# Intergenerational living in a participation society: The influence of the Dutch context

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**Abstract**

In the Netherlands the population is ageing rapidly and long-term care costs are rising. Intergenerational living projects are aimed at providing opportunities for ageing in place and active ageing, thereby decreasing the burden on the healthcare system. The Dutch intergenerational living project BloemRijk, however, is not as successful as expected in achieving these goals. This article aims to provide insight in the causes of this lack of success. A qualitative comparison of BloemRijk with a successful French project (Générations) is used to determine the influence of three factors: communication, commitment and culture. The four-layer model of Williamson guides the description of these factors and is also used to compare the two projects. BloemRijk seems to lack a social contract that ensures good communication and commitment in a national culture that is not necessarily supportive for intergenerational living. In addition, a physical component could be of influence. Future research therefore should focus on both the social contract and this physical component.

**Keywords:** intergenerational living, institutional analysis, communication, culture, commitment
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## 1   Introduction

In the Netherlands the population is ageing rapidly. The number of those aged 65 and over divided by the population aged 20-64 is projected to double: from 27% in 2012 to 52% in 2050 (OECD, 2014). In addition, the use of long-term care in the Netherlands is one of the highest in Europe (Gradus and Van Asselt, 2011) and is expected to become extremely high in 2050 (Ministerie van Volksgezondheid, Welzijn en Sport, 2012).

In 2013 the start of the participation society was announced to address the problems associated with the ageing population and the rising health costs (Het Koninklijk Huis, 2013). Ageing in place and active ageing (remaining in the community and participating in it) are stimulated since they decrease the burden on the health care system (Sixsmith and Sixsmith, 2008) and increase actual participation (WHO, 2002). Intentional communities that focus on intergenerational contact provide opportunities for ageing in place and active ageing and therefore seem to fit perfectly in this participation society. These concepts are incorporated in intergenerational living which is elaborated upon in section 2.

Although housing options for seniors in the participation society are expanding, intergenerational living is not very common. One Dutch project embodying this concept is BloemRijk in Krimpen aan den IJssel. A second intergenerational living project is situated in Saint-Apollinaire, France and is called Générations.

In the Netherlands BloemRijk is viewed as a successful intergenerational living project, but in practice is not as successful as Générations despite the similarities in goals. This begs the question where the difference in success originates from.

This article aims to provide insight in how this difference can be explained. Communication, commitment and culture are assumed to be the most influential factors in intergenerational living (Krul, 2015) and therefore provide a starting point to investigate the difference. This leads to the following question: *To what extent can communication, commitment and culture explain the difference in success between the two intergenerational living projects Générations and BloemRijk?*

In the next section the concept of intergenerational living will be further explained. Section three describes the research approach for this article and provides information about the three influential factors as well as the institutional analysis. In section four and five, Générations and BloemRijk will be explored, followed by a section comparing the two projects. In the last section conclusions and recommendations will be discussed.

## 2 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*' (Krul, 2015, p. 26). In this section the four (italic) concepts will be explained.

*Intentional communities*
Living together with someone decreases the chance of being lonely and makes it easier to age in place (De Jong Gierveld et al., 2012). A group of unrelated people living together for a certain purpose is called an intentional community (Jarvis, 2011). Many sorts of intentional communities exist with varying goals, principles and organizational forms (Tummers, 2011). Even though size and shapes vary, all intentional communities combine the advantages of private dwellings with a certain degree of shared facilities or common space (Bamford, 2005). Furthermore, the design is aimed at encouraging social interaction and interdependence between residents (Jarvis, 2011).

*Ageing in place*
In the participation society, 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).

Ageing in place 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). Furthermore, it 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 (Chappell et al., 2004), a sufficient social network to avoid loneliness (Zantinge et al., 2011), adequate surroundings (Burton et al., 2011), senior housing (Raad voor de Volksgezondheid en Zorg, 2012) and general health (Bekhet et al., 2009).

*Active ageing*
The third concept, active ageing, is focused at improving the quality of life of seniors. The WHO (2002) has developed an active ageing framework that improves this quality of life through optimizing opportunities in the three pillars health, participation and security. In the first pillar activities and environments that promote healthy ageing are encouraged in order to reduce the costs for health care (Stenner et al., 2011). 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. This concept therefore fits perfect in a participation society since it not only stimulates participation, but also makes ageing in place easier because seniors are healthier and cared for.

In this active ageing framework, seven principles are embedded (Walker, 2002). Active ageing should incorporate: (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.

*Intergenerational solidarity*
Intergenerational solidarity can be seen as doing something for someone from another generation that is beneficial to or supports that person (Kalmijn, 2005). This support can be functional or practical (e.g. helping with household tasks), financial, or social (e.g. visit someone, give attention or advice). Besides the benefit of support, intergenerational contact also increases the health and well-being of older people, as well as make them feel worth something (Springate et al., 2008).

Unfortunately, young and old people are separated more and more making intergenerational contact less frequent. This so-called age segregation occurs on three levels: institutional, spatial and cultural (Hagestad and Uhlenberg, 2005). 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 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 result of this age segregation is that it becomes more difficult to form networks because the pool of potential friends becomes smaller and persons from other age groups are unattractive as a friend (Hagestad and Uhlenberg, 2005). It 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, which can be done by intergenerational living.

## 3 Investigating intergenerational living

As stated before, this article investigates the reason for the difference in success in the two projects Générations and BloemRijk by investigating the institutional embeddedness of the three influential factors communication, commitment and culture. This section explains the research approach used and provides information about the institutional analysis and influential factors.

Not much research has been conducted into intergenerational living and especially with regard to the physical and management component (Tummers, 2011). Qualitative research is best suited to explore topics that have not been examined extensively (Creswell, 2003). Therefore, this article uses the qualitative research method in which an institutional framework is used to be able to compare the two projects.

Intergenerational living is a complex concept where multiple actors interact with each other in a certain physical setting. According to Koppenjan and Groenewegen (2005, p. 241) 'complex technological systems require an institutional structure that coordinates the positions, relations and behaviour of the parties that own and operate the system'. This means that in order to understand how intergenerational living works, an analysis of its institutional structure is necessary.

Koppenjan and Groenewegen (2005) developed a framework to provide insight in these complex systems: the four-layer model. It consists of four layers of institutions ((1) actors and games, (2) formal and informal institutional arrangements, (3) formal institutional environment and (4) informal institutional environment) that interact with each other (Koppenjan and Groenewegen, 2005). Figure 1 shows the layers of the four-layer model in combination with the three influential factors.

In her graduation research Krul (2015) investigates influential factors in intergenerational living by using a case study research into three cases (Générations, BloemRijk and SOlink). Literature research and interviews with key involved actors were used to determine the institutional contexts of the three cases. A comparison of the cases provided a list of influential factors and in combination with the interviews a first indication of most influential factors. Then an expert meeting with Dutch experts in the field of senior housing and care was held to further evaluate these influential factors and their importance in the Netherlands. This research showed that in the institutional context three factors are most influential: communication, commitment and culture.

This article uses these factors as a starting point and makes use of the background data provided in the literature research and interviews held in line of the graduation research. For Générations, main literature resources are AARP International (2014) and Aedes-Actiz Kenniscentrum Wonen-Zorg (2008). In addition the interview with Pierre Henri Daure, who is one of the initiators of Générations, is used. Literature resources for BloemRijk are Mesland

(2010), Mesland (2011) and De Jong (2011). Interviews were held with three residents and Rita Schoen (who helped set up BloemRijk for the housing association involved in BloemRijk).

When combining the three influential factors with the four-layer model it becomes clear that these factors have an institutional base spread throughout the four layers (which in turn underlines the complexity of intergenerational living). In figure 1 the embeddedness of the three factors in the four-layer model is shown. For each of the 4 layers the execution of the three factors communication, commitment and culture will be described. First the description of the French project Générations will be given, followed by that of the Dutch project Bloemrijk.
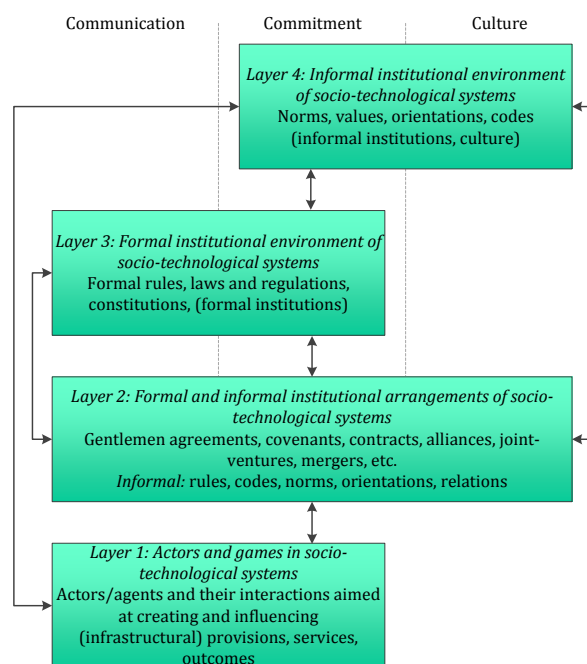


**Figure 1:** The factors incorporated in the four-layer model

## 4 Générations

Générations is a newly built neighbourhood in St. Apollinaire in France and opened in 2002 (AARP International, 2014; Aedes-Actiz Kenniscentrum Wonen-Zorg, 2008). The mayor of the municipality started this project together with FEDOSAD, HLM and OPAC[1]. In four apartment buildings 76 apartments are situated (half destined for seniors and half for couples with a child under six). Besides, there is a sheltered residence for six demented seniors and a communal residence for 14 physically challenged seniors.

The main objective of the concept is to stimulate contact between neighbours. Based on the idea of combining affordable housing and the specific needs of young children and seniors, the neighbourhood also offers multiple services such as a day care centre and activities for all ages. Furthermore, residents all sign a charter of respect and support (obligatory), promising

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

they will look after and take care of each other.

*Layer 1: Actors and games*
When looking at communication in layer 1, contact between the actors involved is important. The initiators have regular meetings (see layer 2) where they discuss how the neighbourhood is doing. This means they have formal contact moments.

The neighbourhood is set up to make sure casual encounters between residents occur. This also includes a meeting space, where activities can be organized or residents can eat together. This means that the residents meet each other on an informal base.

Between the initiators and the residents, formal contact moments are arranged. New residents have to sign both a rental contract and a social charter. All initiators are present when the contracts are signed. Besides this formal signing moment, there are also regular meetings held where representatives of the residents can inform the initiators about problems occurring in the neighbourhood.

Commitment is first of all created by initiating the project. The initiators set up the goals of the project and try to achieve them. They combined expertise with regard to needs of citizens of St. Apollinaire (municipality) with home support for seniors (FEDOSAD) and social housing (HLM). Together with the municipal building developer a neighbourhood was created that is focused at contact between residents while accommodating the different needs of seniors and families. These initiators therefore share a common goal.

Residents for Générations have to sign a social contract (layer 2) and households either consist of seniors or of families with young children. Signing this contract ensures that they commit having contact. Because the initiators keep in mind the needs of the different households, all involved actors in Générations have common goals.

A last aspect for commitment is the commitment to the vision of Générations. When the mayor of St. Apollinaire was elected in 1995, he first analysed the needs of seniors in St. Apollinaire. He then proposed to work together with FEDOSAD and OPAC. Together they started thinking about a neighbourhood where contact between neighbours was accompanied by housing for low-income households and services for seniors and children. Since there were no other projects that could serve as reference, between 1997 and 2002 a network group consisting of professionals and politicians of the city, OPAC and FEDOSAD, several health professionals (doctors, nurses, home-care), a sociologist, elderly persons from a senior club and educational professionals visited several projects that embodied the different aspects of Générations. A project plan was written and the neighbourhood was finished in 2002. Since the opening of the neighbourhood no changes to the original idea have been made. More important: only five(!) households have left since then because the neighbourhood turned out different than expected.

*Layer 2: Formal and informal institutional arrangements*
With regard to the communication factor, every two months a meeting is held. The first hour of this meeting is a closed meeting for the initiators. In the second hour a representative of the residents can provide information about what is going on in the neighbourhood and whether there are problems or suggestions for improvement.

The social contract in itself is a communication tool and formal arrangement, but it also shows clear implementation of both factors commitment and culture.
The social contract is called Charte Générations: 'Bonjour, voisin!' (Charter of Générations:

Hello, neigbhour!). This charter is an obligatory contract and by signing residents state that they agree with and are committed to the following principles:

- Respect their neighbours, recognize differences, listen, be kind and tolerant.
- Respect the freedom and tranquillity of neighbours to be able to live in harmony with each other.
- Be friendly with neighbours, know how to ask and provide a favour, both giving as well as receiving.
- Help, support and accompany neighbours to ensure their safety, break isolation and fight against individualism.
- Participate, be involved and form ideas to support the neighbourhood life.

The charter was written by professionals from the three initiators. In France, OPAC must allow everyone in their social houses, which means selection is very difficult. Therefore, a part of the reason for writing the charter is that the residents of social housing could be selected better. Residents should understand the charter and see mutual support as beneficial, because there is nothing the partners can do when potential residents become actual residents and 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.

The charter thus forms the formal and informal arrangements with regard to commitment and culture. In the social contract commitment to principles is literally incorporated by the phrase 'La charte qui m'est proposée me convient et je m'engage à' (The charter that is proposed to me suits me and I am committed [to the principles]). Furthermore, the charter is not only signed by the resident but also by the initiators which implies commitment for them as well.

The principles stated in the charter form a large influence on the Générations culture. In the principles, focus on contact and care-taking are embedded since they state how to treat your neighbour. Additionally they make clear what is expected of residents and provide ground for addressing each other to them because they are fixed in a contract. The last principle is to participate in the neighbourhood and provide ideas. Besides participation in activities (i.e. contact) this also suggests public participation in organizational issues (= commitment).

However, this is not really the case. First of all, the residents have not been involved in writing the charter. Instead, it was written by the initiators. A second contra-indication can be found in the organization of activities. Even though activities are meant for everyone (also households living outside Générations), the initiators organize them instead of the residents. Lastly, the goal of the meetings held between the residents and the initiators is to have residents inform the initiators about the neighbourhood whereas consultation would be expected. Low public participation with regard to organizational issues is thus assumed. Because the initiators are the only organizing parties this also implicates a clear role division.

The charter also implies eligibility rules since it is obligatory and only residents willing to have contact and care-taking are able to live in Générations (= commitment). Other eligibility rules can be found in the target groups. Two more specific target groups within the senior group are added by the inclusion of formal care facilities: physically challenged and mentally challenged seniors. This leads to a culture where low-income households and

multiple generations reside and physically/mentally seniors are included as well.

Three additional institutional arrangements can be added. Because of the availability of formal care and principles with regard to informal care, a strict division between these two forms of care is visible. Secondly, based on regular meetings and the social contract a focus on communication is part of the culture in the neighbourhood. Lastly when combining the separate aspects of culture, commitment and communication, trust is created.

*Layer 3: Formal institutional environment*
In layer 3 the communication factor is visible through laws and regulations. The first regulation that is important in Générations is the French Civil Code called Code Napoléon. Article 205 of this Code states that 'children owe maintenance to their father and mother or other ascendants who are in need' (Rouhette and Rouhette-Berton, 2006, art. 205). Children must help, in proportion to their respective wealth, their parents when they are not able to provide for themselves. 'The obligations apply to all that is necessary to have a decent life ... and to funerals' (The Connexion, 2009). This regulation therefore provides a legal base for taking care of seniors.

Secondly, in France long-term care for elderly and disabled is regulated via the 'secteur médico-social' (health and social care sector) (Chevreul et al., 2010). This sector was created in order to avoid problems in the overlap between institutions belonging to the social and the health sector. Since 2002 an Allocation Personnalisée d'Autonomie (APA) is made available in this sector (Chevreul et al., 2010). This is a cash allowance to pay for help with activities in daily life (ADL) either at home or when living in an institution. APA is available to people aged 60 or older and is administered by local departments (OECD, 2011) and can also be used to pay informal care-providers (Chevreul et al., 2010).

A third regulation of influence in Générations is the loi Solidarité et renouvellement urbain (loi SRU; solidarity and urban renewal act). Although the original vision of Générations dates back to 1995, the social housing aspect of the project became more important with the introduction of this law in 2000. Until then social housing was not specifically encouraged leading to concentrations of social housing in specific areas whereas in other areas no social housing was available (Treanor, 2015). This law is aimed at changing this and is a municipal responsibility. It states that by 2020 all municipalities with more than 3500 residents are obliged to provide 20% social housing in their housing stock.

All three regulations create commitment by the parties they are addressed at. Article 205 of the Code Napoléon for example establishes an obligation for French citizens to take care of their parents. The two other regulations, APA and loi SRU, create obligations for municipalities.

*Layer 4: Informal institutional environment*
In the highest layer, commitment and culture are important. Commitment, as stated in layer 2 is created by (amongst other things) the principles of the charter and addressing each other to these principles. The way this commitment is ensured is based on core values of the project and accompanied by a contract.

In the cultural part of layer 4, the national norms and values are situated. The Code Napoléon provides an obligation to take care of parents in need. Moreover, the third part of the well-known national French slogan (liberté, égalité, fraternité) is brotherhood, which also resembles taking care of each other. Senior care in France is seen as a family responsibility or

a combined family and societal responsibility and it is therefore normal to provide informal care.

A second cultural observation can be made. As described in the third layer the regulation with regard to provision of social housing has come into force in 2000. Furthermore, the main instrument for payment of informal carers, APA, dates back to 2002. Both regulations are municipal responsibility and have not changed drastically since then. This means responsibilities with regard to social housing and healthcare are clear and legislation is relatively stable.

## 5 Bloemrijk

BloemRijk is a newly developed neighbourhood in Krimpen aan den IJssel in the Netherlands (De Jong, 2011; Mesland, 2010). The initiative came from housing association QuaWonen[2] and is completed in two phases.

The first phase (finished in 2010) consists of 71 dwellings, of which 59 are social rent, 7 are private rent and 5 private dwellings. The second phase was finished in 2011 and consists of another 116 dwellings (68 rental, of which 38 apartments and 30 single family houses and 48 houses for sale).

The main objectives of BloemRijk are improving social cohesion, interaction between age groups and intergenerational self-support with the idea to let residents be initiator as much as possible. 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 other's capabilities and ease the burden on the professional care network.

*Layer 1: Actors and games*
BloemRijk and its set-up is extremely complex and has changed over the years. At the start of the project involved actors were very committed and focused on communication. In order to understand the current (lack of) commitment and communication, an overview of the development of BloemRijk is provided.

In 2001 QuaWonen decided to demolish 150 dwellings of Bloemenbuurt West in Krimpen aan den IJssel. The residents experienced high social cohesion, but because of the long planning process after the decision to demolish, this social cohesion virtually disappeared. At the end of 2007 QuaWonen decided to develop BloemRijk: a social experiment where multiple generations live, experience a high cohesion and take care of each other.

In this experiment, QuaWonen was the formal client whereas Zorgberaad Midden Holland was charged with project management. Zorgberaad Midden Holland prepared propositions for the project group that steered the project. This project group consisted of representatives of QuaWonen, the municipality Krimpen aan den IJssel, health care organization De Zellingen, welfare organization Het Meldpunt, representative organization of senior interests Het Seniorenplatform and the original residents. In the first year a resident core group was assisted by the project group in order to improve the ability of self-support. Later, in cooperation with the residents, a neighbourhood coach was hired to assist the residents.

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[2]Besides QuaWonen, the municipality Krimpen aan den IJssel, health care organization De Zellingen, welfare organization Het Meldpunt, representative organization of senior interests Het Seniorenplatform and a few original residents were also involved.

Selection of residents for this first phase was based on recognizing the principles that embodied the experiment. The principles were formulated in 2008, in consultation with returning residents of the Bloemenbuurt. Later these principles were transformed into a social contract called Buurovereenkomst (Neighbour agreement). In the first phase residents were asked to sign this agreement (voluntarily) when they signed the rental contract.

The second phase was not executed as intended due to the credit crisis and a stagnating housing market. More land-based rental houses and houses for sale were built instead of apartments in the low and middle segment. Additionally, the apartments for disabled residents were discarded in the new plan. Because of these changes and the credit crisis, the pressure of selling/renting out the dwellings fast became higher. This led to dropping the resident selection on the base of the Neighbour agreement.

Communication at the start of the project used to be arranged formally by regular meetings between the different organizational groups. This contact did not only occur between the initiators: residents were involved as well. Until 2010 the core group used to have regular meetings about BloemRijk which implies formal contact between residents. Activities were organized as well and residents ran into each other on the street or in the meeting space.

The introduction of the second phase residents led to miscommunication and less contact between residents. On the one hand the residents of the second phase did not know or did not want to have contact and on the other hand the residents of the first phase started to argue with each other and the initiators. Nowadays, informal contact only occurs between residents of the first phase.

Commitment in the neighbourhood also declined since the start of the project. The original goal of BloemRijk was to create social cohesion within a multiple generations neighbourhood. Over the course of the years the way to achieve these goals (vision) was adapted. The goals of the different actors are not aligned anymore and different views emerged, both within the housing association, municipality and the residents as well as between these groups. The actors in BloemRijk, although originally on one line, nowadays are therefore fractioned both within and between organizations.

This has led to unsatisfied residents that are not very committed (anymore) to the project. Residents in the core group are disappointed in the housing association and municipality because they did not keep their promises. Residents of the first phase are disappointed in the core group that passes on (unfulfilled) promises of the municipality. Lastly, residents of the first phase are disappointed in the residents of the second phase that do not adhere to the original social agreement.

*Layer 2: Formal and informal institutional arrangements*
Meetings originally occurred on a regular base in BloemRijk. Until the end of 2010, the core group met the project group once a month in order to be able to respond adequately to arising issues. After this, a neighbourhood coach was installed to provide support for the core group. The project group was dismantled and meetings with the neighbourhood coach were planned when deemed necessary. Because QuaWonen and the municipality still had to manage parts of the neighbourhood, these organizations could also be contacted when necessary. Rita Schoen from QuaWonen indicates that at least once a year contact between QuaWonen, the municipality and residents would be necessary.

A second communication tool is the Buurovereenkomst. In this agreement a long list of

principles is provided. There are principles with regard to behaviour towards neighbours, behaviour in the public space, behaviour in the meeting space and participation in the neighbourhood. Furthermore, upon signing the agreement the resident declares to make efforts to fulfil the principles of the agreement and evaluate participation in BloemRijk once a year (=commitment). Although (almost) all residents of the first phase signed this voluntary agreement, it was abandoned in the second phase.

With the abandonment of the social contract, commitment issues arise. First of all, the contract serves as a tool to introduce new residents to the neighbourhood principles. It secondly can be used to select residents that are willing to participate in the neighbourhood.

The residents of the first phase helped write the agreement and by participating commitment was created. Two other public participation aspects that create commitment are visible. The first is created by involvement in development of the neighbourhood. Secondly residents are responsible for organizing activities in BloemRijk. Last year over 300 activities have been organized by the residents, meant for both the residents of BloemRijk and residents of Krimpen aan den IJssel.

A last commitment aspect in this layer is found in the eligibility rules. This was originally based on the agreement, but no rules applied to residents for the second phase. Furthermore, no specific target groups are used in the project even though physically and/or mentally disable persons are excluded because there are no sufficient services.

Despite these communication and commitment issues, arrangements such as the provision of activities do create a positive culture, albeit it only occurring between the residents of phase 1. In this culture there is a focus on contact between residents: they do run into each other on the street and participate in activities. It just does not occur that much with residents of the second phase. Residents in BloemRijk are furthermore made up of different generations, which was one of the goals of the project.

The abandonment of the social contract created less favourable cultural arrangements. Because of the absence of the contract it is difficult to address each other to social principles. Combined with the lack of formal care facilities, this leads to difficulties care responsibilities. This culture is enforced by difficult (unclear and changing) legislation.

Inherent on the mixture of housing and (no) eligibility rules, households with various income levels live in BloemRijk. The absence of formal care facilities exclude residents with a physical and/or mental disability.

An unclear role division can be observed in BloemRijk. This is based on the changes in vision. The agreement was abandoned, making it less clear who was supposed to introduce new residents to the social principles. Furthermore, since this was a new housing concept as well as public participation was not common, the involved actors did not know how to give this form. Lastly, resident responsibility was expanded over the years, meaning a third shift in the role division.

These shifts in role division are partly responsible for the absence of a communication structure. Handing over the responsibility to residents implies that they should resolve more thing themselves instead of consult with the housing association and/or municipality. Unfortunately this has led to a lot of miscommunication between actors and within the actor groups, resulting in distrust.

*Layer 3: Formal institutional environment*

The two main influential communication aspects in BloemRijk are comprised of long-term care regulations and the social housing act. Both regulations have been changed recently (subsequently January and July 2015).

Insurance for long-term health care was introduced in 1968 by the Algemene Wet Bijzondere Ziektekosten (AWBZ). Since the introduction of the law, care falling under the ABWZ was expanded which meant the AWBZ expenses rose rapidly. In 1996 and 2003 adaptations to the care falling under the AWBZ were implemented in order to decrease the costs associated with it (Van Gorp et al., 2009). However, these adaptations did not suffice and in 2007 the Wet maatschappelijke ondersteuning (Wmo) was introduced to further relieve the AWBZ (De Klerk et al., 2010). 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).

In 2015 more functions have been transferred to the Wmo and the AWBZ is transformed into the 'Wet langdurige zorg' (Wlz; Long-term care act) 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. Extramural medical care has been transferred from AWBZ to the 'Zorgverzekeringswet' (Zvw; Health insurance law) and 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 'persoonsgebonden budget' (pgb; personal budget) to receive the care they need.

Until recently, the 'Besluit Beheer Sociale Huursector' (BBSH; Administrative Decision Public Housing Sector) provided rules for housing associations. Since the first of July 2015, the BBSH became obsolete and the Woningwet 2015 became applicable (Rijksoverheid, 2015). This law is introduced for housing associations in order to return to their original task: building, renting out and managing social housing for low-income households (Rijksoverheid, 2015). It provides allocation principles for allocating households.

The Dutch social housing sector, although still being the largest in Europe is declining (Treanor, 2015) because 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). Tax relief schemes have been put into place in order to stimulate this. This 'hypotheekrenteaftrek' (mortgage interest deduction) is high compared to other countries and therefore lowers the income tax and makes it interesting to buy a house.

When looking at commitment created in this layer, an absence of regulations with regard to taking care of parents is visible. This means there is no (regulatory) obligation for filial care.

Two additional influences of regulation can be defined. First, the pgb is a municipal responsibility. Secondly, the BloemRijk idea dates back to the end of 2007. As can be seen in the description of long-term care in the Netherlands, that same year the Wmo was introduced. Since this law stimulates ageing in place this is probably the reason for combining multiple generations (which makes it easier for seniors to age in place) in the BloemRijk concept. Since this was not discussed in the interviews with key involved actors this however cannot be confirmed.

*Layer 4: Informal institutional environment*

In BloemRijk an increasing lack of commitment is visible since the abandonment of the

agreement. This suggests that commitment in the Netherlands is stimulated by regulation (in this case a social contract).

With regard to culture, there are no filial responsibilities. Provision of housing is not specifically a municipal responsibility although the municipality can impose restrictions. Social housing is a task for the housing associations. The pgb though is the responsibility of municipalities since the introduction of the new Wmo. Lastly, when looking at the regulations with regard to housing and healthcare it becomes clear that they are very recently introduced. This implies that the organizations responsible for implementation have to deal with a new situation which can lead to uncertainty.

## 6   Comparing Générations and BloemRijk

*Layer 1: Actors and games*
In table 1 the factors as described in layer 1 of Générations and BloemRijk are shown. Communication in BloemRijk originally started out the same as in Générations. However, over the past couple of years the contact between the various actors changed and only the residents of the first phase still have the same contact base as at the start of the project.

With regard to commitment it is remarkable that a lot more actors are involved in developing BloemRijk than in Générations. This makes it a lot harder to keep the goals aligned. In Générations the original ideas have been executed whereas BloemRijk adapted these ideas. Lastly, a difference in satisfaction is visible.

**Table 1:** Comparison of actors and games in Générations and BloemRijk

| Factor | Générations | BloemRijk |
|---|---|---|
| Communication | - formal contact between initiators | - from formal to almost no contact between initiators |
| | - informal contact between residents | - informal contact between residents of first phase |
| | - formal contact between initiators and residents | - from formal to almost no contact between initiators and residents |
| Commitment | - initiators: municipality, housing association, healthcare organization | - initiators: QuaWonen, Zorgberaad Midden Holland, project group (representatives of QuaWonen, the municipality Krimpen aan den IJssel, health care organization De Zellingen, welfare organization Het Meldpunt, representative organization of senior interests Het Seniorenplatform and the original residents) |
| | - achieving goals | - from aligned goals to separate goals within and between actor groups |
| | - no changes in original ideas | - changes in vision |
| | - almost all residents are satisfied | - almost all residents are unsatisfied |

*Layer 2: Formal and informal institutional arrangements*
In layer 2 the difficulties in communication of layer 1 become clearer. The three factors for the two projects are shown in table 2. Compared to Générations contact moments in BloemRijk seem to be less important and a social contract is missing.

This contrast in the availability of a social contract is visible in the differences in both commitment and culture. Signing the social contract in Générations is used as an additional contact moment to establish core values and select residents that adhere to these core values.

Two specific aspects are interesting to highlight in this layer. First, public participation in the Netherlands is seen as a way to create commitment and should be incorporated in any project. Although in the French project the lack of public participation makes role division much more clear, this approach is probably not transferable to the Netherlands.

Secondly, in Générations all dwellings are comprised of social housing, making it easier to create eligibility rules and a social contract. In the Netherlands, the goal was to reach a mixture of low, middle and high income households. The same year the BloemRijk project was developed, the minister of Housing, Communities and Integration announced a plan to revive deprived urban areas (Vogelaarwijken). One of the reasons given for these deprived neighbourhoods was that middle and higher income groups left the neighbourhoods (Marlet and Van Woerkens, 2007). In order to create liveable neighbourhoods, social segregation should be avoided. It was therefore normal to implement a mixture of housing to create a mix of income levels in the neighbourhood. Although not discussed in the interviews with key involved actors in BloemRijk, this probably was one of the reasons to create a mixture of dwellings.

**Table 2:** Comparison of formal and informal institutional arrangements in Générations and BloemRijk

| Factor | Générations | BloemRijk |
|---|---|---|
| Communication | - meeting once every two months | - meeting when deemed necessary, at least once a year |
| | - obligatory social contract | - no social contract (anymore) |
| Commitment | - agreeing to sign social contract | - no introduction to social principles |
| | - contract signed by all involved actors | – |
| | - little/no public participation | - public participation |
| | - eligibility rules | - no specific eligibility rules |
| Culture | - focus on contact and taking care of each other | - partial focus on contact between residents and taking care of each other |
| | - addressing each other with regard to principles of social contract | - difficult to address residents to social principles |
| | - strict role division | - no strict role division |
| | - low-income households | - households with various incomes |
| | - multiple generations | - multiple generations |
| | - inclusion of physically and/or mentally challenged seniors | - exclusion of physically and/or mentally challenged seniors |
| | - strict division formal and informal care | - not clear what care to provide |
| | - focus on communication | - lack of focus on communication |
| | - trust | - distrust |

*Layer 3: Formal institutional environment*
In table 3 the similarities and differences with regard to the formal institutional environment are shown. Three interesting aspects are shown in this table.

First of all, providing informal care in France has a national (legislative) base whereas this is not the case in the Netherlands. This suggests that in the Netherlands local arrangements are the institutions mostly responsible for arranging informal care.

The second interesting aspect is found in the personal budgets. Both the French and

the Dutch have personal budgets although they are called differently. These budgets are furthermore both a municipal responsibility. This suggests that despite the fact that key involved actors of BloemRijk blame the freedom of municipalities for the difficulties with regard to the pgb, this not necessarily is a problem. The difference between the two projects is that the French legislation has been in place since 2002, whereas the pgb became a municipal responsibility in 2015. This seems to suggest that time and experience will solve the problems in the Netherlands.

Lastly, the reason for starting the projects is different. In Générations this is done in order to fulfil the objective of 20% social housing whereas the goals of the Wmo (2007) seem to have had an influence on the BloemRijk project.

**Table 3:** Comparison of formal institutional environment in Générations and BloemRijk

| Factor | Générations | BloemRijk |
| --- | --- | --- |
| Communication | - Code Napoléon<br>- Allocation Personnalisée d'Autonomie (APA)<br>- Loi Solidarité et renouvellement urbain (loi SRU) | - no law with regard to filial responsibilities<br>- persoonsgebonden budget (pgb)<br>- Woningwet 2015 and mortgage interest deduction |
| Commitment | - obligation to take care of parents<br><br>- APA municipal responsibility since 2002<br>- 20% social housing for municipalities with more than 3500 residents (by 2020) | - no regulatory obligation to take care of parents<br>- pgb municipal responsibility since 2015<br>- Wmo 2007 probably reason for initiative, but different organizations responsible for housing |

*Layer 4: Informal institutional environment*

In layer 4 the difference in how commitment is created becomes clear (see table 4). In Générations this is done via propagation of core values (i.e. introduction, explanation, signing contract, addressing fellow residents) whereas in the BloemRijk this originates in regulation.

Another difference is that both social housing and APA are municipal responsibilities in France while in the Netherlands only pgb is a municipal responsibility. This means that more organizations, potentially with contradicting goals, have to be involved.

A last point with regard to culture is related to stability of regulation. The legislation in France with regard to housing and healthcare has been in place for years now whereas this changed recently in the Netherlands. It is unclear whether France originally had the same difficulties as the Netherlands, but it seems that the Dutch problems are created by uncertainty and will resolve in time.

**Table 4:** Comparison of informal institutional environment in Générations and BloemRijk

| Factor | Générations | BloemRijk |
| --- | --- | --- |
| Commitment | - commitment through core values | - commitment through regulation |
| Culture | - providing informal care is normal<br>- social housing and APA both municipal responsibilities<br>- relatively stable legislation with regard to housing and healthcare | - no filial responsibilities<br>- social housing responsibility of housing association, pgb municipal responsibility<br>- recent changes in legislation with regard to housing and healthcare |

## 7 Conclusions

This article aims to explain the difference in success between the two intergenerational living projects Générations and BloemRijk. Intergenerational living itself aims to improve ageing in place and active ageing by increasing intergenerational solidarity. According to previous research by Krul (2015), communication, commitment and culture are the most important influential factors in intergenerational living. This means that the three factors should be visible in the conditions of ageing in place and/or the principles of active ageing. Moreover, they should be formed differently in the two projects if they are capable to explain the difference in success.

The details of the three factors show a few similarities between the two projects. First, the personal budget is in both the Bloemrijk and Générations the responsibility of the municipality. The difficulties with regard to the personal budget in the Dutch case can be explained by the lack of experience in the Netherlands. The second similarity is found in the project process. Both projects took a long time to evolve. Third, BloemRijk as well as Générations focus on contact and informal care between multiple generations.

The first difference between the projects is found in the availability of a social contract. This social contract plays a large role in the success of Générations because it stimulates clear communication and creates commitment. This suggests the lack of this social contract in BloemRijk explains a part of the difference in success.

Secondly, in Générations the original vision was executed whereas in Bloemrijk this was adapted. Although adaptations as a result of external forces such as a credit crisis cannot be avoided, the two cases show that a lack of changes provides clarity and benefits the project.

A third difference is visible in the public participation: In Générations there is almost no public participation which makes the role division more clear and avoids miscommunication. In BloemRijk this is the opposite which would suggest decreasing public participation would improve the project. However, Dutch culture suggests otherwise since governments derive their democracy and legitimacy from public participation. Moreover, it creates commitment as well as citizens like to have a say in decision-making. Therefore public participation should be stimulated, but deserves extra attention because of the difficulties.

Lastly, the national cultures of the two countries differ. In France informal care is embedded in national culture whereas this is not the case in the Netherlands. In order to stimulate informal care, the local culture in the Netherlands has to form the base for taking care of each other. This can be created by improving communication and commitment.

These differences suggest the success can be explained by the details of the three factors. The next step is to juxtapose the factors to the conditions and principles of active ageing and ageing in place.

Communication influences the success of intergenerational living through providing a social network and improving health, creating different kinds of participation (amongst which public participation) and an obligation to participate, while also respecting culture. Commitment influences the success by incorporating participation options, including all older people and life stages, creating obligations, offering opportunities for public participation and respecting culture. Culture lastly, determines whether and how communication and commitment are executed and therefore influences each of the conditions and/or principles addressed by these two factors. In addition, culture influences the provision of informal care and inter-

generational solidarity.

The three factors thus influence all principles of active ageing, while only respecting three of the five conditions of ageing in place: the conditions adequate surroundings and senior housing are not addressed. Despite clear differences between the factors in Générations and BloemRijk, this suggests the factors are not capable of entirely explaining the difference in success between the two projects. Communication, culture and commitment are nevertheless important influential factors but other factor(s) influence the success as well.

With regard to the three factors it seems like a social contract is missing in BloemRijk. A social contract incorporates all three factors, but based on two cases in different countries it is not possible to determine how to give this contract form. The way to shape the contract in a Dutch context should therefore be researched.

The lack of reference to two of the conditions could originate in assuming only three influential factors while more factors can be influential in the success of intergenerational living. Evidence of the existence of at least one additional influential factor can be found when looking at social contact. Social contact is easier when residents live in close proximity and have appropriate space (Williams, 2005), pointing towards a physical component. Since adequate surroundings and senior housing belong to this physical component as well, this suggests that this physical component is of influence on the success. Research into the influence of the physical component should therefore be conducted.

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