participants in order to confirm or adapt assumptions about the factors influencing intergenerational living.

Secondly, because the main question is concerned with intergenerational living in the Netherlands, the Dutch context and its potential constraints will be explored as well. Because of a personal lack of experience in Dutch practice, the experts are used to determine what the limitations and opportunities of intergenerational living are in the Netherlands.

Selection experts

In the selection of experts, two aspects have been important. First of all, in order to be able to validate the influential factors and determine Dutch constraints, involving experts with appropriate knowledge is needed. Since many actors are involved in intergenerational living, the aim is to involve every viewpoint. These viewpoints encompass at least that of the municipality, housing association, healthcare organization and seniors.

Secondly, in order to make it easy for the experts to attend the meeting, experts working in one are have been approached. The Hague is seen as one of the frontrunners in communal living and prolonged independent living. Therefore, all experts approached are working in the The Hague area.

Yvonne Witter from Aedes Actiz Kenniscentrum Wonen-Zorg initially approached experts of interest (i.e. working in The Hague area and in the field of one of the mentioned organizations). When the expert displayed an interest in attending the meeting, the e-mail was forwarded to me. Information about the meeting was sent and experts were asked to fill in an online event planner to determine the best date.

In table 3.2, an overview of the attending experts is given. Unfortunately, the expert from a healthcare organization was not able to attend anymore at the last moment. She was asked to evaluate the conclusions drawn about the meeting afterwards.

Table 3.2: Participants expert meeting

Name	Organization	Description
Jeannette Dijkman	Stijlvol Ouder	Research and consultancy regarding senior housing and well-being
Marinus Dijkman	Stijlvol Ouder	Research and consultancy with focus on responsible investment in institutional settings
Aitlin Sandvliet	Stichting SING	Promotion of opportunities for collective living in The Hague area
Rob Vooijs	Vestia	Residential development for collective living or complexes with focus on social management and liveability
Carlo Cornelis	gemeente Den Haag	Incorporation of prolonged independent living in the existing environment as well as stimulation of new initiatives
Yvonne Witter	Aedes-Actiz Kenniscentrum Wonen-Zorg	Development of expertise with regard to residential variations for prolonged independent living

Expert meeting design

In the first part of the meeting, participants are asked to indicate how they feel about the factors presented (see appendix C for the hand-out provided to participants (in Dutch)). Each of the participants is given an overview of the factors with possible interpretations and sticky memo pads with these factors. They are asked to place the memo pads in a column positive, negative or not applicable to self-reliance, intergenerational solidarity and/or informal care in their experience (as shown in figure 3.3).

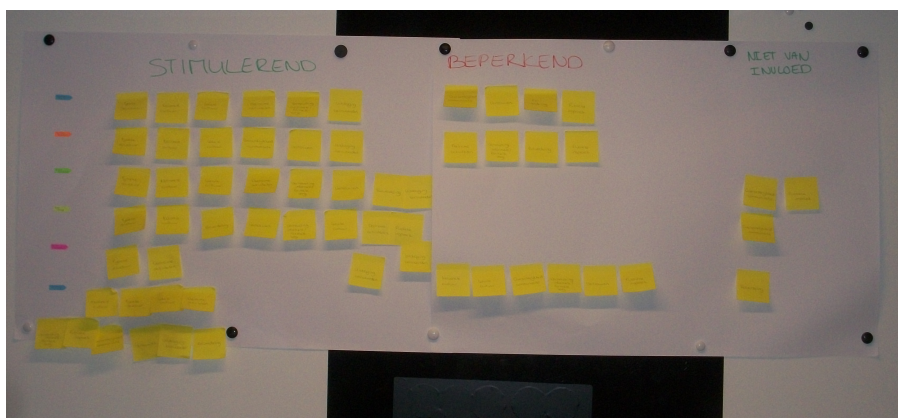


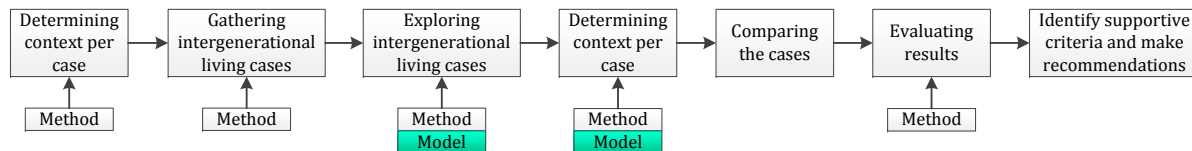
Figure 3.3: Overview of the participant view of the influential factors

When all participants have indicated how they perceive the influence of the factors in the Dutch, a discussion will be started about why the sticky note is placed at a certain place and whether it could be different. At the end of the first part, participants will be asked to indicate whether they miss factors or that current factors should be changed to another column.

In the second part of the meeting, the institutional context of Générations will be used to find out whether there are Dutch constraints. Générations is chosen because it seems to be the most successful case. Participants will therefore be given information about how the factors are filled in in this particular project. Based on this, participants are free to discuss what factor they want to discuss. This is done in order to be sure the most important factors according to the participants will be discussed first. Furthermore, it gives an indication of what matters most or is the most obvious about the case.

After the meeting has taken place, a summary of the most important conclusions will be sent to the participants. They are asked to provide comments and improvement points, which are used to adapt the conclusions.

4. Analysing intergenerational living



4.1 *Intergenerational solidarity model*
4.2 *Institutional models*

In the previous chapter, the rationale for using a case study has been discussed and the definition of intergenerational living (section 2.5) was used to select 29 cases. This chapter describes the models used to further delineate these cases and examine the three most promising cases. The model used for the selection of the three cases will be explained in section 4.1. The models used for the in-depth examination of the most promising cases will be discussed in section 4.2.

4.1. Intergenerational solidarity model

As discussed in the previous chapter (section 3.1.2), the solidarity model has been used to determine the most promising cases. In this section, this model is discussed and operationalized in order to use it for the intended purpose.

4.1.1 Introduction to the solidarity model

At the end of the 19th century, solidarity was first mentioned as a concept contributing to cohesion and integration of society by the sociologist Emile Durkheim (Merz et al., 2007). The concept of solidarity was further shaped by Durkheim's concept of mechanical solidarity, which emphasized the importance of norms and interdependence within groups (Bengtson and Roberts, 1991). In the fifties, Homans developed the theory further to explain the influence of groups on its members (Birditt and Fingerman, 2013). Greater cohesiveness occurred in groups with more frequent interactions, shared values, and affection.

Bengtson and colleagues used Durkheim and Homans as an inspiration for the development of their intergenerational solidarity theory (Hammarström, 2005). In this intergenerational solidarity theory, the classical theories of organization, the social psychology of group dynamics and the perspective of family theory are combined (Bengtson and Roberts, 1991). Their intergenerational solidarity model assumes six dimensions influencing solidarity between generations (see figure 4.1) and is widely used as a framework to research intergenerational contact (Kalmijn, 2014).

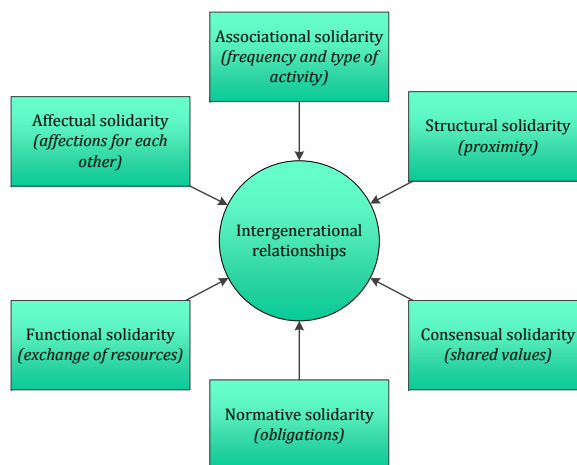


Figure 4.1: Dimensions influencing intergenerational relationships (source: Bengtson and Roberts (1991))

Intergenerational solidarity is a multidimensional concept consisting of six dimensions: associational solidarity, affectual solidarity, consensual solidarity, functional solidarity, normative solidarity, and structural solidarity (Bengtson and Roberts, 1991). The first five elements reflect behavioural, affectual, and/or cognitive orientations, whereas the sixth element refers to opportunities for interaction between members. In table 4.1 an overview of these dimensions and their explanation is given.

Table 4.1: Dimensions influencing intergenerational relationships (*source: adapted from Bengtson and Roberts (1991)*)

Dimension	Explanation	Indicators
Associational solidarity	Frequency and types of intergenerational activities	1. Frequency of intergenerational contact 2. Types of common activities shared (i.e. recreation, special occasions, etc.)
Affectual solidarity	Degree of positive sentiments between generations	1. Ratings of affection, warmth closeness, understanding, trust, respect, etc. 2. Ratings of perceived reciprocity of positive feelings
Consensual solidarity	Degree of agreement in values, attitudes, and beliefs	1. Intragenerational consensus over specific values, attitudes, and beliefs 2. Ratings of perceived similarity with other residents in values, attitudes, and beliefs
Functional solidarity	Degree of helping and exchange of resources	1. Frequency of intergenerational help (e.g., financial, physical, emotional) 2. Ratings of reciprocity in the intergenerational exchange of resources
Normative solidarity	Strength of commitment to intergenerational roles and obligations	1. Ratings of importance of tasks of residents 2. Ratings of effectiveness of tasks
Structural solidarity	Opportunities for intergenerational relationships	1. Proximity of other residents 2. Number of other residents 3. Health of other residents

4.1.2 Intergenerational solidarity model in use

In order to be able to compare the different cases, the cases have been given a score for intergenerational solidarity. This is done by summing up the average scores for each of the solidarity dimensions. All dimensions except for affectual and normative solidarity are used in this analysis.

Affectual solidarity is concerned with attitudes towards generations and normative solidarity with obligatory feelings. The reason for excluding affectual and normative solidarity is that they cannot be derived from literature research. In order to determine the levels for these two dimensions, observations and/or interviews with participants are necessary. These have therefore been left out of the exploration of cases.

The other dimensions are given a ‘solidarity level’ per dimension ranging from level 0 to level 3. Except for consensual solidarity, there are two indicators per dimension. In the exploration, the average score of the indicators forms the score of the dimension. The scores for each of the dimensions will be summed up in order to get an overall solidarity score. It is furthermore important to note that the scores will be given based on the viewpoint of the senior. A short

overview of these levels is given in table 4.2.

Table 4.2: Explanation indicators and levels of dimensions of solidarity

Dimension	Indicator	Level 0	Level 1	Level 2	Level 3
Associational	type of activities	talking	recreation	diner	education
	frequency of activities	not arranged	on occasion	monthly	daily/weekly
Consensual	resident contract or committee(s)	no contract or committee(s)	voluntary code of conduct or committee(s)	voluntary code of conduct and committee(s)	obligatory code of conduct and/or committee(s)
Functional	type of services	none	financial	physical	emotional
	frequency of services	none or outsourced	on occasion	weekly	daily
Structural	scale	neighbourhood	apartment building	2 dwellings	1 dwelling
	number of households	1 or 2	3 to 50	51 to 100	more than 100

Associational solidarity – the frequency and type of intergenerational activities – in the analysis is based on two indicators. The type of activities range from talking (i.e. saying hi to your neighbour on the street) to recreation, dining together and educating. Furthermore, level 0 is given when these activities are not arranged and only arise spontaneously. Level 1 is given when activities are held on special occasions, such as Christmas. For activities that are held more often, level 2 (about once a month) and level 3 (daily or weekly) are given.

With consensual solidarity, the degree of agreement in values, attitudes and beliefs is measured. It is assumed that participants of a project have a common goal based on the objective but that other specific beliefs are more difficult to determine. In the exploration of cases it is measured by the availability of a resident agreement contract or resident committee. In the in-depth examination, more specific values will be determined in the interviews. For the cases, level 0 is given when no contract or committee is formed. When either a voluntary code of conduct or a committee is formed, level 1 is given. For the existence of both a contract and committee(s), the solidarity level is 2. Lastly, a level 3 solidarity is given for existence of an obligatory code of conduct (every participant has to sign the agreement) and/or committee(s) are present.

Functional solidarity, or the degree of helping and exchange of resources, is measured by the type and frequency of services (informal care) that are exchanged between residents. When there are no services at all, or these are provided by an external organization, a level 0 is given. Next to this there are three types of services – financial, physical (e.g. carrying out garbage) and emotional – that subsequently comprise level 1, 2 and 3. For the level 3 emotional aid, it is assumed that besides financial and/or physical aid, residents listen extensively and give advice. The frequency of services ranges from non-existent to daily aid. On occasion means when asked for or when needed, such as when someone gets ill.

In the last solidarity level, structural solidarity, the opportunities of contact are measured through the scale and number of households. The scale ranges from a neighbourhood to a single house, where a smaller physical surface means a higher chance of meeting someone. The number of households is divided into 1 or 2, 3 to 50, 51 to 100 and more than 100.

4.1.3 Critique on the solidarity model

Although widely used in intergenerational contact research several difficulties occur with the solidarity model. First of all, some researchers argue that it is a one-dimensional model which focuses only on positive aspects of relationships (Silverstein et al., 2012). However, Bengtson et al. (2002) do not agree with this and point to the fact that the multiple dimensions are distinct and all present a range between a negative and a positive extreme. Associational solidarity ranges between integration and isolation, affectual solidarity between intimacy and distance, consensual solidarity between agreement and dissent, functional solidarity between dependence and autonomy, normative solidarity between familism and individualism, and structural solidarity between opportunities and barriers.

In this multidimensionality lies the second difficulty. Because solidarity cannot be measured by one indicator and since it is difficult to operationalize the extremes described above, it is difficult to measure. Furthermore, dimensions influence each other as well, so a higher score on one dimension could mean a lower score on another dimension (Bengtson et al., 2002).

This is also visible within the structural dimension. The two indicators used, scale and number of households, show opposite directions. On the one hand a larger scale gives a lower level since people live less close to each other. On the other hand a higher number of households means an increased chance in running into someone. This suggests a sort of optimum between the two indicators. Spierings (2014) in his dissertation shows there is friction between the activities in smaller groups and the identification with the community in larger communities. He therefore suggests taking into account the tipping point between social control and anonymity in a community, which lies between 80 to 120 units. Spiering however, focuses on (apartment) complexes and leaves out communal living. For this research, where communal living is included, the tipping point could very well lie at a different value.

In order to overcome these difficulties, the intergenerational solidarity model is not the only theory used for analysis. In social situations, institutional analysis is used since it also includes possible negative interactions. This means the two major critical issues of the intergenerational solidarity model are tackled. Therefore institutional analysis will be used for further examination of intergenerational living.

4.2. Institutional models

In order to be able to determine the institutional context, it is necessary to reflect not only the participants' needs and wishes but also the formal set-up of the concept. 'Besides the design of technological components, complex technological systems require an institutional structure that coordinates the positions, relations and behaviour of the parties that own and operate the system' (Koppenjan and Groenewegen, 2005, p. 241). Intergenerational living can be considered as a complex system and therefore demands an analysis of its institutional structure. This section describes the institutional models used in this research.

4.2.1 Institutions

The term institutions is used in a wide range of disciplines, varying from social sciences to philosophy, sociology, politics and geography (Hodgson, 2006). Unfortunately, there is no agreement on the definition of the term.

In his research, Hodgson (2006, p. 18) explores different definitions of institutions and defines them as follows: '*Institutions are systems of established and embedded social rules that structure*

social interactions'. Rules are seen as socially transmitted customary instructions on how to behave. They can be public, private, formal and informal (Koppenjan and Groenewegen, 2005), although Hodgson refers to this distinction as misleading since this suggests separate systems. Instead, legal or formal institutions need informal institutions to be actually executed meaning these are intertwined systems.

A nice example of how formal and informal institutions work is the shared cycle path in Germany. In Germany, in many cities cyclists and pedestrians share one path (Alles over Duitsland.nl, 2015). This system has a legal (formal) institutional base and German people are used to do this (informal institution). However, in the Netherlands this is not allowed and people are not used to do this. Therefore, as a Dutch person, it is very strange to cycle on a footpath (or walk on a cycle path) and Dutch people will be less inclined to do so (informal institution) even though it is allowed (formal institution). Thus, a formal institution does not mean that everyone responds the same. Instead, the informal institutions determine what behaviour is displayed.

Despite this difficult distinction between different institutions, general frameworks for analysing them have been developed. According to Ghorbani et al. (2010), there are two institutional frameworks that are frequently used in the analysis of institutions: the four-layer model of Williamson and the institutional analysis and development framework (IAD) of Bengtson. Later, Koppenjan and Groenewegen (2005) also developed a framework inspired on the four-layer model of Williamson where the misleading distinction between systems has been tried to overcome.

4.2.2 Four-layer model versus IAD framework

Williamson (1998) developed a model that describes four layers of institutions and is based on transaction cost economics (see figure 4.2 on the next page). In this model all layers have a different focus and changing frequency but do influence each other. In the first layer, social embeddedness, the norms, customs and traditions of a culture are located. The institutional environment is situated in the second layer, where political, legal and governmental arrangements are key terms (Ghorbani et al., 2010). The third layer, the governance layer, comprises interaction between individuals and is followed by the operation and management layer where resources are allocated.

Koppenjan and Groenewegen (2005) link institutional design to the (re)design of complex technological systems. They do this by adapting the four-layer model of Williamson (see figure 4.3 on the next page). Two main differences exist: actors and their strategies are added, and all layers interact with each other instead of just influencing the layer above or below.

The IAD framework focuses more on specific elements of a system (Ghorbani et al., 2010). It is 'best thought of as a metatheoretical conceptual map that identifies an action situation, patterns of interactions, outcomes and an evaluation of these outcomes' (Ostrom and Cox, 2010, p. 455). The central concept is the action arena, in which participants interact with each other. What happens in the action arena leads to certain interaction patterns and outcomes, which can be evaluated by specified criteria. Furthermore, physical and material conditions, the attributes of community and the rules of the game influence the action arena. In figure 4.4 (next page) the IAD framework is depicted.

These three frameworks are complementary. They are related to each other and can all be used for institutional analysis. They provide insight in different institutional values and how they

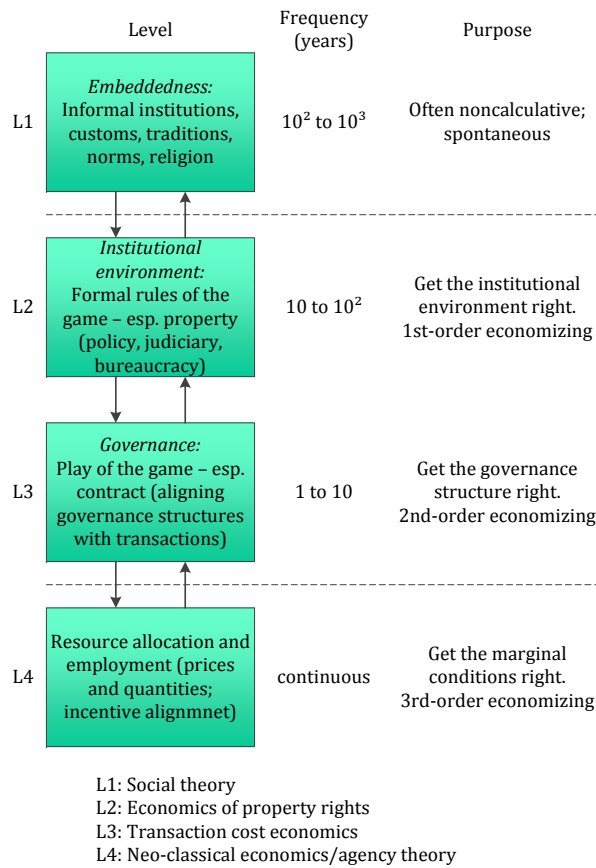


Figure 4.2: Williamson’s four-layer model (source: Williamson (1998))

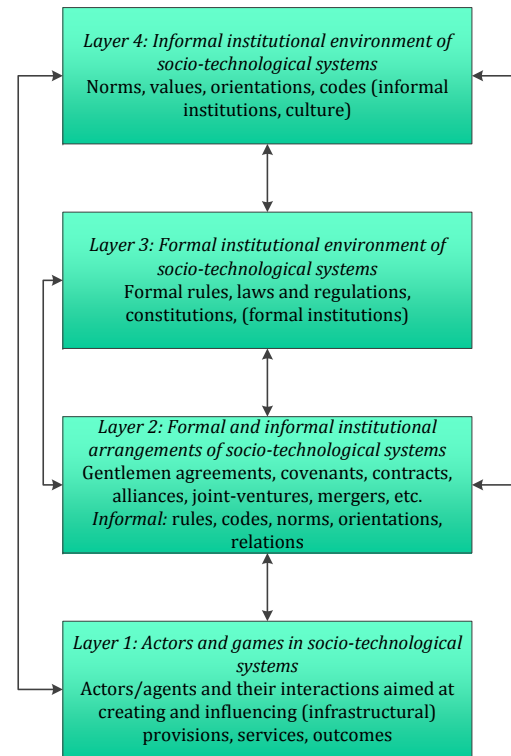


Figure 4.3: The four-layer model (source: Koppenjan and Groenewegen (2005))

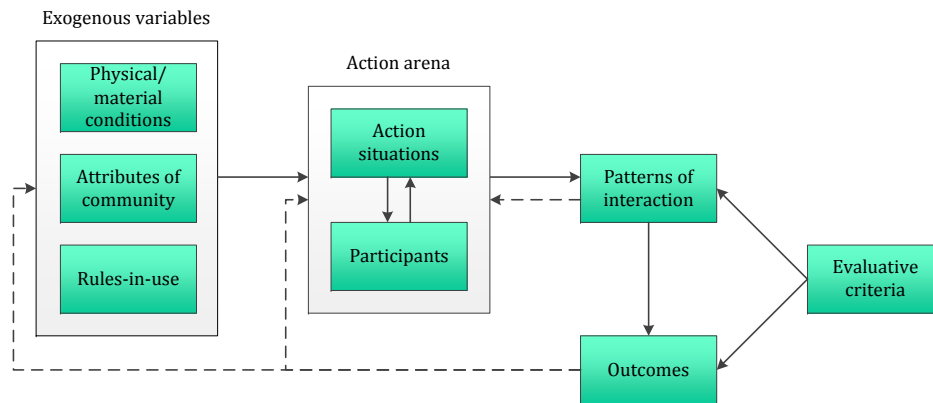


Figure 4.4: The institutional analysis and development framework (source: adapted from Ostrom (2008))

relate to each other. The four-layer model shows these layers more separately whereas IAD is more focused on specific elements within the system (Ghorbani et al., 2010).

The four-layer model of Groenewegen and Koppenjan is used to provide a description of the institutional context. For the in-depth examination of intergenerational living, the IAD framework is used. The most important reason for this is that the framework specifically

includes the physical context. The other exogenous variables are implicitly taken into account in the four-layer model, but the physical attributes are left out. Since one of the gaps identified is the lack of knowledge about the physical context, the IAD framework provides a major advantage.

Secondly, the IAD model uses action arenas, which makes it easier to break up the institutional context in smaller units of analysis. The four-layer model however offers guidance in describing the institutions on a higher, more strategic level. The four-layer model will therefore be used to categorize the institutional context.

4.2.3 The IAD framework

The three main objectives of the IAD framework are identification of exogenous variables, patterns of interactions and outcomes of these interactions (Polski and Ostrom, 1999). These parts surround the action arena and influence or are influenced by this arena. Polski and Ostrom (1999) give an overview of the steps taken to analyse new policy initiatives using the IAD framework (see figure 4.5). Some of the steps can be taken simultaneously. In the first step, the unit of analysis and general objectives should be determined.

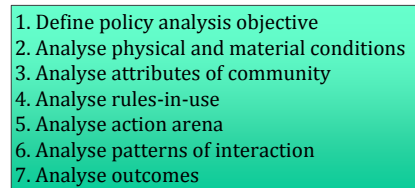
- 
1. Define policy analysis objective
 2. Analyse physical and material conditions
 3. Analyse attributes of community
 4. Analyse rules-in-use
 5. Analyse action arena
 6. Analyse patterns of interaction
 7. Analyse outcomes

Figure 4.5: Steps taken in order to conduct a policy analysis with the IAD framework

Analysing the exogenous variables

In step 2 the physical and material conditions will be analysed. These conditions consist of ‘physical and human resources and capabilities related to providing and producing goods and services’ (Polski and Ostrom, 1999, p. 9). In this research, the services provided are the most important conditions. However, the physical context is also important to describe, since this can also influence the action arena and the way people make their decisions.

The analysis of community attributes is executed in the third step. The community attributes are comprised of the norms of behaviour that are generally accepted in the community and is frequently described as the culture (Ostrom, 2008). Furthermore, values, beliefs and preferences of the specific community are important as well as the extent to which members of the community agree on them.

In step 4, the rules in use – the main influential attributes – are analysed. ‘The rules-in-use are the set of rules to which participants make reference if asked to explain and justify their actions to fellow participants’ (Ostrom, 2008, p. 832). In general there are seven types of rules: boundary rules, position rules, scope rules, authority rules, aggregation rules, information rules, and payoff rules. In table 4.3 (next page) an overview of these rules and an explanation is given.

The list of 29 cases identified provides general options for the exogenous variables and serves as starting point. The solidarity model of section 4.1 is part of the exogenous variables since the various indicators identify several physical conditions, community attributes and rules. For example, scale is part of the structural solidarity and identifies how large (physical condition) the case is.

Furthermore, the community attributes are very similar to the fourth layer of the four-layer model of Koppenjan and Groenewegen (figure 4.3) and can therefore be helpful in determining

Table 4.3: Rule configuration (*source: Polski and Ostrom (1999)*)

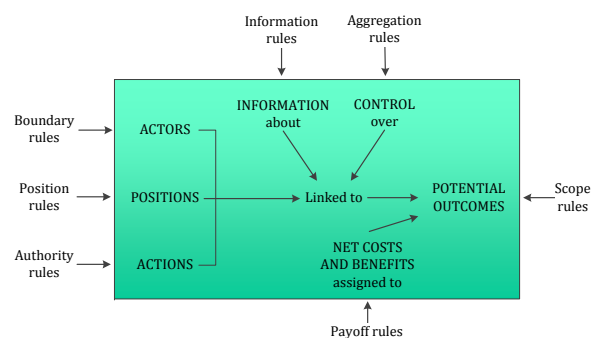
Rule	Explanation
Boundary rules	Specify the exit and entry rules
Position rules	Specify the set of positions or roles and the number and type of participants for each position
Authority rules	Specify the actions a participant is allowed to undertake in a given position
Information rules	Specify the amount and type of information available to participants
Aggregation rules	Specify how decisions are made in a certain situation
Payoff rules	Specify the distribution of costs and benefits
Scope rules	Specify whether and how outcomes can be influenced

the community attributes. The degree of agreement on the values, beliefs and preferences resembles the consensual solidarity dimension of the solidarity model (see table 4.2). The set of rules is comparable to the other levels of the four-layer model.

Analysing the action arena

In step 5, analysis of the action arena, two aspects are important: the action situation and the actors that interact in this situation (Polski and Ostrom, 1999). Here the rules of a specific situation are linked to the participants in that situation. When developing a new policy, the policy would be decomposed into several specific situations (action arenas) in order to analyse the policy.

For each of these situations and cases, the specific attributes are determined. This will be done based on available information and interviews: key actors will offer further insight when needed. The participants, their positions, the actions and outcomes of these actions, the level of control and information available will be described. In figure 4.6, the rules influencing the elements of an action situation are shown. Furthermore, it is important to examine the decision-making capabilities of the actors involved. This can be determined by looking at the resources, preferences, information processing and selection criteria the actors use.

**Figure 4.6:** Rules influencing the elements of an action situation (*source: (Ostrom, 2011)*)

The right half of the framework

The analysis of patterns of interaction is done in step 6. In this step the strategies that participants use are described. There are two strategies that are assumed upfront, but new strategies might arise as well.

First, it is assumed that one of the strategies used is utility-maximization. This means people try to gain as much as possible in social situations (Chibucos et al., 2005). Secondly, individuals try to balance the relationship with another individual by giving approximately as much as they are receiving (social exchange theory). The resource that is exchanged can be anything, ranging from providing a service to giving money. Non-relatives are probably not

willing to take care of older people if there is nothing to gain for them as well.

In the last step, the outcomes are analysed. This is done by using evaluative criteria and determine how the system performance is (Polski and Ostrom, 1999). There are many evaluative criteria, but the main criteria used, are economic efficiency, equity through fiscal equivalence, redistributive equity, accountability, conformance to values of local actors, and sustainability (Ostrom, 2011). Most of these are economic criteria and cannot be applied to this research. Therefore, determining whether the goals set upfront are met and the main lessons learned of key involved actors (based on the interviews) will be described.

4.2.4 The IAD framework in use

As stated above, the first step is to determine the unit of analysis. Intergenerational living can be seen as an aspect of the Dutch participation society. Within these cases two viewpoints and two situations can be distinguished: the viewpoint of the initiator versus that of the participant and the situation before using the project versus an operational project. The more detailed lower level will be explored in order to find influential factors for the separate cases. Since the goal of this research is to find general guidelines for intergenerational living, the mid-level of intergenerational living cases is chosen for presenting the results of this research. In figure 4.7 this scope is depicted.

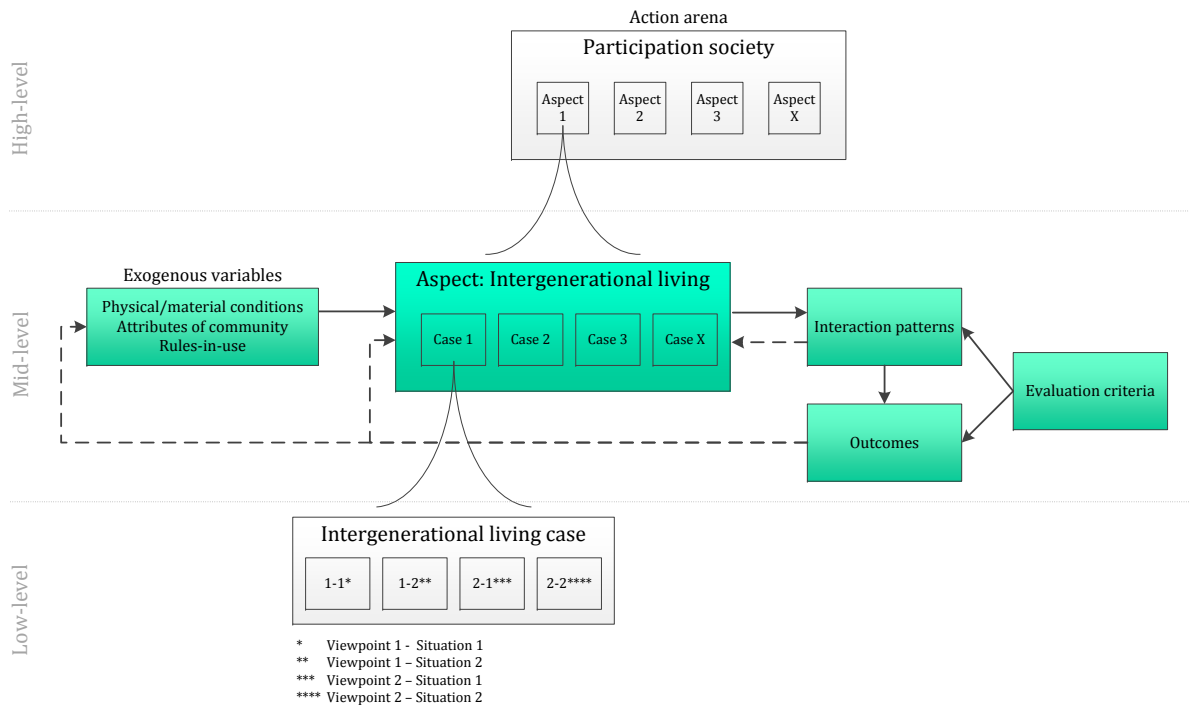


Figure 4.7: Levels of action situations

The three most promising cases will be examined in-depth with the use of the IAD framework. Although reduction in costs for long term care is the main aim in intergenerational living, this is realized by ageing in place and active ageing. Therefore the (expected) outcomes are ageing in place and active ageing (see figure 4.8 on the next page). The most important (expected) interaction patterns are intergenerational solidarity and an equal exchange of resources between

members of the intergenerational living community.

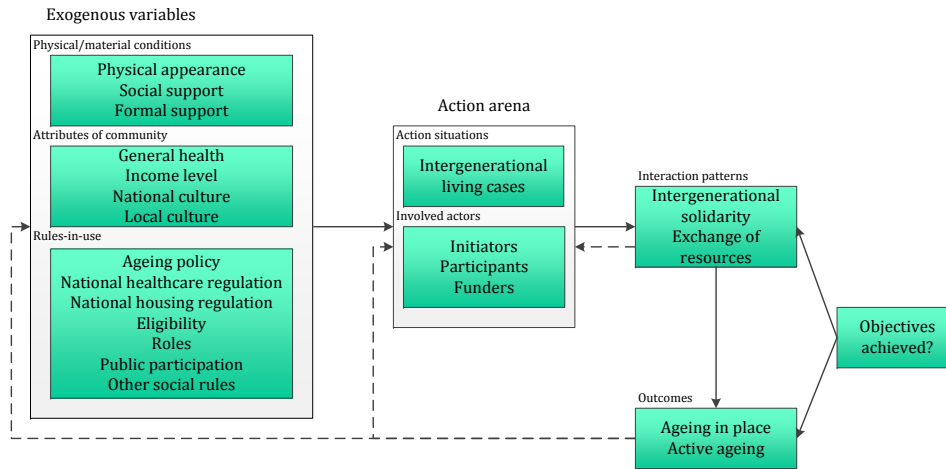


Figure 4.8: Assumptions for intergenerational living

Exogenous variables

Since ageing in place and active ageing are seen as objectives, the conditions to make this possible are part of the exogenous variables. In section 2.1.1, the five main conditions to be able to age in place are given: availability of informal care, a sufficient social network, adequate surroundings, housing for seniors, and a sufficient health level. When translating this into factors, social support, physical appearance and general health are important.

The principles for ageing actively furthermore define the conditions. The determinants of active ageing can be found in figure 2.1 and are comprised of economic determinants, health and social services, behavioural determinants, personal determinants, physical environment, social determinants and gender and culture. Although all determinants are important, personal determinants and gender are left out since intergenerational living is concerned with more than one specific person.

Culture influences all determinants and is comprised of numerous aspects. In this case, the focus lies on traditions concerning senior care. Economic determinants are indicated by income level. Health and social services are translated into formal support, whereas behavioural determinants are defined by policies relating to seniors. Social determinants and physical environment are previously discussed in the conditions for ageing in place and are translated into social support and physical appearance.

Besides these conditions for ageing in place and active ageing, several more general variables should also be included based on the IAD framework. Since intergenerational living consists of a specific community, a national culture and regulation as well as a local culture exists that should be taken into account.

This local culture is accompanied by social rules within this community. Here, the types of rules as discussed in table 4.3 offer further guidance. It is for instance possible that not everyone is allowed to participate in the project (exclusion). The actors involved have specific roles, and public participation differs per project.

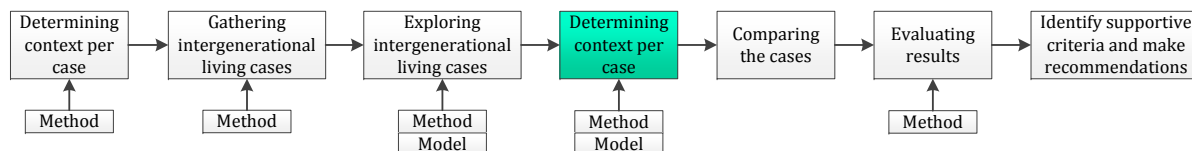
Lastly, national regulation can be important in the context of intergenerational living. Regulation concerning healthcare and housing should therefore be determined as well.

The exogenous variables depicted in figure 4.8 are the variables expected to influence the interaction patterns and thereby the outcomes. It is however still unclear whether this is true and if so, what the exact influence is. Therefore, different cases of intergenerational living are investigated.

Part II

Understanding intergenerational living

5. The context of Générations



Case 1: Générations

5.1 Description of the institutional context

5.2 Examination of potentially influential factors

5.3 Evaluation of the context

(Appendix D.1 Additional information and interviews for Générations)

(Appendix E.1 Background on healthcare and housing systems for France)

‘L’inter génération ne se décrète pas: elle se crée et se vit.’¹³

— Pierre Henri Daure

In this chapter, the context of Générations will be described and explored. Générations is the case with the highest solidarity score on intergenerational solidarity for the target group families. Information for the context is found through literature research and interviews held with key involved actors (see appendix D). This chapter starts with a short introduction to the Générations case. Then, in the first section, the institutional context guided by the four-layer model is described, followed by the context guided by the IAD framework. In the last section conclusions with regard to influential factors for Générations are drawn. In chapter 6 and 7 the same will be done for the other two most promising cases BloemRijk and SOLink.

Short introduction

Générations is a newly built neighbourhood in St. Apollinaire in France and opened in 2002 (AARP International, 2014; Aedes-Actiz Kenniscentrum Wonen-Zorg, 2008) (figure 5.1). The mayor of the municipality started this project together with three other parties, FEDOSAD, HLM and the OPAC¹⁴. There are 76 apartments of which half is destined for seniors and the other half for couples with a child younger than six years old, a sheltered residence for six demented seniors and a communal residence for 14 physically challenged seniors.

The philosophy of Générations is to create a living space where the separate needs of children, seniors and low income households



Figure 5.1: Impression of Générations in St. Apollinaire, France (source: Silver Eco (2014))

¹³ Translation: The inter generation cannot be decreed but needs to be lived.

¹⁴ FEDOSAD: Federation of Works for Home Support, HLM: Low-Rent Housing Office, OPAC: Office of Public Planning and Building

are combined, while at the same time contact between the groups is stimulated. From this philosophy, four objectives can be derived: (1) provide services for children, (2) provide nursing homes and services for seniors, (3) provide social housing, and (4) stimulate contact between neighbours.

5.1. Description of the institutional context

The four-layer model of Koppenjan and Groenewegen (2005) consists of four layers as explained in section 4.2.2 (figure 4.3). The first layer consists of the actors and their interactions. Since the interaction patterns will be discussed in the IAD framework, this section only describes the involved actors. Layer 2 (the formal and informal institutional arrangements) consists of gentlemen agreements, covenants, contracts, and informal rules, codes, norms, orientations and relations. In layer 3, the formal institutional environment, formal rules, laws and regulations and constitutions are situated. In the highest layer of the four-layer model – the informal institutional environment – norms, values, orientations and codes are of influence (culture).

5.1.1 Actors

In Générations, several actors are involved. The initiators (municipality, FEDOSAD and OPAC) are the most important actors. They have a common goal in providing adequate housing for seniors and/or low income households without profit. It is a close cooperation, and the initiating persons know each other personally.

Residents living in the neighbourhood have a common goal too because they sign the social contract. They know each other, which is the base for informal care. However, there is no formally organized structure. Furthermore the resident representing the neighbourhood in meetings with the initiators is not always the same person.

5.1.2 Formal and informal institutional arrangements

In the local institutional arrangements, four rules apply. There is a social contract, there are eligibility rules, actors involved in the project have specific roles and lastly unwritten rules about how to communicate.

In the Générations neighbourhood, a charter called ‘Charte Générations: Bonjour, voisin!’ (*Hello, neighbour!*) is signed by all parties. In this social charter, principles of providing and asking for help as well as ensuring privacy are stated. The charter can be found in appendix D.1.

Eligibility roles are based on the loi solidarité et renouvellement urbain (see next section) and the objectives for Générations. The neighbourhood consists of social housing of which half is meant for seniors and the other half for families with a child under six years old. There are also a few places in sheltered housing for seniors with Alzheimer’s disease or physical disabilities.

A third arrangement in Générations is the strict division of roles. The initiators together form the organization in the neighbourhood. They have an equal responsibility in organizing activities and solving problems within the neighbourhood. Residents only inform the initiators about difficulties or areas for improvement. Amongst each other, residents are all equal. Everyone has something to contribute, even children or residents with dementia.

The last institutional arrangement is concerned with the communication between parties.

As stated before, residents and initiators are equals amongst each other and can address each other therefore in an informal way. Between the groups however, although still relatively informal, they communicate on a different level. Once every two months a representative of the residents can explain the initiators what problems occur or improvements are needed.

5.1.3 Formal institutional environment

The formal institutional environment of Générations is comprised of the civil code, the social security system, health insurance and the social housing regulation. Both the health care system and the housing system are very complex and more background information on these systems can be found in appendix E.1. Only the most important aspects in relation to intergenerational living are described here.

The French Civil Code is called the Code Napoléon. Article 205 states that ‘children owe maintenance to their father and mother or other ascendants who are in need’ (Rouhette and Rouhette-Berton, 2006, art. 205). According to the Code, children must help, in proportion to their respective wealth, their parents when they are not able to provide (sufficiently) for themselves. ‘The obligations apply to all that is necessary to have a decent life – food, clothes, heating, lights, lodging, medical care – and to funerals. Hospitals and funeral companies can also make use of the right’ (The Connexion, 2009). This is a transboundary obligation, which means even when someone moves to another country this obligation still stands.

The pension system in France dates back to 1790 and currently consists of three pillars¹⁵ (Sagoenie et al., 2014). In the mid-70s, early retirement was encouraged by companies via early retirement schemes (Holmerova et al., 2012). However, pension reforms since 2003 reduce public funding for early retirement, increase the minimum retirement age to 62 years and the minimum age of compulsory retirement by companies to 70 years. These measures stimulate senior employment, but French people still retire earlier than in other OECD countries.

The healthcare system is based on a ‘Bismarckian approach with Beveridge goals such as universality and unity, which has led towards an increasingly Beveridgian type system’ (Chevreul et al., 2010, p. 17) (see also box 1). Long-term care for elderly and disabled in France falls in a specific sector called *le secteur médico-social*¹⁶, which combines medical care with social care (Chevreul et al., 2010). In this sector a personal budget for care called the Allocation Personnalisée d’Autonomie (APA) is made available for people aged 60 or older, either living in an institution or at home (OECD, 2011). Local departments are responsible for administration.

The last aspect of importance is social housing. Social housing is a municipal responsibility which until 2000 was not specifically encouraged (Treanor, 2015). This led to concentrations of social housing in specific areas whereas in other areas no social housing was available. The *Loi de solidarité et renouvellement urbain*¹⁷ is aimed at changing this. By 2020, all municipalities with more than 3500 residents are obliged to provide 20% social housing in their housing stock. This law is one of the reasons for the project Générations to be developed.

¹⁵ The first pillar is a pay as you go system in which tax payers contribute to the pensions. In the second pillar, companies offer opportunities for saving salary for pensions and the small third pillar contains individual products via banks and insurance companies (Heijster, 2013).

¹⁶ Translation: Health and social care sector

¹⁷ Translation: The solidarity and urban renewal act

Box 1: Four basic healthcare models (PNHP, 2015)

The Beveridge Model: Health care is provided and financed by the government through tax payments.

The Bismarck Model: Uses an insurance system and is usually financed jointly by employers and employees through payroll deduction.

The National Health Insurance Model: Consists of elements of both Beveridge and Bismarck since it uses private-sector providers but payment comes from a government-run insurance program that every citizen pays into.

The Out-of-Pocket Model: No organized healthcare system, which means that you only get medical care when you can pay for it.

5.1.4 Informal institutional environment

Two aspects of the French culture stand out with regard to seniors: filial responsibilities towards seniors and early retirement. In France, it is normal to take care of elderly people and most people see senior care as a family responsibility or a combined family and society responsibility (Herlofson et al., 2011).

In addition, it is normal to retire early, which implies that seniors have more time for themselves after their working career is over. In 2012, the average retirement age was 60 years for both men and women (OECD, 2014a). This early retirement is depicted in the fast decline in active labour market status in figure 5.2. Both trends have their roots in the legal system (i.e. respectively the Code Napoléon and the social security system).

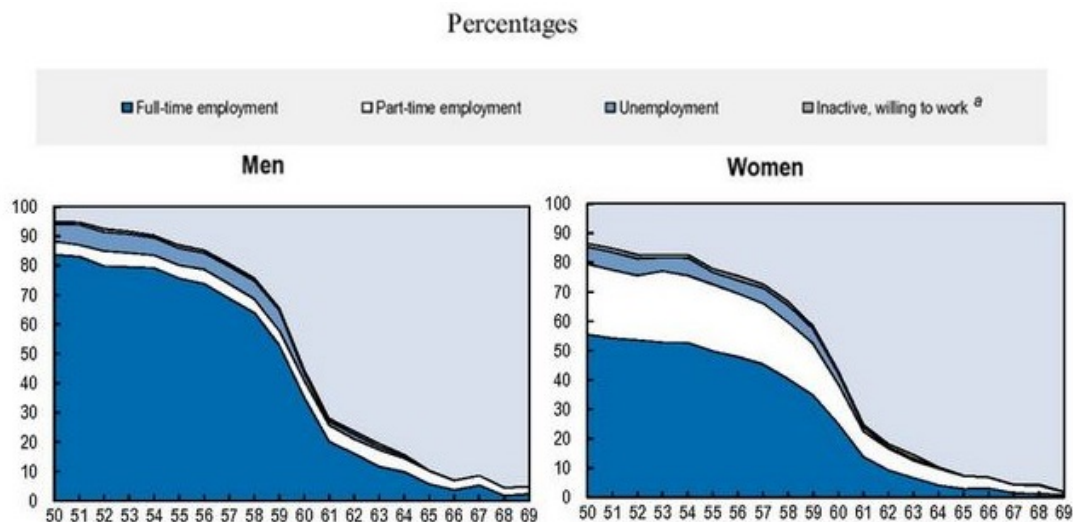


Figure 5.2: Labour market status by single year of age (50-69) and gender in France (adapted from source: OECD (2014a))

5.2. Examination of potentially influential factors

In this section, the influential factors for this case will be explored. This means the physical and material conditions, attributes of community and rules in use will be described, followed

by the action arena. The interaction patterns and outcomes will be discussed last.

5.2.1 Physical and material conditions

As shown in figure 4.8 on page 44, the physical and material conditions consist of the physical appearance, social support and formal support. Each of these factors is described below, whereby the physical appearance is described by the original vision of the neighbourhood, the physical buildings and amenities.

Guillemin architects have developed the Générations neighbourhood. Their original idea (visible in figure 5.3a) is based on the strong desire to implement an energy flow plan in place for this location (Guillemin, 2015). This means that the different functions (i.e. the social housing, sheltered and protected residences, day care) should be connected, either visually or virtually. The architects did this by placing the buildings facing inwards and providing pathways inside the project. In addition, reflected by the colors in the figure, they wanted to use materials to reflect the sun's path and the location of the lot. The eastern (country-)side is made up by floor and wall materials from the east (earth, wood and green spaces) whereas the western (urban) side is made up of cold materials like minerals, stone and steel.

When looking at figure 5.3b, the lay-out of the ground plan turned out the same and is about 1.15 hectares large. However, the original idea of changing colours from east to west is not clearly recognizable anymore in the colours of the buildings. It is still clear that the eastern side of the project is situated in a more green environment whereas the western side is more urbanized.



(a) Original idea (source: (Guillemin, 2015))



(b) Final development

Figure 5.3: Générations neighbourhood

The apartments in Générations are divided over four apartment buildings and contain social housing for different sized households. There are 36 two-room apartments, 36 three-room apartments and 4 four-room apartments. All apartments are wheelchair friendly and are equipped with an intercom to be able to communicate for free between the apartments. Besides these

apartments, two buildings are available that are specifically equipped for demented and/or physically challenged seniors. A day care centre for seniors with Alzheimer's disease and children is available. Furthermore, support for physically challenged people is provided as well.

In the neighbourhood, a bakery, a hairdresser and a kiosk are available, but commercial centres are a bit further away. There is a bus stop to take seniors to the commercial centre but buses do not have a ground-level entry which makes it harder for seniors to take the bus. Instead, a town volunteer service has been set up to drive from an to the commercial center. It is also possible to ask a neighbour. Lastly, the neighbourhood lies close to the centre of the town in order for all residents to be able to participate in activities.

The neighbourhood consists of 76 apartments, which means that the senior's potential social network expands substantially. Since one of the principles of the neighbourhood is to know your neighbour, seniors can rely on contact within the project. There are many opportunities to meet each other, for example in the meeting space or on the pathways in the middle. Social support is based on the physical appearance and is therefore incorporated in this factor.

The formal support is made available in the two buildings for demented and physically challenged residents and the day care centres. Although these are also part of the physical appearance, this factor is reflected in the health and social services determinant for active ageing. Therefore, this factor is seen as a separate factor of the physical and material conditions.

5.2.2 Attributes of community

In the attributes of community, general health, income level, national culture and local culture are expected to be important. In the neighbourhood, residents ranging from newborns to old-age reside. There is also accommodation for physically and/or mentally challenged residents, which means that the health levels of residents vary. Income levels however, are similar since all apartments are meant for low income households.

The national and local culture have been discussed in the informal institutional environment and formal and informal institutional arrangements. It is normal for French people to take care of seniors and on a local level the charter ensures that all residents agree on informal care principles.

5.2.3 Rules in use

The rules in use of the IAD framework also show overlap with the four-layer model. The ageing policy has been described in the the social security section. National healthcare and housing regulation have been examined in the section statutory health insurance and loi de solidarité et renouvellement urbain. The factors eligibility, roles and public participation will be discussed in this section. Additional social rules will be described as well.

Eligibility:

In Générations, households have to possess certain characteristics in order to be able to apply to the project. They have to either consist of seniors or of a family with one child under six years old. Tenants furthermore are obliged to sign a neighbourhood charter.

Roles:

Within the project, different roles are clearly specified. The initiators, consisting of the munic-

pality, housing association and care organization, are organizer. Together (equal responsibility) they take care of organizing activities and solving problems within the neighbourhood. Residents inform the initiators about difficulties or areas for improvement. Amongst each other, residents are all equal. Everyone has something to contribute, even children or residents with dementia (see box 2 at the end of this section).

Public participation:

Based on the roles of the previous paragraph, it becomes clear that there is almost no public participation. Initiators organize activities and solve problems, and this is not a role for participants.

Other social rules:

Communication is an essential part of Générations. For the project it is important that there are meetings. In these meetings, the initiators first consult with each other after which a resident representative provides information about daily business in the project. These meetings happen on a regular base, once every two months.

A second additional rule is that everyone is supposed to participate in activities in the neighbourhood. The base for this rule is laid within the social contract and prescribes participation in activities and (informal) social meetings. The activities are organized for all ages, and sometimes different age groups are combined. This can even lead to unexpected win-win situations (see box 2).

Thirdly, trust is an important aspect of the project. The base for this trust is laid in the introduction during the contract signing. All three initiators are present and introduce the new resident in the neighbourhood. Furthermore, everyone is allowed to ask for help when needed and address neighbours to the principles of the social contract. The starting point here is that everyone knows each other, but is established further by the social contract which states these principles.

The last aspect of importance is the establishment of core values for the project. In Générations this is done via the social contract which is signed as well when signing the rental contract. The initiators belief in the importance of the social contract and are determined to prepare future residents. Because of the obligatory signing, all residents commit to the principles as well.

Box 2: Unexpected win-win situation

It is possible to provide activities (e.g. drawing, making crepes, singing together) for both seniors and children combined and can even offer unforeseen benefits. Children do not care whether someone is handicapped or has dementia. Furthermore, older persons with dementia might suddenly remember lost actions. One experience in Générations is that some people with dementia that feed a child suddenly remember how to feed themselves again. Somehow taking care of someone else, naturally triggers a reaction.

5.2.4 Action arena

Action situations

Before the start of the project, the municipality, FEDOSAD and OPAC together with other professionals explored the different aspects of the concept to form ideas, make a project plan and develop a charter. They knew that St. Apollinaire needed more social housing and more services for children and disabled persons. The initiators had control over the invited experts and the information they gave them. They also controlled the initial idea of the concept and the contents of the charter.

Costs for the initiators are comprised of investment costs and incomes are an addition to the housing stock plus the future perspective of rental income. For the professionals involved, the net costs and benefits consist of time spent on the project in return for a voice in the project (and probably salary). The potential outcomes of this action situation are the physical aspects, the contents of the charter and the intended residents of the neighbourhood. In figure 5.4a (next page) this is depicted.

Figure 5.4b shows the next situation. During the project, the involved actors are the same except for the addition of the residents of Générations. Their roles have changed from partners to participant (through signing the charter), caretaker and entertainer. Actions undertaken are mainly supporting the residents, communicating with them and providing activities for them.

The information available is comprised of the regular meetings with residents, the services provided and activities organized. Furthermore, the contents of the charter are known. The initiators have control over the services and activities provided as well as the signing of the charter. Lastly, they control what information is conveyed to future residents.

The initiators spend a yearly budget in the neighbourhood and in return get rental income and satisfied residents (which means votes for the mayor). The residents pay rent for their homes and for services and support. These aspects together lead to a certain participation level, liveability of the neighbourhood, services and support, and satisfaction of the residents.

Before starting to live in Générations, the future residents are potential tenants that try to find a nice living place (see figure 5.4c). The initiators and experts develop a neighbourhood and inform the potential residents about this.

The information that is given to potential residents consists of the idea about Générations via the charter, the characteristics of the available dwelling and the amenities in the neighbourhood. They only have control over the actual relocation, but have no control over the contents of the charter.

The expenses concerned with relocation are investments for a liveable neighbourhood where taking care of each other is important. The choice to make is whether to start living in the neighbourhood or not.

When the future resident becomes an actual resident, the role changes to tenant as well as caretaker (and receiver), communicating with neighbours and initiators, and participant in activities. Besides these roles, residents also introduce new residents and show them around.

The contents of the charter are clear and soon neighbours know each other and what help they need (one of the principles of the charter). The activities and professional support provided, lie in the hands of the initiators but actual participation is up to the residents. Furthermore, the actual support provided to neighbours can differ per resident.

The main benefits are companionship, support from neighbours and availability of professional services. In return residents have to pay their rent and have the responsibility to follow the charter and support their neighbours. This will lead to a certain amount of contact and support between neighbours and services provided. Furthermore, residents are satisfied and stay, or determine to leave the neighbourhood. In figure 5.4d, an overview of this action situation is given.

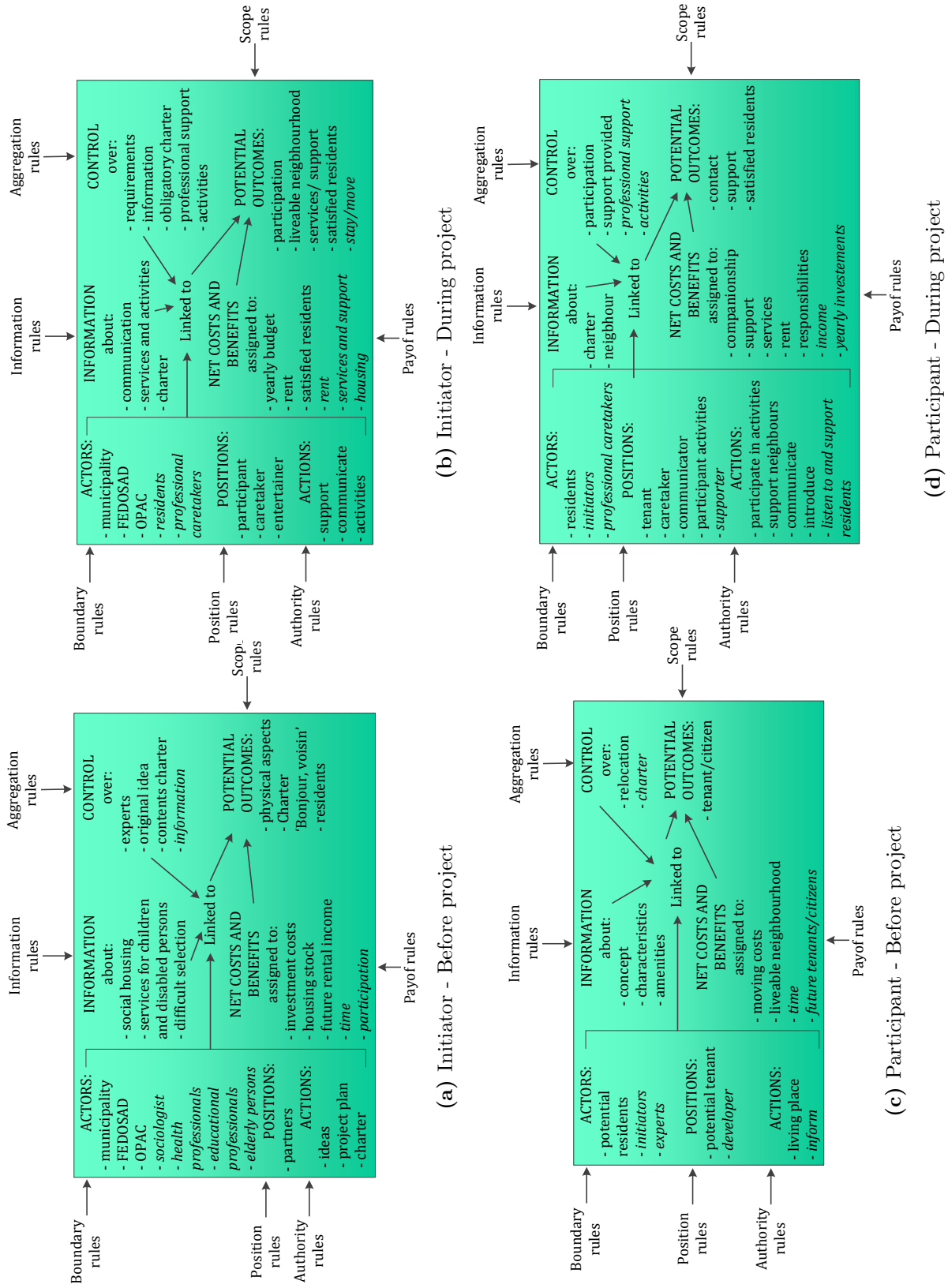


Figure 5.4: The action situations for Générations

Actors

In Générations, the three initiators (municipality, FEDOSAD and OPAC) are the most important actors. As can be seen in table 5.1, they do not have contradicting preferences and can be combined to create a win-win situation. The experts consulted do not necessarily have a stake in the project itself, whereas the (potential) residents are on the demand side, meaning that they have specific needs that should be supplied by the organizing parties.

Missing information creates uncertainty, but is solved for the initiators by regular meetings. The residents do not know how it is to live in Générations, but this same principle applies to any place they would live and is therefore not a big issue. They only need to know what the needs of their households are (e.g. dwelling size) and whether the project can support these needs.

Table 5.1: Actors for Générations

Actor	Preferences	Information processing	Selection criteria	Resources
<i>Municipality</i>	To fulfil the municipal goals (social housing, services and nursing homes) and have satisfied residents	Support residents when needed, but the municipality does not know the exact moment and sort of support needed	Dependent on meetings/communication with residents	Budget for investment in services and activities
<i>FEDOSAD</i>	Provide support at home for seniors (non-profit)	Give support to seniors when needed, but it is not always clear when and how this support should be given	Dependent on meetings/communication with residents and general characteristics of seniors	Budget for services for senior, knowledge of senior demands
<i>OPAC</i>	Provide adequate housing for lower income households	Provide maintenance when needed, but it is not clear when and how maintenance should be carried out	Dependent on meetings/communication with residents	Budget for maintenance
<i>Experts (Sociologist, health professionals, educational professionals, elderly persons)</i>	Provide adequate support in their field of expertise	Decisions are made based on available information and knowledge, but previous knowledge about this specific concept is not available	Previous experiences in their fields of expertise	Knowledge
<i>Potential residents</i>	Have adequate housing in a liveable neighbourhood and sufficient support for specific needs (e.g. for dementia)	Relocation to the neighbourhood is based on the information available about Générations, but they do not know how it is to actually live there	Dependent on specific needs of the household	Rent
<i>Residents</i>	Live in a nice neighbourhood and get the support they need	Support is provided/asked for when residents know they mutually benefit from this, but this might not be clear upfront	Experiences with neighbours and initiators	Social behaviour in the neighbourhood

5.2.5 Interaction patterns and outcomes

Interaction patterns

Since Générations (as well as BloemRijk and SOlink) is chosen based on the intergenerational solidarity score, this interaction pattern is visible. Five more specific interaction patterns can be distinguished in Générations in which exchange of resources is incorporated. The first is focus on contact and expansion of the network of residents. The second pattern identified is that residents do take care of each other. A third pattern is the little to no organizational involvement of residents. Fourthly, a pattern with focus on communication and commitment is identified. Lastly, related to taking care of each other is the pattern of strict division between formal and informal care.

Outcomes compared to the goals

The cases are selected based on the ability to age in place and active ageing, which means these are logical outcomes. More specific goals for Générations are, as stated at the start of this chapter, provision of services for children, provision of nursing homes and services for seniors, provision of social housing and stimulate contact between neighbours. Each of these goals is achieved and additionally the whole town benefits from services and activities in Générations.

A critical note is that public participation is virtually non-existent, while this is normally seen as a part of public administration (Bovens et al., 2007). As described in box 3 it has several advantages and might have lead to an even higher sense of responsibility of the residents. This leads to the conclusion that the project is a successful project without public participation and that it is an established intergenerational living community since it exists since 2002.

Box 3: Public participation

‘Public participation means that citizens actively participate in the planning, development, implementation and/or evaluation of (health) policy and neighbourhood health promotion. Participation is based on confidence, both for policy developers and professionals in citizens and vice versa. Participation is custom work. Not everyone can or wants to get involved on all fronts’ (Loketgezondleven, 2015). Benefits include improved policies because local tacit knowledge is taken into account, improvement of trust between actors, getting to know each other, improved support and improved sense of responsibility. In table 5.3 an overview of the different degrees of public participation is shown.

Table 5.3: Degree of public participation (*source: adapted from Edelenbos et al. (2006)*)

Participation ladder	Citizen role	Management role
Participant not involved	none	autonomous policy-making and no information provided
1. Inform	target group for research/information, no input	autonomous policy-making and provides information about this
2. Consult	consulted party	develops policy and provides the opportunity to comment, but not necessarily adapts the policy to concerns
3. Involve	advisor	develops policy, but is open to other ideas and solutions
4. Collaborate	co-decision-maker within boundary conditions equal partner	management develops policy in compliance with predetermined conditions management works together on an equal base with participant
5. Empower	initiator	provides support and leaves policy-making over to participants

5.3. Evaluation of the context

In the previous sections the exogenous variables, action situations, interaction patterns and outcomes have been described. In this section, the interaction patterns will be used to determine what factors are influential in Générations (literature research). At the end of this section, the interview with Pierre Henri Daure is used to determine the most important factors.

Key factors based on literature research

The first interaction pattern is focus on contact and expansion of the network of the residents. The initiators of Générations believe that contact is the most important aspect. This is stimulated via the physical component, where small-scale and accessibility play a key role. Furthermore, contact occurs when residents participate in activities, thus meaning that activities are important as well.

The second pattern is residents taking care of each other. The base for this lies in the national and local culture, and is accompanied by formal rules such as the Code Napoléon and the social charter. The national culture forms the base for providing informal care, but the local culture expands this by introducing specific principles.

A third pattern is the little to no organizational involvement of residents. Foundation for this pattern is laid in the division of roles and public participation ideas.

Fourthly, a pattern with focus on communication and commitment can be identified. In this pattern, more factors are of influence. The way the communication is given form in regular meetings is the most important factor. Furthermore, trust and propagation of core values influence the communication pattern and contribute to commitment. A last factor of influence are the residents themselves; communication and commitment depends on who lives in the neighbourhood and what values they have. This means eligibility is included as well. In figure 5.5, an overview of the IAD framework for Générations with the influential factors (the exogenous variables) is given.

Strict division of formal and informal care is the last identified interaction pattern. Residents are providers of informal care and are not nurses that are always available. The base for this pattern lies again in the local culture and social contract with rules about formal versus informal care, but is accompanied by availability of formal care services within the project.

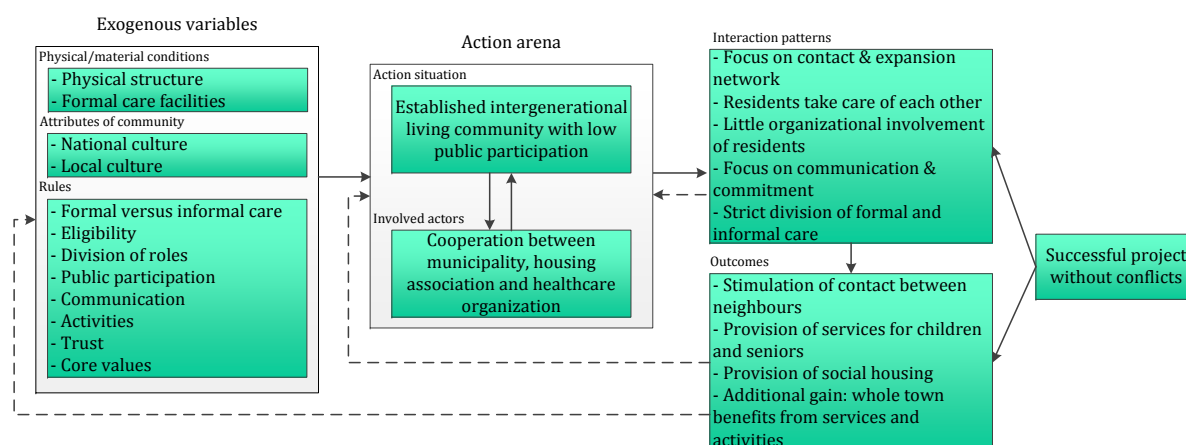


Figure 5.5: Overview of the IAD framework for Générations

Key factors based on interviews

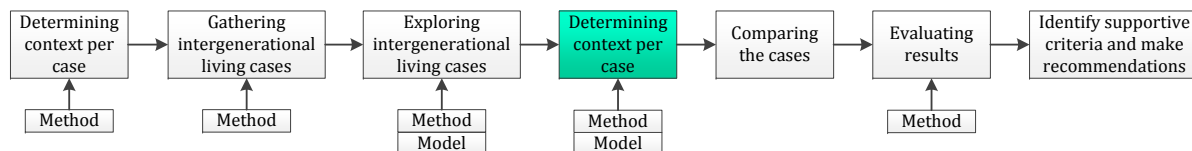
According to Pierre Henri Daure (director of establishments at FEDOSAD), there are several aspects that lead to the success of Générations and would apply to other projects as well (see also appendix D.1).

The most important factor that makes Générations work is communication: communication between partners as well as between partners and residents. Only then everyone is involved and the concept can be carried out. The charter in this project serves as a communication tool and is therefore important as well.

Contact between residents is essential to create a social link and to make an intergenerational living project work. Stimulation of this contact should be taken into account as early as the design stage of the project in order to make casual encounters possible. Furthermore, the project should not be too large in order to make it possible for everyone to know each other. This underlines the importance of the physical structure.

When formal services are part of the neighbourhood, this can be beneficial for the whole town. This is the same for a neighbourhood centre, which is necessary in order to be able to organize activities. These activities can be organized for different target groups together and can lead to unexpected win-win situations.

6. The context of BloemRijk



Case 2: BloemRijk

6.1 Description of the institutional context

6.2 Examination of potentially influential factors

6.3 Evaluation of the context

(Appendix D.2 Additional information and interviews for BloemRijk)

(Appendix E.2 Background on healthcare and housing systems for the Netherlands)

‘BloemRijk is een werkwoord. Het is niet alleen de buitenruimte, maar het maakt deel uit van je huis en je leefgewoonten. Het is een manier van leven en dat doe je 24 uur per dag, 7 dagen per week. Zelfs op vakantie ben je BloemRijker.’¹⁸

— Johan de Pater

The context of BloemRijk will be discussed in this chapter. BloemRijk is the highest scoring alternative on intergenerational solidarity without a specific target group. Again, a short introduction to the case is provided, followed by the description of the institutional context, examination of potentially influential factors and an evaluation of the context in the three sections. The description of this context is based on literature research and the interviews held with key involved actors in BloemRijk (see appendix D.2).

Short introduction

BloemRijk is a newly developed neighbourhood in the Netherlands of which the first phase was finished in 2010 (De Jong, 2011; Mesland, 2010). The initiative came from housing association QuaWonen¹⁹. The first phase consists of 71 dwellings, both rental and private, and the second phase of another 116 dwellings (figure 6.1).

The main goals of BloemRijk are to improve (1) social cohesion, (2) interaction between age groups and (3) intergenerational self-support with the idea to let residents be initiator as much as possible (Mesland, 2010).



Figure 6.1: Impression of BloemRijk in Krimpen aan den IJssel, the Netherlands (*source: QuaWonen (2008)*)

¹⁸ Translation: BloemRijk is a verb. It is not just the outdoor area, but it is a part of your home and your lifestyle. It is a way of life and you do it 24 hours a day, 7 days a week. Even when you are on a holiday, you are a BloemRijker.

¹⁹ Besides QuaWonen, the municipality, health care organization De Zellingen, welfare organization Het Meldpunt, representative organization of senior interests Het Seniorenplatform and a few original residents were also involved.

The sub goals consist of improving the sense of community, liveability in the neighbourhood, resident responsibility, the quality of life of residents, options to age in place, and let residents benefit from each others capabilities and ease the burden on the professional care network.

6.1. Description of the institutional context

The description of the institutional context is based on the four-layer model as described in section 4.2.2. In the following sections the four layers will be described for BloemRijk.

6.1.1 Actors

Several actors in BloemRijk are closely involved, and some less close. The initiators, the municipality and housing association, involved health and welfare organizations and original residents of the neighbourhood in the project development. These actors all have the common goal to provide a liveable neighbourhood and high quality of life for residents. Specifically for this neighbourhood, the extra goal is to provide living for all ages with principles regarding neighbours, public space and the meeting space.

The neighbourhood agreement was supposed to enforce these goals, but turned out to be difficult to keep in place. This led to differences in organizational visions regarding BloemRijk and even within the housing association and municipality different views emerged. The actors in BloemRijk, although originally on one line, nowadays are fractioned both within and between organizations.

6.1.2 Formal and informal institutional arrangements

The local institutional arrangements are comprised of a neighbourhood agreement and rules in order to reach a mixture of residents, flexibility of the project and public participation/autonomy.

At the start of the BloemRijk project, the neighbourhood agreement (Buurovereenkomst) was supposed to be the cornerstone of the community. Together with (potential) residents, the agreement was drafted with principles regarding neighbours, public space, meeting space and participation in BloemRijk. This voluntary agreement was signed by all residents of the first phase. However, during the second phase the agreement was not introduced to future residents anymore and at some point was abandoned.

In BloemRijk, no specific eligibility rules are applied. In the first phase, assigning dwellings was planned carefully in order to create a mixture of ages. In the second phase, characteristics of the dwellings were used to attract the intended target groups. The dwellings of the second phase furthermore were built to meet market demands instead of based on the original vision. The original vision also consisted of dwellings for special target groups such as mentally disabled persons, but was abandoned.

In order to be able to adapt to changing circumstances, BloemRijk was developed in two phases. The first phase was developed according to plan, but the second phase was developed not according to plan in order to make it profitable. On the one hand, this made it easier to develop the whole neighbourhood. On the other hand, the residents feel there is a difference between first phase and second phase residents, making it difficult to see all residents as one community. Furthermore, it turned out to be impossible to have owner-occupiers sign the neighbourhood

agreement, since developers did not show the contract to them before they started living in the neighbourhood.

One of the goals of BloemRijk is to let residents be initiator as much as possible. This means that the roles in the neighbourhood are changing. At the start of the project, residents needed a lot of help (by either the initiators or the neighbourhood coach) but the idea was that residents would become more self-organizing. However, two main problems arose. First of all, the initiators are not used to handing over responsibilities to citizens. This means that it is difficult to give residents the freedom to decide what to do because it might go wrong. Furthermore, between initiators and within their organizations there are no clear vision and regular contact moments (anymore), making it unclear what responsibilities have been handed over and what not.

Secondly, the residents do not always believe they are capable of self-managing their neighbourhood. Again, uncertainty, a lack of experience and communication are the main reason for this. The initiators anticipated this problem and made a neighbourhood coach available to provide help. However, the residents keep relying on this coach instead of organizing their own neighbourhood. This is based on a lack of trust not only in themselves, but also in the initiators and amongst the different groups within the community.

6.1.3 Formal institutional environment

The formal institutional environment can be characterized by change (and uncertainty). The healthcare system has been changed recently as well as the social housing act. Background information on the national healthcare and housing system can be found in appendix E.2. In this section only the long-term care and social housing aspect will be discussed for the two systems. The formal environment with regard to the pension system will also be discussed in this section.

The Dutch healthcare system is based on the Bismarckian model (see box 1 on page 52) where employers and employees finance health insurance (Schäfer et al., 2010). Long-term care is provided and organized nationally under a statutory social insurance program and financed by the long-term care act ‘Wet langdurige zorg’ (formerly AWBZ) and the Wmo (Mossialos and Wenzl, 2015). Furthermore, extramural medical care (transferred from AWBZ to health insurance law ‘Zorgverzekeringswet’ (Zvw)) is provided by health insurers (Per Saldo, 2015). Persons eligible for care via Wlz, Wmo or Zvw can be paid in kind or get a personal budget (pgb) to receive the care they need.

The Dutch social housing sector is one of the largest in Europe even though it is declining (Treanor, 2015). Until recently, the ‘Besluit Beheer Sociale Huursector (BBSH; Administrative Decision Public Housing Sector) gave rules for housing associations to comply to. Since the first of July 2015, the BBSH became obsolete and the Woningwet 2015 became applicable (Rijksoverheid, 2015a). This law is introduced in order for housing associations to return to their original task: building, renting out and managing social housing for low-income households (Rijksoverheid, 2015a). It provides allocation principles for allocating households.

The first Dutch pension law dates back to 1901 and since then has grown out to be one of the best systems in the world (Sagoenie et al., 2014). Just like the French system, it consists of three pillars²⁰ The retirement age has recently been increased from 65 to 67 years (Sagoenie

²⁰ First pillar: old-age insurance law (AOW) which provides basic benefits for retirees that lived in the Netherlands between their 15th and 65th and financed based on a pay as you go system (Sagoenie et al., 2014). Second and third pillar: based on collective company pensions and individual pension arrangements.

et al., 2014). Since 2000, the average retirement age for Dutch workers has risen from 60.8 to 64.1 in 2014 (CBS, 2015). The employment rate of workers between 55 and 64 is furthermore higher than the average of OECD countries (OECD, 2014b). Remarkable is the large percentage of part-timers amongst female workers (see figure 6.2).

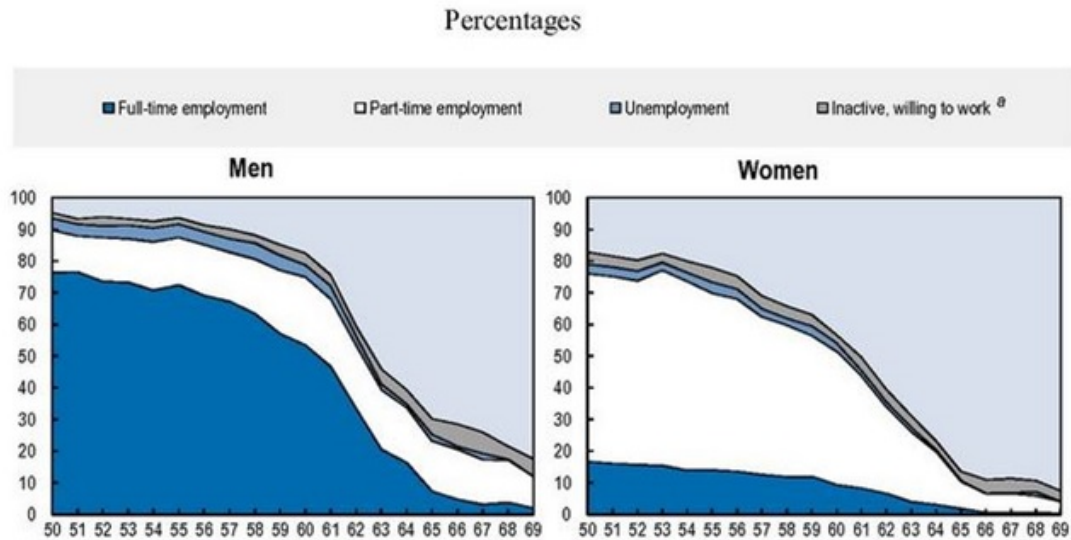


Figure 6.2: Labour market status by single year of age (50-69) and gender in the Netherlands (adapted from source: OECD (2014a))

6.1.4 Informal institutional environment

In the Netherlands, two aspects are important in national culture. First of all, Dutch people are used to a well formed healthcare system and therefore rely on institutions for senior care more than on family care (Herlofson et al., 2011). This is normally accompanied by an individualistic setting, which is indeed the case in the Netherlands. This individualism is the second important cultural aspect, which makes people prefer to be independent as long as possible (De Groot et al., 2013).

One side note should be placed: the Netherlands does not seem to fit the traditional division between south and north Europe because there is a high amount of intergenerational contact (Tomassini et al., 2004). Some researchers even argue that family solidarity is as high as in southern countries (Dykstra and Fokkema, 2011), which implies Dutch families take care of seniors just as easily as in southern countries.

6.2. Examination of potentially influential factors

This section investigates factors that can be influential in the success or failure of BloemRijk. This is done based on the IAD framework, which means physical and material attributes, attributes of community and rules in use will be described. This is followed by the action arena, interaction patterns and outcomes.

6.2.1 Physical and material attributes

BloemRijk has been developed by QuaWonen and BAM Woningbouw Rotterdam based on a plan by BIQ Stadsontwerp bv (BAM Woningbouw, 2015). The original idea is shown in figure 6.3a, but unfortunately there is no aerial footage available after 2009. It is furthermore visible in this figure that there are four separate blocks of buildings. In the ground plan (figure 6.3b) it becomes clear that apartments, rental housing and owner-occupied housing are spread throughout the neighbourhood.

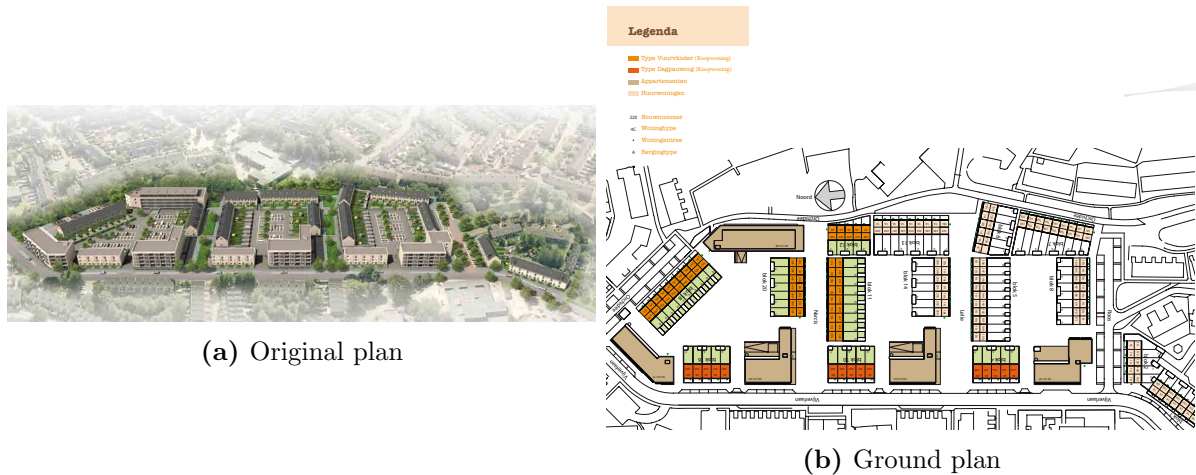


Figure 6.3: BloemRijk neighbourhood (*source: (Zinnen, 2015)*)

Further investigation of the physical appearance shows that BloemRijk is a larger scale project (around 6 hectares) with green strips around parking lots in the center of the four housing blocks. A meeting space is made available to meet each other and engage in activities. In the neighbourhood, a bus stop is situated as well as a supermarket. A shopping mall can be reached by bus in 10 minutes.

BloemRijk consists of 187 dwellings, of which 71 were built in the first phase and the rest in the second phase. This means that the potential network of the seniors living in the neighbourhood is considerably expanded. Although one of the principles is to know your neighbours, not everyone is involved in the neighbourhood. Therefore the actual expansion is a lot smaller than the potential network, but still a substantial expansion.

Originally, a complex for special target groups such as mentally disabled persons was supposed to be built. However, due to the crisis, the second phase plans were changed and this complex was never built. Furthermore, at the start of the project a district nurse had regular meeting hours in the common room. Because residents did not think this was necessary and the meeting hour was discontinued. Now only once a month, an informal care meeting is held with a representative of Contour de Twern (welfare organization) where questions about care needs and providing care are answered.

6.2.2 Community attributes

In the neighbourhood, residents ranging from newborns to old-age reside. Since there are no formal care institutions available in the neighbourhood, residents are relatively healthy. Furthermore, since there is a mixture of dwellings, the income levels of residents vary.

In BloemRijk a neighbourhood agreement was developed together with residents. It was supposed to be obligatory and used to recruit new residents, but this was not possible. Instead, it became an voluntary agreement about principles to help each other and the neighbourhood. The agreement existed for a short while and most residents signed it. The agreement was abandoned when it turned out to be impossible to have it introduced at signing the contract for a dwelling.

6.2.3 Rules in use

Eligibility:

In BloemRijk many kind of dwellings are available, ranging from senior housing to family housing and social or private rent as well as owner-occupied housing. This means there are no specific eligibility criteria in the project. However, since there are no formal care facilities, residents with severe physical disabilities and/or mental disabilities cannot live in the neighbourhood. Lastly, although originally only meant for residents living in the project, organized activities are meant for all citizens.

Roles:

Some roles in BloemRijk are clearly specified, whereas others are unclear or show overlap between parties. Clearly organized is the resident responsibility to organize activities. However, amongst each other they are not all equals. There is a core group that is the link between initiators and residents and is the main initiator with regard to activities. Active residents help the core group with the organization and attend the activities on a regular base. The non-active residents participate in activities on occasion or not at all, which leads to struggles in the neighbourhood.

A neighbourhood coach offers guidance and support with regard to contact with the initiators and organization of activities. At the start of the project a lot of help was offered but now this is a lot less. On the one hand the initiators cannot pay the coach anymore and want the residents to be more self-organizing. On the other hand do the residents still (think they) need the coach for organization of certain activities or solving problems. This makes the role of the coach less clear.

The initiators provide for the neighbourhood coach, but spend less money than before due to budget constraints. The responsibility for payment of the coach has also changed over the years, making it unclear. Furthermore, municipality and housing association do not have a clear vision (anymore) for BloemRijk, and even employees within their organizations have differing ideas about the neighbourhood.

Public participation:

The residents of BloemRijk are allowed to actively participate in the organization of project activities such as barbecues. They are also partly responsible for the public space although what parts they are actually responsible for is unclear. Furthermore, not all involved parties are used to public participation, sometimes making it difficult for residents to actually manage things in BloemRijk. Also residents do not always believe they are capable of self-management, thus making it difficult for initiators to hand over responsibilities.

Other social rules:

Communication is one of the problem areas for Générations. The idea is to arrange a meeting

or have contact when needed, but this does not work very well. One of the main reasons for this is that ideas about BloemRijk are lacking or contradicting not only between organizations, but also within organizations. This means that when there is contact, it is not clear how to proceed, or this is changing depending on who is the contact person.

The communication difficulties lead to distrust between parties. When ideas are constantly changing, it is not clear anymore how to proceed and even residents amongst each other stop trusting each other (see box 4). Originally the social agreement was meant to establish trust in order to make informal care in the project work out, but this agreement has been abandoned.

The agreement also stated that residents participate in activities and engage in the neighbourhood. Behind this lies the idea that contact between residents is essential. However, not all residents participate, either based on distrust or not signing or knowing about the social agreement.

Not signing or knowing about the social agreement leads to a fourth additional rule. Signing the neighbourhood agreement is not obligatory, which means that there is no written way to propagate project values. Therefore, there are no unanimous core values which is problematic in providing informal care since not all residents provide this care. This also makes it harder to address someone on not carrying out the core values.

Lastly, from the viewpoint of safe investments, the project was phased out because of an unsure housing market. This made it possible to adapt to changing circumstances and make the project profitable. A side-effect of this is that there is a separation between residents of the first and the second phase. Furthermore, the target groups changed and the second phase were not introduced to the intergenerational living idea.

Box 4: Frustration between residents

Together with several residents, flower beds were created in front of houses. When the owners of these houses were asked to water the plants and pull the weeds from time to time, one of them called the municipality asking why he needed to take care of the public space. This person was told that he was right and did not need to do this. However, BloemRijk had a contract with the municipality stating that residents would take care of parts of the neighbourhood. The residents that initiated the flower beds stopped taking care of them in that part and the public space deteriorated. This in turn frustrated the home owners as well. On the other hand, when planting flowers with the whole neighbourhood, including children, everyone felt responsible for them. The children even stopped running through the garden, because then they would demolish their work.

6.2.4 Action arena

Action situations

The action situations for BloemRijk are depicted in figure 6.4 (next page). Before starting the project, QuaWonen invited other parties to work together in a project group as partners. Together they decided first of all whether to restructure at all and then the more specific details of physical aspects, intended residents and the first idea of the neighbourhood agreement (the Philosophy).

The project group had information about their partners and the budget. Since it was only a first step, this group had control over the original idea and the phasing of the project.

The costs concerned in this stage are the investment costs for construction. Benefits are an addition to the housing stock which means income from sale or rent. The potential outcomes are the physical aspects of the neighbourhood (housing stock and public space), the residents that start living there and the contents of the neighbourhood agreement.

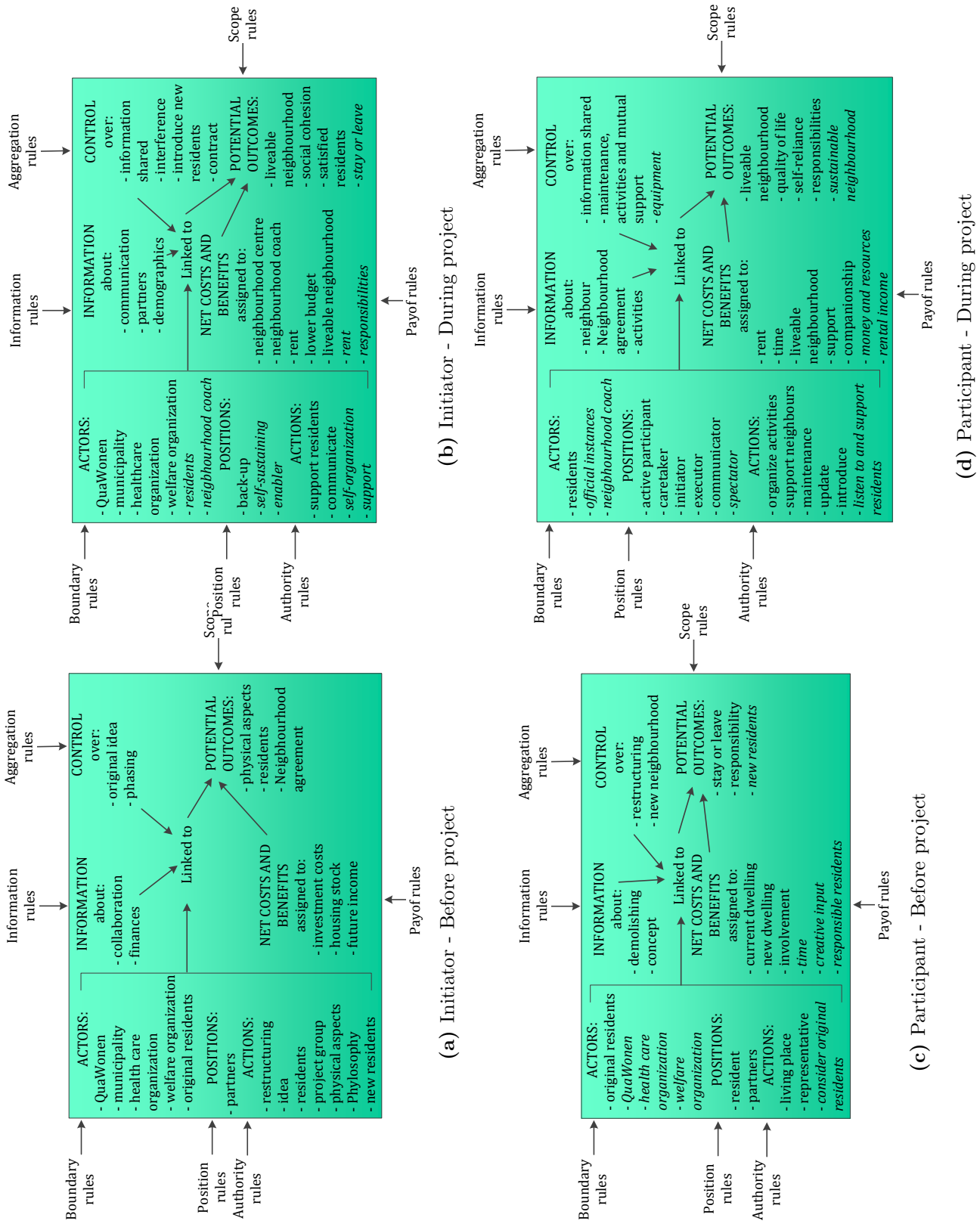


Figure 6.4: The action situations for BloemRijk

During the project, the actual residents (including the original residents that returned to the neighbourhood) and a neighbourhood coach are added to the involved actors. The official instances serve more as a back-up for the residents and be available for support. The residents should be mostly responsible for the neighbourhood, with the help of the neighbourhood coach.

The formal instances know that communication is important, knows what the partners are and what residents live in the neighbourhood. They have control over what information is shared with each other, when to interfere with the resident management and how to introduce new residents to the concept. Furthermore, QuaWonen draws up the contract with tenants.

QuaWonen has to pay the neighbourhood centre and the municipality the neighbourhood coach. In return they get rental income, a lower budget for public space (part of the responsibility of residents) and a liveable neighbourhood. This results in a certain amount of social cohesion and support, and satisfied residents that stay or leave.

Before the start of the new neighbourhood BloemRijk, the old neighbourhood is still in place with its original residents. These residents have to determine whether they want a restructure and leave the neighbourhood or stay. Furthermore they have to choose whether to represent the residents in the project group.

Original residents know that something is going to happen to their neighbourhood and learn about the concept QuaWonen has in mind. They have control over the restructuring and co-decide what the new neighbourhood is going to look like.

The residents have to give up their current dwelling but are involved in the decision-making and get a new dwelling (if they want to stay). Main gains for the professionals is that residents feel responsible and can provide creative input that they have never thought of. The results are therefore a certain amount of residents leaving and a certain amount staying which feel a certain responsibility towards the neighbourhood. Furthermore, new residents are attracted for the vacant houses.

During the project, the original residents either live in BloemRijk or have moved away. The residents living in BloemRijk are mixed with the new residents and are called actual residents. The neighbourhood coach also becomes involved, and is supposed to support the residents together with the official instances. The residents have different roles: they have to participate in the neighbourhood, take care of each other, organize activities, take care of the public space (partially), update the official instances and welcome new residents.

Residents know their neighbours (part of the neighbourhood agreement), the contents of the agreement and that they have to organize activities. They have control over the information they share with the official instances and what activities they organize, what support they provide and how they take care of the public space. The municipality determines what equipment for maintenance of the public space is offered.

Living in BloemRijk is paid via rent (or mortgage) and time. This is returned by living in a nice neighbourhood where support and companionship is provided. This results in a certain quality of life, self-reliance and responsibilities of residents.

Actors

In BloemRijk, involved actors all have a common goal to achieve a liveable neighbourhood and a high quality of life of residents (see table 6.1 on the next page). Most actors base their actions on experience or estimation, which in itself is not a problem. However, in the BloemRijk project, it is very difficult to determine how best to proceed because there is not enough com-

munication between parties to be able to estimate what they are capable of. Furthermore, since intergenerational living has not been done before, and at the time public participation was not very common, there is no experience base to rely on.

Table 6.1: Actors for BloemRijk

Actor	Preferences	Information processing	Selection criteria	Resources
<i>QuaWonen</i>	Have sufficient income and provide adequate housing and a liveable neighbourhood	Find a match between available housing and potential tenants based on regulation and the concept and support tenants, but it is not always clear what regulation applies and how/when tenants need support	Physical aspects of a neighbourhood, age and income, ideas about support	Knowledge about the concept and the apartments and meeting space
<i>Municipality Krimpen aan den IJssel</i>	Satisfied citizens and adequate housing	Support citizens and maintain public space when needed, but it is not clear when and how this should be given	Estimated self-organizational ability of residents	Resources for maintenance, financial support for activities
<i>Original residents</i>	A liveable and safe neighbourhood	Stay or leave the neighbourhood based on satisfaction, but it is not clear what the neighbourhood actually will become	Experiences in the neighbourhood, the experienced influence	Power to say no to restructuring, ideas about new neighbourhood
<i>Residents BloemRijk</i>	A liveable and safe neighbourhood where you know and support your neighbours	Satisfaction and contact with neighbours and official instances influence behaviour in the neighbourhood, but not everyone knows who to contact and how	Experiences in communication, influence and with neighbours	Behaviour towards neighbours
<i>Health and welfare organizations</i>	Healthy residents with a high quality of life	Provide support when needed, but it is not always clear when and how support should be provided	When asked for help, or when instructed to provide support	Health and welfare knowledge

6.2.5 Interaction patterns and outcomes

Interaction patterns

For BloemRijk five patterns of interaction become clear. The first is a focus on contact and expansion of the network of seniors. Secondly, residents only take partly care of each other (not in the whole neighbourhood). The third pattern is a high potential organizational involvement of residents. Fourthly, distrust between residents amongst each other as well as between residents and the organizing parties is visible. Lastly, the self-organizing capacity of residents is underestimated, both by the residents themselves and the organizing parties.

Outcomes compared to the goals

The most important goals for this project are to let residents be initiator as much as possible, to improve social cohesion, interaction between age groups and intergenerational self-support. These goals are partially achieved.

The first two goals, improvement of social cohesion and interaction between age groups, is achieved in a part of the neighbourhood. The first phase residents do know each other and undertake activities together, but most residents of the second phase do not participate. Besides the positive aspect of interaction between age groups, they found out in BloemRijk that it also can increase conflict (for example who gets to use what space at what time when activities cannot be combined). On the other hand, many activities turned out to be applicable to different age groups at the same time.

Intergenerational self-support is partly achieved, since the residents do organize their own activities and take care of each other (in a part of the neighbourhood). However, public participation increases conflict and could be expanded further. An additional effect of self-support is that residents take care of a part of the public space in BloemRijk. Lastly, providing informal care is normal in a part of the project, but does not include all residents which still makes it difficult to ask for help.

6.3. Evaluation of the context

Key factors based on literature research

Interaction patterns that have been identified for BloemRijk are focus on contact and expansion of the senior network, partial taking care of each other, high potential organizational involvement of residents, underestimated self-organizing capacity and distrust.

Interaction and social cohesion should be taken into account when developing the neighbourhood. Furthermore, it turns out to be difficult to use a neighbourhood agreement for owner-occupied housing. Besides this physical component, activities play a large role in this first pattern. Residents in BloemRijk get to know each other via activities and meetings held.

Because residents know each other, they provide help and ask for help more easily. They however always carefully choose the one they ask for help. This leads to the second interaction pattern: partial provision of informal care. This partial provision is also influenced by conflicting regulation. Long-term care provisions are based on the availability of informal care and dependent on interpretation of local authorities. In BloemRijk this has led to conflicts. Residents do agree that when someone needs more personal formal care, it is his own responsibility to arrange this.

The third and fourth pattern are closely related. In the neighbourhood, the residents manage some things like activities and part of the public space. However, they keep asking for help and are not allowed to participate on all fronts, which undermines the potential public participation. This leads to the fourth pattern of underestimation of self-organizing capacity. This is both from the side of the initiators and the residents themselves. This originates in the miscommunication, uncertainty and a lack of experience.

These three aspects, miscommunication, uncertainty and a lack of experience, are also influential on the last pattern of distrust. Besides, the flexibility turned out to make the residents of the second phase less dedicated to the intergenerational living idea, which lead to distrust between the residents of the first and second phase. Lastly, also the abandoned agreement led to more distrust.

Although mostly the same influential factors, four differences exist with regard to Générations. Project execution, healthcare regulation and flexibility are added to the list of influential factors whereas formal care facilities are left out. Furthermore, not all factors have a positive influence on the success of the project. An overview of the IAD framework and the exogenous variables of influence is shown in figure 6.5.

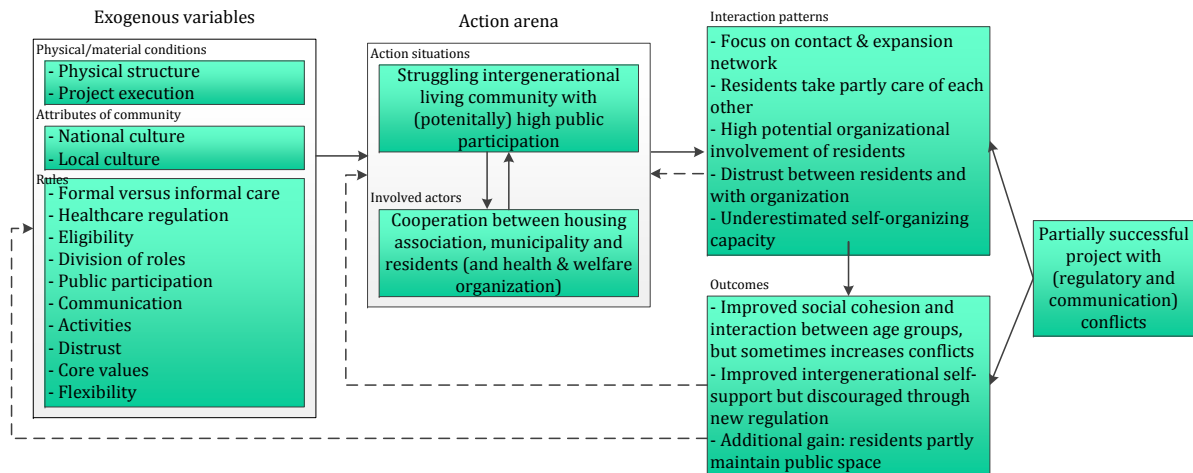


Figure 6.5: Overview of the IAD framework for BloemRijk

Key success factors based on the interviews

For BloemRijk, Aad van Opstal, Johan de Pater, Willem Groeneveld (three residents) and Rita Schoen (manager of the housing association) have been interviewed in order to determine important aspects of the project (see appendix D.2).

The residents describe two main important aspects. The first is participation (in activities and/or decisions about the neighbourhood) since it creates social cohesion. This means that residents should be allowed to actually participate, which is only possible when the municipality relinquishes some control.

Secondly, good communication is necessary. Communication between residents to get to know each other, but also communication between the housing association and municipality to provide structure and unity. Furthermore, all residents should be involved (also new residents and children) and focusing on one group should not occur.

A last thing pointed out by the residents is the availability of a sort of mediator. This is an external person that can motivate residents and act as a link with for example the housing association/municipality.

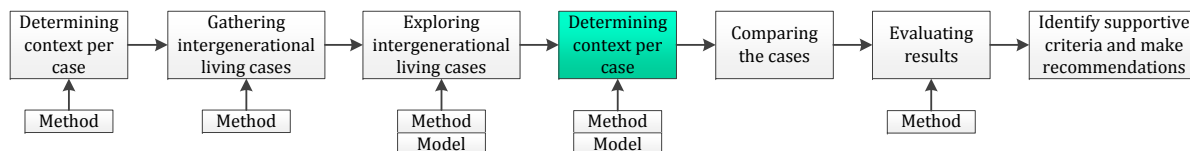
Rita Schoen agrees with the residents that social cohesion is key, but she points out that the basis for this lies in the design of the neighbourhood. It is possible to create social cohesion in a larger neighbourhood like BloemRijk, but it takes more effort than when creating social cohesion in an apartment building. This is because residents automatically run into each other more often in apartment buildings. Furthermore, a meeting space should be made available to avoid violating the privacy of residents when undertaking activities and/or meetings.

Secondly, participation of residents is desirable because new creative ideas might arise. With

the help of a coach and key figures in the neighbourhood, the residents can be relatively self-organizing. This has two implications: (1) municipalities should allow residents to participate and take them seriously, and (2) when something goes wrong, adequate help should be provided.

Lastly, just like the residents pointed out, communication is important and agreements about how and when to communicate should be made. Once a year should be sufficient unless problems occur.

7. The context of SOLink



Case 3: SOLink

7.1 Description of the institutional context

7.2 Examination of potentially influential factors

7.3 Evaluation of the context

(Appendix D.3 Additional information and interview for Ensemble 2 Générations)

(Appendix D.4 Additional information and interviews for SOLink)

(Appendix E.2 Background on healthcare and housing systems for the Netherlands)

‘Twee verschillende generaties, twee verschillende behoeftes, één gezamenlijke oplossing.’²¹

— Stichting SOLink (2015b)

In this chapter the SOLink case will be examined, with the target group students. As stated before, the original third case was Ensemble 2 générations, but this case was replaced by SOLink. Background information about Ensemble 2 générations can be found in appendix D.3, whereas SOLink is further described in appendix D.4.

This chapter is structured in the same way as the previous two chapters: a short introduction of the case followed by a description of the institutional context, an examination of the potential influential factors and is concluded by an evaluation of influential factors in this case.

Short introduction

In 2009, Stichting SOLink started an initiative to provide a solution for lonely people over 50 and the student room shortage (Stichting SOLink, 2015a). In this concept, unoccupied rooms of seniors are rented out to a student. The foundation combines seniors and students with the same hobbies, interests, and/or religion etcetera (figure 7.1).



Figure 7.1: Stichting SOLink in the Netherlands
(source: Stichting SOLink (2015a))

In order to combine the seniors and students, a profile for each of the parties is made. When this profile suggests a match, they are introduced to each other and a contract can be drawn up in case of an actual match. In this contract, the rent, the type of activities and services can be established. The objectives that can be derived are (1) to reduce loneliness amongst seniors, (2) provide student housing and (3) to establish a social relationship between senior and student.

7.1. Description of the institutional context

Since both SOLink and BloemRijk are Dutch initiatives, a part of the institutional context is the same. The informal institutional environment and formal institutional environment are

²¹ Translation: Two different generations, two different needs, one joint solution.

therefore not repeated. These can be found in section 6.1.3 and 6.1.4. Again, background information about the housing and healthcare system that are part of the formal environment can be found in appendix E.2. In the next two sections, the actors involved in SOLink and formal and informal institutional arrangements will be discussed.

7.1.1 Actors

The key involved actors, seniors and students, have goals that can easily be combined because seniors have a spare room whereas students seek a room. Furthermore, seniors try to avoid loneliness which is easily fulfilled by company from students. Stichting SOLink is a non-profit organization that matches these students and seniors. This suggests no conflicts are involved between the main actors.

Involved actors in senior living are banks, housing associations, municipalities, tax authorities and the Sociale Verzekeringsbank (SVB, Social insurance bank). The banks and housing associations should approve renting out a room to a student, whereas municipalities, tax authorities and the SVB are concerned with long-term care, rental subsidies and pensions. These organizations are not necessarily opposed to the project, but might obstruct it when regulations are overstepped.

Lastly, but also important, are the media. On the one hand, SOLink needs the media to reach out to potential applicants. On the other hand, the media influences the view of especially seniors about SOLink bases on news about for example PGB necessities.

7.1.2 Formal and informal institutional arrangements

In the formal and informal institutional arrangements of SOLink, a contract, eligibility rules, role division, and communication structure are important. These will be explained shortly below. Stichting SOLink has a database of potential matches and introduces these potential matches to each other. When senior and student decide to start living together, SOLink sets up a contract. In this contract not only the rent paid by the student is recorded, but also the provision of informal care to each other. Furthermore, SOLink offers to inform instances like the bank or housing association to make sure the student is allowed to rent a room in the senior's house.

Since it is not possible to attract the intended target groups like in Générations or BloemRijk by building specific dwellings, SOLink is arranged differently. Applicants are only eligible if they are over 50 year and have a spare room, or are student in a Dutch institution. Furthermore, seniors should like having a student around whereas the students should like to interact with seniors.

For SOLink, the roles are clearly divided. Stichting SOLink is the organization managing potential matches and is responsible for objective match-making and introducing the student and senior to each other. They furthermore make sure that the student is relatively quiet and likes to be around seniors, since the student has to provide informal care and company to the senior. The senior also provides informal care and company, but is also allowed to determine what rules the student should adhere too. This clear division makes it easier to trust each other. Furthermore, in case of problems, SOLink assists in solving them.

In combination with the clear roles, regular communication is one of the main aspects of SOLink. Seniors and students have to apply via an interview with SOLink. When SOLink matches two persons, they are introduced to each other under supervision of a SOLink employee. Finally, when senior and students start living together, SOLink checks from time to time how cohabita-

tion is going.

7.2. Examination of potentially influential factors

Just like in the previous two chapters, the components of the IAD framework will be described in this section. Physical and material attributes are followed by community attributes, the rules in use, the action arena and interaction patterns and outcomes for SOLink.

7.2.1 Physical and material attributes

Since the physical context of SOLink changes per match, it is less clear to define. However, since all matches live together in one house it can be stated that it is extremely small-scale. Furthermore, the living room (and possibly kitchen) can be seen as a meeting room for contact and activities.

The idea in SOLink is to rent out one (or more) spare rooms in a house to students. Since the concept consists of different houses, this means that for every match the specific setting is different. Per match the availability of shops and/or sufficient public transport can differ.

It is not important what kind of dwelling the house is as long as both student and senior have at least one separate room. The senior can either own or rent the house, whereas the student pays rent for the room.

The living room and kitchen are used to meet each other. However, there is no formal care facility within the project. It is possible that this is available within walking distance, but this differs per match.

7.2.2 Community attributes

The community consists most of the time of two persons. One is senior and the other one is student. The project is not suitable for seniors with severe physical and/or mental disabilities, since there is no formal care included. The senior can own or rent the house, whereas the student rents a room.

In the cohabitation agreement, extensive principles about what informal care provided can be defined but by signing up with SOLink the student has to perform small services for the senior.

7.2.3 Rules in use

Eligibility:

In order to be included in the file with potential matches, applicants for SOLink have to be either senior or student in a Dutch institution. Activities undertaken by senior and student are in principle not open to other citizens, but in consultation with each other it is possible to invite friends or family.

Roles:

The roles in SOLink are clearly defined. The initiator (Stichting SOLink) introduces new potential matches to each other, after which the participants decide whether to start cohabitation or not. If problems arise, the participants are responsibly for trying to solve them but Stichting SOLink has to help overcoming larger problems.

During cohabitation, the senior decides what is allowed for the student (e.g. bringing over friends or get home late). The activities undertaken together are not obligatory and are orga-

nized by participants themselves.

Public participation:

Before cohabitation, there is no public participation. The initiator (objectively) matches potential residents based on their profiles. During cohabitation, however, the residents are responsible for the amount of time they spent together and what activities they undertake.

Other social rules:

In SOLink a lot of contact moments between (potential) participants and the organization occur. There is an intake, a first meeting with potential matches and a contact moment when the contracts are signed. During the cohabitation, SOLink furthermore checks upon the participants on a regular base. Therefore, communication is one of the aspects involved in the project.

This also leads to a personal approach and trust, not only because of the meetings, but also because SOLink is a small organization. This leads to clear visions about the project and participants know the persons working at SOLink. Furthermore, because a contract is signed and agreements about what informal care provided, the participants also trust each other.

These principles of informal care are discussed in the meetings, and are clear before actually starting to live together. These principles can also be written down in the contract in order to make them more clear. This means that the core values of the project are clearly defined and propagated.

Lastly, activities are focused on companionship. The senior decides to participate to avoid loneliness, which means contact with the student is necessary. This is clear upfront, but the participants are free to decide how to give this form.

7.2.4 Action arena

Action situations

Figure 7.2 on the next page depicts the action situations for SOLink. Before the start of the project (the actual cohabitation), SOLink is the main actor. They search for potential matches, creating awareness of the program, make a profile in order to determine a potential match and introduce the two to each other. In case of an actual match, SOLink also deals with banks and housing associations, and municipalities, tax authorities and the SVB²².

The information available is the knowledge how to reach students, but for seniors this is less clear because the media has a large influence on them. SOLink knows how to set up the profiles and what legal situations need to be dealt with and how much income they should generate. They have control over the match-making and the monthly fee they ask. The senior has control over the decision to sublet a room or not and both senior and student decide to participate or not. Whether an actual match occurs, cannot be controlled. Lastly, the official instances have control over giving consent for cohabitation without cutting budgets.

In order to make the matches, personnel has to be paid but the benefit is future income. The potential participants do not have to pay fee for the search for a match. They only have to spend time for setting up their profile and meeting someone in order to find a potential match. This leads to a match or mismatch and the search for new potential matches. In case of asking for consent, this will lead to a precedent or renegotiation. Furthermore, the media present a certain image of SOLink and the subsidies vary per year.

²² The agency that pays out pensions.

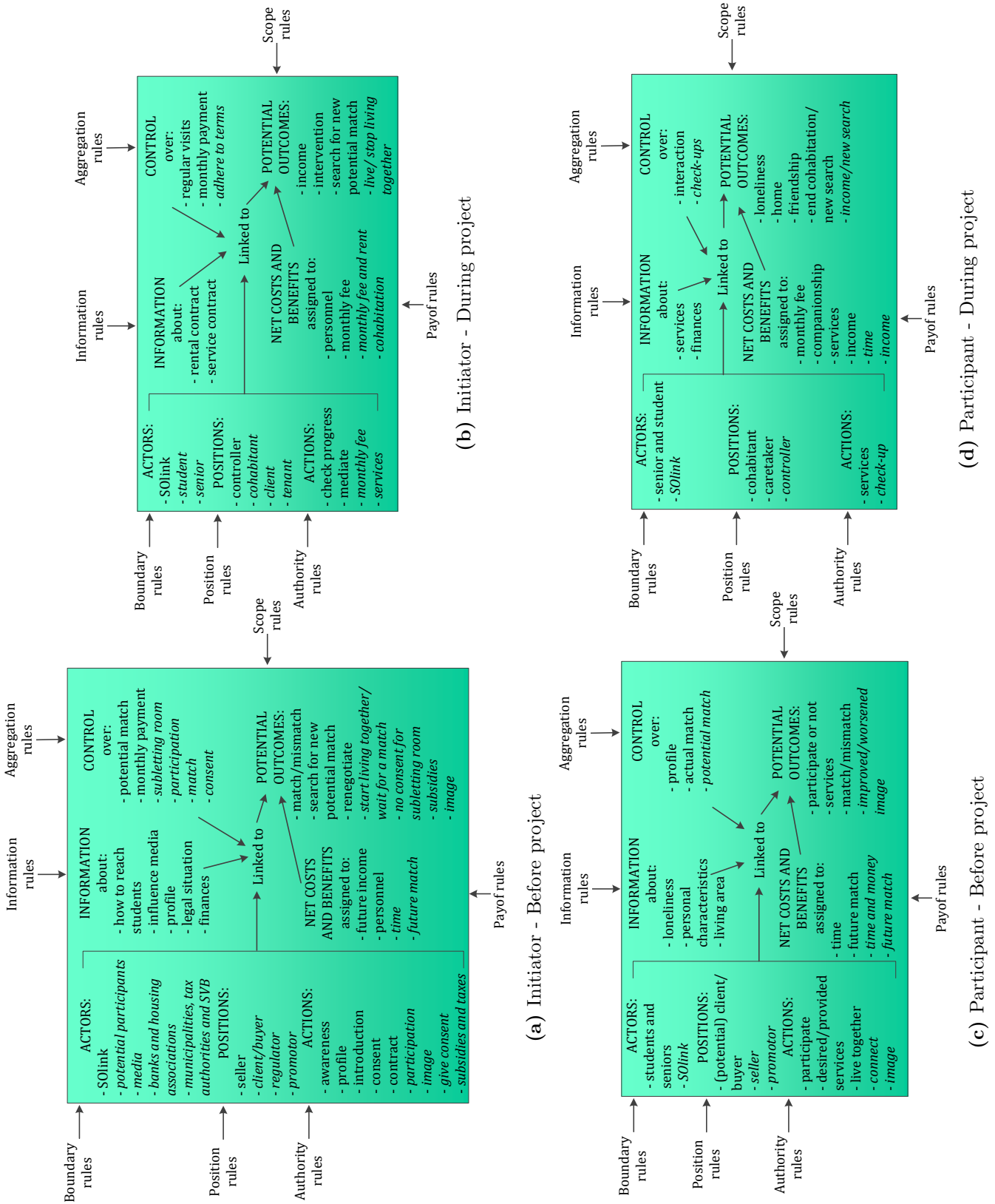


Figure 7.2: The action situations for Stichting SOlink

During the project, SOLink plays a less visible role and only has to check how cohabitation goes and mediate in case of problems. The senior and student are cohabitants and client of SOLink and provide services for each other. The student furthermore is a tenant as well and pays rent.

In case of a match, a service agreement is set up in which the monthly fee and services provided by SOLink are established. A rental contract is furthermore set up for the student and can include providing certain services. SOLink then has control over when they visit the participants and how high the monthly payment is. The senior and student are in control of whether they adhere to the agreed upon terms or not.

SOLink still has to pay salaries but now actually get the monthly fee from both senior and student. Depending on the amount of matches, this income varies. In some cases, cohabitation does not work out which means SOLink has to interfere, possibly resulting in stopping the cohabitation and the search for a new match.

Before an actual match, the seniors and students can be seen as (potential) clients of the service SOLink is providing. They have to decide whether to participate, what services they need and are willing to provide and whether they want to live together.

Both senior and student know whether they are lonely or not and what their characteristics are. Furthermore, seniors know where they live and whether they have spare room, whereas the students know where they want to live. Both have control over what is added to their profiles and whether the potential match becomes an actual match.

Since they do not have to pay a fee before an actual match, they only have to spend time to set up the profile and meet potential matches. Results for this situation can be participation in the program or not, the services desired and provided and a match or mismatch. In case of a match, SOLink sets up the contracts.

During the cohabitation, senior and student are cohabitants and take care of each other. SOLink checks whether the cohabitation is going well or not.

The participants have information about the services that should be provided according to the contract as well as the monthly fee to SOLink and rent. They have control over how they interact with each other on a daily base.

In return for a monthly fee and rent, students and senior get companionship and someone helping them. For seniors this also means additional income from subletting a room. The potential results are a lower level of loneliness and even friendship, and a home for the student. In case cohabitation does not work out or the student finishes his study, this will be ended and the search for a new match starts.

Actors

The key involved actors, Stichting SOLink, seniors and students, have goals that can easily be combined to create win-win situations (see table 7.1 on the next page). The other actors do not necessarily have common goals, but are neither conflicting. This means they can form an obstacle, but when taken into account do not need to be a problem.

Table 7.1: Actors for SOLink

Actor	Preferences	Information processing	Selection criteria	Resources
<i>Stichting SOLink</i>	To make a good match between a student and a senior in order to generate sufficient income	Based on logic and experience SOLink tries to find potential matches, but it is impossible to determine whether they actually like each other upfront	Students and seniors are selected based on their characteristics	The database with potential matches
<i>Senior</i>	To find a nice student in order to avoid loneliness and create an additional income	Dependent on the availability of information about the program and the image created by media, family and friends and need for companionship, but information from the media might be wrong or misinterpreted	Trust and characteristics of student	Spare room, companionship, sharing knowledge or cooking for someone
<i>Student</i>	An affordable room near location of education, help someone else	Balance between freedom to enjoy study time (partying) and availability of student rooms and need for companionship, but it is not clear how actual cohabitation will be	Availability of rooms and characteristics of senior	Companionship, minor services such as taking out trash, paying rent
<i>Media</i>	Provide information about the program	Show what the program is about based on available information and sources	Dependant on the specific approach and thus differing	Power to improve or worsen image
<i>Banks and housing associations</i>	Generate (sufficient) income	Dependent on information SOLink provides	Guaranteed continued payment of mortgage or rent	Power to give consent for cohabitation or not
<i>Municipalities, tax authorities and SVB</i>	Provide sufficient support for seniors	Employees and observers decide how much support is needed based on their experience and guidelines, but guidelines are not always clear and it is difficult to determine who is able to take care of someone	Experience and guidelines provided by the company and municipality	Amount of support provided

7.2.5 Interaction patterns and outcomes

Interaction patterns

In the SOLink case four patterns are clearly visible. The first is the focus on contact and harmonious cohabitation. Secondly, residents take care of each other, but the precise care depends on the agreements made in the contract. Thirdly, residents do not couple themselves but are in charge of undertaking/organizing activities. The last pattern is the strict division of formal and informal care, since formal care is not part of the agreement.

Outcomes compared to the goals

The main goals of SOLink are reduction of loneliness amongst seniors, provision of student housing and establishment of a social relationship between the participants. All goals are reached, and additionally the senior gets extra income from the rent of a room to a student.

7.3. Evaluation of the context

Key factors based on literature research

The interaction patterns of the previous section determine what factors are of influence in the SOLink case. The first interaction pattern identified is focus on contact and harmonious cohabitation. When you live together with someone, you feel less lonely but it is important that cohabitants have similar interests to make cohabitation work. Focus on contact is reached through living together in a house and matches are based on similar interests. Furthermore, cohabitation is based on trust because the senior takes a student into his personal home.

Secondly, the participants take (partly) care of each other. When you live together it becomes normal to do small things for each other such as doing the dishes. Furthermore, the provided services can be defined in the contract all parties sign.

This leads to the third pattern of strict division between formal and informal care. The student is not supposed to provide formal care and this is recorded in the contract. The senior has to provide his own formal care.

The last pattern is concerned with responsibilities. The participants are responsible for undertaking activities and decide this together. SOLink is only responsible for monitoring how the cohabitation goes and therefore interferes minimally in the daily life of the participants.

An overview of the variables and interaction patterns of SOLink is shown in figure 7.3. Again, many factors are the same as in the other two cases. This does not change the fact that this is a successful project and all factors except healthcare regulation have a positive influence. Since living together might influence the personal budget of the senior, this makes it an obstructive factor. Up until now, with some extra effort, it has been possible to overcome this, but it is not clear whether this remains the same. In this case especially eligibility rules provide a positive influence. Since senior and student are matched carefully, this enhances the change of success.

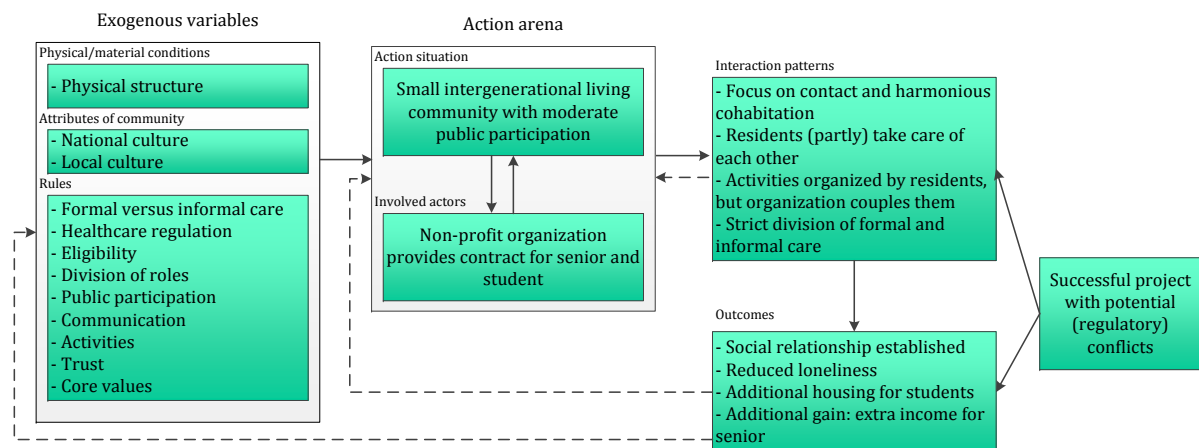
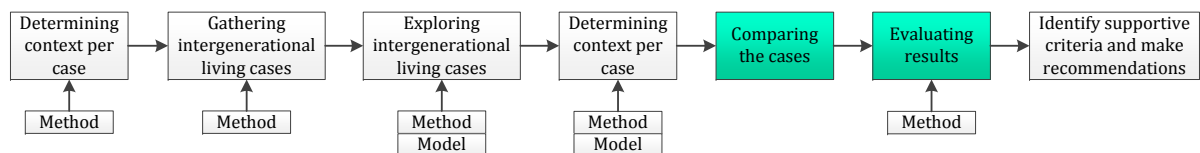


Figure 7.3: Overview of the IAD framework for SOLink

Key success factors based on the interviews

According to Brian van der Graaf from SOLink and other interviewees, the most important aspect for success is that there need to be similarities between senior and student (see also appendix D.4). Furthermore, even within the Netherlands differences in culture can be found, which is something to keep in mind.

8. Influence of the context on intergenerational living



8.1 Influential factors (comparison)

8.2 Expert meeting (validation)

8.3 General observations

(Appendix C Hand out for participants of the expert meeting)

In the previous chapters, the contexts of the cases have been examined separately. This has been done based on the four-layer framework, IAD framework and interviews with key involved actors. Factors important to these cases have been determined and can be either stimulating or obstructing the success of intergenerational living.

This chapter compares these contexts to each other and links the results to intergenerational living in general. In the first section the influential factors based on the previous analysis are presented. Section 8.2 describes the expert meeting to confirm or adapt these influential factors and to determine Dutch constraints. In the last section general observations are discussed.

8.1. Influential factors

This section focuses on determining the influential factors of intergenerational living based on a comparison of the three cases. First, the case results are compared. Then the influential factors determined per case are compared to each other, followed by a section providing the influential factors in intergenerational living.

8.1.1 Comparing the results of the three cases

In table 8.1 (next page) the results with regard to the interaction patterns, actors, evaluation and classification are shown. The first three patterns are clearly visible in all cases although their implementation is not necessarily the same. Other interaction patterns are discussed per project and are less easy to compare.

Patterns of interaction

The first pattern of interaction for all three cases is focused on contact. This is logical, since this was one of the selection criteria for determining a list of cases (see section 3.1.2). A difference exists between the two larger-scale projects, where expansion of the network is important, and the small-scale project where harmonious cohabitation is more important.

Secondly, the three cases all show a pattern of care-taking between residents. Again, this is a result of the selection criteria, but in this case based on selection of the most promising cases via the intergenerational solidarity model (see section 3.1.2). The cases differ in informal care provision although not as was expected based on the selection. When looking at the associational and functional dimensions of the intergenerational solidarity model, an indication of informal care provision is given. When looking at figure 3.2 on page 30, the scores for these

Table 8.1: Results for the three cases

	Générations	BloemRijk	SOLink
<i>Patterns of interaction</i>	<ol style="list-style-type: none"> 1. Focus on contact and expansion network 2. Residents take care of each other 3. Little organizational involvement of residents 4. Focus on communication and commitment 5. Strict division of formal and informal care 	<ol style="list-style-type: none"> 1. Focus on contact and expansion network 2. Residents partly take care of each other 3. High potential organizational involvement of residents 4. Distrust between residents and with organization 5. Underestimated self-organizing capacity 	<ol style="list-style-type: none"> 1. Focus on contact and harmonious cohabitation 2. Residents (partly) take care of each other 3. Activities organized by residents, but organization couples them 4. Strict division of formal and informal care
<i>Actors</i>	Cooperation between municipality, housing association and healthcare organization	Cooperation between association, municipality and residents (and health and welfare organizations)	Non-profit organization provides contract for senior and student
<i>Evaluation</i>	Successful project without conflicts	Less successful project with (regulatory and communication) conflicts	Successful project with potential (regulatory) conflicts
<i>Classification</i>	Established intergenerational living community with low public participation	Struggling intergenerational living community with (potentially) high public participation	Small intergenerational living community with moderate public participation

dimensions suggest BloemRijk would provide the highest and Générations the lowest informal support. After determining the institutional context, it turns out to be the opposite.

The third interaction pattern for all three projects is concerned with organizational involvement of the residents. Here, clear differences exist. For Générations, involvement of residents is limited to a bare minimum whereas in BloemRijk, the initiators tried to expand this to a maximum. SOLink has a strict division between the match-making without resident involvement and cohabitation with minimum organizational involvement.

For Générations, two additional patterns of interaction are visible. The focus on communication in this project is remarkable. The initiators know that good communication is very valuable and practice this through regular (informal) meetings. When looking at BloemRijk a lack of communication can be identified. Therefore, distrust amongst residents as well as between residents and organizations is visible. For SOLink, communication is very important at the start, but when cohabitation starts, there is much less focus on this.

Furthermore, in Générations there is a strict division of formal and informal care. Residents do not provide formal care and know what they can do for other residents. This same principle is visible in SOLink, but although originally intended to be the same, is lacking in BloemRijk.

Lastly, in BloemRijk the self-organizing capacity of residents is underestimated. This is underestimated from two sides, the residents as well as the initiators. For Générations, this is no concern since residents are not organizers. In SOLink, there is no problem with this, since the two persons together decide how they live together.

For Générations and BloemRijk, the initiators cooperate in order to make the project successful. The difference is that in BloemRijk residents are part of this cooperation whereas this is not

the case in Générations. SOLink is different in that a non-profit organization is initiator and there is no cooperation with other parties.

Comparing the results to the original goals makes it clear that both Générations and SOLink are successful in achieving them. BloemRijk, only partially achieves the goals set at the start of the project. BloemRijk has to deal with both internal (communication) and external (regulatory) conflicts, which makes it difficult to adhere to the original plan. SOLink, potentially has to deal with a regulatory conflict due to rules with regard to cohabitation and informal care.

SOLink can be classified as a small intergenerational living community with moderate participation according to interaction pattern 3. BloemRijk, because it is less successful is classified as a struggling intergenerational living community with public participation. The original idea was to hand over as much responsibility as possible to residents, but turned out to be more difficult than expected meaning that its participation could have been higher. Lastly, Générations is classified as an established intergenerational living community with low public participation.

8.1.2 Comparing the factors of the three cases

Using the interaction patterns, influential factors for each of the cases have been determined. In table 8.2 (next page) these factors are shown with the focus per project. Factors that are influential in all three cases are seen as influential factors in intergenerational living in general.

Physical and material attributes

In all three cases, the physical structure is used to enable contact in the project. For both Générations and BloemRijk it is focused at accessibility which leads to public spaces and meeting rooms that make it easier to have contact with each other. SOLink on the other hand is focused at respecting privacy, by making sure each resident has its own personal room. The common room and kitchen serve as meeting space. This suggests that the physical structure is of influence, but can both be used as enabling contact as well as ensuring privacy.

Only in one of the projects, formal care facilities are available. Since Générations is the most successful project and the only one with formal care facilities, it would be interesting to find out how large the influence of this is. However, since both BloemRijk and SOLink are projects without these facilities it is assumed not to be essential in intergenerational living projects.

The last factor in the physical and material attributes is concerned with the project execution. In BloemRijk part of the distrust is based in the fact that residents feel there are two resident groups. However, although the project was divided in two phases and the second phase dwellings were adapted to changing circumstances, the main reason for this division is that the residents of the second phase were treated different than the ones from the first phase. This suggests the main influential factor lies in the treatment or agreement of the residents, and project execution is therefore left out of the influential factors.

Community attributes

For the national culture, a comparison between French and Dutch culture should be made (see section 8.2.1). As stated before, it is relatively normal for French people to take care of their older family members and even has a legal base. In the Netherlands this legal base is missing, and people rely more on the formal care system than in France. However, Dutch people do seem to be prepared to take care of family and/or friends. Dutch residents care very much about their freedom or autonomy and prefer to live at home as long as possible, although for French seniors this trend is also visible.

Table 8.2: Factors influencing the institutional contexts of the three cases

	Générations	BloemRijk	SOlink
<i>Physical structure</i>	Accessibility and similar dwellings	Accessibility and variety of dwellings	Respecting privacy in existing dwelling
<i>Formal care facilities</i>	Enabling clear division formal and informal care	N/A	N/A
<i>Project execution</i>	N/A	Flexibility	N/A
<i>National culture</i>	Providing informal care	Freedom/autonomy	Freedom/autonomy
<i>Local culture</i>	Providing informal care	Freedom/autonomy	Freedom/autonomy and avoiding loneliness
<i>Formal versus informal care</i>	Clear separation	No clear separation	Clear separation
<i>Healthcare regulation</i>	N/A	Providing minimum care	Providing minimum care
<i>Eligibility</i>	Select the 'right' people	Variation of residents	Select the 'right' people
<i>Division of roles</i>	Clear separation	Define your own role, uncertainty	Clear separation
<i>Public participation</i>	No organizational influence	Partial resident responsibility, lack of experience	Partial organizational influence
<i>Communication</i>	Solid structure and personal approach	Unstructured and high resident responsibility	Semi-structured and personal approach
<i>Activities</i>	Contact between residents	Contact between residents and high resident responsibility	Contact and companionship based on similarities between residents
<i>Trust/distrust</i>	Personal approach	Uncertainty, lack of experience and miscommunication	Personal approach
<i>Core values</i>	Personal approach and fixation	High resident responsibility, not fixed (anymore)	Personal approach and fixation
<i>Flexibility</i>	N/A	Adaptation to changing circumstances	N/A

The local culture of Générations expands the informal care obligations by a local commitment. Although originally the local agreement intended to introduce this informal care obligation in BloemRijk, it was abandoned. This means that in BloemRijk only several residents feel obliged to provide informal care, meaning it is not part of the culture. In SOlink residents do feel obliged to take care of each other, but also avoid loneliness. Local culture is thus seen as an influential factor, with the note that national culture has a large influence on the local culture.

Rules in use

For both Générations and SOlink, clear separation of formal and informal care is important and informal care tasks are defined in an agreement. For Générations, the formal care is supported by facilities in the project. Since in BloemRijk the agreement is abandoned, there is no clarity about what care residents should (or can) provide. This means that it is less clear what care residents should provide and also leads to uncertainty about what to expect when formal care is needed. In all three projects, formal versus informal care is of influence.

Healthcare regulation is only influential in the Dutch cases, and especially long-term care. Long-term care in both the French as well as the Dutch cases is retrenched and are relatively similar. In the French case health care regulation is not an obstructive factor. In BloemRijk as well as SOlink, key actors assign the problems with healthcare to the freedom of municipalities. What is remarkable is that in the French case, the municipalities have the same freedom to allocate for example the personal budget (French APA, Dutch pgb).

Eligibility rules for Générations as well as SOlink are focused on selecting the right people. This means like-minded residents are tried to be attracted to the project. In BloemRijk on the other hand, a variety of persons is attracted because of the various dwellings available. There are no specific eligibility rules in place to make sure all residents are like-minded. This means that eligibility is added to the list of influential factors.

Another influential factor is the division of roles in the project. Just like the formal and informal care, both Générations and SOlink have a clear separation of roles in the project. Because of the aim to have residents participate as much as possible, these roles are not clearly defined in BloemRijk. Instead, they are constantly shifting and actors have to define their own role, creating uncertainty.

Closely related to the division of roles is public participation. In BloemRijk the (potential) public participation is highest whereas there is virtually no organizational influence of residents in Générations. In SOlink, residents have no say in the match-making but after that get (almost) all control. Although differently arranged in the three cases, it seems to be of influence on the success of intergenerational living.

In all three cases, communication (or a lack of) is very important. In Générations, communication is clearly structured with regular meetings and fixed roles or information exchanges. For BloemRijk this is the opposite and do residents mostly initiate contact when they feel it is necessary. In SO-link the communication can be called semi-structured since there are multiple fixed contact moments before cohabitation but during cohabitation this is not regular anymore.

Since activities involve contact between residents, it is logical that this is an influential factor. In all three projects, activities are used to create a social bond between residents. For both SOlink and BloemRijk, residents organize this by themselves but in BloemRijk this means organizational skills whereas in SOlink it is simply contact between two persons. In SOlink, activities are furthermore specifically focused on companionship.

The personal approach used in Générations as well as SOlink creates a first base of trust, which is expanded by other factors as well. On the other hand, distrust exists in BloemRijk

and is characterized by uncertainty, lack of experience and miscommunication between involved parties and within actor groups. In order to make it easy to ask for help (informal care) it is necessary to trust each other, making it an influential factor in intergenerational living.

With regard to core values, Générations and SOlink use the same approach. They use a personal approach to explain the principles of the project to applicants and record these principles in a contract. In BloemRijk these principles are not fixed anymore since the neighbourhood agreement is abandoned. Furthermore, the initiators do not present the principles to future residents anymore, leaving it up to the current residents to convey them. Since this factor was originally present in all three cases, it is an influential factor.

Lastly, as described in the physical and material attributes above, BloemRijk is the only case where the project was developed in phases. This was done based on the idea of flexibility, in order to be able to adapt to changing circumstances. As explained above, this is expected not to be of influence.

8.1.3 Influential factors in intergenerational living projects

The literature research and interviews discussed in chapters 5, 6 and 7 have provided a list of influential factors per case. In the previous sections of this chapter the factors of these cases have been compared to each other.

All projects focus on contact and provide some form of informal care for seniors, but are organized completely different. Générations furthermore, is the most successful project, whereas SOlink faces small problems but still achieves the goals set at the start. BloemRijk however, does not succeed to fulfil all goals set at the start.

The factors assumed to be influential in intergenerational living are the factors that occur in all three cases. As can be seen in table 8.2 all factors except formal care facilities, project execution, healthcare regulation and flexibility occur in each of the cases. These four factors are therefore left out. This leads to the following list of influential factors:

1. Physical structure
2. National culture
3. Local culture
4. Formal versus informal care rules
5. Eligibility
6. Division of roles
7. Public participation
8. Communication
9. Activities
10. Trust or distrust
11. Core values

The most important factors according to Pierre Henri Daure (Générations) are communication, contact between residents and formal services. For the interviewees of BloemRijk social cohesion through participation (both public as well as in activities), communication, a neighbourhood coach and physical structure are important. When taking the interview with Brian van der Graaf (SOlink) into account, the main success lies in similarities between residents and keeping differences in culture in mind.

In two of the three cases, interviews point to the importance of communication and contact. For SOlink, similarities between residents point indirectly to eligibility and communication since

these are found through the profiles set up for the residents. Lastly, in order to have contact, the physical structure should be supportive.

8.2. Expert meeting

An expert meeting is used to further explore the factors described in the previous section as well as investigate the Dutch context and potential constraints. As discussed in the expert meeting design in section 3.2, there are two parts in the expert meeting. In the first part, participants are asked to evaluate the factors whereas in the second part the Dutch context is explored based on the Générations case. Since this is a French case, section 8.2.1 first describes the similarities and differences in culture between France and the Netherlands (based on literature research). Section 8.2.2 and 8.2.3 then examine how the experts evaluate the influential factors and how intergenerational living would fit in a Dutch context.

8.2.1 The Dutch and French national cultures

Ageing and increasing health expenditure costs are a common phenomenon in Europe. The ratio between the expected number of persons over 65 and the expected number of persons between 20 and 64 gives an indication on the burden of senior care on the working-age population. In France it is expected to raise from 29% to 49% between 2010 and 2050 (see figure 8.1). In the Netherlands it is expected to double from 27.2% in 2012 to 52.5% in 2050 (OECD, 2014b).

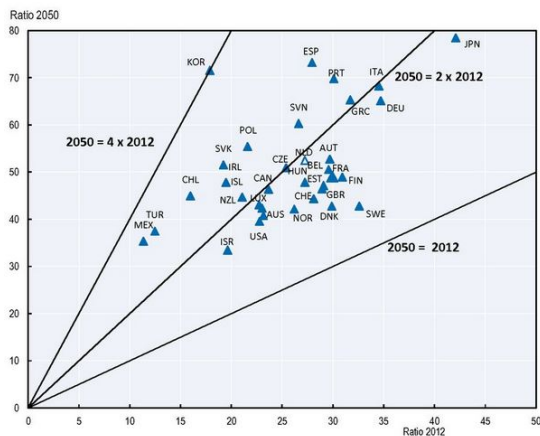


Figure 8.1: Demographic dependency ratios: population 65 years or more as a percentage of the population aged 20-64 (source: OECD (2014a))

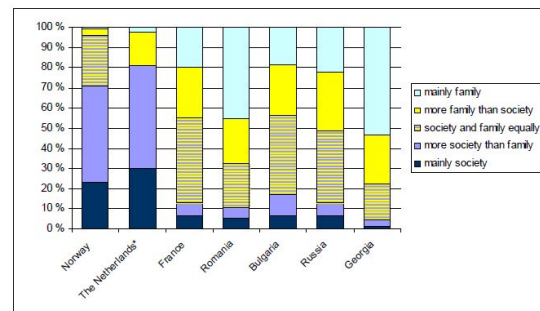


Figure 8.2: Opinion about the family-society responsibility for care of old persons at home, by country (source: Herlofson et al. (2011))

As explained in the informal institutional environments (section 5.1.4) in France it is normal to take care of seniors. Regarding filial care for seniors, it is generally stated that family ties are closer and more collectivistic in the southern Europe than in the north (Herlofson et al., 2011). This implies that it is more normal to take care of your parents in southern than in northern countries in Europe. For the Netherlands this is less normal since Dutch people are used to relying to a well formed health care system (see section 6.1.4). As can be seen in figure 8.2, Dutch people mainly believe senior care is a government responsibility whereas French people see it as a family responsibility or a combined family and society responsibility. One side-note: the middle category of equal responsibility between government and family is left out of the

Dutch questionnaire (Herlofson et al., 2011).

When looking at housing in France, over the years more people became home-owners and France has a low social rent sector although this is rising (see figure 8.3a). In 2009, 74% of retirees were independent home-owners and 90% is determined to keep living in their houses as long as possible (Brieu et al., 2013). In the category 60-85 years, 90% lives at home and for the category 85+ this 75%. Furthermore, intergenerational relations are important, although this does not mean multiple generations live under one roof reflected by low percentage (3%) of elderly living with their children (International Longevity Centre, 2012).

In the Netherlands, the stimulation of home-ownership resulted in an increased percentage of owner-occupiers (see figure 8.3b). In 2011, 99% of Dutch seniors between the age 55 and 75 live independently (De Groot et al., 2013). Between 75 and 85 this percentage is 95% and independent seniors over 85 make up 78%.

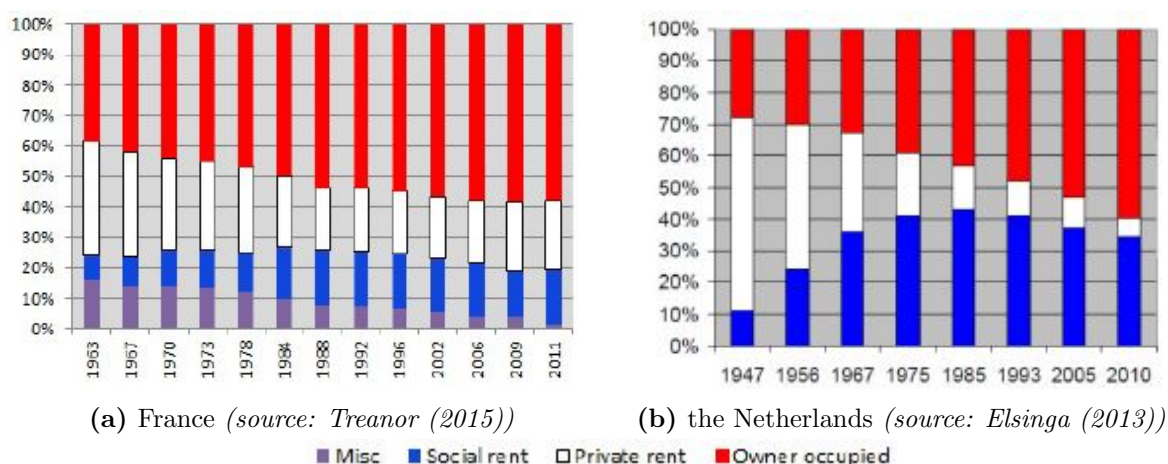


Figure 8.3: Tenure mix

Home ownership in France is promoted by state subsidies and low-interest loans (Treanor, 2015). However, government interference is declining in order to reduce the costs. A remarkable aspect about the French home-owner market is that many French people have second houses to rent out (Bouwfonds property development, 2014). Lastly, the French do not know a system for mortgage interest deduction like the Netherlands, which makes takes relief lower (see figure 8.4).

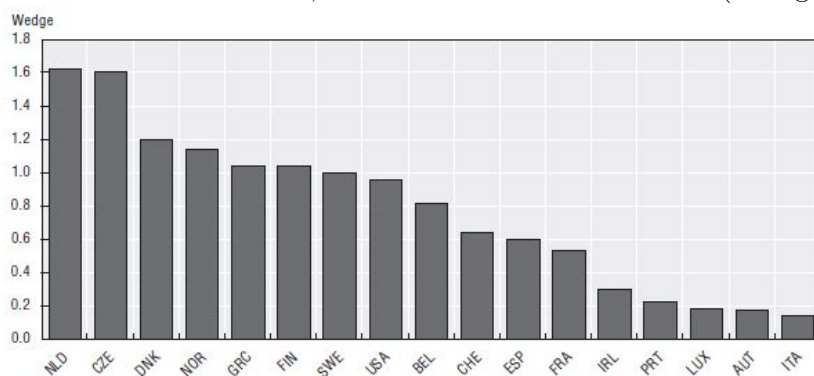


Figure 8.4: Tax relief on debt financing cost of homeownership (source: Andrews and Sánchez (2011))

Tax relief schemes in the Netherlands were put in place in order to stimulate home ownership. As can be seen in figure 8.4, this relief is highest in the Netherlands. This mortgage interest deduction (hypotheekrenteaf trek) is a deduction of mortgage interest from someone's income. This leads to a lower income tax and therefore makes it more interesting to buy a house. Since 2014 the maximum deduction rate is reduced from 52% to 38% in steps of 0.5% per year (Rijksoverheid, 2015c).

8.2.2 Evaluation by Dutch experts

Six experts were able to attend the expert meeting: Jeannette Dijkman and Marinus Dijkman (both Stijlvol Ouder), Aitlin Sandvliet (Stichting SING), Rob Vooijs (Vestia), Carlo Cornelis (gemeente Den Haag) and Yvonne Witter (Aedes-Actiz Kenniscentrum Wonen-Zorg). More information about the selection of the experts and their specific fields of expertise can be found in section 3.2.3.

In the expert meeting participants are provided with sticky memo pads listing the 11 influential factors. Participants are asked to indicate how they feel about these factors with regard to self-reliance (ageing in place), intergenerational solidarity and/or informal care in their experience. They are asked to express their opinion about whether the factor has a positive, negative or no influence on these three aspects by placing the memo pad in the according column on the wall (see figure 3.3 on 33 for the result of this exercise). In order to receive a more reliable indication of their experience, the experts were not provided any information about the three cases investigated in this research (the information provided is shown in appendix C. In table 8.3 the results of this are shown.

Table 8.3: Participant experience with regard to the influential factors

	Jeanette Dijkman	Marinus Dijkman	Aitlin Sand- vliet	Rob Vooijs	Carlo Cornelis	Yvonne Witter*
1. <i>Physical structure</i>	+	+	+	+	+	+
2. <i>National culture</i>	+	+	+	+	-	+
3. <i>Local culture</i>	+	+	+	+	-	+
4. <i>Ratio informal/ formal care</i>	+	+	+	+	+	+
5. <i>Eligibility</i>	?	?	?	?	?	?
6. <i>Role division</i>	-	+	+	+	-	+
7. <i>Public participation</i>	-	-	+	+	N/A	+
8. <i>Communication</i>	+	+	+	+	-	+
9. <i>Participation (in) activities</i>	+	+	+	+	+	+
10. <i>(Dis)Trust</i>	-	+	+	N/A	-	+
11. <i>Propagation of core values</i>	-	-	N/A	+	-	+

+ = expert indicated that the factor has a positive influence in his/her experience
- = expert indicated that the factor has a negative influence in his/her experience
N/A = expert indicated that the factor has no influence in his/her experience

* Yvonne Witter indicated all factors can be either positive or negative depending on the actual situation

In the second part of the meeting, the institutional context of Générations is used to determine the influence of the Dutch context. Only information about the (French) Générations case is

provided. The Dutch cases have not been discussed in the expert meeting in order to be able to compare the experience of the experts to the information the case analyses provide.

Based on both the first and the second part of the meeting, comments on the factors are discussed below. This discussion is based solely on the experts opinion, without the researcher's interference. Furthermore, at the time of the meeting, eligibility was not included in the influential factors. However, participants did indicate throughout the meeting that intergenerational living might not be suitable for all persons and that commitment is important. This factor will therefore be discussed in the list below.

Physical structure: The physical structure contributes positively to intergenerational living. It is not the most essential factor. Instead, social networks and opportunities to meet each other become more important. It is important to know each other, which means that the community cannot be too large.

National culture: In the list of influential factors, almost everyone seems to agree on the positive influence of national culture. However, during the meeting, many difficult aspects of the Dutch culture were discussed.

First of all, Dutch people are not used to provide input and most people only participate when they are against something that affects them. The people that have good ideas or suggestions are usually not inclined to participate and should be more involved. In relation to this, the professionals are not accustomed to public participation either and (at this moment) believe they are better organizers than citizens. Although this is changing and more people believe that it is desirable, it will take a few more years before everyone is accustomed to public participation.

A second point is addressed in the discussion about Générations. In France, the culture is a much more collective one. This means it is easier to organize collective actions without problems. In the Dutch individualistic culture, people generally fight for their own interests leading to much more complicated collective actions. However, there are cases in which collective action does work in the Netherlands and examples of this are rapidly expanding.

Finally, in the Netherlands it is not normal to have fixed core values and actually stick to them. A social contract like in the Générations project would work if it would imply a promise and real commitment. Unfortunately, in the Netherlands, after signing a contract often still discussions about the contents occur.

Local culture: For the local culture, the same principle applies as to the national culture because during the discussion the local culture was not seen as positive anymore. A social contract could work in improving the local culture, but people should really commit to it. It is not clear whether this commitment should be imposed or that it should occur slowly in cooperation with residents.

Ratio informal/formal care: In the proportion of informal and formal care two trends are visible. First of all, Dutch people are encouraged to take more care of each other because of retrenchments in institutional care.

Furthermore, the needs and wishes of seniors are changing and more seniors like to live at home as long as possible. This automatically ensures that more informal care is provided, although it remains focus mainly on family members. More and more initiatives are focused on informal care between non-family members based on the assumption that care providers feel useful and can be further encouraged by monetary incentives. These changing demands are also

visible in the desire to separate institutional care: seniors do not want to be confronted with old age constantly and formal care facilities should be separated from housing.

An additional point is that the separation between formal and informal care is slowly fading. This makes space for paid informal care and should be stimulated. The instrument for this is the PGB, which introduces market forces and thus improves overall care.

Eligibility: Although this factor was not included in the expert meeting, the experts did discuss the factor. It is important that the correct target group is attracted to the initiative. Not everyone fits in intergenerational living, and like-minded people are a better base for a successful project. This is the more important because it is not possible to dissolve a rental contract when someone does not comply to the core values. This should be taken into account and underlines the importance of commitment.

Division of roles: The division of roles was not specifically discussed. It is therefore assumed to depend on public involvement and can therefore be either positive or negative.

Public participation: Public participation is desirable but also problematic at the moment. Participation must be put into practice to understand best practices and pitfalls until both professionals and citizens are accustomed to it. Currently, citizens demand a vote but when they get it they do nothing with it and do not take responsibility. Increasing public support (*draaagvlak*) would improve this.

Communication: Communication plays a supportive role and usually seems to go well without providing specific attention. It however, does need attention to find the right way to communicate.

Participation (in) activities: Mandatory participation in activities is possible as long as this is made clear before someone starts living in the project. It is possible to capture this in a social contract, and commitment to this contract becomes important as well in that case. In contrast with the rental contract, it is possible to exclude someone from participating in activities or making use of public areas.

Trust: Trust consists of two separate aspects: general trust in each other and trust that you get what you need. Mutual trust, including self-organization, can be included in local culture and can be seen as confidence in abilities. Trust that you get what you need is covered by commitment (do what you agree), is essential and should be a separate factor.

(Propagation of) core values: What is striking in the French case is the projection of core values. Residents point out the values to each other, but also determine its implementation. This can be seen as commitment to core values. In the Netherlands we normally do not do this because it is not in our culture; here regulations are used to ensure commitment (e.g. house rules for participation areas).

It is not clear whether the values should be imposed or not, but it is obvious that something has to be done with core values in terms of organization, initiation and cooperation between various involved parties. It is also important to propagate the core values as early as the initial interviews with future members in order to find the right people and help them understand the local culture. This should be done by a committee that at least includes someone from a

housing association and residents. One option could be to have departing residents introduce new potential residents. However, at the moment often this does not work out since it is more important to avoid vacancy than to find the right person.

The participants indicated three missing factors: well-being, safety and affordability. Affordability could be used as an additional evaluative aspect to determine the success of an intergenerational living project but has been left out of this research in order to have a manageable project. Well-being and safety, although also important, are assumed to be results of the different factors instead of being part of the institutional context.

Lastly, ethnicity might be a common factor that contributes to successful projects, but the participants did not agree on that. On the one hand, certain existing social norms in a culture seem to fit intergenerational living better, but on the other hand, experience shows that there are many problems with immigrant communities. This factor is therefore left out.

8.2.3 Influential factors in a Dutch context

Based on the previous section, an overview of confirmed, non-confirmed and adapted factors can be made. In table 8.4 (next page), the first two columns represent the factors and their validation (or not). The other three columns provide information about the experienced influence and what the desired influence of the experts is for the factors.

The experts agreed with each of the factors except communication. Furthermore, when looking at the experienced influence, the national and local culture, commitment, public participation and propagation of core values can be seen as constraints in the Dutch context. The role division is dependent on public participation, which means this factor can also be seen as a constraint. This means more than half of the factors are seen as obstructive in the Netherlands by the experts.

Throughout the expert meeting, the Dutch culture was identified as obstructive. Each of the participants could point to a situation where the culture had a negative influence on the project. Moreover, one of the remarkable aspects in the French case (according to the experts) is the supportive value of culture.

In this French case a second factor was deemed remarkable: the propagation of core values. Residents not only agree about the core values, but also actually address each other to them. This can be seen as commitment to core values, which according to the expert is difficult in the Dutch culture.

With regard to the expert meeting, one additional insight can be provided. The discussions started with one factor, but soon other factors were used. The propagation of core values as described above clearly show how the different factors are intertwined: propagation of core values can be seen as commitment, which in turn is part of culture. Throughout the expert meeting this ‘mixing up’ of factors occurred. This shows the complexity of intergenerational living and its influential factors.

Table 8.4: Overview of Dutch and desired influential factors according to experts in the expert meeting

	Valid?	Dutch (experienced) influence	Desired influence
1. <i>Physical structure</i>	✓	+ (Varies per project)	Small-scale Focus on contact
2. <i>National culture</i>	✓	- Little citizen involvement Professional knows best Individualism Little commitment	More involvement and commitment Letting go and involve citizens
3. <i>Local culture</i>	✓	- Often lack of trust in professionals and in citizens Lack of commitment by residents	Social contract (creates commitment) Like-minded residents Trust in abilities
4. <i>Ratio informal/formal care</i>	✓	+ Cuts in formal care Desire to live independently Intrinsic motivation for providing care (Monetary) compensation for extra stimulation	X
5. <i>Eligibility</i>	✓	+ (Varies per project)	Selecting the 'right' persons
6. <i>Role division</i>	✓	+/- Dependent on public participation	
7. <i>Public participation</i>	✓	- Desirable but difficult Lack of public support	Experienced professionals and citizens Public support
8. <i>Communication</i>	✗	+ Supportive Automatically	X
9. <i>Participation in activities</i>	✓	+ (Varies per project)	Clear upfront Commitment
10. <i>Commitment (instead of trust)</i>	✓	- After signing agreement still discussion about implementation	Honour existing commitments
11. <i>Propagation of core values</i>	✓	- No/little commitment to core values	Discussion of values in intake interviews Social contract

+ = factor has a positive influence in a common Dutch situation
 - = factor has a negative influence in a common Dutch situation
 +/- = it is not clear whether the factor has a positive or negative influence in a common Dutch situation

8.3. General observations

In this chapter the influential factors of intergenerational living have been examined. The contexts of the separate cases have been compared to each other in order to find common factors. Factors that occurred in all three cases are assumed to be of influence and have been presented to experts in order to validate and adapt them. In the previous section, the results of the expert meeting have been discussed. General observations can be made about three comparisons: the cases, the Dutch versus the French culture and the

Discrepancies between the literature research, interviews and expert meeting

When comparing the healthcare regulation statements between the interviews and the expert meeting a first discrepancy can be observed. Healthcare regulation is only influential in the two Dutch cases (BloemRijk and SOlink). In the Dutch cases the proportion of informal/formal care and especially the Dutch legislation is perceived as problematic in the interviews, whereas

this is not the case in the meeting.

Secondly, in the interviews the reason given for this is the freedom of the municipalities. However when taking literature research into account, in France the municipality has the same freedom to assign for example APA as Dutch municipalities have in assigning pgb. This means the systems seem to be similar but only a problem in the Netherlands. Instead of the freedom, a more plausible reason would be the many changes in Dutch legislation, creating uncertainty. This uncertainty and lack of experience becomes most clear in BloemRijk.

A third observation, when relating the most important factors based on the interviews to the most important factors of the expert meeting, a gap exists. Based on the interviews communication, contact and physical appearance form the base for intergenerational living. In the expert meeting the contact and physical appearance is underlined. Communication although seen as important is only a supportive factor instead of the base for intergenerational living. Furthermore, based on the analysis of the three cases Générations and SOlink for the most part are successful because of the clear communication whereas BloemRijk is not as successful due to a lack of communication. This therefore suggests that communication is a Dutch constraint.

Lastly, it is remarkable that culture originally was not seen as a problem in the expert meeting, but became more and more an obstacle to successful intergenerational living in the Netherlands during the meeting. In the interviews with representatives of the cases, the influence of culture is also recognized but not seen as a negative influence. Again, a discrepancy between the expert meeting and the interviews can be observed.

Observations about most important influential aspects

Upon closer inspection of the experienced and desired influence of the factors (see table 8.4), all factors lead back to at least one of the three factors culture, commitment and communication. The physical structure for example should be focused on contact (= communication). Logically, communication is also part of the communication factor.

National and local culture are clearly focused on culture, but are also closely connected to commitment as can be seen in the experienced lack of commitment in the Dutch experienced influence. The ratio informal and formal care also falls in the culture category since the experienced influence is partly dependent on a motivation to provide care.

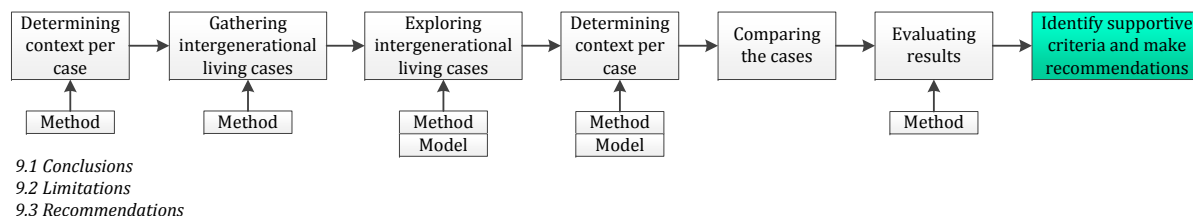
The desired influence of participation in activities can be achieved by commitment. Eligibility is also achieved (indirectly) by commitment since selecting the 'right' people means selecting residents that commit to the project. Role division and public participation at the moment lack public support, which in other words lack commitment. This however, is also culturally determined.

Lastly, propagation of core values can be transferred to all three factors. The Dutch experienced influence is that there is a lack of commitment, whereas the desired influence is provided via a discussion and contract which are means of communication. Furthermore, as described in the previous section, it is not in our culture to commit to core values. Instead, regulation is used to create commitment.

Part III

Conclusions

9. Conclusions and recommendations



In the Netherlands the ageing population and rising health care costs have led to a transition from a welfare state towards a participation society where citizens need to take more care of themselves and each other. In this participation society ageing in place and active ageing are part of national policy. Intergenerational living is seen as a concept that combines ageing in place and taking care of each other, thereby offering opportunities for the participation society.

In order to determine the opportunities intergenerational living offers, the aim of this research is to understand how the institutional and physical contexts influence intergenerational living. First, in section 9.1 the concept of intergenerational living is explained more in detail to understand its theoretical roots. Then, by means of a multiple case study analysis that combines literature research, interviews and an expert meeting factors of influence in intergenerational living are determined. Finally, theory and empirical grounds are compared to each other and the main question of this research will be answered.

9.1. Intergenerational living: theoretical grounding

Intergenerational living is a form of *intentional community* with the specific aim of making *ageing in place* and *active ageing* for seniors possible by providing opportunities for increasing *intergenerational solidarity*. The scale of this community can range from two generations living in one house to a complete neighbourhood with households from multiple generations.

This definition starts with the concept of intentional communities, which is a group of unrelated people living together for a certain purpose (Jarvis, 2011). There are many sorts of intentional communities but all forms combine the advantage of private dwellings with a certain degree of shared facilities or common space (Bamford, 2005). These kind of communities furthermore encourage social interaction and interdependence between residents (Jarvis, 2011).

The second concept is ageing in place which can be defined as ‘older people will remain in the community, either in their family homes, in homes to which they have moved in mid or later life, or in supported accommodation of some type, rather than moving into residential care’ (Davey et al., 2004, p. 20). Ageing in place decreases the burden on the health care system (Sixsmith and Sixsmith, 2008), improves the quality of life of seniors (Wiles et al., 2012) and fulfils the wish of seniors to stay independent (Sixsmith and Sixsmith, 2008). For ageing in place five conditions are important: the availability of informal care, a sufficient social network, adequate surroundings, senior housing and general health.

Active ageing, the third concept, is focused at (further) improving the quality of life of seniors through optimizing of opportunities in the three pillars health, participation and security (WHO, 2002). In the active ageing framework of the World Health Organization, seven principles are embedded (Walker, 2002). First of all, participation means all kinds of participation ranging from labour to social, economic, cultural, spiritual and civic affairs. It should

furthermore be focused at all older people, even when they are frail or disabled. Thirdly, it is a preventive concept meaning that all life stages should be targeted. A fourth principle is that intergenerational solidarity should be maintained and expanded, implying equal opportunities for all generations and contact between them. Fifthly, active ageing does not only mean the right to age actively, but also the obligation to take advantage of this. Sixth, citizens should be given room to take action themselves (public participation) and finally, national and cultural diversity between countries should be respected.

The fourth concept, intergenerational solidarity can be seen as a person doing something beneficial for someone from another generation (Kalmijn, 2005). This can be functional/practical, financial or social support. Taking care of someone is driven by love, seen as logical behaviour or is given out of a sense of duty (De Boer and De Klerk, 2013). Although increasing intergenerational solidarity improves the willingness of persons to take care of each other (Isengard and Szydlik, 2012), providing this informal care is only possible when no specific knowledge or skill is required of the caretaker (Doekhie et al., 2014). Additionally the seniors that receive this informal care should feel safe to ask for and receive this care. This depends on the person that provides the help as well as the nature of the help needed (Linders, 2010).

In conclusion, a successful intergenerational living project should be focused at ageing in place and active ageing. Intergenerational solidarity supports ageing in place and active ageing and therefore will improve the success of intergenerational living.

9.2. Intergenerational living: empirical grounding

Based on the definition described in the previous section, 29 interesting cases of intergenerational living are selected. These cases are divided in three target groups: families, no particular target group and students. The intergenerational solidarity model of Bengtson and Roberts (1991) is used to determine a solidarity score for each of these cases. Based on this intergenerational solidarity score, the most promising case for each target group is determined: Générations (French case), BloemRijk and SOlink (two Dutch cases). These three case are investigated more in detail in order to determine influential factors.

9.2.1 Influential factors based on institutional analysis

In order to understand how intergenerational living cases work and what factors are of influence the institutional and physical contexts are examined. This is done by means of the four-layer model of Koppenjan and Groenewegen (2005) and the institutional analysis and development framework of Polski and Ostrom (1999). Information for the contexts of the three cases is gathered through literature research and interviews with key involved actors. For each of the cases a list of influential factors is determined and compared to each other. Factors that are influential in all three cases are deemed influential in intergenerational living in general. This leads to the following 11 influential factors: physical structure, national culture, local culture, formal versus informal care rules, eligibility, division of roles, public participation, communication, activities, trust or distrust and core values.

The physical structure is used to enable contact in the project and determines the boundaries between public and private space. The national and local culture are comprised of values that influence the residents of the project, whereas the formal and informal care rules determine the boundaries between formal and informal care. Eligibility rules are used to select residents and

the division of roles determines what residents organize and what formal organizations such as the municipality and housing corporation organize. Closely related is the public participation, which implies the amount of influence residents have on management decisions in the project. Communication refers not only to tools such as a contract but also includes rules about when and how to meet, meaning it encompasses the whole process of collaboration. Activities are the activities held in the project as well as whether residents are obligated to attend or not. Trust or distrust occurs between residents and/or between the managing parties and residents. Lastly, core values imply the propagation of core values as intended. This means the translation of values on paper to the actual values of the community.

9.2.2 Influential factors viewed by key involved actors of the three cases

Although all factors influence the three cases, not all of them are equally important. Based on interviews with key involved actors of the three cases, a first indication of the most important factors is obtained.

Communication is very important according to all interviewees and can be seen as the cornerstone of a successful intergenerational living project. Secondly, a physical context that supports contact is essential as well according to all interviewees.

Besides these two factors, several other factors are mentioned by the different interviewees. Even though formal care facilities are not mentioned in the Dutch cases the availability of formal care is designated as a third important factor in *Générations*. For *BloemRijk* participation (in both management and activities) is important. In the *SOLink* interviews, similarities between participants (eligibility rules) are important in the success. In both Dutch cases culture furthermore is seen as an important influential factor, but this not necessarily has a negative influence. Lastly, only visible in the Dutch cases, the healthcare regulation is seen as an important obstructive factor in the Netherlands.

9.2.3 Influential factors viewed by Dutch experts

In an expert meeting experts provide insight in the factors from the viewpoint of the municipality, housing association, healthcare organization, knowledge center or senior interest group. This meeting is used for broadening the insight in the influence of the factors and determining potential Dutch constraints.

The participants in the expert meeting underlined the influence of all factors except for communication. Communication according to the experts is important but plays a supportive role and usually does not deserve specific attention. Trust or distrust is adapted to commitment to form a better factor.

More than half of the factors are obstructive in the Netherlands according to the experts. The national and local culture can be characterized by a lack of commitment and are therefore obstructing factors. The aim is to create commitment through involvement of citizens and a social contract.

Commitment replaces trust or distrust and is one of the more problematic factors in intergenerational living. Dutch people tend to keep discussing agreements even when they have signed a contract. Intergenerational living would work better when residents are committed and do not put every aspect up for discussion.

The role division depends on the public participation, which is seen as having a negative

influence in the Netherlands. Although public participation is desirable it is difficult because of a lack of experience and public support. A lack of experience is culturally defined whereas public support is created by commitment.

Lastly, propagation of core values is also obstructive since there is no commitment to the values of a project. The core values should be discussed when introducing the potential participants to the project and could be enforced by a social contract (communication). Here it is essential to have commitment and a local culture that allows residents to respect the core values.

9.2.4 Main conclusions empirical research

Drawing conclusions about the influential factors is extremely complex because there are many lines of reasoning. They can be compared based on French and Dutch institutions, by comparing the physical aspects of the three cases, by comparing the viewpoints of the interviewees and by comparing the interviews with the expert meeting. All four lines of reasoning provide explanations about the factors involved in intergenerational living but are often contradicting. Three main discrepancies can be identified.

First, in the interviews communication is seen as one of the cornerstones of intergenerational living, whereas the expert meeting does not confirm the importance of this factor. This suggests an underestimation of this factor and communication is therefore seen as an important obstructive factor in the Netherlands.

Secondly, in the expert meeting the current healthcare regulation is seen as supportive whereas this is one of the main obstructing factors according to the Dutch interviewees. The interviewees blame the freedom of the Dutch municipalities for the problems caused by the healthcare regulation. However, literature research shows that French municipalities have similar freedom in long-term care provision and experience no difficulties. A possible explanation for this discrepancy is that the Dutch legislation has recently been changed, leading to uncertainty and a lack of experience. This means that the healthcare regulation itself is not the problem.

When looking at the main obstructing factors according to the expert meeting and comparing them to the results of the interviews a third discrepancy is found. In the expert meeting culture is seen as one of the most obstructing factors whereas the literature research and interviewees do recognize the importance but do not agree that it is obstructive in intergenerational living. Because the experts in the expert meeting provided multiple examples of an obstructive cultural context, this factor is seen as an obstructive factor in the Netherlands.

Based on the empirical research and investigation of the three discrepancies all 11 factors are deemed influential in intergenerational living. As stated before, it is very difficult to determine their exact influence on intergenerational living. However what becomes clear is that these 11 factors can be incorporated in three umbrella factors.

The physical structure is used to enable contact between residents, which implies it is part of the communication factor. Participation in activities and eligibility are part of commitment since eligibility rules are used to select participants that commit to the project and participate in activities. The ratio formal and informal care is mostly based on culture. Public participation (management) also falls in the category commitment since this lacks public support at the moment. Role division is dependent on public participation and can therefore be indicated by commitment as well. Both factors however are also culturally defined, meaning they fall in the cultural category as well. Lastly, propagation of core values falls in all three categories.

This means that based on the empirical research, the most important influential factors in

intergenerational living are culture, commitment and communication. Currently each of these factors is obstructive in the Dutch context.

9.3. Intergenerational living: analytical grounding

As stated in the theoretical section intergenerational living aims to make ageing in place and active ageing possible. Theory has provided guidelines and/or conditions to achieve this. The empirical research of the cases has provided substantive information and is juxtaposed to the theory in this section.

9.3.1 Ageing in place

The first condition to be able to age in place is the availability of informal care. Selection of the most promising cases is based on the highest intergenerational solidarity score. Since intergenerational solidarity is assumed to improve the willingness to take care of someone, the provision of informal care is expected to be high in each case. However, in one of the cases (BloemRijk) informal care exists only partially. This does not mean informal care is not essential but it does suggest that the availability of informal care is not sufficient in itself. Focusing solely at improving the willingness to take care of each other will therefore not necessarily make an intergenerational living project a success.

The second condition, a sufficient social network, can be seen as part of the factor physical structure since the size of the project determines the expansion of the social network. In fact, three of the five conditions for ageing in place are related to the physical context (the other two being adequate surroundings and senior dwelling). This shows how important the physical context is in intergenerational living.

A sufficient social network implies that the larger a project, the larger the network, which makes it easier to age in place. However, when looking at SOLink it becomes clear that this is not necessarily the case. In this project the senior is able to live independently longer, but the social network is only expanded by one person. Therefore, a sufficient social network does not refer to the amount of persons. Instead it means getting sufficient help from one or more persons.

Adequate surroundings, the third condition, just like sufficient social network seem to refer to an amount: in this case the amount of facilities in the neighbourhood. Although this research does underline the importance of amenities, which make it easier to age in place, the Générations case provides evidence that it is less important than suggested. In Générations, amenities such as a supermarket are not available within the project boundaries. Instead, residents of the city help the seniors by either bringing them to the supermarket or getting groceries for them. This means that even in neighbourhoods that lack sufficient amenities, ageing in place is possible. Intergenerational living therefore offers an opportunity to overcome difficulties in existing inadequate surroundings.

In this research the senior housing (condition number four) has not been examined, which means there is no ground for conclusions about this condition. The last condition general health was included in the assumptions about influential factors based on literature, but appeared not to be of influence in any of the cases. Based on this research it is not possible to determine whether intergenerational living has a positive influence on the health of seniors that age in place. However, in the Générations case formal care facilities for seniors with a physical and/or mental disability are included. In this project contact with other generations has had a positive

influence on their health, which suggests that for disabled seniors intergenerational living has a positive influence.

Moreover, seniors in Générations do not have to leave their friends in the neighbourhood when they need extended care. Since their social network remains intact they are less lonely and remain healthier. Therefore, despite the expert meeting in which a plea for separation of formal and informal care was held, formal care facilities strengthen intergenerational living.

As stated above the conditions sufficient social network, adequate surroundings and senior dwellings are related to the factor physical structure. The other two conditions (informal care and general health) can be represented by the factor ratio informal versus formal care. This means that the conditions of ageing in place are incorporated in the intergenerational living concept. Furthermore, because three of the five conditions focus on the physical context, the importance of this context is underlined.

9.3.2 Active ageing

As stated before, in the active ageing framework seven principles are embedded. These principles are visible in one or more cases. Because everyone can participate and has something to contribute in intergenerational living, both young and old, the two principles of *participation* and *all life stages* are addressed and stimulated. Participation is reflected by participation in activities whereas the focus on all life stages is achieved by eligibility rules.

Furthermore, as the Générations case underlines, it is possible to include *all kinds of older people* even when they have mental and/or physical disabilities. This principle is also achieved through eligibility.

The fourth principle, *improving intergenerational solidarity* is addressed by the contact between generations (factors communication and participation in activities). The *obligation to actively participate* is represented by commitment and propagation of core values and can be incorporated in a social contract. This obligation however does not occur in all three cases.

Public participation (represented by role division and public participation) is visible only in BloemRijk and is identified as obstructive. This means public participation makes intergenerational living (in the Netherlands) more difficult. Public participation therefore deserves extra attention in Dutch intergenerational living projects.

The last principle, *respecting culture*, is visible in the differences between the cases in the Netherlands and France. This principle is represented by the factor national culture where it becomes clear that in France the culture is more supportive than in the Netherlands.

In conclusion, intergenerational living seems to be able to respect the principles of active ageing according to the World Health Organization. Moreover, in combination with ageing in place, all influential factors in intergenerational living can be traced back to the conditions and principles of ageing in place and active ageing. This means in theory intergenerational living is a successful concept in a participation society.

9.3.3 Developing successful intergenerational living projects

Based on the different analyses described above, it is now time to address the main question of this research: *How can the institutional and physical context be supportive in the development of intergenerational living projects in the Netherlands?* This main question focuses at two con-

textual components: the institutional context and the physical context. The physical context is intertwined with the institutional context. In order to develop a successful intergenerational living project, both contexts should be targeted.

The physical context is supportive in intergenerational living when it stimulates contact and communication. This research has shown that BloemRijk is less successful than Générations and that the physical structure of the two cases is different: BloemRijk is a larger project than Générations. Contact between generations only occurs when they have opportunities for contact, live in close proximity to others and have appropriate space for interaction (Williams, 2005). Since a larger project creates more distance between generations the difference in success between Générations and BloemRijk might be explained by the difference in scale. However, their institutional contexts also differ which makes it difficult to determine whether scale is this influential based on these two cases. This research does underline the importance of contact in the neighbourhood and the influence of the physical context on contact.

Stimulating contact and communication in a project thus supports intergenerational living. This means the physical design should focus at providing opportunities for contact in order for residents to know each other. Contact between each other is made easier by installing for example intercoms, creating meeting spaces and structuring the project in such a way that residents run into their neighbours easily. Furthermore, the project should be inviting: not only all residents should be able to participate in activities, but also everyone else who would like to participate. Each of these attention points can be implemented in existing neighbourhoods, which means intergenerational living can be used in restructuring projects as well as new developments.

In the institutional context of intergenerational living the three factors culture, commitment and communication are most important. Although the main question is focused at supportive factors, all three factors turn out to be obstructive. The challenge of intergenerational living therefore is to address these obstructive factors.

The most obstructive factor in the Netherlands is culture. Dutch citizens are used to an extensive healthcare system and expect government to take care of seniors. In the participation society this has to change. On the one hand this means Dutch citizens need to participate more than they are accustomed to. On the other hand, government is not yet used to this citizen interference. This leads to an uncertain situation. Changes in culture take a long time.

This does not mean that aspects of the current culture cannot be used. One of the current culturally defined institutions is the way Dutch people create commitment. In the French case this is created by sharing core values but in the Dutch cases this is done via regulation. This suggests that commitment in the Netherlands can be enforced by clear and stable health and housing regulation. Furthermore, commitment on a more local scale can be created by a (form of) social contract in which eligibility, propagation of core values, division of roles, public participation and participation in activities is incorporated. This social contract takes into account the Dutch culture of needing regulation, but is also a communication tool.

This third factor, communication (also visible in the physical context), is not structurally addressed in the Netherlands. In order to make this factor supportive in intergenerational living, communication can be addressed in a more structural way via regular contact, meetings and moreover registration of this communication. This implies again regulation, which can be incorporated in the social contract.

Both theory and practice show that the intergenerational living concept fits well in a participa-

tion society. A successful intergenerational living project provides a physical and institutional context in which ageing in place and active ageing is enlarged. In the Dutch practice, culture, commitment and communication pose a threat to the success of the project. However, when these three factors are addressed in a sufficient manner, the project can even exist in a difficult institutional context.

Only one question remains (as stated at the start of this research): was Humphrey right in that the two care systems – formal and informal – should exist next to each other? Not all individuals desire the same amount of involvement in informal care, just like not all regulations provide tailor-made care. Healthcare regulation is something municipalities and housing associations cannot change, but current legislation is not always clear and can hamper informal care. So yes, the impersonal hand of government can never replace the helping hand of the neighbour, but it is the neighbour who decides how much care he actually is willing to give (and receive) and not the government. However, commitment to informal care can be stimulated by good communication, which in turn can be recorded in a social contract (regulation). This means that the two systems cannot exist without each other.

9.4. Limitations

This research has been set up to provide scientifically justified conclusions. This has been done by using a case study research design using three cases (Générations, BloemRijk and SOlink), multiple sources (literature, interviews and expert meeting) and three theoretical models (intergenerational solidarity model, four-layer model and institutional analysis and development framework). Each of the choices has been explained carefully. However, it is not possible to avoid all limitations. This section discusses the limitations of this research.

Limitations of using the solidarity model in this research

The solidarity model has been used to select the most promising cases. When looking at the use of the intergenerational solidarity model, three aspects stand out. First of all, it should be mentioned that the solidarity model is meant for familial bonds. Kalmijn (2005) expects that solidarity between generations outside the family spheres occurs similarly. ‘One idea is that social norms of solidarity toward parents may be generalized to elderly persons in society at large’ (Kalmijn, 2005, p. 2), but it is not clear yet whether this is true.

Furthermore, the two dimensions affectual and normative solidarity are too difficult to operationalize and are left out in the analysis for determining the most promising projects. Including these dimensions could lead to a different score for the projects.

Lastly, in order to determine the most promising projects the scores for the separate dimensions are summed up. Previous research using accumulation of the scores on the dimensions to determine how well a project works has not been found. Because Générations is the most successful project – even though among the three most promising cases this is the one with the lowest intergenerational solidarity score – this might not be the best way to select cases.

Limitations with regard to data collection

Conclusions in this research are based on information obtained via literature research as well as interviews and an expert meeting. Through the literature research assumptions about intergenerational living have been made but influential factors might have easily been overlooked.

Based on the definition of intergenerational living, several cases have been found, but again projects might have been overlooked. By interviewing involved actors, a more comprehensive

insight of the most promising projects was tried to obtain. However, not all involved actors have been reached, meaning not all viewpoints are clearly presented. Besides, it was not possible to use the Ensemble 2 générations case. This means that deviation from the highest scoring projects was necessary.

Furthermore, an expert meeting was held to validate the identified factors. Due to time constraints it was not possible to have more expert meetings. Additional meetings would have led to a larger validation base.

Limitations with regard to the cases

The physical and institutional context of intergenerational living has been determined based on three cases. Although the cases have been selected based on their similar high solidarity scores they cannot be seen as completely similar cases. Two of the cases are situated in a Dutch context whereas one case is a French project. This means different institutional contexts exist for the three cases, making it more difficult to compare them. On the one hand this provides additional information but on the other hand it makes it difficult to determine how the French case would fit in a Dutch context.

9.5. Recommendations

In this research, several starting points for intergenerational living projects have been determined. Recommendations for intergenerational living projects as well as for future research projects can be provided. This section discusses these recommendations.

9.5.1 Recommendations for intergenerational living projects

This research has shown that intergenerational living fits in a participation society. It does provide opportunities for ageing in place and active ageing. The first and most important recommendation for both housing corporations and municipalities therefore is to develop intergenerational living projects. Besides providing opportunities for seniors it addresses an associated problem in the Netherlands: age segregation.

Young and old people are separated more and more (Penninx, 2003) and this so-called age segregation is extremely high compared to other European countries (Abrams et al., 2011). Reasons for this lie in institutional, spatial and cultural trends (Hagestad and Uhlenberg, 2005). Institutional age segregation excludes generations from certain activities. Spatial segregation leads to fewer encounters between generations. Cultural segregation stimulates forming distinct ‘young’ versus ‘old’ groups. Intergenerational living addresses these trends. Intergenerational living brings together generations in a project, provides activities that span across generations and create a community of ‘us’ instead of different age groups.

With regard to developing a successful intergenerational project, starting points for addressing both the physical and institutional context (culture, commitment and communication) have been provided in the conclusions in section 9.3.3. These starting points provide information about the intergenerational living project itself, but do not include recommendations concerning the target group.

In the participation society, citizens not only have to provide more care, seniors have to accept more care as well. However, not all seniors are willing to accept the same care. Doekhie et al. (2014) developed four senior profiles that show what care seniors prefer. The care-desiring

senior and pro-active senior have a large social network and favour informal care, which means they fit perfectly in a participation society. The cautious senior relies more on formal care, but still accepts informal care. The powerless senior lastly clearly prefers formal care. The powerless seniors has few financial means and a small or non-existent social network. Because of retrenchments in the healthcare system these seniors are the seniors that will get in trouble in the participation society.

Intergeneration living makes it easier to age in place, but does not specifically focus on including the powerless senior while this senior would benefit most. The other target groups (students and families) of intergenerational living are more easy to include than this powerless senior. With regard to the seniors therefore an additional recommendation can be formulated: actively reach out to the powerless senior and change how they feel about informal care. This requires providing information (communication) to be able to change the culturally defined formal care preference.

9.5.2 Recommendations for future research

This case study has shown what factors are influential in intergenerational living. However, this research has also identified several uncertainties. One of the conclusions with regard to the institutional context is to develop a social contract. Based on this research it is not possible to provide conclusions about how to set up such a social contract. The French Générations project suggests an imposed obligatory contract would be best, but this does not seem to fit in the Dutch culture. The first recommendation for future research therefore is to investigate how to give the social contract form in the Netherlands.

Secondly, this research underlined the importance of the physical context and provided general focus points. With regard to scale, Spierings (2014) points to an optimum between social control and anonymity in communities. The structural dimension of the intergenerational solidarity model also indicates an optimum. Moreover, comparing Générations to BloemRijk provides an indication of the importance of scale as well. However, it is not possible to provide an incontestable conclusion about the optimum scale based on three cases. Furthermore, the successful Générations case included formal care facilities which might indicate that this is essential. However, the expert meeting indicated that this should not be included. Therefore more research should be conducted in the influence of the aspects of the physical context of intergenerational living.

Lastly, in this research seniors are assumed to prefer living independently as long as possible and willing to live in intergenerational living projects. As described above, the powerless senior probably is not (yet) interested in living in these kind of projects. Housing preference research in which intergenerational living is included²³ should be conducted in order to determine what seniors prefer. In this research the powerless senior can be investigated and ways to reach this senior should be determined.

²³ Stijlvol Ouder has been doing research into housing preferences of seniors and has included the Générations project in their research.

10. Reflection

In this chapter a reflection of this research is provided. In the first section the purpose of the project is reflected upon, followed by a reflection of the research approach. In the last section the project process as a person is described.

10.1. Reflection on project purpose

The scientific purpose of this research was to explore institutional opportunities and difficulties of intergenerational living in order to fill (part) of the knowledge gap of this concept. This has been done in two main ways.

First of all, a definition of intergenerational living has been provided in order to indicate the boundaries under which the concept takes place. In order to do so, several concepts related to intergenerational living have been described. This implies a deeper understanding of aspects related to ageing. Moreover, this theoretical part has proven that intergenerational living fits well in a participation society and therefore is a fruitful concept.

Secondly, the IAD framework as well as the four-layer model have been used to identify the institutional and physical context. Both models have been used extensively in order to examine institutions in social situations, but in this research they were applied to gather new knowledge. By combining these frameworks with a multiple-case study, valuable insights are gained. The cases in this study have proven that in practice intergenerational living is also a fruitful concept but that in the Netherlands difficulties in the current institutional context have to be overcome. This research therefore has provided starting points for a successful Dutch intergenerational living project.

In addition to the scientific contributions described above, a third scientific contribution can be identified. As described above, the intergenerational solidarity model used is originally meant to examine familial bonds and is used for non-familial bonds in this research. The solidarity scores furthermore determined how successful intergenerational living projects were expected to be. To my knowledge, the solidarity model has not been used for this purpose before. Upon deeper examination, all three projects turned out to be (potentially) successful and therefore serve as an indication that the solidarity model can be used this way.

With regard to the societal relevance of this research, the following can be stated. This research has shown that intergenerational living offers opportunities in a participation society where ageing in place and active ageing are important. Organizations aiming to expand their housing stock for seniors are offered an additional option.

Although more research needs to be done into intergenerational living, the concept still holds up and therefore fits in a participation society. Especially the Générations case can serve as a model for implementation of Dutch Générations projects. Furthermore, although this is a newly developed project, intergenerational living can also be implemented in the existing housing stock as long as there are opportunities to meet each other.

10.2. Reflection on research approach

In this thesis a case study approach has been used to answer the main question. First a literature study was conducted in order to get a better understanding of all involved concepts in intergenerational living. Since ageing and long-term care is such a current issue an overwhelming amount of resources was found. Endless information about ageing in place, informal care, intergenerational relationships and housing options is available, and many researchers define the concepts slightly different. Furthermore, existing housing options did not specifically fit the idea of intergenerational living, which meant introducing a new term that could be used to identify interesting cases.

The interesting cases have been graded with solidarity scores. Two of the solidarity dimensions have been left out because it was too difficult to determine proper dimensions. This is still considered a good decision even though they are of influence on relations. What is interesting to see is that the two dimensions consist of trust and commitment, which are two terms used in the influential factors. Commitment is even seen as essential.

Based on the solidarity scores, interesting cases were selected. For this selection at least each target group should be represented, as well as the physical structure (i.e. one house, apartment building and neighbourhood). The highest scores in general did not include each target group, which meant the highest score per group was used. Furthermore, in order to include a case in each scale level a fourth case was included.

However, several problems occurred after having selected the cases. First of all, contacting interesting stakeholders turned out to be difficult in one case. This case was included to represent the apartment building sector, but none of the e-mails sent were answered. Since *Générations* upon closer inspection turned out to be based on four apartment buildings, it resembled the apartment sector and the choice was made not to include a fourth case. A fourth case would have taken too much time to examine all cases with sufficient depth. Furthermore, conclusions about the physical component cannot be drawn based on one case.

A second difficulty occurred in conducting the interviews. Not all involved actors were interviewed either because they did not want to or they did not have time or could not be reached. However, the most important actors have been reached and the internet was searched for previously held interviews as well. Furthermore, in order to assure progress in this research, a time limit was set before proceeding to the next part of the thesis.

Lastly, in the interview with a person working on a French project, the language turned out to be a large barrier. It was really hard to conduct the interview and many questions were not understood because she was not able to express herself well enough in English. In this case, a Dutch project replaced the French one. Since the cases are both very similar, this was no problem.

In order to identify the institutional context, the IAD framework was used. The choice for this framework was based on that it provided specific focus points and included the physical component, whereas the four-layer model is a model that focuses on a higher level. During the analysis the specificity of the IAD framework turned out to be a pitfall since there was too much focus on detail. In order to overcome this, the four-layer model was used more explicit in the research.

Lastly, doing a multiple case study made the research more rigorous. Including three cases in this research broadened base for conclusions in comparison to using only one case. At the same

time, time constraints prevented the use of many more cases for in-depth examination.

Overall, the choices made can all be explained since they were made based on either the absence of information or in order to ensure steady progress. Without time constraints more projects could have been found, more persons could have been interviewed, etcetera, but this is simply never the case.

10.3. Reflection on project process

When I first started my thesis, I did not expect to take this long. I encountered several difficulties both because I fell ill and had to postpone my research as well as within my research. Each of the difficulties encountered made me learn something about myself and, although at some times I wanted to give up, have made my thesis a better research project.

Doing research behind a desk comes easy to me, just like working with numbers. In this research I expanded my boundaries and found out several things. First of all, 'getting out into the big wide world' is not as bad as I thought it would be. All interviewees took me seriously and were very excited about my research. I have been asked whether it was possible to use the summary I wrote for commercial purposes, whether another researcher could look into my list of interesting projects and whether one of the cases I researched could be included in housing preference research. Upfront I would have never imagined this, and every time I got a question like this it boosted my energy and motivation.

Secondly, at the start of my project I wanted to do a quantitative research but it turned out to become qualitative instead. Qualitative research in my eyes used to be something researchers do when they take the easy road and care more about the process of research than the results. How wrong was I!

Qualitative research is really difficult since you have to decide every step of the way how you do it, why you do it and what the results could have been. And in the end these results turn out to be different than you expected. Quantitative research probably still has my preference but I am glad I experienced how nice qualitative research can be. I now do appreciate the challenge of a qualitative project.

Lastly, with regard to the progress of my research, I started out very well but it got harder in the end. This is partly due to the difficulties of the qualitative research I just discussed, partly because I also followed a rehabilitation program for chronic pain and partly to my personality. Identifying the institutional context is something I very much struggle(d) with. I prefer getting into detail and a more strategic higher-level view was difficult to obtain. This meant I needed more help in the last part of my thesis and it took more time to finish it.

Overall it has been a very educative road towards finishing this research. I learned about my pitfalls and imperfections, but moreover I learned to belief in myself and in what I do. I do not know whether that is part of the description of the SEPAM master, but besides all knowledge I think that is a valuable lesson.

11. Epilogue

When I started thinking about my master thesis subject, the King's speech (his first) about the participation society had just been held. Since I have always been interested in social aspects of society during my studies, this seemed a perfect combination between societal relevance and my interests.

Soon it became clear that the first of January in 2015 would be seen as a new chapter in long-term care policies with the introduction of the new Wmo. I intended to have my thesis finished before this new law would be implemented, but it turned out differently and took more time.

Now, about nine months after the implementation of the new Wmo, this thesis is finished. This means that the municipalities have some experience with the changes and it is possible that for example the BloemRijk problems with regulation have become different. Additionally, the Woningwet 2015 came into place as of the first of July, which means the difficulties for housing associations might have changed as well.

Although there are thus two major changes in Dutch policies, I still believe the basics are the same. The participation society is still new and hopefully the new regulations make inter-generational living projects more easily. This, however, is something that should be evaluated when all involved actors have become acquainted with these new laws. Maybe one day I will experience this myself, when I become a Dutch senior and the participation society has become part of the Dutch culture.

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Appendices

A. The Active Ageing Index framework

This appendix provides background information about the Active Ageing Index. The following figures are based on information from UNECE/ European Commission (2015). Figure A.1 shows the four domains and its underlying indicators of the Active Ageing Index. An explanation of these indicators is given in figure A.2. In figures A.3 through A.6 the scores for the separate domains are shown.

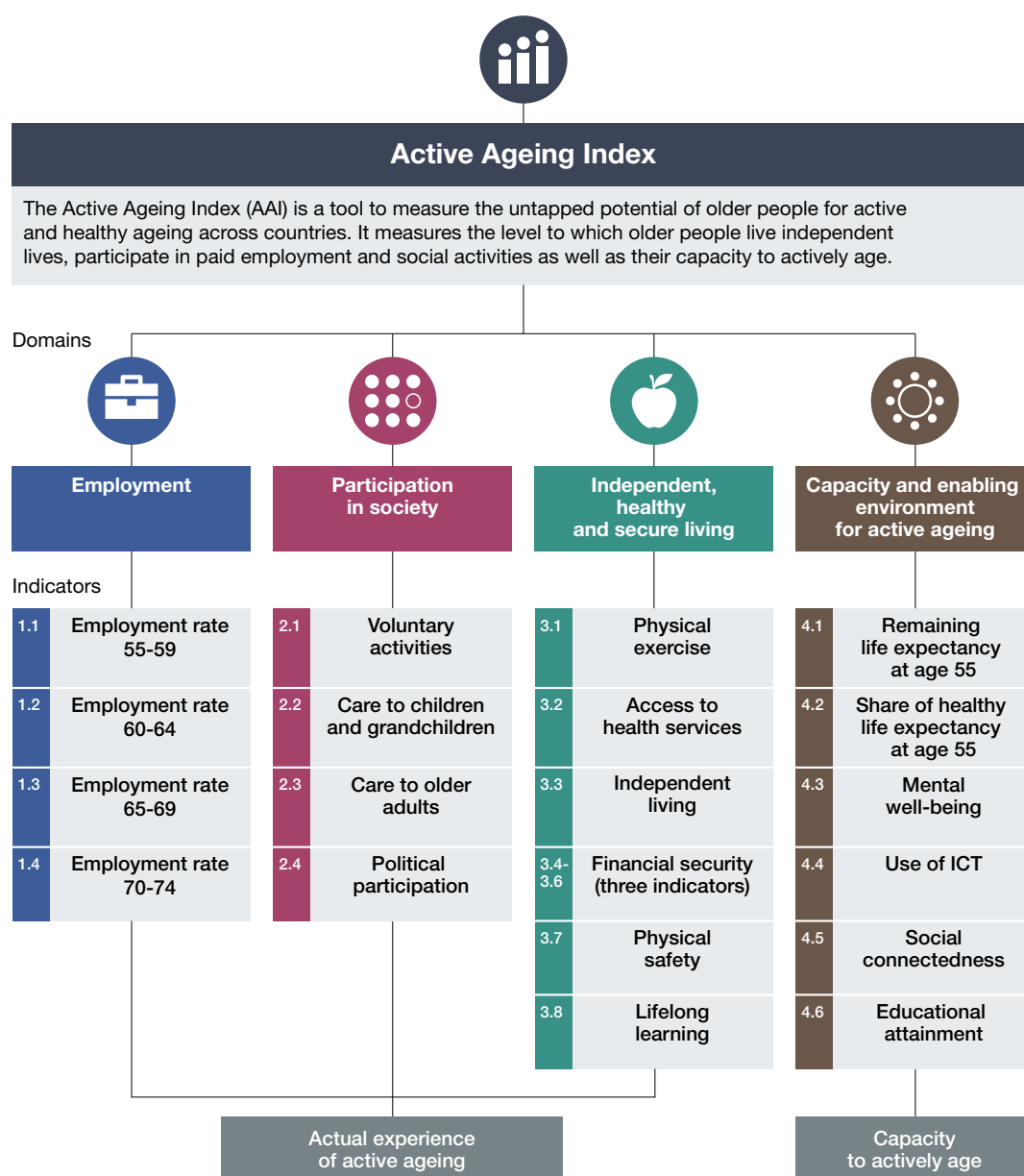


Figure A.1: The domains of the Active Ageing Index

<p>1. Employment</p> <p>1.1 Employment rate for the age group 55-59 (EU-LFS) 1.2 Employment rate for the age group 60-64 (EU-LFS) 1.3 Employment rate for the age group 65-69 (EU-LFS) 1.4 Employment rate for the age group 70-74 (EU-LFS)</p>
<p>2. Participation in society</p> <p>2.1 Voluntary activities: percentage of population aged 55+ providing unpaid voluntary work through the organisations (at least once a week) (EQLS) 2.2 Care to children and grandchildren: Percentage of population aged 55+ providing care to their children and/or grandchildren (at least once a week) (EQLS) 2.3 Care to older adults: Percentage of population aged 55+ providing care to elderly or disabled relatives (at least once a week) (EQLS) 2.4 Political participation: Percentage of population aged 55+ taking part in various forms of political activities (EQLS)</p>
<p>3. Independent, healthy and secure living</p> <p>3.1 Physical exercise: Percentage of people aged 55 years and older undertaking physical exercise or sport almost every day (EQLS) 3.2 Access to health and dental care: percentage of population aged 55+ who report no unmet need for medical and dental examination (SILC) 3.3 Independent living arrangements: percentage of persons aged 75 and older living in single or couple households (SILC) 3.4 Relative median income: ratio of the median equivalised disposable income of people aged 65+ to the median equivalised disposable income of those aged below 65 (SILC) 3.5 No poverty risk for older persons: percentage of people aged 65+ who are not at the risk of poverty using 50% of the national median equivalised disposable income as the poverty threshold (SILC) 3.6 No severe material deprivation for older persons: percentage of people aged 65+ not severely materially deprived (SILC) 3.7 Percentage of people aged 55 years and older who are feeling safe to walk after dark in their local area (ESS) 3.8 Lifelong learning: percentage of older persons aged 55-74 who received education or training in the 4 weeks preceding the survey (EU-LFS).</p>
<p>4. Capacity and enabling environment for active and healthy ageing</p> <p>4.1 Remaining life expectancy at age 55, as a share of the target of 50 years, using EHLEIS 4.2 Share of healthy life years in the remaining life expectancy at age 55, using EHLEIS 4.3 Mental well-being (for older population aged 55+, using EQLS and using WHO's ICD-10 measurement) 4.4 Use of ICT by older persons aged 55-74 at least once a week (including everyday), using Eurostat ICT Survey 4.5 Social connectedness: Percentage of older population aged 55+ who meet friends, relatives or colleagues at least once a month (ESS) 4.6 Educational attainment of older persons: Percentage of older persons aged 55-74 with upper secondary or tertiary educational attainment (EU-LFS)</p>

Figure A.2: Explanation of the indicators

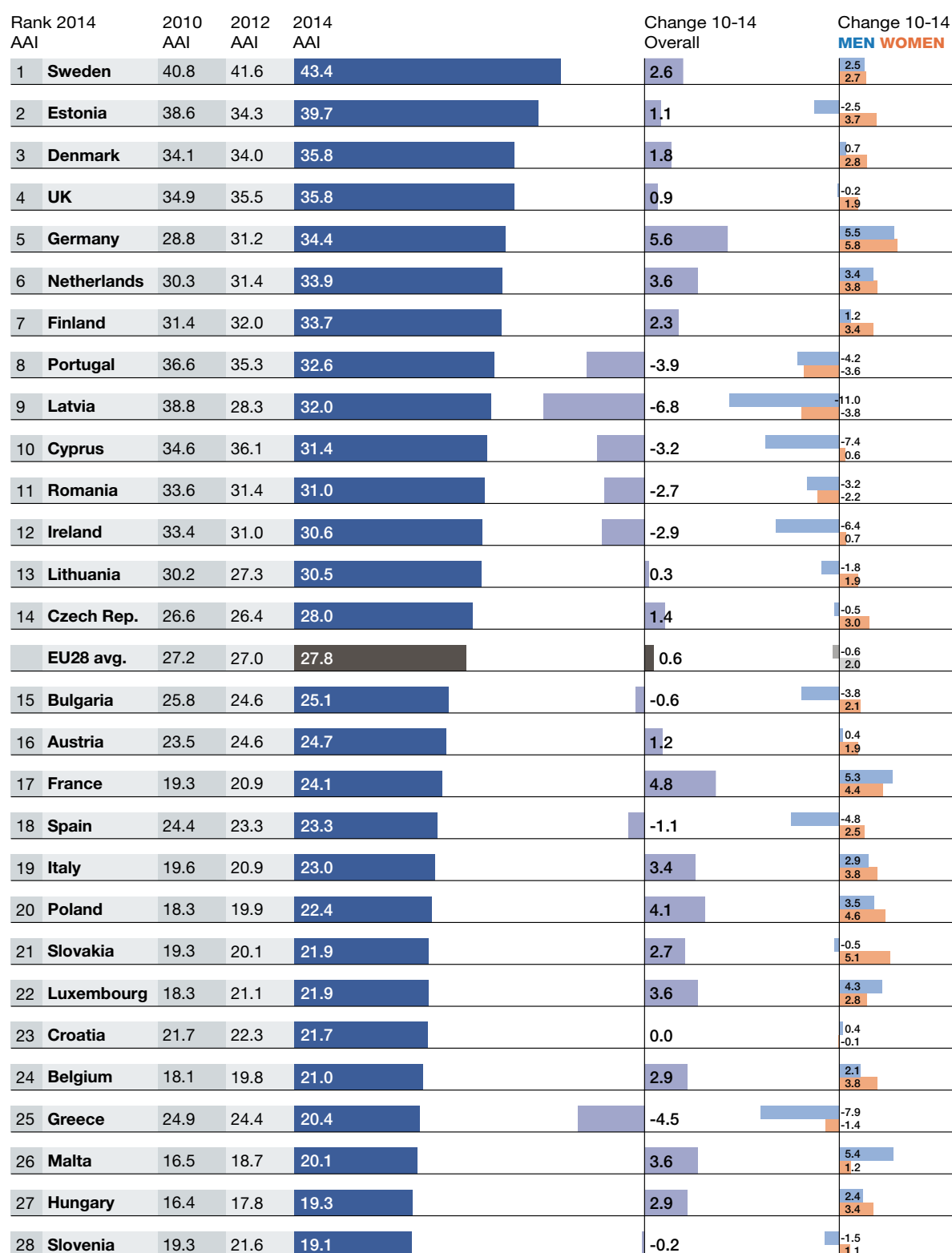


Figure A.3: Changes in domain-specific score for the domain employment

A. The Active Ageing Index framework

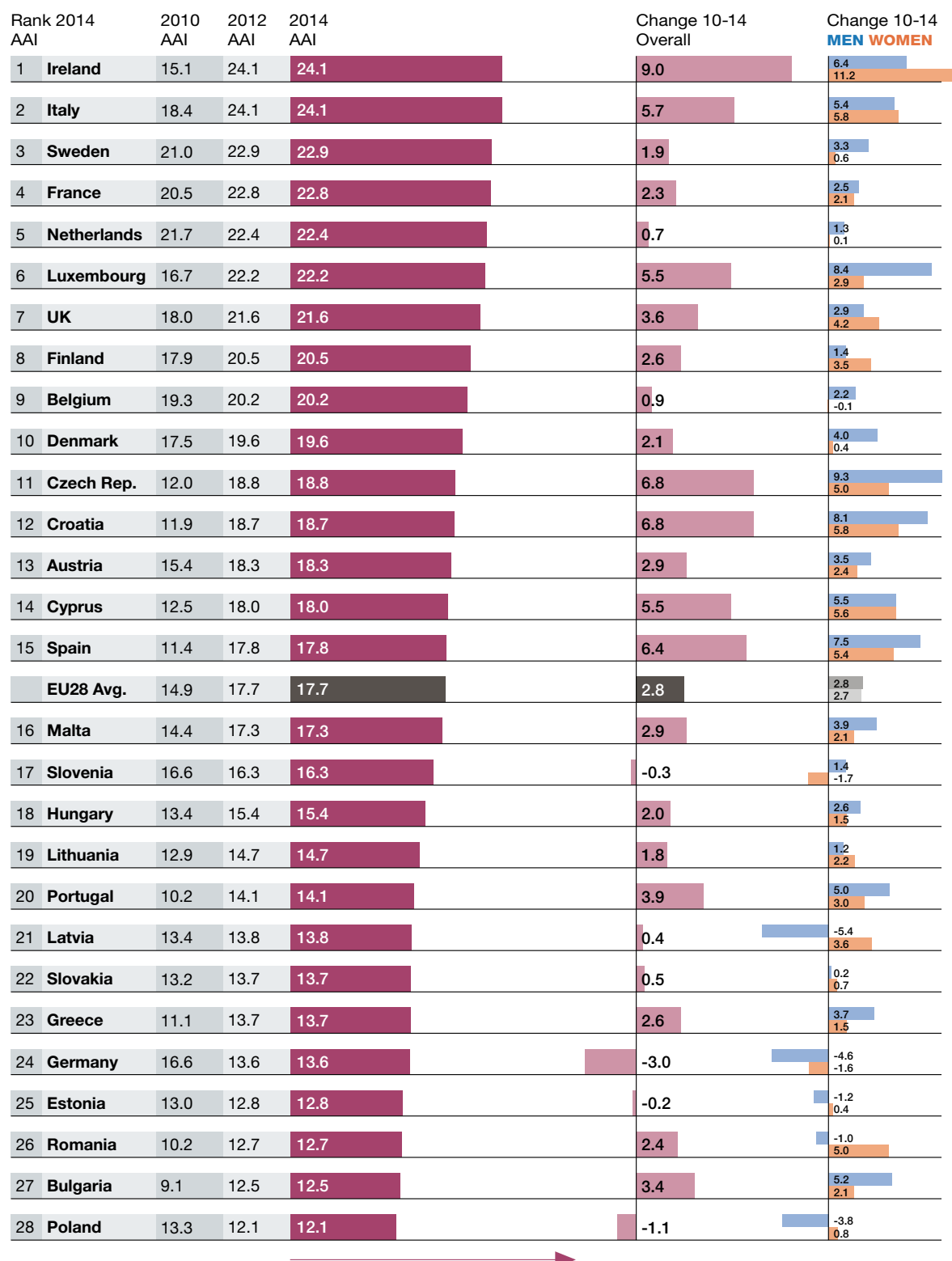


Figure A.4: Changes in domain-specific score for the domain participation in society

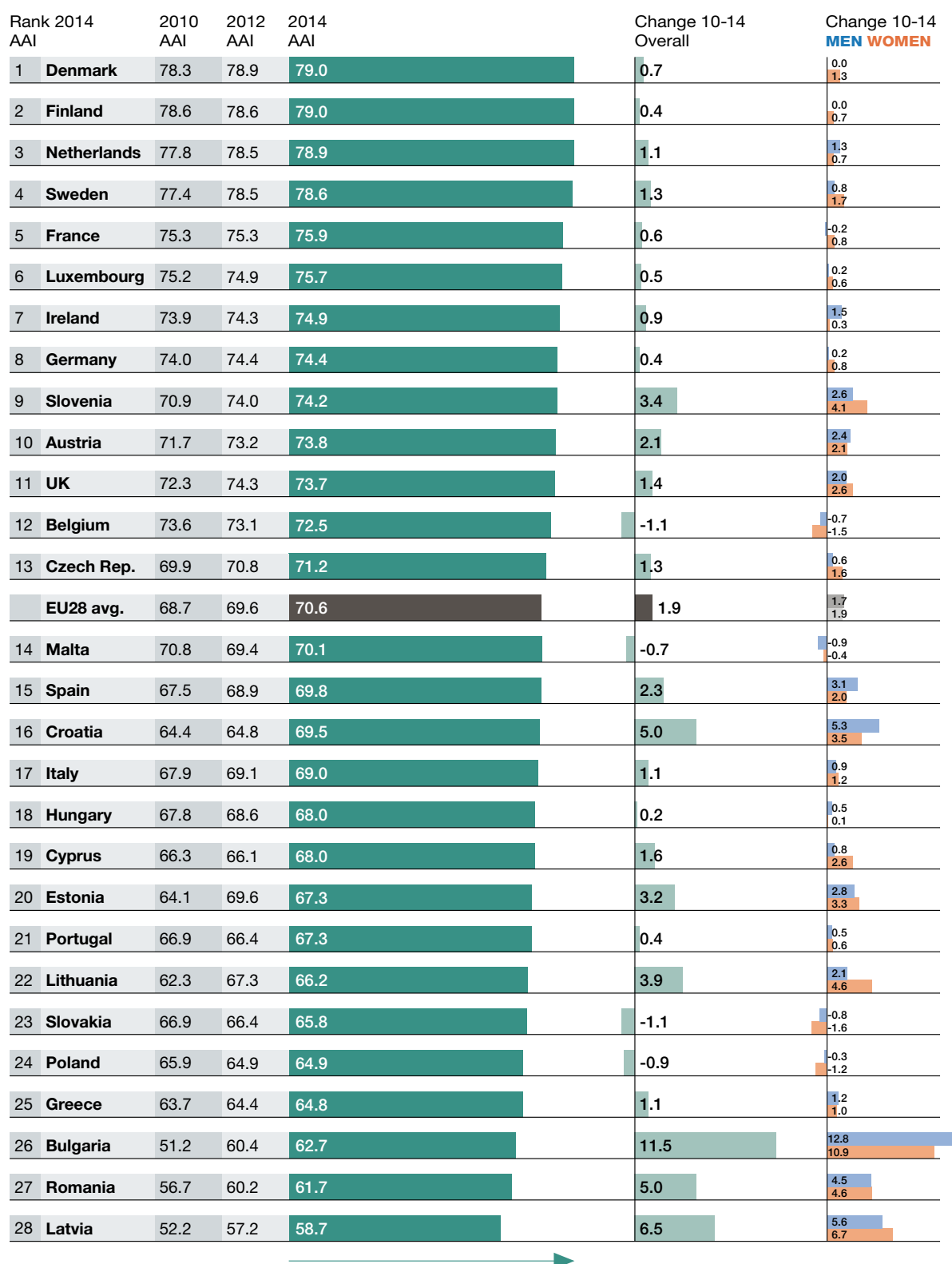


Figure A.5: Changes in domain-specific score for the domain independent, healthy and secure living

A. The Active Ageing Index framework

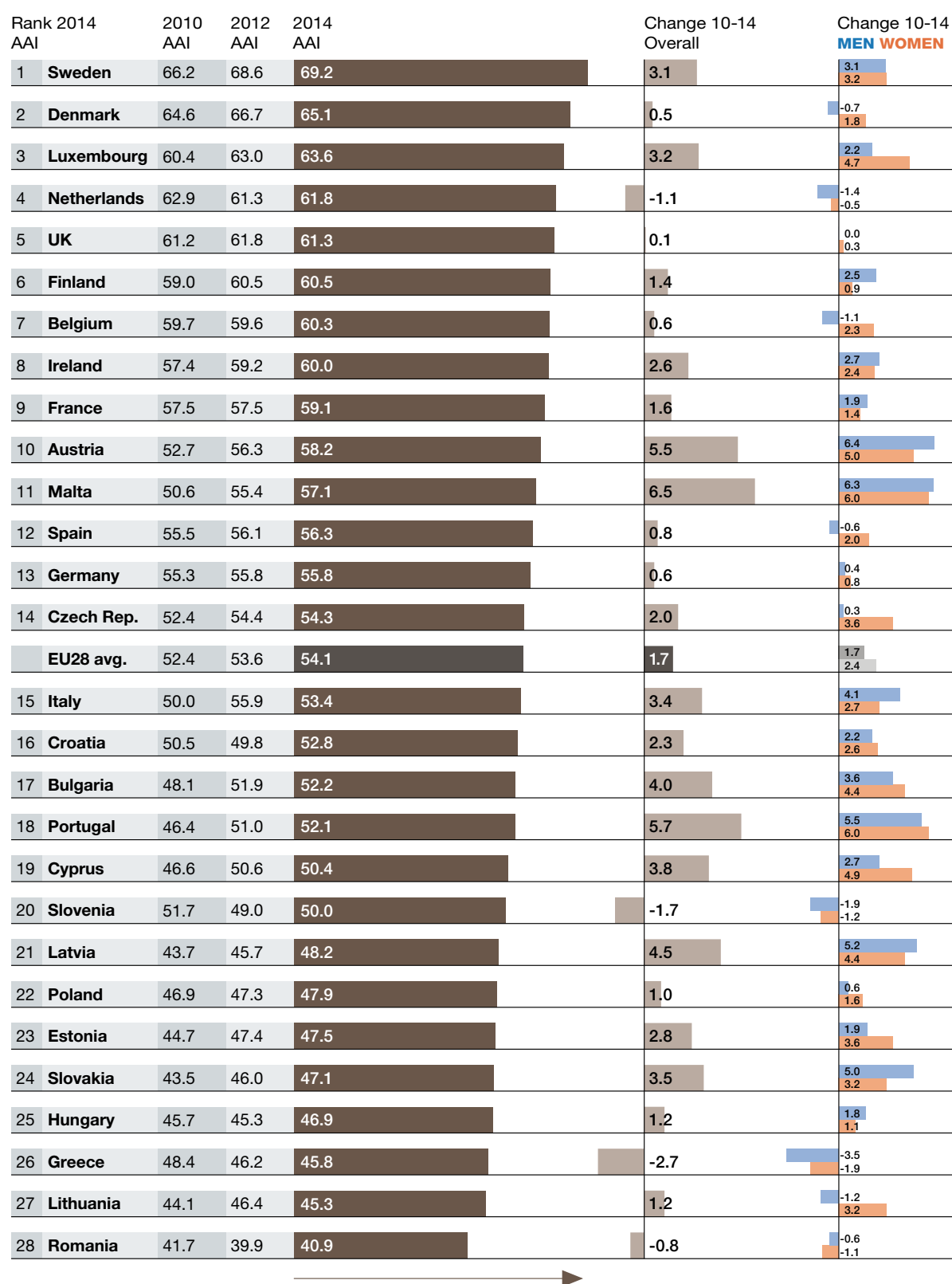


Figure A.6: Changes in domain-specific score for the domain capacity and enabling environment for active ageing

B. Introducing the cases

In this appendix, several cases of intergenerational living will be shown. A general search of examples of collective living across the world has been conducted to provide this overview. Since there are many initiatives and not all of them are recorded well, this is by no means meant as an all-including overview. sections B.1 through B.10 describe the cases per country. In the last two sections an overview of the characteristics (section B.12) and an overview of the solidarity levels (B.13) is given.

Selection of cases

Cases have been selected based on the following conditions: (1) there are at least two generations involved of which seniors are one, (2) there is contact between these generations, and (3) some care system for seniors is available. Furthermore, the cases were found by searching on-line as well as scanning reports. A variety of search terms, both Dutch and English, have been used:

- Intergenerational living
- Cohousing (communities)
- Intergenerational communities
- Communities of all ages
- Multiple generations housing
- Senior communities

In the list of cases, it might seem like Australia, East Asia and the United Kingdom are missing. For Australia and the United Kingdom no cases fulfilling the criteria were found. In Australia many intentional communities exist, but none (found) were focused specifically on intergenerational contact and seniors. In the United Kingdom many cohousing groups were found, but they all focused on ecological living. East Asia has not been examined, since the difference in culture with the Netherlands is too large.

For each of the cases the intergenerational solidarity levels are determined and shown in a diagram. For the associational, functional and structural solidarity, the level is determined based on the average score. The scores for the separate solidarity indicators are given in table B.2 at the end of this appendix.



(a) Impression (upper: Favoriten (source: Kolping Österreich (2014)), lower: Leopoldstadt (source: Seniorenheim (2014)))

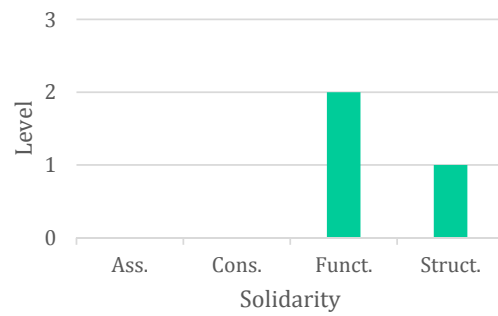


(b) Intergenerational solidarity levels

Figure B.1: Kolpinghaus Gemeinam Leben



(a) Impression (source: Platform Wonen van Ouderen (2005))

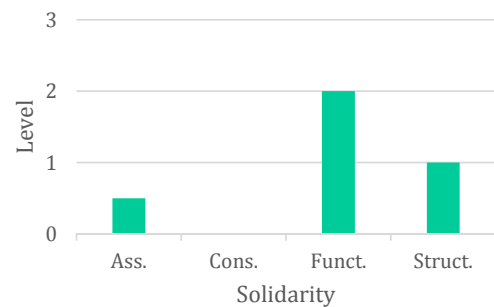


(b) Intergenerational solidarity levels

Figure B.2: Beschermd Wonen in Anderlecht



(a) Impression (source: OCMW Koekelare (2014))



(b) Intergenerational solidarity levels

Figure B.3: De Wallaart in Koekelare

B.1. Austria

Kolpinghaus Gemeinsam Leben

In the centre of the 10th district Favoriten in Vienna lies Kolpinghaus Gemeinsam Leben (Kolping Österreich, 2014; Presstext, 2014). Kolping Österreich wanted to offer seniors more than just a nursing home and incorporated living for young and old together. There are 255 apartments in total in the project: 193 rooms for seniors in long-term care, 41 apartments for independent living of seniors and 50 apartments for mothers with different ethnic backgrounds. In 2011 a second Kolpinghaus was opened in district Leopoldstadt (figure B.1a).

In Kolpinghaus Gemeinsam Leben, residents can meet each other or guests in the garden, restaurant, cafeteria, library or chapel. Furthermore, there are many activity groups that meet every week. These groups range from singing practice to baking or sharing memories over coffee, and are in some cases specifically aimed at contact between generations. Support amongst the generations is not explicitly stimulated, but however arises spontaneously due to the contact moments. An overview of the levels of intergenerational solidarity is given in figure B.1b.

B.2. Belgium

Beschermd Wonen

Beschermd Wonen is a model house for a project of kangaroo living by vzw Foyer²⁴ in 1986 (Platform Wonen van Ouderen, 2005; Thys, 2009). In Anderlecht, a row house was renovated in order to make it suitable for kangaroo living (figure B.2a). A senior citizen lives on the ground floor and an immigrant family lives on the three upper floors.

Through intercom contact, the family provides extra security for the senior, while the senior can help with for example babysitting. Home care service (cleaning and meals) can be hired but is not included and the family is not responsible for cleaning and diner. Neither are there activities planned together. In figure B.2b the intergenerational solidarity levels are shown.

De Wallaart

De Wallaart is a small project developed in 1981 in which the municipality and the OCMW²⁵ of Koekelare worked together (Platform Wonen van Ouderen, 2005). Senior citizens should no longer live separated from other age groups, but mixed together in a neighbourhood. In total, 16 rental senior and 10 owner-occupied young family dwellings were built next to the centre of the village (figure B.3a).

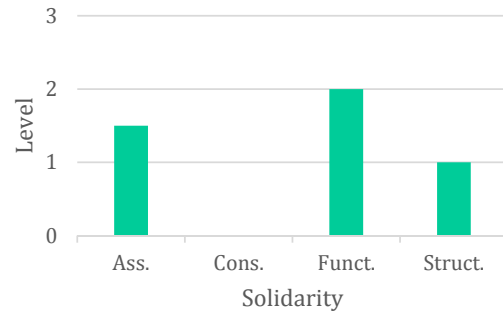
An overview of the solidarity levels is given in figure B.3b. The idea in De Wallaart is that residents help and meet each other since they live in a mixed neighbourhood. There are however no specific activities arranged and residents do not sign an agreement contract. Furthermore, there is no common room and the street serves as meeting place.

²⁴ vzw: vereniging zonder winstoogmerk, non-profit organization

²⁵ OCMW: the local public social welfare centre



(a) Impression (source: Platform Wonen van Ouderen (2005))



(b) Intergenerational solidarity levels

Figure B.4: Duplex dwelling in Overpelt



(a) Impression (source: A33 Architecten (2014))

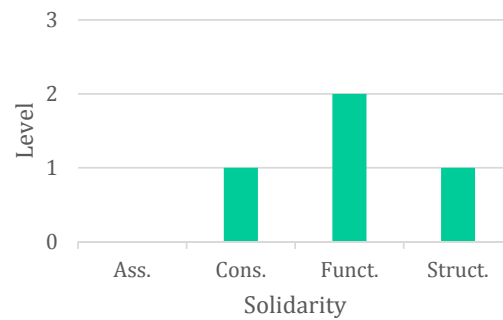


(b) Intergenerational solidarity levels

Figure B.5: School 4 in Leuven



(a) Impression (source: Inventaris Onroerend Erfgoed (2014))



(b) Intergenerational solidarity levels

Figure B.6: Ter Groenen Boomgaard in Kuurne

Samen en toch apart

In Overpelt an elderly family and the family of their son decided to build two dwellings next to each other (Platform Wonen van Ouderen, 2005). Both dwellings have their own front door, but are combined by the use of a common garden and thus form a duplex dwelling (figure B.4a).

By living together apart, the parents not only feel less lonely, but (grand)children can easily help them as well so that they can live independently longer. As can be seen in figure B.4b, there are no specific activities arranged but residents share a common garden. It is assumed that residents did not sign a contract. Furthermore, grandparents not only receive care but can also help with the children, meaning informal services exist.

School 4

School 4 is a renovation project of city school number 4 that started in 1988 (A33 Architecten, 2014; Platform Wonen van Ouderen, 2005). The school was transformed into 28 apartments of which five are ADL-units²⁶ for disabled persons (IZW, 2014). Remarkable is the integration of art in a building for social housing (figure B.5a). For its innovative vision the project won two prizes: the architecture price of Leuven in 1993 and the price for the Flemish Community in 1994.

Even though several generations live together, there are no specific activities arranged and there is no common space for meetings. There is however a formal service available on request for people requiring help with daily activities. An overview of the levels of intergenerational solidarity is given in figure B.5b.

Ter Groenen Boomgaard

Ter Groenen Boomgaard was designed in an architecture competition and was completed in 1989 in Kuurne. It consists of a green environment with 65 dwellings in which a senior or disabled person lives on the ground floor and a young family lives on the first floor (Platform Wonen van Ouderen, 2005).

A neighbourhood committee is formed to solve problems. Furthermore a social centre, Sociaal Huis Kuurne, is located in the neighbourhood for extramural services (e.g. questions, exchange of services, meals/cleaning service (charged)) (Sociaal Huis Kuurne, 2014). Seniors can help baby-sitting and the family offers security for the senior. However, no specific activities for intergenerational contact are arranged (see figure B.6b).

²⁶ ADL: activities in daily life



(a) Impression (source: Platform Wonen van Ouderen (2005))

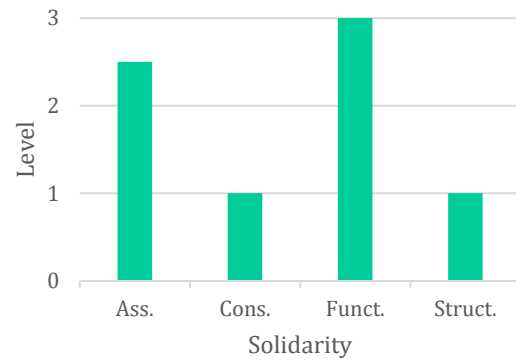


(b) Intergenerational solidarity levels

Figure B.7: Gyngemosegård in Copenhagen



(a) Impression (source: Roskilde University (2014))



(b) Intergenerational solidarity levels

Figure B.8: Munksogård in Roskilde



(a) Impression (source: Ensemble 2 générations (2014))



(b) Intergenerational solidarity levels

Figure B.9: Ensemble 2 générations in Ile de France

B.3. Denmark

Gyngemosegård

Gyngemosegård was established in 1993 with a size of 52 dwellings (Platform Wonen van Ouderen, 2005; Regnier, 2002). In 50 dwellings seniors live on the ground floor and on the first floor, families reside. There are two communal living dwellings with each six apartments and shared kitchen, living room and veranda per three units. In the middle of the building is an open atrium (figure B.7a).

Furthermore, there is a community centre with a café, offices for home care agencies and an exercise and physical therapy space. Besides the common space, no arranged activities and agreements have been found in the available information. In figure B.7b the intergenerational solidarity levels are shown.

Munksøgård

Association Munksøgård and Roskilde Building Association finished eco-village Munksøgård in 2000 (Munksøgård, 2014; Roskilde University, 2014). It exists of five housing clusters: a privately owned family housing cluster, a cooperative association cluster (collectively owned dwellings but also own a private share), and three rental clusters (young people cluster, senior cluster and mixed ages cluster)(figure B.8a).

Residents manage Munksøgård themselves in several associations and working groups. The working groups arrange parties and other social activities and all residents have to take part in at least one group. Furthermore, each cluster has its own common house where activities for the cluster are organized. An overview of the intergenerational solidarity levels of Munksøgård is given in figure B.8b.

B.4. France

Ensemble 2 générations

In 2006 Ensemble 2 générations was created to offer seniors an opportunity to overcome loneliness and provide cheap housing for students in Ile de France (Ensemble 2 générations, 2014). The association links students to seniors that have a spare room and need some sort of help (figure B.9a). There are three formulas differing in rent and provision of services. Free living is provided when the student is at home (almost) every night and gives extensive support. Cheap housing is offered for regular availability and some form of support for the senior. Rent below market price is offered when spontaneous services (e.g. taking out the garbage, small talk) is provided. Both parties pay a yearly fee to the association.

The three formulas offer different levels of support for the senior. Activities such as eating together, watching TV or simply talking and drinking tea can be part of the cohabitation. Examples of services provided are gardening, shopping, taking care of pets, take out the trash. In a hosting agreement, the services that will be provided are recorded. In figure B.9b an overview of the solidarity levels is given²⁷.

²⁷ Level 3 associational solidarity: depending upon the formula this may vary but the activities are regulated in the contract.



(a) Impression (source: *Silver Eco* (2014))

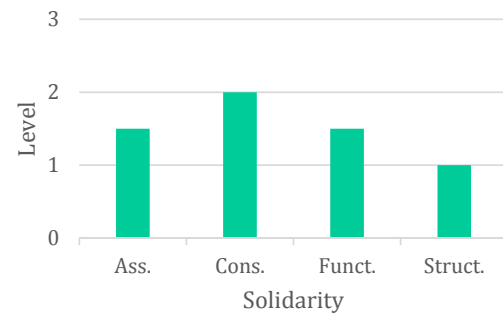


(b) Intergenerational solidarity levels

Figure B.10: Générations neighbourhood in Saint Apollinaire, Dijon



(a) Impression (source: *Werkstatt Stadt* (2014))

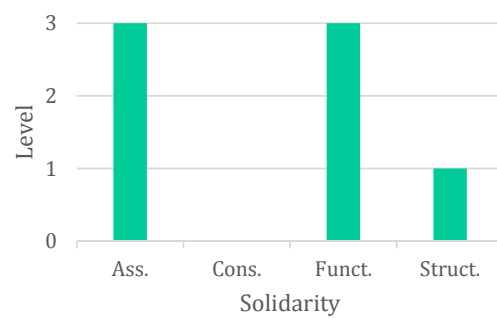


(b) Intergenerational solidarity levels

Figure B.11: Haus Mobile in Köln-Weidenpesch



(a) Impression (source: *Denkwerk Zukunft* (2014))



(b) Intergenerational solidarity levels

Figure B.12: Lebensräume für Jung und Alt in Vogt

Générations

Générations is a newly built neighbourhood in St. Apollinaire and opened in 2002 (AARP International, 2014; Aedes-Actiz Kenniscentrum Wonen-Zorg, 2008)(figure B.10a). The mayor of the municipality started this project together with three other parties, FEDOSAD, HLM and the OPAC²⁸. There are 76 apartments of which half is destined for seniors and the other half for couples with a child younger than six years old, a sheltered residence for six demented seniors and a communal residence for 14 physically challenged seniors.

Based on the idea of combining affordable housing and the specific needs of young children and seniors, the neighbourhood offers multiple services such as a day care centre and activities for all ages. Residents all sign a charter of respect and support, promising they will look after and take care of each other. Figure B.10b shows the levels of solidarity for Générations.

B.5. Germany

Haus Mobile

In 1997, Haus Mobile was finished, which is an initiative from association Neues Wohnen im Alter eV (Hater and Komes, 2003; LBS, 2014). The idea was to create a place where you can live your whole life, and therefore consists of different sized dwellings (figure B.11a). The project is partly publicly and partly privately funded and consists of 36 dwellings both rental and private.

Management of Haus Mobile lies completely in the hands of residents. Regular meetings are used to manage domestic affairs and to discuss working groups. There is a common room with a kitchen, a roof garden and a medicinal bath for residents, and for guest and the neighbourhood there is a café and a guest room. Furthermore, residents spend their free time together and help each other with small repairs or when someone is sick. The levels of intergenerational solidarity are shown in figure B.11b²⁹.

Lebensräume für Jung und Alt

Lebensräume für Jung und Alt is a concept developed by Stiftung Liebenau in 1995 (Aedes-Actiz Kenniscentrum Wonen-Zorg, 2008; LBS, 2014). In the concept, apartment complexes are built for multiple generations. Goals are intergenerational contact and avoiding isolation of seniors. In total 603 dwellings have been built spread over 15 locations, of which one in Vogt (figure B.12a). For each location, a moderator is appointed who stimulates help between residents and resolves conflicts. This moderator is paid through a Social Fund that consists of profit from the sales of the dwellings.

The project serves as an example for many other projects, even for BloemRijk in the Netherlands (see section B.7). There are many activities organized, ranging from eating together to senior gym. In between the buildings is a service centre, which also serves as a meeting place. Here, the moderator also organizes the paid and volunteered neighbourhood assistance between neighbours. The solidarity levels are shown in figure B.12b³⁰.

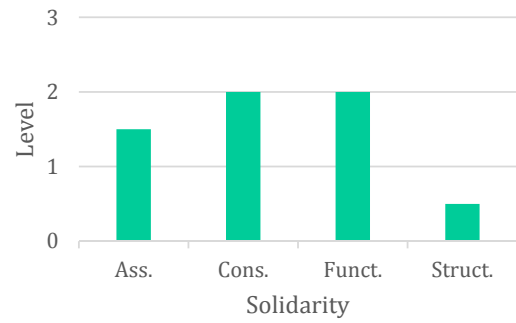
²⁸ FEDOSAD: Federation of Works for Home Support, HLM: Low-Rent Housing Office, OPAC: Office of Public Planning and Building

²⁹ Extra note for level 2 consensual solidarity: there is a resident association and regular meetings, but participation is not obligatory.

³⁰ Explanation level 1 structural solidarity: the average number of units per location is 40.



(a) Impression (source: *Lebenstraum Johannistal* (2014))



(b) Intergenerational solidarity levels

Figure B.13: Lebenstraum Johannistal in Berlin



(a) Impression (source: *Wohnportal Berlin* (2014))

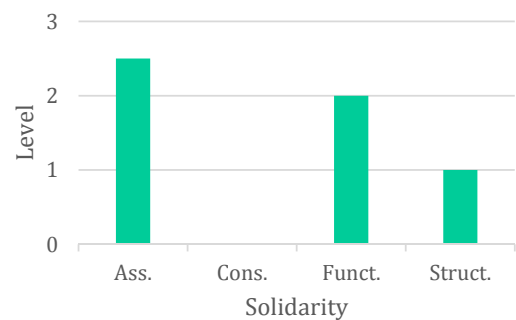


(b) Intergenerational solidarity levels

Figure B.14: Leuchtturm in Berlin



(a) Impression (source: *Google Maps*)



(b) Intergenerational solidarity levels

Figure B.15: Zia Jessy in Torino

Lebenstraum Johannistal

Lebens(t)raum Johannistal was developed based on the ideal image of architect Harald Zenke: dwellings for young and old, planned together, built together and lived in together (Lebenstraum Johannistal, 2014). In 2005, this ecological mini village consisting of 20 town houses was finished (figure B.13a). Residents have a community house with a workshop and a herb garden at their disposal. Regular meetings and a statute regulate the community.

In Lebens(t)raum Johannistal, residents recognize differences between ages, origin, experience and knowledge but they see it as mutual enrichment. They have regular meetings and a statute to make decisions democratically. Furthermore, there are several meeting places such as a community center for parties and seminars, a café, a garden and a workshop. Residents help each other with for example baby-sitting or bringing soup to a sick neighbour. In figure B.13b an overview of the solidarity levels is given³¹.

Leuchtturm

In 2009, Leuchtturm eG opens the doors of an apartment building for 16 families in central Berlin (Leuchtturm e.G., 2014; Stiftung Trias, 2014). This cooperative worked together with an architect and Stiftung Trias to build a self-managed intergenerational community building based on sustainable and ecological principles (figure B.14a). Members of the cooperative have bought a share and pay monthly rent to the cooperative. On the ground floor commercial space is available.

The residents of Leuchtturm eG share a garden, roof terrace, common room and a guest room. There are regular meetings as well as voluntary working groups for specific themes. Lastly, no specific obligatory services are mentioned on their website. An overview of the levels of solidarity is shown in figure B.14b.

B.6. Italy

Zia Jessy

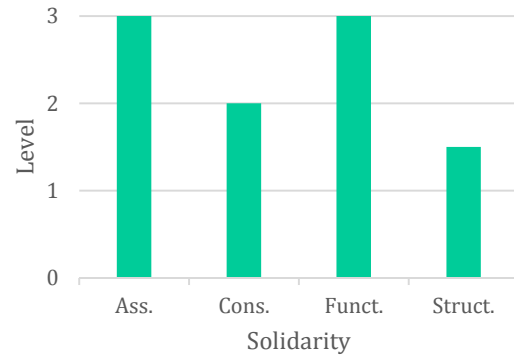
A Casa di Zia Jessy opened its doors in 2008 in a building owned by the city of Turin (Condomio Solidale, 2014; Maino and Zamboni, 2013). Zia Jessy is a new approach for dealing with homeless young people and senior housing. There are 18 apartments for seniors and eight accommodations where homeless young women and mothers can live for free for a maximum of 18 months (figure B.15a). In four extra apartments, volunteers from the AGS Association live and help reintegrate the homeless women. The AGS Association manages the social aspect of the project, whereas the City of Turin manages the spaces for seniors.

In Zia Jessy the residents are stimulated to take care of each other by participation in social activities and common rooms. Elderly for example take care of the children while the parent searches for a job. The project also offers assisted showering, laundry and ironing, pedicure and a hair-dresser for the whole district. An overview of the solidarity levels is given in figure B.15b.

³¹ It is not clear whether there are weekly organized activities and what the statutes say about the services provided. Therefore a level 2 associational and level 1 functional solidarity has been chosen.



(a) Impression (source: Gemeente Krimpen aan den IJssel (2014))



(b) Intergenerational solidarity levels

Figure B.16: BloemRijk in Krimpen aan den IJssel



(a) Impression (source: Stichting SOLink (2015a))

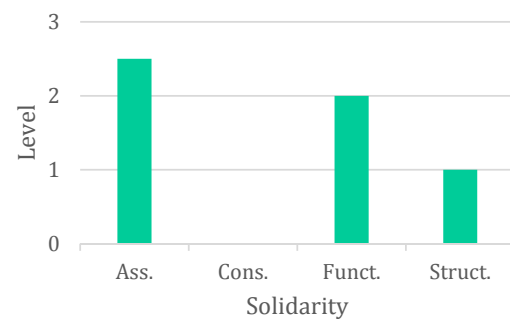


(b) Intergenerational solidarity levels

Figure B.17: SOLink



(a) Impression (source: Aannemingsmaatschappij Hegeman (2014))



(b) Intergenerational solidarity levels

Figure B.18: Talita in Houten

B.7. Netherlands

BloemRijk

BloemRijk is a newly developed neighbourhood of which the first phase was finished in 2010 (De Jong, 2011; Mesland, 2010). The neighbourhood is based on the idea *Lebensräume für Jung und Alt* (section B.5). The project aims to improve social cohesion, interaction between age groups and intergenerational self-help. The first phase consists of 71 dwellings, both rental and private, and the second phase of another 116 dwellings (figure B.16a).

In the neighbourhood centre, activities such as a coffee morning, bingo night or cooking club are organized on a weekly or monthly base. A neighbourhood coach is hired to help residents with activities and contact with other institutions such as the municipality and health care services. Furthermore, residents have to sign a so-called ‘Buurovereenkomst’ in which they state to take care of each other. Lastly, residents can exchange services through a website³². In figure B.16b the solidarity levels can be found.

SOLink

In 2009, Stichting SOLink started an initiative to provide a solution for lonely people over 50 and the student room shortage (Stichting SOLink, 2015a). In this concept, unoccupied rooms of seniors are rented out to a student. The foundation combines seniors and students with the same hobbies, interests, and/or religion etcetera (figure B.17a).

In order to combine the seniors and students, a profile for each of the parties is made. When this profile suggests a match, they are introduced to each other and a contract can be drawn up. In this contract, the rent, the type of activities and services can be established. It is assumed that they eat together at least, but the functional solidarity is harder to determine upfront and a level 2 is assumed (figure B.17b).

Talita

In Houten a new complex was built in 2012 to assist young mothers and pregnant adolescents (Alpha Online, 2010; CECODHAS, 2012). In total 17 apartments are available of which 13 are meant for the young females and four for senior ‘coaches’ (figure B.18a). The young mothers can stay for a maximum of two years in Talita. In this project, seniors are seen as extra valuable coaches because they have more time and experience.

In Talita, the senior coaches take care of the young mothers, help them increase social skills, build a social network and restore family relationships. There is a common room where seniors and young mothers eat together on a weekly base. Furthermore the senior coaches provide small services such as babysitting and cooking and take the mothers on small trips. The solidarity levels for Talita are shown in figure B.18b.

³² At the moment of the publication of De Jong (2011) this website had recently become operational and was not yet used very much.

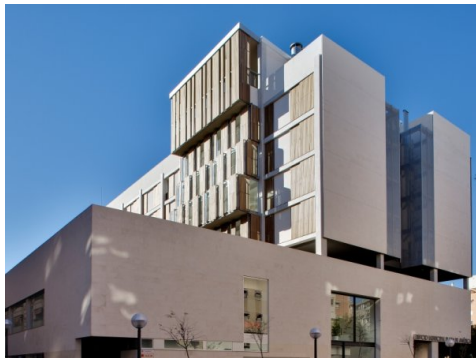


(a) Impression (source: Sanchez (2008))



(b) Intergenerational solidarity levels

Figure B.19: Intergenerational housing in Valladolid



(a) Impression (source: World Habitat Awards (2014))



(b) Intergenerational solidarity levels

Figure B.20: Plaza de América in Alicante



(a) Impression (source: Universitat Autònoma de Barcelona (2014))



(b) Intergenerational solidarity levels

Figure B.21: Students living with seniors in Viure I Conviure program

B.8. Spain

Intergenerational housing Valladolid

An intergenerational apartment building close to the University of Valladolid has been delivered in 2009 (Beth Johnson Foundation, 2014; CECODHAS, 2012)(figure B.19a). In this project the VIVA (municipal land and housing company) together with the University responded to specific needs of people over 65 years old and student housing. In the building 17 apartments are available of which three are occupied by students who take care of the seniors. Because of the success of the project, since 2009 more buildings have been transformed.

In exchange for support and assistance of seniors, the students pay a low rent. They share common rooms, a computer room and a vegetable garden. Furthermore, social services are included to give extra support. The levels of solidarity are shown in figure B.19b.

Plaza de América

In 2008 the first of three apartment buildings of the Project for Intergenerational Housing and Community Services was opened in Alicante (García and Martí, 2014; World Habitat Awards, 2014)(figure B.20a). The project was started by the Patronato Municipal de la Vivienda de Alicante (municipal housing board) in order to provide affordable housing for seniors and young people. Plaza de América is the first of three apartment buildings, and consists of 72 units. In total 244 dwellings will be built in the three apartment buildings, where about 80% of residents is a senior.

Young people have to sign a good neighbour agreement in which they promise to take care of four seniors in their building. By signing this agreement they are obligated to spend a few hours each week with the seniors. Residents in the building have access to a library, computer room, community rooms, roof garden and laundry room. Furthermore, a public day care centre and health centre are established. In figure B.20b the solidarity levels are given³³.

Viure i Conviure (Live and live together)

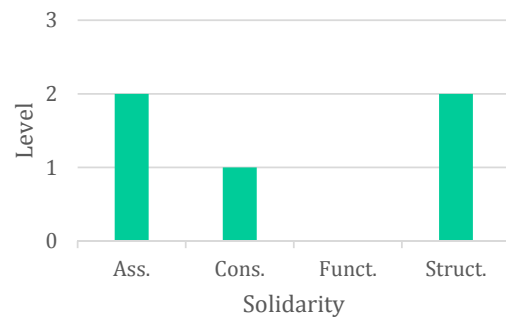
Viure i Conviure started as a pilot case in 1997 in Barcelona (Pinto et al., 2009). It started as an initiative of Obra Social de Caixa Catalunya, the municipal council of Barcelona and the universities of Barcelona, Pompeu Fabra and Ramon Lull to promote relationships between members of two different generations. In the project a senior lets a room to a student in exchange for services and contact (figure B.21a). Because of the success of the project it was expanded and is now active in 27 cities in cooperation with 34 universities across Spain.

Student and senior are coupled and supported by a professional team of psychologists and social workers. When they decide to live together a cohabitation agreement is signed in which the agreed upon conditions for cohabitation are drawn up. The intergenerational solidarity levels are given in figure B.21b.

³³ Level 2 structural solidarity: the first building consists of 72 units.



(a) Impression (source: *DirektPress Göteborg* (2014))



(b) Intergenerational solidarity levels

Figure B.22: Majviken in Göteborg



(a) Impression (source: *GenerationenWohnen* (2014))

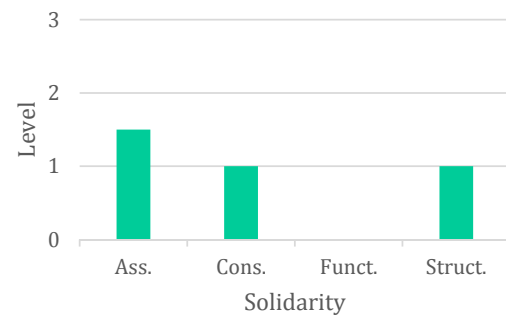


(b) Intergenerational solidarity levels

Figure B.23: Generations housing in Burgdorf



(a) Impression (source: *Kraftwerk 1* (2014))



(b) Intergenerational solidarity levels

Figure B.24: Heizenholz apartments in Zürich

B.9. Sweden

Majviken: Next step living

Majviken was originally built in the sixties as a cohousing unit (CECODHAS, 2012). Bostadsbolaget, one of the municipal housing companies, developed a new concept: Next step living. They decided to implement this concept in the Majviken building (figure B.22a). Residents of over 300 small apartments vary in age from seniors to young adults (20-30 years) and share common rooms for social activities.

A Next Step Host organizes activities such as barbecues and celebrations. Furthermore, the host can supply extra services such as help with cooking or cleaning and car pooling. New residents are obligated to pay a monthly fee for the host, but are free to participate or not. In figure B.22b an overview of the solidarity levels is given.

B.10. Swiss

Generations housing (not completed yet)

Expected to be completed in 2015/2016, the Generations Housing project in Swiss will be a neighbourhood that increases the quality of life for elderly people and makes it easier to age in place (CECODHAS, 2012; GenerationenWohnen, 2014). Around 90 different sized apartments at moderate rent will be built to accommodate seniors as well as families and singles (figure B.23a). Assisted living for disabled persons will also be offered.

In the project, intergenerational contact and exchange of services and resources will be promoted. Because the project is not finished yet, it is not clear how this is given form³⁴. A Meeting Centre/ Cafeteria will be provided for social events as well as a day care centre for extra support. The expected solidarity levels are shown in figure B.23b.

Heizenholz

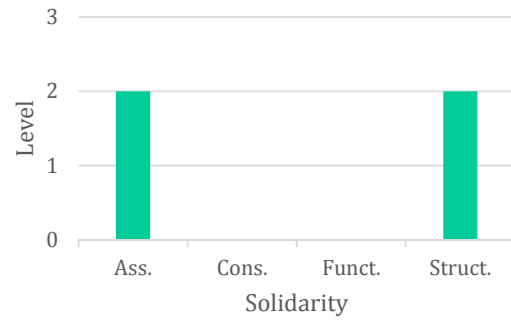
Two former child and youth centres were bought by Kraftwerk 1 and in 2012 the Heizenholz development was reopened with a new purpose (CECODHAS, 2012; Kraftwerk 1, 2014). The new buildings had been joined through a communal terrace and the renovated rooms now offered 26 dwellings varying in size (figure B.24a).

Residents have access to the communal terrace, common rooms and a fitness room. All tenants pay contribution in order to fund projects for different activities or maintenance. Several operating and working groups have been formed to organize the maintenance and activities. Figure B.24b gives an overview of the solidarity levels.

³⁴The associational and functional solidarity are given these levels because at least several organized activities and services are expected



(a) Impression (source: Kraftwerk 1 (2014))



(b) Intergenerational solidarity levels

Figure B.25: Zwicky Süd in Zürich



(a) Impression (source: Guardian Real Estate Services (2014))



(b) Intergenerational solidarity levels

Figure B.26: Bridge Meadows in Portland, Oregon



(a) Impression (source: U.S. Air Force Civil Engineer Center (2014))



(b) Intergenerational solidarity levels

Figure B.27: Hope Meadows in Rantoul, Illinois

Zwicky Süd (not completed yet)

Zwicky Süd is being developed at the site of a former spinning mill and is planned to be completed in 2016 (Kraftwerk 1, 2014; Zwicky Süd, 2014). The idea is based on the Heizenholz concept. The area should become a mixed use district – with a combination of different dwellings as well as commercial units – while at the same time preserving the historic buildings. In total six buildings will be developed, of which three belong to Kraftwerk 1 and will be developed for cohousing. In these buildings 126 dwellings varying in size will be made available (figure B.25a).

In the three buildings various common rooms and a roof terrace will be built for the residents. Furthermore, residential services for disabled people will be made available in cooperation with various institutions. It is not clear yet how activities will be given form. In figure B.25b the expected solidarity levels are given.

B.11. USA

Bridge Meadows

Bridge Meadows is a project with the aim to create a supportive intergenerational neighbourhood for adoptive families and offering meaningful purpose for seniors (Bridge Meadows, 2014; Urban Land Institute, 2014). In 2004 the 36 dwellings of Bridge Meadows were finished, of which 27 are meant for seniors and 9 for families (figure B.26a). Adoptive families have to adopt at least three children over a period of five year, whereas seniors have to volunteer (i.e. teach children arts, take them to the park etc.) at least seven hours a week.

In Bridge Meadows, common spaces are available to improve the sense of community. Furthermore, when needed seniors help the foster families and the other way around. Local social services is included in the project in order to offer further support for all generations. Figure B.26b gives an overview of the solidarity levels.

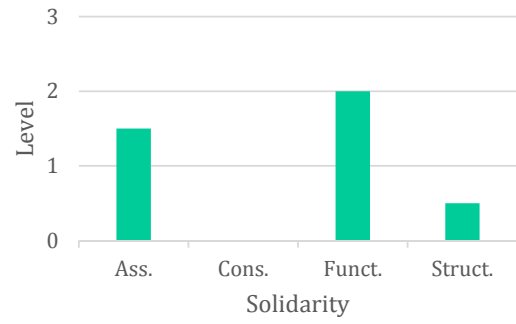
Hope Meadows

In the nineties Brenda Krause Eheart was a foster care system researcher at the University of Illinois (Elfenworks Foundation, 2014; Generations of Hope, 2014). She is the founder of the generations of hope concept – on which Bridge Meadows as well as Treehouse Community are based – in which adoptive families and seniors live together in a neighbourhood. Hope Meadows is the first project that was realized (in 1994), based on a former air force base, and consisting of 65 dwellings (figure B.26a). Of these dwellings, 15 are meant for adoptive families and the rest for seniors who volunteer at least six hours a week.

Since Bridge Meadows is based on the concept of Hope Meadows, the intergenerational solidarity levels are similar. Common space is available and generations assist each other. In this project, two part-time therapist are also hired to offer extra support. Furthermore, camps, picnics, and special neighbourhood events are organized regularly. The solidarity levels are shown in figure B.27b.



(a) Impression (source: SAHA (2014))

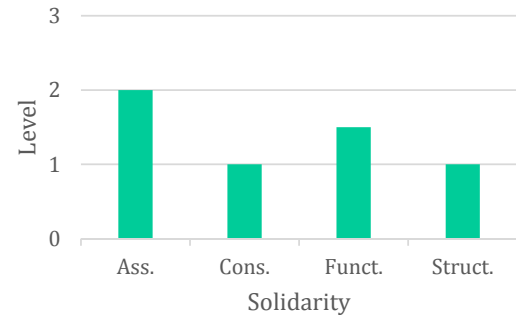


(b) Intergenerational solidarity levels

Figure B.28: Petaluma Avenue in Sebastopol, California



(a) Impression (source: Tree House (2014))



(b) Intergenerational solidarity levels

Figure B.29: Treehouse Community in Easthampton, Massachusetts

Petaluma Avenue Homes

Opened in 2009, Petaluma Avenue Homes is one of the few affordable rental communities in America (Garciano, 2011; SAHA, 2014). In total 45 dwellings varying in size have been built for 30-50% AMI³⁵ families and seniors. Residents were randomly selected from a pool of qualified applicants.

Residents share a common house in which a laundry room, dining room, kids play room and computer room can be found (figure B.28a). Nobody is obligated to participate in social activities, but this has simply emerged in the form of dining together, baby-sitting, gardening and many more activities. In figure B.28b an overview of the levels of solidarity is given.

Treehouse Community

In 2006, formed on the basis of the concept of Hope Meadows, Treehouse Community was opened (Treehouse Foundation, 2014). This community also promotes investment in one another's of adoptive families, their children and elders. The difference is that this community consists of not only rentals (12 for families and 48 senior apartments), but also 33 private dwellings will be built (figure B.29a).

Residents have picnics and barbecues together, spend time painting, cooking, hiking, riding bikes and participate in other activities that are organized. A Community Center with group activity rooms, kitchen, library and a computer room is available to support these community activities. Furthermore residents help each other out by transportation to appointments, helping with homework or attention during illness. Several working groups are available to organize activities and support. The solidarity levels are shown in figure B.29b.

³⁵AMI: area mean income

B.12. Overview cases

In this section an overview of the characteristics of the cases is given in alphabetic order (see table B.1). For each cases eight columns are presented.

Place and year are the country and city name where the project is situated and the year in which residents started living there. The size is the number of units (i.e. dwellings, apartments or rooms) that are available and whether they are rented, owner-occupied or shared ownership (ownership). The coupled group is the group of people that, besides seniors, are living in the project. The objective is the aim of the project according to literature. Initiators are the organizations that initiated the project and can be foundations, private, cooperative, municipality, housing association, university, or combinations of these. Foundations are non-profit organizations, private means individual(s) without an organizational affiliation and cooperative means a group of individuals forming a non-profit organization. Other actors are the organizations that are mentioned as important actors or co-operators in the literature.

Table B.1: Overview of cases of intergenerational living

Name	Place	Year	Size (units)	Ownership	Coupled group	Objective	Initiator	Other actors
Beschermde Wonen	Belgium, Anderlecht	1986	1	rental	immigrant family	sheltered housing and positive image of immigrants	housing association	private companies
BloemRijk	Netherlands, Krimpen aan den IJssel	2010	187	rental and private	open to everyone	contribution to realization of Cared Living (Gezond Wonen) in the municipality and it promotes social cohesion, interaction between age groups and intergenerational self-help	housing association	municipality, residents
Bridge Meadows	USA, Portland, Oregon	2004	36	rental	adoptive families	develop and sustain intergenerational neighbourhoods for adoptive families of foster children that promote permanency, community and caring relationships, while offering safety and meaningful purpose in the daily lives of older adults	foundation	developer, state, municipality, private partners, architect, contractor and many more
De Wallaart	Belgium, Koekelare	1981	26	rental and private	young families	integration of seniors instead of separation	municipality	social welfare centre, residents

Continued on next page

Table B.1 – continued from previous page

Name	Place	Year	Size (units)	Ownership	Coupled group	Objective	Initiator	Other actors
Ensemble 2 générations	France, Ile de France	2006	1 (per con-tract)	varying	students	promote free/cheap housing for students and break loneliness of seniors	foundation	many operational and financial partners
Génération	France, Saint Apollinaire, Dijon	2002	98	rental	families and seniors with Alzheimer's disease	various services within the same place that will serve several generations	municipality	different municipal departments
Generations housing	Swiss, Burgdorf	2016	± 90	rental	families, singles, disabled persons	increase quality of life of elderly people, promote ageing at home and intergenerational solidarity	cooperative	architect, planner, developer
Gyngemose-gård	Denmark, Copenhagen	1993	52	?	families	connecting younger and older people as well as integrating housing with supportive services	?	social welfare centre
Haus Mobile	Germany, Köln	1997	36	rental and private	singles, couples, families	a community for all ages where you can live your whole life	cooperative	residents, municipality, private investors
Heizenholz	Swiss, Zürich	2012	26	rental	open to everyone	sustainable housing communities in which the principles of ecology and solidarity are put into practice by organisation and inhabitants	cooperative	architect, developer, landscape architect
Hope Meadows	USA, Rantoul, Illinois	1994	65	rental	adoptive families	an intergenerational neighbourhood for adoptive families of foster children which promote permanency, community, and caring relationships, while offering safety and meaningful purpose in the daily lives of older adults	foundation	municipality, state, donors
Inter-generational housing Valladolid	Spain, Valladolid	2009	17	rental	students	response to specific housing needs of people over 65 years old	municipality	university
Kolpinghaus Gemeinsam Leben	Austria, Vienna	2003	255	?	single mothers	offer more than a traditional nursing home	foundation	municipality, social welfare centre

Continued on next page

Table B.1 – continued from previous page

Name	Place	Year	Size (units)	Ownership	Coupled group	Objective	Initiator	Other actors
Lebensraum Johannistal	Germany, Berlin	2005	20	private	families, singles	ecological communal living without having to compromise on privacy	private	architect, residents
Lebensräume für Jung und Alt	Germany, Baden Württemberg	1995	603 (in 15 locations)	rental and private	families, singles, students	Intergenerational living and community feeling through mutual aid and community work	foundation	municipality, residents, social welfare centre
Leuchtturm	Germany, Berlin	2009	16	cooperative rental	families, singles	intergenerational communal living in a self-managed house in central Berlin	cooperative	architect, foundation
Majviken	Sweden, Göteborg	2010	300+	rental	single households (20-30 years)	modern homes with access to community activities and experiences in an inspiring atmosphere	municipality	consultant, residents
Munksogård	Denmark, Roskilde	2000	100	rental, private, shared ownership	younger people, families, singles	create an area with mixed residential groups with values such as democracy, ecology and cohesion	cooperative	residents
Petaluma Avenue Homes	USA, Sebastopol, California	2009	45	rental	lower income families	provide quality affordable homes and services that empower people and strengthen neighbourhoods	? (limited partners)	architect, contractor, private partners, municipality, social welfare centre
Plaza de América	Spain, Alicante	2008	72	rental	low income younger people	affordable intergenerational housing	municipality	ministry, social welfare centre
Samen en toch apart	Belgium, Overpelt	?	2	private	family	living separate but together	private	residents
School 4	Belgium, Leuven	1990	28	rental	disabled, lower income households	transformation of former school into social housing	housing association	architect
SOlink	Netherlands, varying cities	2009	1 (per contract)	varying	students	provide a solution for people over 50 who are alone or lonely and the shortage of student housing	foundation	partners of the foundation

Continued on next page

Table B.1 – continued from previous page

Name	Place	Year	Size (units)	Ownership	Coupled group	Objective	Initiator	Other actors
Talita	Netherlands, Houten	2012	17	rental	teen moms	offering teen moms opportunities by increasing social skills, build a social network and restore family relationships for teen moms	foundation + housing association	residents
Ter Groenen Boomgaard	Belgium, Kiurne	1989	65	rental	disabled, young families	kangaroo living in a green environment	housing association	architect, resident committee, social welfare centre
Trehouse Community	USA, East-hampton, Massachusetts	2006	60	rental and private	adoptive families	vital living opportunities and community connections for all ages, and support for foster families	foundation	private companies, donors
Viure I Conviure	Spain, active in 27 cities	1997	1 (per con-tract)	varying	students	promote care relationships between members of two different generations	foundation + municipality + university	municipality, social welfare centre
Zia Jessy	Italy, Torino	2008	30	rental (free for mothers)	homeless mothers/women	promoting solidarity between generations and offering homeless people a chance	foundation	municipality, social welfare centre
Zwicky Süd	Swiss, Zürich	2016	126	rental	open to everyone	combination of urban life and high social and environmental standards	cooperative	contractor, architect

B.13. Overview solidarity levels

In table B.2, the separate scores for each of the solidarity dimensions are shown. These scores are based on table 4.1 on page 36. Each dimension is averaged and the solidarity levels are summed up to give an overall score. The cases are arranged in alphabetical order and categorized by second target group. For all sorts of families and mothers, the second target group is families. Students and younger people (with a low income) are categorized as students. Lastly, when there is no specific target group, the category anyone is given.

The highest scores are the cases that are expected to perform the best and will therefore be selected for in-depth examining. It was assumed that the five highest scores would represent at least one case of each target group. This however is not the case, even though it is important to explore the different target groups. The five highest scores fall in the categories anyone and students, but none in the largest category families. Therefore, the case with the highest score in this category will also be examined.

These two considerations – overall score and category – lead to the following cases that are further investigated. On the base of highest score per category, Générations, BloemRijk and Ensemble 2 générations are examined. The initiatives with the second best scores are Kolpinghaus Gemeinsam Leben, Munksøgard and Plaza de América/SOlink for the respective categories families, anyone and students. When there is no response on the highest scoring initiatives, these will serve as back-up.

Table B.2: Levels and sum of the different dimensions of solidarity

Name	Associational	Consensual	Functional	Structural	Sum
<i>Families</i>					
Beschermd Wonen	0	0	3	2	3.0
Bridge Meadows	2	3	3	0	5.0
De Wallaart	1	0	3	1	3.5
Générations	3	1	3	0	8.0
Gyngemosegård	0	0	0	1	1.5
Hope Meadows	2	2	3	0	5.0
Kolpinghaus	2	1	3	1	6.0
Gemeinsam Leben					
Petaluma Avenue Homes	2	1	3	0	4.0
Samen en toch apart	2	1	3	2	4.5
School 4	0	0	0	1	1.0
Talita	2	3	3	1	5.5
Ter Groenen Boomgaard	0	0	3	0	4.0
Treehouse Community	2	2	2	0	5.5
Zia Jessy	2	3	3	1	5.5
<i>Anyone</i>					
BloemRijk	3	3	3	0	9.5
Generations housing	2	2	2	1	5.5
Haus Mobile	2	1	2	1	6.0
Heizenholz	2	1	0	1	3.5
Lebensräume für Jung und Alt	3	3	3	1	7.0
Lebenstraum Johannistal	2	1	3	0	6.0
Leuchtturm	2	1	0	1	4.5
Munksøgård	2	3	3	0	7.5
Zwicky Sud	2	2	0	1	4.0
<i>Students</i>					
Ensemble 2 générations	2	3	3	3	10.0
Intergenerational housing Valladolid	1	1	3	1	4.5
Majviken	2	2	0	1	5.0
Plaza de América	2	3	3	1	9.5
Solink	2	3	2	3	9.5
Viure i Conviure	2	3	3	2	9.0

C. Hand out for participants of the expert meeting

Planning:

- 10.00 – 10.15 Introductie en voorstelronde
- 10.15 – 11.00 Validatie factoren
- 11.00 – 11.10 Pauze
- 11.10 – 11.50 Rolverdeling en institutionele context in Générations
- 11.50 – 12.00 Ruimte voor vragen/opmerkingen en afsluiting
- 12.00 Lunch

1. Validatie factoren

a. Voor u liggen verschillende factoren die van invloed zijn op intergenerationeel wonen. Kunt u aangeven of deze volgens u belemmerend of stimulerend werken in een Nederlandse context? Of is deze niet van invloed? Vraagt u zich hierbij af of de factoren zelfredzaamheid, intergenerationele solidariteit en/of informele zorg belemmeren of juist makkelijker maken (missende factoren komen in de volgende vraag aan bod).

Begrippen:

- *Intergenerationeel wonen*: Een gemeenschappelijke woonvorm met het specifieke doel de zelfredzaamheid van senioren te verhogen door de intergenerationele solidariteit te verhogen.
- *Zelfredzaamheid*: Zelfstandig wonen, eventueel met hulp van familie, burens en vrienden.
- *Intergenerationele solidariteit*: Verschillende generaties die elkaar ondersteunen bijvoorbeeld door op kinderen te passen of boodschappen voor iemand te doen.

Lijst factoren:

Factor	Mogelijke invulling:
Fysieke structuur	Grootte project, openbare ruimte, ontmoetingsruimte
Nationale cultuur	Verzorging senioren, omgang met burens, algemene normen en waarden
Lokale cultuur	Bestaande omgangsvormen, omgangsafspraken
Deelname activiteiten	Organisatie activiteiten, soort activiteiten, doelgroep
Overzichtelijkheid communicatie	Regulier overleg, inspraak bewoners, afstemming beleid tussen verschillende partijen
Verhouding informele en formele zorg	Beschikbaarheid zorgvoorzieningen, afspraken over informele (onderlinge) zorg, verleende diensten, betaling diensten
Vertrouwen	Inschatting zelforganiserend vermogen bewoners, openheid beslissingen, algemene waardering organisatie/andere bewoners
Rolverdeling	Verhouding organiserende partijen, rol van bewoners, duidelijkheid over roloverdeling
Publieke inspraak	Inspraak bewoners in ontwikkeling, organisatie van activiteiten, commissies
Uitdraging kernwaarden	Overbrengen kernwaarden, aanpassingen aan oorspronkelijk plan, invulling door deelnemers

b. Zijn er factoren die volgens u ontbreken? Zijn er factoren die overlappen?

2. Rolverdeling en institutionele context Générations

Kunt u per factor aangeven wat voor strategie u zou gebruiken? Hoe zou de rolverdeling moeten zijn en wat voor spelregels zou u opstellen?

Factor	Générations invulling	
Lokale cultuur	Verplichting tot informele zorg	<ul style="list-style-type: none"> - Organiserende partijen verantwoordelijk voor introductie in wijk en ondertekening omgangscontract door nieuwe bewoners - Bewoners helpen elkaar, maar verpleging wordt overgelaten aan professionele zorgverleners -> <i>Ondertekening overeenkomst met principes voor zorg en respect</i>
Verhouding informele en formele zorg (zorgbeleid)	Scheiding formele en informele zorg	<ul style="list-style-type: none"> - Professionele zorgverleners zorgen voor hulp bij dagelijkse bezigheden voor bewoners die dat nodig hebben - Bewoner is zelf verantwoordelijk voor aanvraag formele zorg, maar medebewoners kunnen dit ook suggereren -> <i>Beschikbaarheid verpleging in wijk, sociale overeenkomst</i>
Overzichtelijkheid communicatie (communicatiebeleid)	Vaste overlegstructuur	<ul style="list-style-type: none"> - Organiserende partijen overleggen eens in de 2 maanden onderling - Vertegenwoordiger van bewoners mag eens in de 2 maanden problemen en/of suggesties voor verbetering aandragen -> <i>Vaste afspraak eens in de 2 maanden</i>
Vertrouwen	Persoonlijke benadering	<ul style="list-style-type: none"> - Organiserende partijen maken kennis met nieuwe bewoner en introduceren wijkgedachte bij ondertekening huurcontract, daarnaast reguliere afspraken met bewoners - Bewoners kunnen elkaar makkelijk om hulp vragen -> <i>Kennismaking, introductie in wijk, vaste afspraak en belofte tot hulp in sociale overeenkomst</i>
Publieke inspraak	Ongelijk in organisatie van wijk maar gelijkwaardigheid binnen groep	<ul style="list-style-type: none"> - Organiserende partijen zijn gelijkwaardige partners - Bewoners informeren organiserende partijen over problemen/moeilijkheden of verbeterpunten, maar het is aan de organiserende partijen dit uit te voeren - Bewoners zijn onderling gelijk (ook kinderen en ouderen met dementie kunnen iets toevoegen)
Fysieke structuur	Toegankelijkheid	<ul style="list-style-type: none"> - Kennis opgedaan dmv raadpleging experts (sociologen, zorgverleners, docenten, senioren) - 3 organiserende partijen (gemeente, corporatie en zorgorganisatie) beslissen over uiteindelijke invulling -> <i>Kleinschalig, openbare ruimte gericht op contact, aanwezigheid ontmoetingsruimte, alle plekken rolstoeltoegankelijk en formele zorgfaciliteiten</i>
Uitdraging kernwaarden	Vastlegging kernwaarden	<ul style="list-style-type: none"> - Introductie kernwaarden verantwoordelijkheid organiserende partijen - Bewoners mogen elkaar op kernwaarden wijzen -> <i>Naast huurcontract ook een sociaal contract</i>
Deelname activiteiten	Contact tussen bewoners	<ul style="list-style-type: none"> - Organisatie volledig in handen van organiserende partijen - Bewoners worden geacht deel te nemen aan activiteiten -> <i>Activiteiten voor verschillende groepen, gecombineerde activiteiten voor verschillende leeftijden</i>

D. Additional information and interviews

In this appendix, the cases Générations, BloemRijk, Ensemble2générations and Stichting SOlink are examined in more detail. Based on the available information online or by provided documents, a general picture of the aspects of the projects is given first. In the following sections, interviews with key persons provide additional insight.

A general interview set up has been made with questions based on the desired information about the exogenous variables. These questions were then adapted to the available information (questions that could be answered by the general information were left out) and the position of the interviewed person. In the sections, summaries of these interviews are given.

D.1. Générations

The following information is based on an article in The Journal (AARP International, 2014) and the summary of the Générations neighbourhood provided by Pierre Henri Daure.

Initiative: Under the leadership of Michel Thiry (the chairman of FEDOSAD), the idea of Générations is formed with the help of Rémi Delatte (Mayor of Saint-Apollinaire) and René Force (at the time chairman of OPAC, which is now called Dijon Habitat)³⁶. Pierre Henri Daure (director of establishments at FEDOSAD) wrote the initial document that served as basis for the future project. Inhabitants of the project were involved through a commission consisting of seniors, parents and health professionals.

In this project, the three partners were involved from the start since they brought knowledge in their respective fields of expertise. By doing this, the development of a common philosophy based on family, gerontology and property was possible.

Intergenerational contact: Intergenerational contact is important, but initiatives to promote this contact can sometimes be artificial. By taking intergenerational contact into account when designing a neighbourhood, this becomes easier.

In St. Apollinaire, three emerging difficulties arose: the first in early childhood, the second in taking care of older people, and the third in a deficit in social housing. It would have been easy to realize separate nurseries and retirement homes to respond to these difficulties, but they decided to take the need to create new links between generations into account as well.

The services and facilities made available, form a coherent whole while at the same time are adapted to the individual needs. Furthermore, the neighbourhood is arranged in such a way that people are invited to meet each other. An internal telephone system in the neighbourhood further facilitates the contact between residents and the service providers.

Philosophy: create a living space where the separate needs of children, seniors and low income households are combined while at the same time contact between the groups is stimulated.

- Half of the dwellings is reserved for young couples and the other half for retirees.
- Facilities for young children.

³⁶ FEDOSAD is the Federation of Works for Home Support and OPAC is the Office of Public Planning and Building.

- A place where services are provided and toys for children can be borrowed.
- A neighbourhood space (common room for residents).
- A group home and assisted living for physically challenged seniors.
- A day centre for people with Alzheimer's disease and related disorders.

Furthermore, the idea is to create a space for everyone, even when you are not living in the neighbourhood. The location close to the centre of the town makes it possible to interact with the rest of the town and share facilities for children, contact points for associations and accessible facilities. Furthermore, by not only giving access to the location, but by also providing the services for the residents of the city the idea of Générations benefits all residents.

Residents: social housing is rented out by Dijon Habitat to young couples with at least one child under 6 years old or retirees. The residents sign a charter that is called Bonjour Voisin (Hello neighbour) which is a commitment to participate in the contact between generations and provide services between neighbours. The Charter is shown in figure D.1 and is translated as follows:

To support the village spirit.

I rent an OPAC accommodation in Val Sully, the offered services are numerous and varied, generations can meet each other and participate in joint activities. However, the intergenerational contact cannot be decreed: it is created and is alive. It is not enough to affirm the necessity of relations between generations in order for them to occur spontaneously.

Therefore it is necessary to provide the means for the emergence of such dynamics.

The proposed charter suits me and I am committed to:


- Respect my neighbours, recognize our differences, to listen, to be kind and tolerant.
- Respect the freedom and tranquillity of my neighbours to be able to live in harmony in the neighbourhood.
- Be friendly with my neighbours, know how to ask and provide a favour, giving and receiving.
- Help, support and accompany my neighbours to ensure their safety to break the isolation and fight against individualism.
- Participate, be involved and bring my ideas to live to support the neighbourhood life.

Générations is located in Saint-Apollinaire, it is important that I contribute to the village spirit.


By respecting all these principles, Générations makes sense. It allows me to find my place in a collective community. The bonds are easier and life is better for all.

Services provided:

- For retirees and elderly: FEDOSAD manages two adjoining smaller living units:
 - Sheltered housing for six mentally challenged people with for example Alzheimer's disease.
 - A group home for fourteen physically challenged elderly.
 - Furthermore, there is day care for thirteen seniors with Alzheimer's disease living at home is made available.
- For families:
 - A day care centre: for up to 30 children between 2 months and four years.



Ville de Saint-Apollinaire
"l'esprit village"



O.P.A.C.

La ville de
SAINT-APOLLINAIRE,
l'OPAC,
la FEDOSAD
sont
heureux de vous
accueillir à
SAINT-APOLLINAIRE.

CHARTRE GENERATIONS

"Bonjour, Voisin !"

POUR FAIRE VIVRE L'ESPRIT VILLAGE

Je suis locataire d'un logement OPAC à Val Sully, les services proposés sont nombreux et variés, les générations peuvent se rencontrer, participer à des activités communes. Mais l'intérogénération ne se décrète pas : elle se crée, elle se vit. Il ne suffit pas seulement d'affirmer la nécessité des relations entre les générations pour que celles-ci se mettent spontanément en place. Encore faut-il se donner les moyens pour qu'émerge une telle dynamique.

La chartre qui m'est proposée me convient et je m'engage à :

Respecter mes voisins, les reconnaître dans leurs différences, être à l'écoute, être bienveillant et tolérant.

Respecter la liberté et la quiétude de mes voisins pour vivre en harmonie dans le quartier.

Etre accueillant avec mon voisinage, savoir demander, rendre un service, donner et recevoir.


Aider, soutenir, accompagner mes voisins en veillant à leur sécurité pour rompre l'isolement et lutter contre l'individualisme.

Participer, m'impliquer, apporter mes idées pour faire vivre la vie de quartier.

"Génération" est situé à Saint-Apollinaire, il est important que je contribue à faire vivre "l'esprit village".


C'est en respectant tous ces principes que la philosophie Génération prend tout son sens. Elle me permet de trouver ma place au sein de la vie collective. Les liens sont plus faciles et la vie plus agréable pour tous.

LA MAIRIE




M. Delatte

LA FEDOSAD



M. Thiry

L'OPAC DE DIJON



M. Girard

LE LOCATAIRE

Figure D.1: The Charter of Génération: Bonjour voisin

- An intermediary service for baby-sitters:
 - * Provide information and guidance for forms of childcare.
 - * Organization of events and exchanges and provide support for maternal assistants.
 - * Implementation and evaluation of places for children.
 - * School restaurant: managed by the municipality to take care of children from kindergarten and primary school on Wednesday when school is closed.

Available space open to everyone:

- The ‘Mosaic’ place: a place for welcoming, entertaining, coordinating and mediating. It aims to provide a link between all available activities.
- A neighbourhood room: a place where various activities take place, for example association meetings, karaoke, conferences and festivities.

D.1.1 Interview with Pierre Henri Daure - FEDOSAD

Date: March 9, 2015

Function/Background: Director of establishments at FEDOSAD. Pierre Henri Daure has a psychiatric nursing degree and has much experience with taking care of seniors and disabled persons.



Persons of importance in the project: Pierre Henri Daure stresses that the Générations neighbourhood cannot exist without the cooperation between key figures: the mayor of St. Apollinaire and the presidents of FEDOSAD and OPAC.

- Remi Delatte – current mayor of St. Apollinaire
- Michel Thiry – president of FEDOSAD at the start of the project and provided the original idea of the concept.
- René Force - president of OPAC/Dijon Habitat³⁷ at the start of the project.
- Hamid El Assouni – current president of Dijon Habitat.
- Jean Barthe – current president of FEDOSAD.

Start-up: The mayor of St. Apollinaire made an overview of the needs of elderly persons in the village. Together with the president of FEDOSAD and the municipal building developer OPAC they started thinking about a neighbourhood in which having contact with neighbours was central.

With the help of a sociologist, the social aspects of neighbourhoods were investigated. A network group consisting of professionals and politicians of the city, OPAC and FEDOSAD, several health professionals (doctors, nurses, homecare), educational professionals and elderly persons from a senior club, was set up to start the project. This group visited several projects, although the concept of intergenerational contact did not exist yet at that time, and eventually a project plan was written. The neighbourhood was finished in 2002.

Concept: The building of a new neighbourhood provided an opportunity to combine three goals:

- Build apartments for low income households³⁸.
 - Seniors were living in inadequate housing for their needs.
 - There were no housing opportunities for young couples with children under 6 years old.
- There were not enough services for children.
- There were no nursing homes for elderly persons.

The neighbourhood is built in such a way that communication between residents is facilitated. The buildings entrances face each other and pavements support running into each other. In each apartment an intercom is available which makes it possible to communicate between the apartments for free.

³⁷ The name OPAC was later changed into Dijon Habitat.

³⁸ In France you need at least 20% social housing and St. Apollinaire did not have this amount of social housing at that time.

By participating in activities and meeting each other on the street, residents get to know each other and provide mutual support. For some persons (e.g. when you do not like children) the concept is not suitable because you have to adapt to all the different persons and ages that live in the neighbourhood. You do not get to choose your neighbour, but by explaining the concept this should not be a problem. Only a few households (around 5) have left because the neighbourhood did not turn out to be as they expected.

Win-win situation:

It is possible to provide activities (e.g. drawing, making crepes, singing together) for both seniors and children combined and can even offer unforeseen benefits. Children do not care whether someone is handicapped or has dementia. Furthermore, older persons with dementia might suddenly remember lost actions. One experience in *Générations* is that some people with dementia that feed a child suddenly remember how to feed themselves again. Somehow taking care of someone else, naturally triggers a reaction.

Accessibility: The neighbourhood is completely wheelchair friendly: all apartment buildings have elevators to make it accessible for all persons. Doors of all apartments are wide enough for wheelchairs. This principle is also applied to bathrooms and they are big enough for a wheelchair to turn.

In the neighbourhood there is a bakery, a hairdresser and a kiosk for newspapers. In the vicinity, a commercial centre is available, but this is too far for seniors to walk there. Three options are available: (1) ask neighbours, (2) town volunteers drive, or (3) take the bus. The problem with the bus is that it is not easy to enter, because of the steps (not wheelchair or senior friendly).

The charter 'Bonjour, voisin': The charter was written by professionals from the three partners in order to offer future tenants a different kind of living in the neighbourhood. Furthermore, by writing this charter, the residents of social housing could be selected better³⁹. Residents should understand the charter and see mutual support as beneficial, because there is nothing the partners can do when residents do not conform to the rules in the charter.

When a tenant signs the charter, this agreement is also signed by the mayor, the president of OPAC and the president of FEDOSAD. It is an agreement between all four parties and implies responsibilities for all of them. Furthermore, the resident is officially welcomed and is introduced to the fellow residents.

Assigning dwellings: In total there are four buildings with 76 rental apartments of which 36 are two-room apartments, 36 three-room apartments and 4 four-room apartments. The idea was that the target households automatically would choose the appropriate apartments based on their characteristics. Selection of residents is based on three criteria:

- Half of the apartments are meant for seniors and the other half for couples with at least one child under 6 years old.
- Households should have a low income.
- They have to sign the charter.

Regulation: Signing the charter is obligatory. It is not clear whether this was an exception for this specific neighbourhood or whether it is possible to force tenants to sign a charter throughout France. Maintenance and organization of activities is done by the three partners. Each of

³⁹ In France, OPAC must allow everyone in their social houses, which means selection is very difficult.

the partners has a specific task and a budget of around 3000 Euro per year.

Communication: Every two months, the parties involved meet each other. In the first hour of the meeting, the mayor, president of FEDOSAD, president of OPAC and the president of social services discuss the progress and difficulties in the neighbourhood. In the second hour, representatives of the neighbourhood can point to problems that need fixing as well. These representatives are not elected and can differ per meeting. Fellow residents simply tell the representatives what they have to present.

Important aspects:

- Inviting residents to participate in activities, because otherwise they might be reluctant to participate. Seniors do have more time than younger people, but for both enough activities are available.
- The village spirit: knowing your neighbours because you live close to each other. This implies that the project should not be too large.
- Explaining the concept to future residents.
- Residents are still responsible for asking for help, whether they need professional care or help from their neighbours.
- When combining activities for seniors and children: not too much children since then it is too busy for the seniors.

Starting points:

- Create a social link! Residents need to know each other, do things together and understand mutual benefits. This will help avoiding stereotyping and create a nice neighbourhood.
- The location of the neighbourhood:
 - Building a new place is easier than restructuring.
 - The neighbourhood should be not too far from the centre of the town.
- A strong partnership between all parties is essential.
- Make a charter:
 - All parties should sign this charter.
 - The charter explains the concept and when signing it a possibility for introductions arises.

D.2. BloemRijk

The following information is based on three documents published about Bloemrijk: Handreiking BloemRijk (Mesland, 2010), Slotdocument BloemRijk (Mesland, 2011), and Evaluatie BloemRijk (De Jong, 2011).

Initiative: The formal initiator is housing corporation QuaWonen, but the actual project management lies in the hands of Zorgberaad Midden Holland. Together with residents of BloemRijk, the municipality Krimpen aan den IJssel, health and welfare organizations and customer organizations, the project took form.

Goal: The goal is to let the residents be initiator as much as possible and to improve social cohesion, interaction between age groups and intergenerational self-support.

Sub goals:

- Contribute to social cohesion and a sense of community.
- Improve the liveability of the neighbourhood and increase resident involvement.
- Appeal to the responsibilities of residents.
- Ease the burden on the professional care network.
- Improve the quality of life of seniors and younger people.
- Improve options to age in place and postpone the need for intramural care.
- Improve contact between generations to benefit from each other's qualities and capabilities.

Social contact: Before and during the construction, residents were in contact often (functional and socially). After construction, several activities are organized on a regular base and a neighbourhood coach helps organizing these. Through activities and meetings, residents get to know each other, resulting in trust which is essential for establishing mutual services, neighbourly help and taking care of each other. Residents started providing help even before an official platform was set up.

Management: Responsibilities gradually shifted from the project group BloemRijk to the residents and at the end of 2010 the original project group quit. In figure D.2, an overview of the organization structure before and after the first phase is shown.

In the first phase, the project group arranges most things and consults residents. The four working groups are involved in designing the meeting space and public space (BloemRijk ontmoet!), communication (BloemRijk spreekt!), subsidies and the Buurovereenkomst (BloemRijk regelt!), and neighbourly help and selection of neighbourhood coach (BloemRijk diensten!).

After handing over the management, around 10 residents are involved in the core group. Werkgroep Actief! consists of a youth committee, activities committee and a green committee. The Werkgroep Onderlinge Dienstverlening! consists of a management committee with four members and arranges the mutual services. The neighbourhood paper 'de BloemRijker' is made by Werkgroep Spreekt!, as well as other printed materials such as flyers, and the website. The integral neighbourhood team has a consulting role and consists of the neighbourhood coach, the complex manager of QuaWonen and nurses from the home care institution Zellingen.

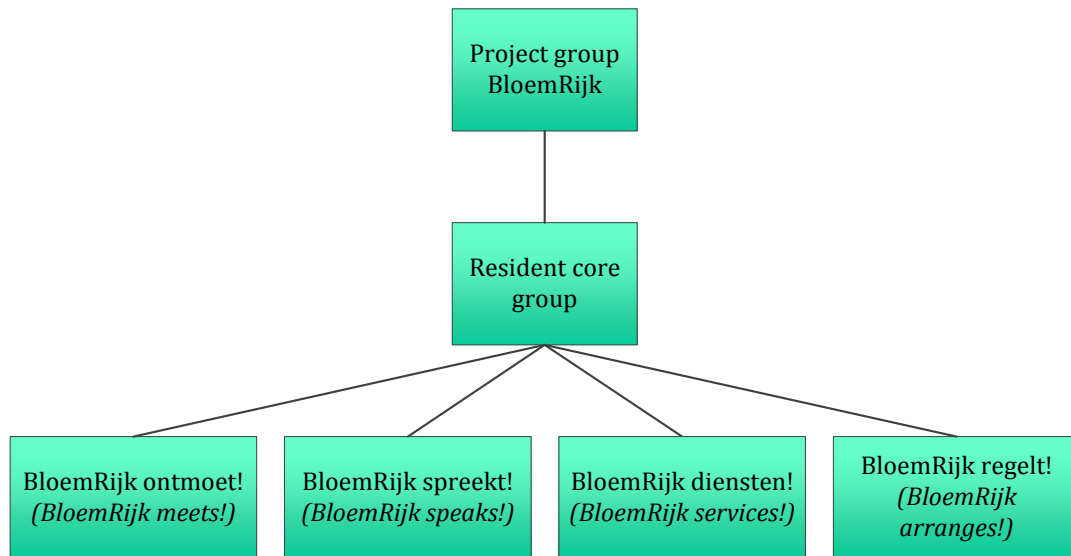
BloemRijk Gedachtegoed and the Buurovereenkomst: Before the start of the construction, returning residents drew up a philosophy in the form of statements. These are reflected in the statements in figure D.3.

This BloemRijk Gedachtegoed is later transformed into a Buurovereenkomst which can be signed (not obligatory) by residents. An important part of the Buurovereenkomst is the promise to help realising the goals of BloemRijk and spend time on this. In the Buurovereenkomst statements about manners in respect to your neighbours, on the street and the meeting space are laid out as well as what you can contribute to BloemRijk. Many residents have signed this agreement.

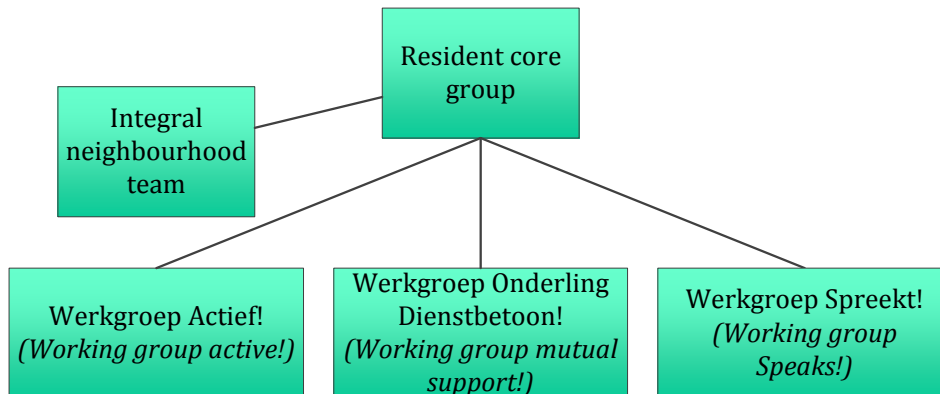
The neighbourhood coach: The goal of the neighbourhood coach is to activate and coach residents to carry out their ideas, and to improve the quality of life and social cohesion in the neighbourhood.

Main tasks:

- Activating, coaching and encouraging residents to organize activities that contribute to social cohesion and involvement of local residents.
- Establish and maintain contacts with residents and organizations



(a) Organization structure first phase



(b) Organization structure January 2011

Figure D.2: Organization structure BloemRijk (source: De Jong (2011))

- Secondary tasks are co-creation and support of projects for mutual care as well as publications of projects in the BloemRijk area.

Activities:

- Regular activities: weekly coffee morning and ‘klaverjassen’, monthly bingo, Ladies Night with workshops and and cooking club. Participation normally costs a few Euros.
- Special activities: yearly barbecue, Halloween, Santa Clause and New Year. Special occasions for example watching the World Championship football.
- : Children’s activities: on Wednesday afternoon and film or bingo nights for older children.

Services provided: A service can be anything and can be reciprocal or not. When it is reciprocal this can be paid by another service or financial. A web application helps arrange the supply and demand of these services.

- I do not live alone in a house, I live in a neighbourhood
- I want to be able to really feel at home in the neighbourhood and I can do something about that
- You should know your neighbours in your own neighbourhood
- It is normal to do something for neighbours
- The idea of supporting each other is comforting
- Old and young together brings liveliness in the neighbourhood
- Everyone has talents which can be used in the neighbourhood and can be further developed
- I can ask for help, but I can also help others
- I respect the privacy of my fellow residents, but I do ask how they are doing
- Together with others I am willing to work for a lively, clean and safe neighbourhood
- I will find out how I can do things for BloemRijk
- We are going to make something beautiful!

Figure D.3: BloemRijk Gedachtegoed (*source: Mesland (2011)*)

Formal care: Nurses have regular office hours at the meeting space and provide certain treatments such as blood pressure measurements. Furthermore there are information sessions for residents. Formal care should however be offered by professional institutions and is not supposed to be given by residents.

Financing:

- QuaWonen: project management, design and rental costs of the meeting space, financial support for activities of the residents and partly the neighbourhood coach.
- Municipality: partly financing the neighbourhood coach, activities of residents and project management.
- External financial support from the city region Rotterdam, VWS/VROM, SEV and national private funds.

Experiences residents:

- Reasons for choosing BloemRijk: interesting concept and back to knowing who your neighbours are, doing things together, being active in a neighbourhood.
- Many residents have more contact with neighbours, and say hi to each other.
- Especially the residents living in an apartments experience a high social cohesion.
- Activities are attended by many residents.
- People less active in the neighbourhood do not know when and how they can do something.
- Almost everyone reads the local paper (the BloemRijker).
- Even without an official system for services, neighbours help each other.
- When you know each other, you will help your neighbour more easily.
- One of the residents feels that there is not enough contact and had a fight with her neighbours (however, many residents are satisfied with their contact with neighbours).

Experiences other stakeholders:

- Construction of BloemRijk: it was a process that simply evolved instead of following a sort of handbook. In order to do this more often, a list of considerations should be made available.
- The process was slow because residents had to be coached.
- The neighbourhood should be more open to other neighbourhoods.
- The most important aspect of BloemRijk:

- Not just one aspect, it depends on all aspects: by stimulating meeting each other, people get to know each other which improves the chance they will help each other.
- Basis is social cohesion.
- Professionals and residents should work together
- It is important to create cohesion. Meeting spaces are an important tool in making this possible.
- Providing services is not obligatory because that is counter-productive.
- Residents should not nurse each other; home care such as putting on stockings is a job for the professionals. Bringing someone to a hospital, doing groceries, or cleaning something is no problem, but it should stay informal care.

Other conclusions:

- The separate parties involved have no unambiguous idea or picture of BloemRijk.
- The original idea to make the Buurovereenkomst obligatory was not possible, but it turned out not to matter.
- Informal care also arises without a formal format through a website.
- Some form of distance between neighbours is necessary in order to be able to have a good relation.

D.2.1 Interview with Aad van Opstal, Johan de Pater and Willem Groeneveld - residents

Date: March 3, 2015

Function/Background: Aad, Johan and Willem are residents at BloemRijk. Aad participates in the core group, Johan is an active resident and Willem participated in the project group from the start.



Concept:

Living in BloemRijk is way of life, a concept which you carry out inside and outside your house, whether you are in the neighbourhood or somewhere else.

Adaptation:

Due to the crisis, the apartments for seniors, higher income households and disabled people, were never built. Instead many cheap dwellings for sale were built. Furthermore, these 'new' people did not have to participate in the original concept of the project.

Contact between residents:

In general there is no real tension between new and returning residents. They participate in activities together such as barbecuing. It is no problem for them to participate in a single activity, but there is no structural social cohesion. Initiatives come from the residents and are mostly further carried out through the core group.

Incentive for participation:

Residents together decided to cut bushes and plant grass instead in an unsafe place of the neighbourhood. However, the municipality was not going to mow this part, so the residents decided they were going to do this and the municipality provided a lawn mower. For the residents this meant a safe place for your children and for the municipality this meant less maintenance. Furthermore, social cohesion increased because residents had to communicate: they have a common interest and responsibility to keep the neighbourhood liveable.

Active residents and the core group used to talk to everyone about everything. However, they tell the other residents that the municipality has promised them things while the municipality does not keep its promises. Therefore, the other residents lose confidence and direct their frustration at the core group and active residents. This in turn demotivates the core group and active residents.

Frustration between residents:

Together with several residents, flower beds were created in front of houses. When the owners of these houses were asked to water the plants and pull the weeds from time to time, one of them called the municipality asking why he needed to take care of the public space. This person was told that he was right and did not need to do this. However, BloemRijk had a contract with the municipality stating that residents would take care of parts of the neighbourhood. The residents that initiated the flower beds stopped taking care of them in that part and the public space deteriorated. This in turn frustrated the home owners as well.

On the other hand, when planting flowers with the whole neighbourhood, including children, everyone felt responsible for them. The children even stopped running through the garden, because then they would demolish their work.

Contact with the municipality:

Contact with the municipality is difficult and many residents are disappointed. A part of the maintenance of the public space is the responsibility of the residents, but because the residents feel the municipality does not listen to them and makes wrong decisions, this does not work very well. Residents know that it is not possible to live in the neighbourhood without the help of the municipality, but they feel like many civil servants do not understand the concept of BloemRijk and what it means to actually live there.

Examples:

The municipality promised flowerbeds and fertile soil. The soil at the place for the flowerbeds however consisted of rubbish and was therefore unsuitable. The municipality was informed, but still instructed BAM to plant the flowers, which would not grow. Residents did not mind being responsible for the flowerbeds, but because they only caused trouble residents lost their trust.

Furthermore, the drainage system did not work well due to the rubbish in the ground, which meant floods in the street. In exchange for clearing the rubbish, the municipality promised to fix this. However, nothing happened and in a few weeks the same problems occurred. This meant even further increasing the frustration of residents.

In cooperation with QuaWonen, residents had planted bushes to minimize the nuisance of playing youth. QuaWonen hung signs forbidding skating and playing soccer at this place (which was their space). The young people complained to an alderman, which then stated that it was public area and that they were allowed to play there. The other residents felt that all their consulting with QuaWonen meant nothing and became frustrated. Later, the alderman acknowledged he was wrong since the area belonged to QuaWonen. The young people are not responsible for this mess, but everyone in the neighbourhood becomes more frustrated.

Mutual support:

Mutual support, although originally meant for the whole area, almost only occurs in the apartment building. In this building someone is responsible for the televisions, there is a carpenter, and a locksmith. When someone has to go to the hospital, someone accompanies this resident. This however does not mean that residents do not help each other in the rest of the neighbourhood, but this is different than intended at the start. Mutual support was supposed to be coordinated and be visible.

Social control is present in the neighbourhood. Residents for example call the neighbourhood coach when they think something is wrong somewhere. For seniors this also means that they can live independently longer since people are willing to help them and notice difficulties.

The online services system did never work, but cost a lot. There were basically two problems:

- Some services you need immediately and cannot plan. When you have a flat tire, you need someone to help you immediately instead of putting it on a website and waiting until someone responds.
- Not all residents knew how to use the system even though other residents helped and wrote manuals.

At the start of the project, when someone was for example pulling weeds, other residents came help this person without having to ask them. Furthermore, helping your fellow residents is a certain lifestyle, simply occurs and should not be recorded. This would even be counterproductive since people want to take care of someone without formally recording it and recording it might even hurt them. Furthermore, social services should be careful: residents frequently visited a senior to make him feel less lonely, but were reluctant to do that when his daughter was told that official care would be cut since the residents could take care of him as well.

It is difficult to ask for help in general. However, people needing help are vulnerable and should feel comfortable to ask for this. This is only possible when you feel accepted and safe. By decreasing conflicting policies and increasing social cohesion this will become easier.

Activities:

Residents still organize a lot of activities. Last year there were over 300 activity sessions. Photos of a few of these activities are shown in figure D.4. Essential in organizing these activities is the common room, which is financed by QuaWonen. Furthermore, these activities are meant for everyone, even when you are not living in BloemRijk. Originally this was not the idea but the residents wanted to change this.



Figure D.4: A few examples of activities held

Neighbourhood coach:

A neighbourhood coach is absolutely necessary! Problems will occur when there is no specific person for motivating, solving conflicts and having good contacts with official organizations. This cannot be one of the residents because then conflicts occur.

Residents made a profile for the neighbourhood coach and were also involved in the process of choosing the coach. She was paid by the municipality and QuaWonen. The coach was meant to work 12 hours for BloemRijk, but soon this turned out to be 20 or even more. Eventually

the municipality and QuaWonen could not pay the coach anymore and she would disappear. Residents lobbied to keep the coach and based on signatures they found a way to keep the coach. The neighbourhood coach was involved in Contour de Twern, which was the new support centre for BloemRijk.

District nurse:

The district nurse used to have a consultation hour at the common room, but this was not necessary and was stopped. If needed, residents will set up the consultation hour again. At the moment, the district nurse advises residents when they have a specific problem. Furthermore, once a month there is an informal care (mantelzorg) meeting where someone from Contour de Twern is available to answer questions about care needs and providing care.

Neighbourhood agreement:

It does not work to enforce this agreement. However, new residents were supposed to be informed upfront about BloemRijk as a concept and asked to sign the agreement when they were signing their rental agreement. The neighbourhood agreement, was dropped in the second phase and does not exist anymore.

In order to be able to still implement the concept, the municipality should change its behaviour and ask for help instead of demanding. Civilians like a nice and safe neighbourhood but will have to do something for this because of the cuts in the budget. Municipalities can communicate this and together the actual responsibilities can be discussed. This means a common goal to help each other, but it is the task of the municipality to ask for help. The other option is to increase taxes to be able to provide the same support as before.

Foundation:

At the moment the core group consists of volunteers. Creating a foundation would probably solve a lot of the problems, but is difficult. QuaWonen proposed to help create a foundation, but there are no residents willing to participate. People need to know what to do and you need a chairman, a treasurer and a secretary and that takes time. Furthermore, some residents are disappointed and demotivated.

Most important aspects:

In order to create social cohesion, people need to be motivated to participate. Incentives are important to motivate all residents.

Communication is important. Communication about the lifestyle is necessary and top-down enforcing of services does not work. By doing things together, people get to know each other, and are willing to take care of each other.

Specific points of improvement:

- ALL residents and future residents should be involved and communication is essential.
- An external person should be present to motivate residents and act as a link with other organizations.
- Housing association and municipality should coordinate and communicate better.
- Residents should be allowed to actually participate, which means the municipality should relinquish some control.
- Do not focus on one group (e.g. younger people) at any time, since decisions in a neighbourhood affects all residents at all times.

- Do not enforce a top-down neighbourhood agreement, but let residents together evolve this idea.

D.2.2 Interview with Rita Schoen - QuaWonen



Date: March 6, 2015

Function/Background: Currently manager of department Strategy and Participation of QuaWonen. During the development of BloemRijk she used to be manager Housing Services for the Western region and manager of Participation and Liveability for the whole region.

Start-up:

Originally there were 150 single-family dwellings from the seventies that had foundation problems and needed to be replaced. Together with healthcare and welfare organization in Krimpen-erwaard/Midden Holland the idea of a project combining young and older people in the neighbourhood. The residents were consulted and they gave their consent for restructuring the neighbourhood.

In Krimpen aan de IJssel, a General Board of Housing, Care and Welfare was set-up in which nursing homes, welfare institutions, the housing corporation and the municipality had a seat. A project group BloemRijk was further started in which persons of QuaWonen, health care organization De Zellingen, welfare organization Het Meldpunt, representative organization of senior interests Het Seniorenplatform and a few residents worked together. This project group made a project plan in which the dwellings were as soon as possible assigned to first households of the original neighbourhood and then to other interested households.

Concept:

- By allocating the houses to younger and older people and making agreements about how to treat each other, the idea was to make it easier to live independently longer.
- When restructuring a neighbourhood (or building a new one), the existing social structure disappears and one of the goals should be to re-establish a social structure.
- The dwellings should be mixed: young and old living next to each other, apartments as well as single-family housing, owner-occupied as well as rental housing (although relatively few owner-occupied dwellings). In the first phase this was planned carefully per dwelling. In the second phase this careful planning was abandoned. Instead, the characteristics of the dwellings were adapted to fit specific target groups (i.e. families will choose a single-family dwelling, seniors will choose smaller apartments).
- QuaWonen basically tries to make a match between new tenants and current residents.
- In the original concept a complex for special target groups such as mentally disabled persons was supposed to be built. They could contribute to the community by for example maintaining the meeting space. However, due to the crisis, this was never realized. Instead more single-family dwellings, more high rental dwellings and compared to the first phase more owner-occupied dwellings were built.

Gedachtegoed/Buurovereenkomst:

The Philosophy (*Gedachtegoed*) was developed together with the first group of residents and was used to recruit new residents. Information nights were organized for potential residents in which this Philosophy was discussed. Eventually, the residents transformed the Philosophy into a Neighbour agreement (*Buurovereenkomst*). They were left free to decide what they as residents wanted in the agreement.

In another apartment building of QuaWonen, a similar agreement exists but this agreement is obligatory. It is part of the rental agreement and is made by QuaWonen. It is however difficult to impose this agreement top-down. By having residents draw up the agreement, more opportunities arise. Furthermore, instead of QuaWonen being responsible for enforcing the rules, the residents are free to address fellow residents about their responsibilities defined in the signed agreement.

Assigning dwellings:

In order to keep the Neighbour agreement alive, it is necessary to inform future residents before they even decide to start living in the neighbourhood. However, since QuaWonen is partly focused on reducing vacant housing and quickly renting out the dwellings (efficiency), this is difficult to incorporate. It requires the team leader to make all employees understand the concept.

Originally, the idea was to have the tenant sign the Neighbour agreement first and then the rental agreement but this affects the principle of freedom of establishment. Therefore, when signing the rental agreement tenants are asked whether they want to sign the Neighbour agreement as well. It is however important to inform future tenants earlier about what BloemRijk is, but it is always their choice whether to live there or not.

For the owner-occupier segment, the Neighbourhood agreement and steering is much more difficult. The developer simply wants to sell the dwellings as soon as possible and for the highest price. This means that, to them, it is not important how the social structure develops in a neighbourhood and the residents meet each other after the dwelling is sold. For the more expensive rental units, this principle also applies.

Regulation:

QuaWonen has limited freedom to assign dwellings carefully. Multiple regulations often apply and change often, which makes it difficult to maintain the original concept.

Support:

A neighbourhood coach should be available, but residents should realize they are capable of a lot. The coach can help them see that and/or motivate residents. At some point, the coach does not need to spend as much time in the neighbourhood as in the beginning. There should however always be some kind of support available, and it should be paid by a municipal fund.

The residents furthermore should know who to contact when they need something. Complaints should be addressed at the right organization in order for the other persons/organizations to focus on their specific tasks. For residents it is easy to let someone else do this for them, but it is part of their responsibility.

Mutual support was supposed to be digitally controlled but that did not work out. Residents do not ask support from all residents but choose carefully and their privacy is important as well. In the senior flat, mutual support did work out. Before asking official support, residents are asked to help or recognize someone needs help.

For apartment buildings it is easier for mutual support to occur because residents see each other more often. This however, does not mean that this concept will not work in a neighbourhood as a whole. It simply demands more effort (initiative and communication) for this to occur, but doing something for someone will always mean that that person is willing to do something for you more easily.

Important aspects:

- Key figures in the neighbourhood are important when starting up this kind of project since it is not possible for a professional to accomplish the same agreements.
- The meeting space makes it possible to have activities and to meet each other without violating privacy.
- Let residents (with the help of a coach) find out what to do and how to do it themselves, even with the risk of something going wrong. When something does go wrong, it is important that this is picked up fast.
- Renovation or new development exists not only of transforming the physical aspect, but about addressing the social aspect as well.
- Participation demands a different view: as a municipality you cannot write a plan anymore from behind your desk. Residents should be taken seriously, but you should also know when to say something is not possible: they should be guided.
- When residents are allowed to participate, new creative ideas might arise. Participation will not lead to large delays when planned carefully. Furthermore it leads to a better neighbourhood with concerned residents and will thus pay off in the long term.
- Communication is important, and agreements about how and when to communicate should be made. Once a year should be sufficient, but when problems occur someone should be available for support.

D.3. Ensemble 2 générations

The following information is based on the information available at the website of Ensemble2générations⁴⁰.

Mission: Offer seniors an opportunity to overcome loneliness and provide cheap housing for students

Actors: Seniors, students, Association Ensemble2générations, operational partners, financial partners, diocesan partners

Students and seniors:

- Students between 18 and 30 years, looking for a cosy apartment. The student should be discrete and warm, feel close to elderly and like taking care of someone. The student should go to the association office.
- Seniors are retired and over 60. They should have a spare room, need some help and wants to help provide student housing. The senior is visited at home by the association.
- Application costs are 10 Euro.
- A candidate is based on the person, the student's expectations, study place and availability of time.
- Activities: help gardening, mowing the lawn, introduce the computer, have meals together, go shopping, cooking, accompanying the senior to the doctor, see a film, watch TV, practice a foreign language, watch photo albums, talk about passions and hobbies, a presence at night, take care of a pet, crafting, get the mail, close the shutters, take out the trash, walk around the neighbourhood, watch the house in case of absence, share special events such as Christmas.

⁴⁰ www.ensemble2generations.fr

Association:

- Brings students and seniors in touch with each other
- When an opportunity arises:
 - Student: appointment at the office to find out more and talk about terms of cohabitation.
 - Visit the senior selected by the student and discuss profile of the student. Then define services needed.
 - Set up contract and contribution
- When cohabitation starts:
 - Provide a hosting agreement
 - Set up liability insurance for the student
 - Stay in contact

Rules:

- Senior decides what is OK and what is not OK (parties, receiving friends etcetera).
- Internet might be available and can be part of the agreement. Otherwise the student is solely responsible.
- Kitchen and bathroom are made available to the student.
- Notice period is 1 month for both the senior and the student.
- In case of non-compliance with the contract, the students notice is only 8 days.

D.3.1 Interview with Isabelle Etienne - Ensemble2générations

Date: February 11, 2015

Function/Background: In charge of a department of Ensemble2générations



Aim: Ensemble2générations makes the link between elderly persons and students. The elderly person can stay longer at home and students get a cheap or free room. It is a link between those two generations.

Proces: Elderly gets in touch with Ensemble2générations through media, papers, television, hospital doctors and town halls. A representative of Ensemble2générations visits the senior and tries to learn more about the person by asking questions about their life and what needs they have. The visit takes 1.5 to 2 hours and afterwards it is clear what formula the senior desires.

The student first of all meets ensemble2générations and then with the senior so that they get to know each other as well. Afterwards both parties have to decide that they are willing to live together. When they do, Ensemble2générations draws up a contract with the chosen formulae, the exact services that will be provided, the amount of rent, and what the student is allowed or not allowed to do (e.g. have friends come over or not).

If at some point the cohabitation does not work well (e.g. they cannot get along or the services agreed upon are not provided), Ensemble2générations mediates between the two. The student can change his behaviour or decide to stop living at that place. If he decides to stop living there, he will have to find something else without the help of Ensemble2générations.

Formulas:

1. Free housing: the room is free of charge and the student should be at home almost every night for diner and sleep there. The student has one free evening per week (but has to sleep at home), two weekends free per month and three weekends vacation per year.

2. Economic housing: the student spends a bit of time with the senior, but some services are provided such as putting the dustbin out, take the senior to the doctor or pharmacy, or go to an exhibition. The student only pays for gas, electricity and heat which is around 100 Euro per month.
3. Solidarity housing: The student pays rent below the average in Paris and does not have to be at home at certain times. Services provided are limited to saying hello or going to the pharmacy for the senior when needed.

Reasons for choosing the program: For the senior it is especially easy that an official association sets up the match and provides security. Ensemble2générations selects the students and has contact during the cohabitation. Furthermore, seniors feel less lonely when they live together with someone. For students this loneliness is also important. When they leave their elderly home, some of them feel lonely and are thus happy to have a room and share space with someone who is there and with whom you can talk about many subjects. Furthermore, the rent is low or even free.

Most important aspects:

- It is really important to get to know the parties and draw up a contract.
- Students should be open minded and serious.
- Students do not provide official care or treatment, but offers simple services. This means that seniors cannot have Alzheimer's for example.
- Students should be willing to pay attention to a senior.

D.4. Stichting SOlink

The following information is based on the information made available at the website of Stichting SOlink⁴¹.

Stichting SOlink: Two different generations, two different needs, one joint solution. A serious student rents a room during the study period in the home of a single over-50s. Young and old live together and thereby provide added value for each other.

It is a foundation, so non-profit goal. Monthly contributions of participants should cover the costs. Furthermore, before the actual link is established, there are no charges (no cure no pay).

Main objective: Solving the problems related to loneliness of over-50s. The student provides the solution and gains a nice room where he can live during his study period and study in peace.

Process: Based on a conversation with a senior, a profile is established after which the search for a suitable student is started. Students apply online, via e-mail or telephone, but only have an intake when a specific location is available. This occurs when a match is found based on for example faith, hobbies, education or a past. SOlink then guides an interview between the senior and the student. If both parties decided that it is a match, the two can start living together (the average possible matches before a suitable candidate is found is between 5 and 12). During the cohabitation, Stichting SOlink stays involved and comes by several times a year to see how

⁴¹ <http://solink.nl/welkom/inleiding/>

it goes and make adjustments if necessary.

Information: Social media is used to see whether the student is involved in inappropriate behaviour or activities according to the senior.

Regulation: Stichting SOLink has to ask the housing association permission for the senior to sublet a room through the SOLink program. This can take up to several months, but once permission is given this applies to future requests as well. For seniors who are owner-occupier, Stichting SOLink will ask permission from the mortgage lender.

Contracts:

- A service agreement in case of a theoretical link.
- A rental agreement when both parties agree to the match.

Financing:

- Monthly fee paid by participants.
- Extra funds, although the goal is to do it without funds.
- Student pays 290-350 Euro per month

Conditions:

- The student should like accompanying a senior on a daily base. He should be a serious student and be relatively quiet (a party animal will not be a match).
- The student must attend a Dutch educational institute.
- The house should have at least two bedrooms (one for the senior and one for the student), but there are no restrictions for a minimum or maximum surface area since both are desired by students.

D.4.1 Interview Brian van der Graaf - Stichting SOLink



Date: February 20, 2015

Function/Background: Project leader at Stichting SOLink, which means having contact with municipalities, housing corporations, banks, political parties and tax authorities. He does basically everything, except matching the senior and student.

Aim:

The aim is to reduce loneliness amongst seniors and combine this with the shortage of rooms for students. However, the experience is that this also makes it possible to live independently longer for seniors. Several seniors meant to move to a senior apartment or residential care zone, but were able to remain in their own homes with the help of a student.

Process:

Students can be reached through schools and the internet, but seniors are much harder to reach. SOLink tries this via hospitals, general practitioners and senior organisations, but it is difficult since the target group consists often of isolated persons. When the senior hears about SOLink, it furthermore takes a long time to decide whether to participate or not.

When someone decides to participate, a profile is drawn up consisting of wishes and interests. Students get an intake at SOLink and a profile is drawn up for them as well. Based on these profiles, SOLink searches for matches based on for example religion, work or study, hobbies,

holidays or even smoking habits. Some seniors even have a preference for a certain gender, which is also honoured. A match is only suggested when SOLink has examined the profiles extensively and specifically cross-checks wishes and demands.

When a match is made based on the profiles, the student and senior meet for the first time. If they decide to start living together, SOLink checks from time to time how the cohabitation is going. If it does not work out, the student gets a months' notice unless the situation is really unbearable. Because of the extensive investigation of profiles, this almost never happens but it is never completely possible to exclude.

This program is only suitable for students that do not go out every week. For the seniors with far-reaching expectations, such as a student nurse, it is not suitable as well. Furthermore, most of the matches take a long time before the actual match happens. Seniors mostly expect a student in their home within a month after application, but this takes months to find the right student. Trying to shorten this time by introducing a student which on first glance could be a match is even counter-productive.

Contact between senior and student:

During the intake, participants are asked what they are willing to do or ask from the other person. A senior that has trouble walking can for example ask for a student that is willing to do the groceries. Very specific demands are documented in the contract, but for small services this is not necessary. Small services consist of cooking, putting the trash out or doing groceries. Seniors often do the cooking for the student, but also share their experiences and knowledge.

The program is not meant as a substitute for home care. Students can help, but they are not supposed to nurse the senior. It is possible for a senior to need nursing and apply for the program, but the nurse should provide the professional care.

Financing:

SOLink is partly subsidized and partly funded by a monthly contribution of the participants. Participants only pay this monthly contribution when they are living together, not for the intake or getting to know each other. The contribution depends on the service package and the amount of help SOLink has to provide. A more expensive package means that SOLink arranges everything and bears the legal risk. This means the senior signs an agreement with SOLink and SOLink sublets the room to a student. It is also possible for SOLink to have contact with the housing corporation or bank that has to agree subletting the room. In the cheaper package SOLink only matches a student, but the senior has to arrange the rest.

In the more expensive package, the student (and senior) pay SOLink rent, but in the cheaper packages the student pays the rent to the senior and a monthly fee to SOLink. The rent paid by the student is lower than the rent for an average student room.

The goal of SOLink is to finance the program completely by the monthly contributions. This study year the ratio is about even, and next year the contributions will probably cover more than half the expenses for the first time.

Other stakeholders:

- Housing corporation: has to approve renting out a room
- Bank: has to give consent for renting out a room
- SVB: agency that pays out pensions (AOW-uitkering). The agency cuts in the pension when the senior and student have a cohabiting relationship. This is not the case for a commercial relationship, but it is difficult to establish this since the goal is a social

relationship. The services provided by the student should therefore be given an economic value on paper in order to establish this commercial relationship. Furthermore, the student should be allowed to use all rooms (except the bedroom of the senior) on paper as well.

- Tax administration: can cut in rental or care subsidies.
- Municipality: municipal taxes varying by municipality, but become higher when more people live in a house

Most important aspects:

- Enough similarities between senior and student, because without it the program is of no use.
- Less important but for some seniors an extra motivation is the extra money they can spend.
- It is important to keep in mind that there is a difference in culture between North and South Holland.

Difficulties with the program:

It is not clear whether the program can persist. The new regulation for assistance creates conflicts. Since municipalities are allowed to have their own local regulation instead of a national policy, the regulation might differ per municipality. This means that participating in the program might be possible in one municipality, but that your pension will be cut in a neighbouring municipality.

The same can be said for the care provided through the Wmo. Based on cohabitation between two persons, it is possible to state that home care should be reduced or completely stopped since another person lives in the house to provide this care. A student might be willing to help out a senior but they are not qualified to do so and this is not the idea of the program. In this case it depends on the municipal regulation what happens.

Furthermore, even when the student is willing to provide the care instead of someone else, this causes conflict. When the student provides care, the cohabitation is no longer a commercial relation according to the SVB, which means that the pension will be reduced.

Lastly, the media have a major influence on seniors. They become scared by bad news about the personal budget (PGB) even though they do not rely on it. Because the PGB is provided by the SVB, which also happens to provide the pensions, seniors think they will have a problem as well. This means it becomes even more difficult to make them participate.

D.4.2 Interviews with participants

It is really difficult to find participants of the SOLink program that are willing to be interviewed. However, on their website SOLink place several interview fragments over the past couple of years. A summary of the relevant parts of these interviews is given below.

Radio 1 – De Praktijk

<https://www.youtube.com/watch?v=Yr269TrZ-Qs>

Date: February 25, 2010

Interviewees: Frans van Maanen – chairman SOLink, Erne de Kievit – senior, Marleen van der Ree – student

Frans van Maanen explains that Stichting SOLink tries to couple students and seniors. Seniors are often lonely and students are trying to find a room which is relatively difficult. Both parties benefit from coupling the two.

Seniors that apply are often people that are not yet lonely but do feel alone and try to avoid social isolation. The students are often already volunteer in elderly care and think it is important to do something for the society. However, the student should not be responsible for taking care of the senior. This should be arranged the same way the senior would do when he would live alone.

Erne de Kievit is 63 years old and is often alone. Since her divorce she feels lonely and would like more social contact. She thinks that both seniors and students often feel alone and would be a good match. The student would be allowed to change the room he rents.

Marleen van der Ree is a student looking for a room in Utrecht. She is a quiet student and likes to spend time with seniors. She works in home care services and would not mind doing groceries or do some housekeeping. The reason for applying via SOLink is that she does not like to be alone like she thinks she would be when living in a student house.

Radio 1 – Dit is de dag

<https://www.youtube.com/watch?v=zyG1rmGSRqk>

Date: September 27, 2010

Interviewees: Brian van der Graaf – project leader SOLink, Philip van Eijdsden – consultant SOLink, Henk Meulstee – senior, Annika Snoeren – student

Brian van der Graaf points out that Stichting SOLink is a non-profit organization which means that they take time to set up a good match. This means it is a slow process because they need time to make an inventory of hobbies, interests, religion and characteristics of both seniors and students. Only then they suggest a match and introduce a senior and student. Furthermore, anyone can apply regardless of their religion.

Philip van Eijdsden linked Annika Snoeren and Henk Meulstee. He is available 24/7 in case something is wrong. At least once a month he visits the two to discuss the cohabitation.

Henk Meulstee lives alone in a single family house and has two spare rooms in which Annika and one of her friends live. The girls also have a living room in the attic and were allowed to furnish the rooms themselves. He thinks it is nice that there are people in his home even when he is not there. He does not want the students to take care of him but likes not being alone.

Annika is 21 and searched for a room for over a year. Through a mutual friend she heard about SOLink and decided to apply. Sometimes they eat together, talk to each other about their days and do the dishes. She thinks party animals are definitely not fit for this programme and you should adapt a little bit to living with a senior. She is allowed to receive friends but lets Henk know when someone is coming over.

Omroep Max – Ouderen over de grens

<https://www.youtube.com/watch?v=bw8-1djfzy4>

Date: February 1, 2011

Interviewees: Marleen van Ree – student, Erne de Kievit – senior

Seniors often have children and grandchildren but those are too busy living their own lives to regularly visit the senior. Almost one million seniors feel lonely and trapped.

Erne de Kievit became lonely after her divorce. She does have people that call her sometimes but there is no regular contact. She would like someone to talk to her. Also a simple presence in house would feel less lonely.

Annika as a student thinks especially first year students are also lonely. She would like a room in which she can study but in the evening it would be nice to drink tea together in order to feel less lonely. Furthermore, she would not mind do some cleaning or the groceries.

EenVandaag

https://www.youtube.com/watch?v=7u_v1VIi8dc

Date: September 5, 2011

Interviewees: Anja Machielse – researcher loneliness, Henk Meulstee – senior, Jiske Meulendijks – student

Anja Machielse researches loneliness amongst seniors. She points out that for the senior it is nice to have young people around that still have their whole lives ahead and have to make choices. They can share their experiences and thereby feel worth something. For the student these experience can help decide what to do and thus offer guidance.

Jiske Meulendijks is 21 and lives with Henk Meulstee. She thinks it is nice to be able to talk about how her day went. She is not being watched by Henk, but they are friendly to each other.

Henk Meulstee thinks it is nice that there are students around during the week and suggests doing this for other seniors as well. He thinks the SOLink programme is an ideal combination of the loneliness of seniors with large homes and the student housing shortage.

Radio 1 – Villa VPRO

<https://www.youtube.com/watch?v=BSg654hBJhE>

Date: April 2, 2013

Interviewees: Siebe Nijenhuis – senior, Patrick van Iperen – student

Siebe Nijenhuis originally applied for financial reasons. However, the social contact became more important and is now the main reason. When Patrick leaves, he would like a new student to come live with him. Stichting SOLink makes this easier since they do the selection and determine what kind of student someone is and whether they would match.

Patrick van Iperen is 22 and in his last year. He works in home care and likes having contact with older persons. He thinks it is nice that he has contact but is not obligated to be at home all the time. Furthermore it is OK if he goes out or comes home late.

E. Background on healthcare and housing systems for France and the Netherlands

In this appendix background information about the healthcare and housing systems for both France and the Netherlands is provided. This additional information can be read in case a better understanding of the whole system is needed. Section E.1 examines the French context whereas section E.2 focuses on the Netherlands.

E.1. France

E.1.1 National healthcare

The French healthcare system is based on a ‘Bismarckian approach with Beveridge goals such as universality and unity, which has led towards an increasingly Beveridgian type system’ (Chevreul et al., 2010, p. 17). Provision of healthcare is thus a national responsibility, although on a regional level, local communities are involved as well. In figure E.1, an overview of key institutes involved in the healthcare system are shown.

On the one hand, public health insurance is mostly funded by taxes for employees and employers, underlining the Bismarckian approach. Private health insurance can be taken out for complementary services and is not publicly funded.

The Beveridgian goals on the other hand, can be found in the coverage of the system. This coverage is ‘universal and compulsory, and is provided to all residents by noncompetitive statutory health insurance (SHI) funds’ (Mossialos and Wenzl, 2015, p. 53). Persons eligible to SHI are employees, former employees, students and retired persons. The state pays for persons not eligible to SHI.

Long-term care for elderly and disabled in France fall in a specific sector called *le secteur médico-social*⁴², which combines medical care with social care (Chevreul et al., 2010). This separate sector was created in order to avoid problems in the overlap between institutions belonging to the social and health sector.

Institutional care facilities in France comprise of a little bit over 50% of institutional care facilities, around one fourth of private not-for-profit facilities and the rest of private for-profit facilities (OECD, 2011). The costs for these facilities are comprised of three components: *tarif de soins* (health cost), *tarif dependance* (dependence cost) and *tarif d’hebergement* (hotel cost).

Health costs are covered via health insurance, while the hotel costs for the facilities are resident or family responsibility (Mossialos and Wenzl, 2015). The hotel costs are eligible to public social housing assistance for residents that cannot afford to pay them.

The dependence costs are eligible according to Allocation Personnalisée d’Autonomie (APA), which is a cash allowance to pay for help with activities in daily life (ADL). APA is available to people aged 60 or older and is administered by local departments (OECD, 2011). APA is also available for people living at home to provide home support. The agency responsible for the compensation policy is the Caisse nationale de solidarite pour l’autonomie (CNSA). Focus

⁴² Health and social care sector

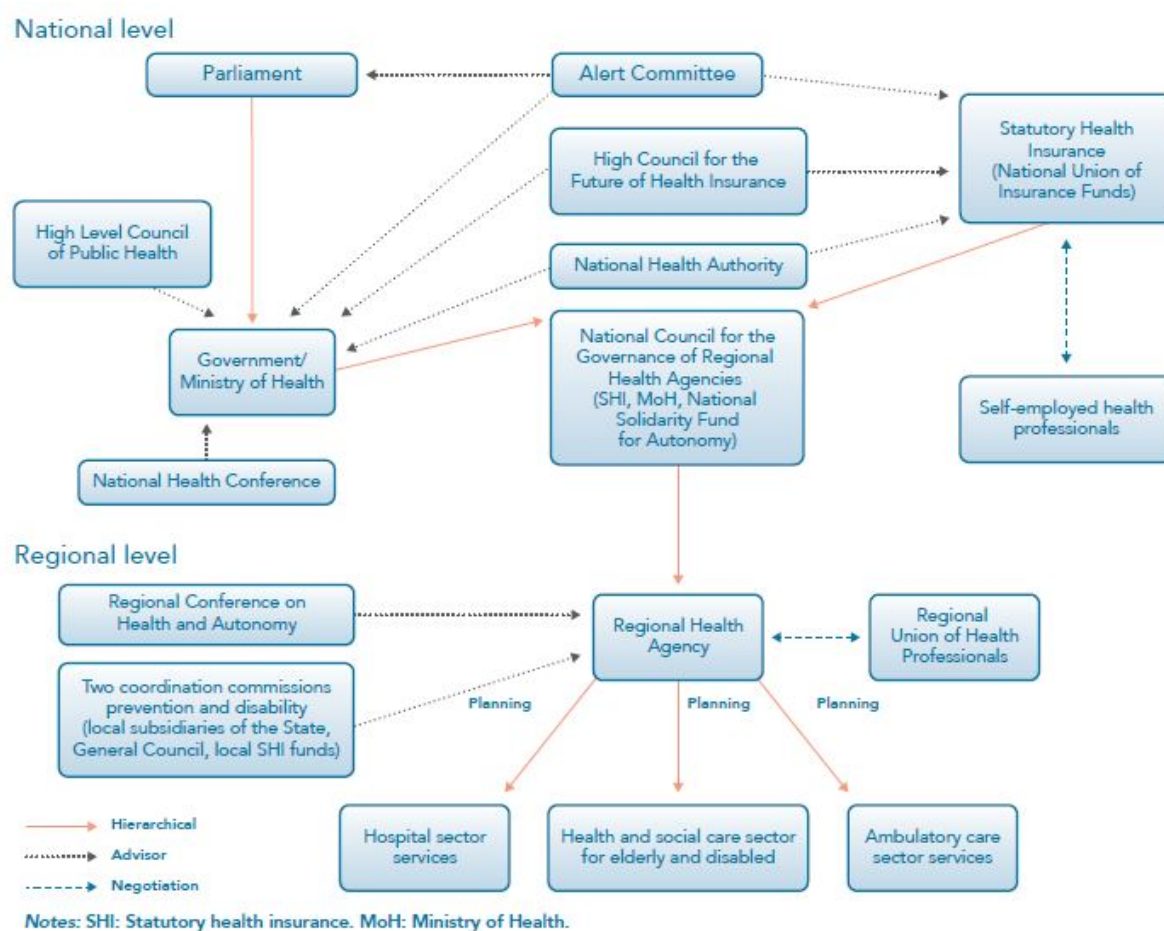


Figure E.1: Organization of the health system in France (source: Mossialos and Wenzl (2015))

points are financing the compensation policy and guaranteed territorial equity in the provision of services.

APA is granted based on a national disability assessment tool and classifies people in different groups (Naiditch, 2011). There are four categories of APA qualified persons and the allowance can also be used to pay informal care-providers (Chevreul et al., 2010). In 2003, around 75% of APA beneficiaries receive care from family members (except the spouse), who can take up to three months of unpaid leave from work and get tax deductions. However, only 11% of family carers were paid in according to a survey in 2007 (Naiditch, 2011).

E.1.2 National housing regulation

In France, over the years, more people became home-owners and France has a low social rent sector although this is rising (see figure E.2). In 2009, 74% of retirees were independent home-owners and 90% is determined to keep living in their houses as long as possible (Brieu et al., 2013). In the category 60-85 years, 90% lives at home and for the category 85+ this 75%. Furthermore, as stated before, intergenerational relations are important, although this does not mean multiple generations live under one roof reflected by low percentage (3%) of elderly living with their children (International Longevity Centre, 2012).

Housing policy and funding is the responsibility of the national government, but regions are used to adapt subsidies to regional demands (Treanor, 2015). Local housing is a municipal responsibility, which until 2000 lead to concentrations of social housing only in some areas. Therefore the ‘loi de solidarité et renouvellement urbain’ was introduced, stating that municipalities with over 3500 residents are obliged to provide 20% social housing by 2020.

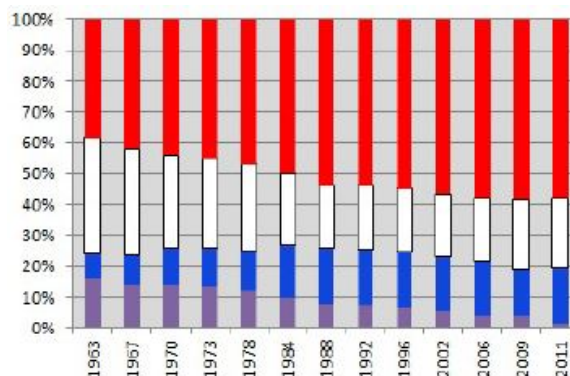


Figure E.2: Tenure mix in France (*source: Treanor (2015)*)

In 2009, the ‘Boutin’ law introduced two measures to make social housing available for the intended households, although this law is not applicable to people over 65 and disabled (Treanor, 2015). Households with more than twice the income of the ceiling for new tenants have to move out after three years and households that live in houses too large for them are offered up to three more suitable dwellings. If they refuse all three dwellings, their contract is dissolved after six months.

Allocation of social housing is a complex and unclear process. There are different parties allowed to allocate tenants based on priority, but a commission d’attribution decides which of the candidates becomes tenant (Treanor, 2015). This commission consists of employees of the social rental landlord, the mayor of the municipality concerned, representatives of the département and representatives of the tenants.

In the private rented sector, almost all houses are rented out by individuals (Treanor, 2015). In order to stop the decline of the private rental sector, many incentives were introduced. When a landlord has a rental income below €15,000, he can deduct 30% for costs. Other tax incentives include offsetting mortgage interest and operational costs against rent, and paying VAT for renovation at 5.5% instead of 19.6%.

Allocation of the dwellings is up to the landlord (Scanlon and Kochan, 2011). A standard contract consists of a lease for three years (six if the tenant is an institution) unless there are grounded reasons to make the period shorter. At the end of the lease, the landlord can terminate the lease but he has to give notice six months before the lease ends. The tenant can terminate the lease any time, but in general has to give notice three months upfront.

Home ownership in France is promoted by state subsidies and low-interest loans (Treanor, 2015). However, government interference is declining in order to reduce the costs. A remarkable aspect about the French home-owner market is that many French people have second houses to rent out (Bouwfonds property development, 2014). Lastly, the French do not know a system for mortgage interest deduction like in the Netherlands, which makes tax relief a lot lower (see figure E.3).

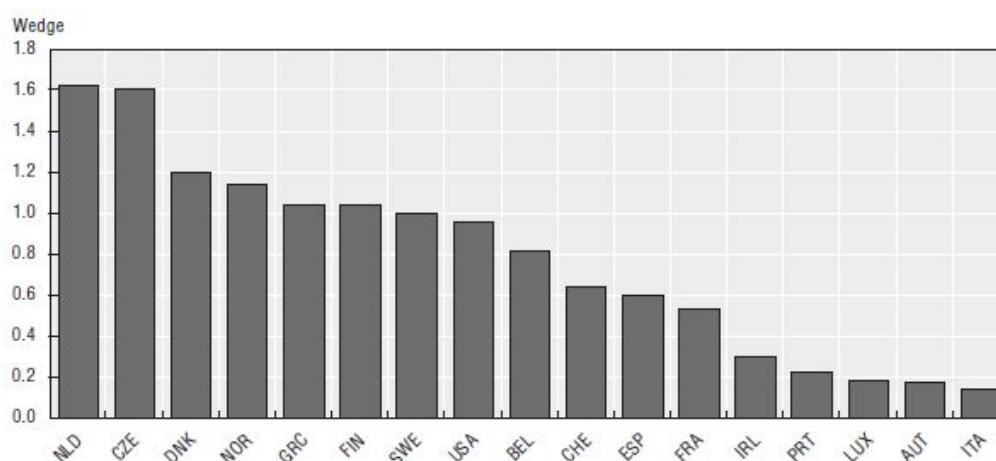


Figure E.3: Tax relief on debt financing cost of homeownership (*source: Andrews and Sánchez (2011)*)

E.2. The Netherlands

E.2.1 National healthcare

The Dutch healthcare system is based on the Bismarckian model where employers and employees finance health insurance (Schäfer et al., 2010) (see also box 1). Although the welfare state was given form in 1874, it took until 1941 to introduce a social health insurance system. ‘Major policy trends since the 1970s have been cost-containment; measures to solve the fragmented service provision; and several fruitless attempts to abolish the dual system of social and private health insurance’ (Schäfer et al., 2010, p. 13). In 2006, finally a system with one compulsory insurance scheme in which private health insurers compete for clients was introduced. In figure E.4, an overview of the organization of the Dutch healthcare system is shown.

Long-term care in the Netherlands is provided and organised nationally under a statutory social-insurance programme and is financed by the long-term care act ‘Wet langdurige zorg’ (formerly AWBZ) and the Wmo (Mossialos and Wenzl, 2015). The Wlz covers for example costs for personal and nursing care, counselling, medical treatment and accommodation. Although health insurers are formally responsible for implementation, this is a task of the regional care offices (Zorgkantoren). The Center for Needs Assessment (CIZ) is in charge of eligibility assessments that take into account the patient’s situation, his or her needs and the availability of informal care providers.

‘Municipalities are responsible for household services, medical aids, home modifications, services for informal caregivers, preventive mental health care, transportation, and other assistance, in accordance with the Social Support Act (Wmo)’ (Mossialos and Wenzl, 2015, p. 97). Municipalities are free to decide how they organize the Wmo, which means that variations between service provision exists. Furthermore, since 2015 more functions have been transferred to the Wmo and AWBZ became Wlz (long-term care act) that only provides for people who really cannot take care of themselves anymore (Rijksoverheid, 2014b). For both long-term care schemes, personal budgets (pbg) are available to organize their own long-term care at home.

Extramural care that was formerly provided through AWBZ, is now provided via the health insurance law (Zvw) (Per Saldo, 2015). It is meant for personal care, such as administration of medication, wound care and help with dressing or washing. Whereas the Wmo is focused on

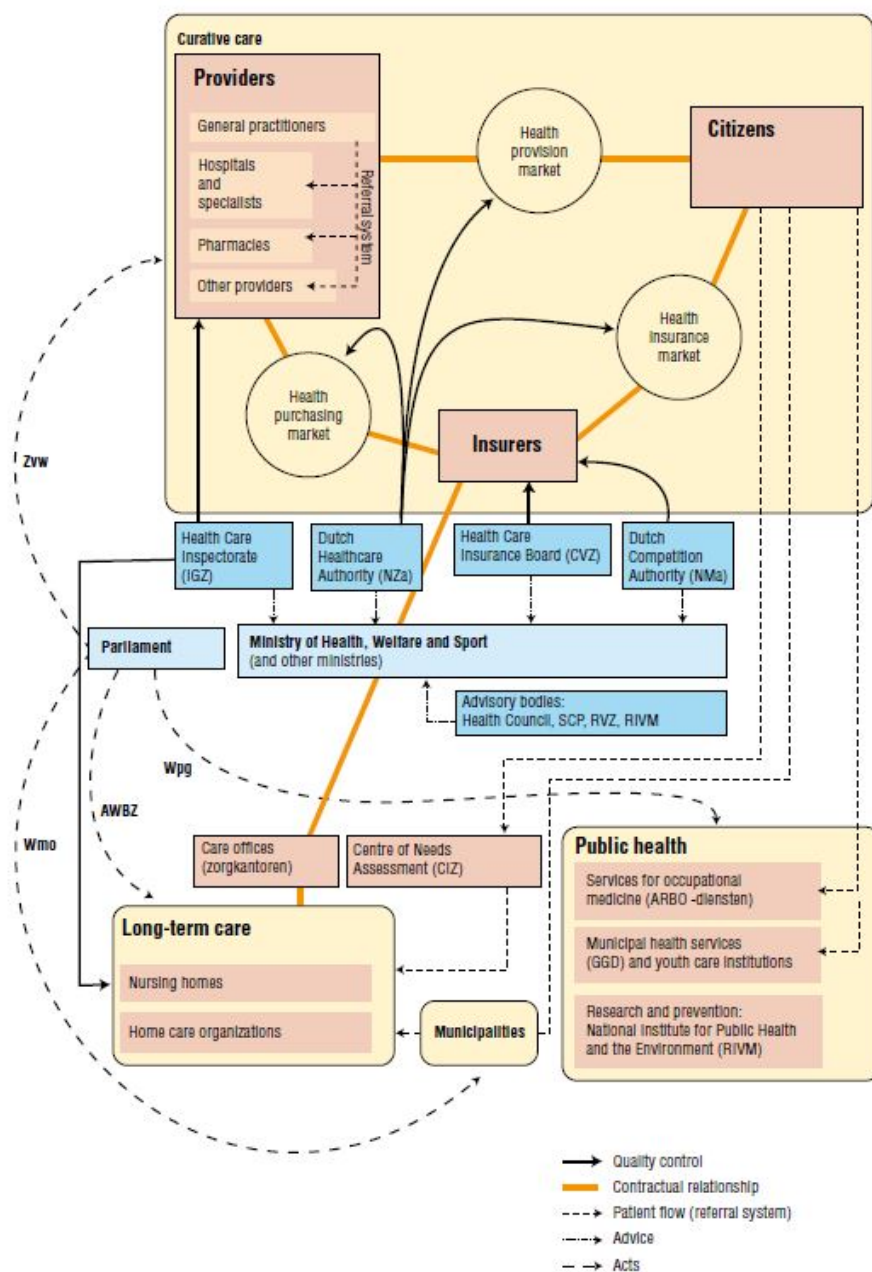


Figure E.4: Organization of the health system in the Netherlands (source: Schäfer et al. (2010))

ADLs and/or domestic help, the Zvw provides nursing care for people who need it. A district nurse determines what kind of help someone needs after which the municipality and/or health insurance provider determine whether to provide care via Wmo or Zvw (Zorgwijzer.nl, 2015).

E.2.2 National housing regulation

In the Netherlands, the state is responsible for the housing market. However, the housing market is becoming more decentralized and regional and local governments get more responsibilities

(Planbureau voor de Leefomgeving, 2015). National government is now mainly responsible for financial and fiscal regulations, legislation and building regulations.

The past years, the housing market was focused on stimulation of home-ownership and reduction of the quantitative housing shortage (Planbureau voor de Leefomgeving, 2015). Currently the Netherlands has to deal with ageing and shrinkage in some areas, and a high mortgage debt.

The stimulation of home-ownership resulted in an increased percentage of owner-occupiers (see figure E.5). Tax relief schemes were put in place in order to stimulate this. As can be seen in figure E.3, this relief is highest in the Netherlands. This mortgage interest deduction (hypotheekrenteaftrek) is a deduction of mortgage interest from someone's income. This leads to a lower income tax and therefore makes it more interesting to buy a house. Since 2014 the maximum deduction rate is reduced from 52% to 38% in steps of 0.5% per year (Rijksoverheid, 2015c).

The Dutch social housing sector, although declining, is the largest in Europe (Treanor, 2015). As can be seen in figure E.5, the social housing market comprises around a third of the housing market and only a very small amount of the housing stock is used in private rent. 'The dramatic decline [in private rent] since the war is due to private landlords being subject to the same rent control as social housing without access to subsidies since the eighties. Nor do they have the tax advantages and loan guarantees provided in various forms to housing associations and homeowners' (Treanor, 2015, p. 62).

Social and private renters can thus rely on the same rules. Residents have one month's notice, but their contract cannot be dismantled unless there are exceptional circumstances (Treanor, 2015). Dwellings up until the liberalization limit (liberalisatiegrens, €710.68 in 2015 (Rijksoverheid, 2015b)) fall in the social sector and are regulated. Regulated maximum rent is based on a point system that takes into account size, quality and access to local amenities and the government determines maximum raise in rent each year. The unregulated (private) rental sector starts above the liberalization limit.

Allocation of social housing is based on choice based letting (Treanor, 2015). Applicants can apply to housing when they meet criteria based on income level and household size and ranking method is published.

Housing corporations have worked together with national government since the 1901 Woningwet (Rijksoverheid, 2015a). Originally, the state had a lot of influence, but in the 1990s, the housing associations became financially independent. Via state support, however, many problems occurred and many investigations were undertaken. In order to overcome the difficulties, a new Woningwet has been introduced. As of July 2015, the Woningwet 2015 is applicable for housing corporations.

This law is introduced in order for housing associations to return to their original task:

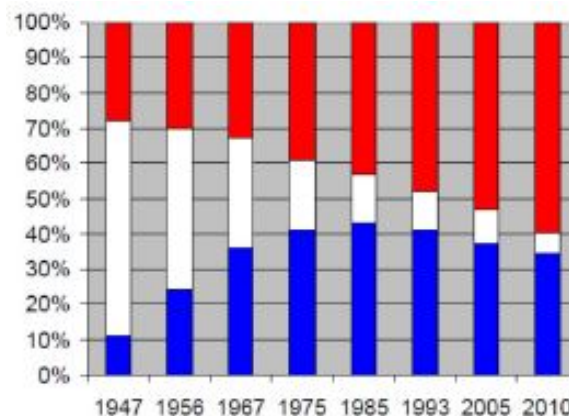


Figure E.5: Tenure mix in the Netherlands
(source: *Elsinga (2013)*)

building, renting out and managing social housing for low-income households (Rijksoverheid, 2015a). At least 80% of houses up for rent should be allocated to households with an income under €34.911 (in 2015) and 10% can be allocated to incomes between €34.911 and 38.950 (in 2015). The other 10% can be allocated freely, although physically or mentally challenged applicants have priority.

Other practices allowable for housing associations are investments in social property in the area with social housing (e.g. community center), in the surrounding area of their property (liveability, green areas), and in sustainable provisions (e.g. solar panels). They are furthermore allowed to provide services such as mediation in insurance regarding to the housing association dwelling.

Municipalities can provide performance agreements in the municipal residential vision or housing policy. Also an Authority Housing Associations will act as an external supervisor regarding financial and housing policies of all housing associations.