

Supported Independent Living

Communal and intergenerational living in the Netherlands and Denmark

September 2019 • Gita Prasad

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Photograph on cover: Humanitas, Deventer, Netherlands (with permission).



Above, statue of Winston Churchill with me at Churchill Park, Copenhagen

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Terminology

Many of the terms used in social care and housing were interchangeable from the UK to the Netherlands and Denmark, but to support this report it is useful to have some explanation of the terms used.

Term	Explanation
Social care	The care required to support an individual whose capacity to fully look after themselves has reduced or changed due to illness and disability
Residential care	This is the provision of care, support and living within a dedicated facility. Accommodation, meals and living take place in one setting. The elements of personal care provided depends upon the need of the client and their assessed need
Home or Domiciliary Care	Personal care and support with Activities of Daily Living are provided by Home Care Assistants who visit the client at home or within a home-like setting (such as Sheltered Housing in the UK)
Extra Care Housing	This is the overall term for housing, predominantly for older people, that supplies some care provision. Extra care housing is also known as very sheltered housing, assisted living, or as housing with care.
Co-housing	Co-housing describes intentional communities in a place where there are shared functions within the accommodation and/or shared amenities.
Commune	A group of people living together sharing responsibilities and other features under an agreed ethos.
Intergenerational community	Involving many generations engaging around a place or function.
NHS England	National Health Service England is the overarching commissioning body mandated by the Department of Health in England, responsible for commissioning health outcomes

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Executive Summary

Background

This Churchill Fellowship falls under the category of *New Approaches to Social and Affordable Housing*. The main focus of the enquiry is about the needs and aspirations of older people, living in communities, in later life. My fellowship took me to the Netherlands and Denmark and the main themes of this fellowship are intergenerational, communal and co-housing models.

This study is particularly pertinent to the United Kingdom, as the challenge to support older people in good quality housing that promotes care, wellbeing and alleviates loneliness has been well documented by the government. The NHS's recently published Long Term Plan also sets out how care models will be designed to meet communities' needs,

with local responses and infrastructure to support all of its residents. This has an implication for housing and accommodation to be part of that infrastructure, bringing together housing and health and social care commissioning.

The normative values of communities and intergenerational living are the main focus of the study and learning was gained from the Amsterdam City Government, Humanitas and De Hogeweyk in the Netherlands and from the intergenerational community, Saettedammen, in Denmark.

Findings

Social Policy in the City of Amsterdam

The social policy context and assessment of need in the City of Amsterdam shows that the over-65 population in the Netherlands is increasing and that more people are living longer. The Social Support Act mandates care and support for the over 18s and the Health Insurance Act manages the arrangements for care delivery. Clients are at the heart of care principles in Amsterdam, which leads the delivery of care to contracted care, personal budgets and community care provision. For older people's housing, there are similar issues to the UK regarding loneliness, under-occupancy and supporting later life choices. However, there is also a strong message of self-responsibility and support to make those important choices.

Humanitas, Saettedammen and De Hogeweyk

Humanitas is a residential and nursing home in the Netherlands that provides accommodation and care to 160 residents and there are also respite rooms. Six students live amongst the residents. Saettedammen, in Denmark, is a community of intergenerational residents living within a co-housing environment. There are 70 people in the community. De Hogeweyk, in the Netherlands, is a residential village which specialises in the care of 150 older people with dementia.

Critical Success Factors

The major part of my enquiry was to determine the critical success factors of supported, independent living within a communal or intergenerational setting.

The critical success factors I identified in Humanitas, Saettedammen and De Hogeweyk have created the key learning themes of this report.

These are the following:

- Shared ethos of relational care and empathy
- Daily rituals
- Deliberate interactions between older and younger people
- Organisation and distributed leadership
- Self-management of care
- Enabled environments

Conclusions

Does Intergenerational Living Work?

"Yes this works. People are normal human beings and the combination of different people makes a community."

Whilst the communal life could be all consuming, this was also deemed to be a positive, as there was lots on offer and much to give to the communal way of life.

**Yes this works.
People are normal
human beings and
the combination
of different people
makes a
community.**

Benefits of Communal Living

There were clear benefits for the sandwiched age groups – for parents of young children, having extra grandparents to support childcare was invaluable. There was also support in Saettedammen for everyday tasks, like meal preparation and laundry and sense that there was always someone who could provide a meal. In Humanitas, the student I interviewed has gained maturity in his perspective of older people.

Wider Impact of Communal and Intergenerational Living

“The impact of Humanitas is that it is creating the next generation of being a good neighbour. The take aways are about values. A ten minute chat is valued and an arrangement is made.”

Humanitas may be classified as an ongoing social experiment, but at the heart of the facility is care, support and respect of older people and adults of all ages. I was left with a sense that it's the student residents who will gain invaluable and immeasurable benefits into their adulthood. In Saettedammen children and adults have the possibility to engage in decision making. Many children get the opportunity to speak in front of a gathering of people and this develops more confidence and also consideration for others.

The impact of Humanitas is that it is creating the next generation of being a good neighbour. The take aways are about values. A ten minute chat is valued and an arrangement is made.

Recommendations

Under-occupation of Homes by Older People

– The UK housing market needs to cater for a heterogeneous older generation, who have care needs or future care needs and who may prefer some technological solutions to aid daily living. The Amsterdam City approach of coaching people to support them to think about future living decisions is also a positive idea, which could be transferred to the UK fairly easily with the help of the voluntary sector.

Combatting Loneliness – Combatting loneliness by making communities more accessible and by mixing the desired cohorts inter-generationally for new building developments would prevent creating “ghettos” or segregated communities.

Preventing Health Deterioration Among Communities

– Reducing overtly clinical models in care settings can help people to self-manage more and become less institutionalised. The UK should also support the development of intentional intergenerational communities in all of their many forms, as a response to the localised delivery of care. The UK should also learn from the City of Amsterdam’s delivery of care model, incorporating a local delivery model with a Trusted Assessor.

Designing Healthier Built Environments –

A continuation of the Health New Towns initiative is recommended, with expansion into many more sites.

Accessibility and the Market – The voluntary sector has a large and significant part to play with social connectedness and in encouraging older people to access their rights. The innovation of De Hogeweyk and Humanitas should be included as models of care which social care, housing and the NHS can learn from.

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Background

My Fellowship

I applied for the Churchill Fellowship under the category of *New Approaches to Social and Affordable Housing*. My professional interest, as a commissioner of health, social care and as Co-Chair of the Housing LIN Steering Group for the East of England¹ directed me to ask questions about the needs and aspirations of older people, living in communities, in later life.

This initial enquiry soon took me to review intergenerational as well as communal or co-housing models. I had heard of Humanitas in the Netherlands and was intrigued about the idea of young people living with older people in a residential home. When I applied for the Fellowship, I had imagined staying at

Humanitas, to get an immersive experience. I didn't ever think this would be possible, but I got my wish thanks to the generosity of Humanitas' Wellbeing Coach, and it was a truly inspirational and unforgettable experience!

My research into co-housing led me to the Danish community called Saettedammen, some fifty miles north of Copenhagen. My aim was to get in touch with and visit the community. Thanks to social media and a dedicated website, as well as the kindness of the residents, this was facilitated. I was again welcomed into a close knit, but open and friendly community and experienced what care, empathy and supported independent living can mean.

An enquiry into supported independence in later life would not be complete without reviewing dementia care. The rising diagnosis rates of dementia and the better identification of the needs of people who have dementia led me to the community called De Hogeweyk in the Netherlands. My visit was a moving experience and, like the other communities, convinced me that there are, indeed, supportive models of care for independence in later life to inspire the United Kingdom.

As someone who works in the public sector, I was also interested in the role that social policy plays in relation to supported independent living. I was very lucky to spend some time with governmental colleagues from the City of Amsterdam and also learn about infrastructure organisations who support older people, such as AeldreSagen in Denmark.

¹ The Housing Learning and Improvement Network (LIN) brings together housing, health and social care professionals in England and Wales to exemplify innovative housing solutions for an ageing population. <https://www.housinglin.org.uk/>

United Kingdom Context

Housing and Ageing

The International Longevity Centre (ILC) reported in 2016² that in the UK there are over 16 million people who own their own homes, living in under-occupied housing, who are middle-aged and older people. Half of all older people with care needs have not got housing adaptations to support their needs and there are more older people aged 65–74 who are living alone.

The ILC reported the following statistics:

- Since 2005 there has been a significant increase in the number of 45–64 year olds living alone (500,000) as well as the number of 65–74 year olds living alone (300,000).
- The average household size was 2.9 people in 1971. Today there are on average 2.3 people per household.
- Over 16 million people – mainly owner occupied, middle aged and older households –

live in under-occupied housing. Six million live in houses with two or more excess bedrooms.

- The 50 to 64 age group has the highest number of people in under-occupied homes (4.5 million), while the 65–79 age group has the highest proportion.
- Nearly 9 in 10 of the 65–79 age group live in under-occupied housing – over 50% live in homes with two or more excess bedrooms.

Specialist retirement housing and independent living schemes could support older people better and help to alleviate loneliness and promote independence. Examples of retirement and independent living schemes in other parts of Europe are leading the way with innovative housing schemes, whilst the UK can only meet the specialist housing needs of 5% of over 65s.

In 2008 *Delivering Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society* was published by the Department of Communities and Local Government. It stated a need for a refreshed approach to specialist housing and in meeting the demands of older people, including creating desirable homes in amenable locations.

This strategy also linked housing adaptations and information and advice for older people and integrated provision of housing, health and social care, all of which are highlighted in the UK's Care Act 2014 as drivers to promote wellbeing.

² International Longevity Centre, 2016, The state of the nation's housing: An ILC-UK Factpack

The current national trend of under-occupation of housing among older people who are unable to find alternative accommodation also adds to loneliness and social isolation. Older people with lower incomes are also more likely to experience fuel poverty and issues with cold homes. The prevalence of winter deaths are linked to cold homes which are not sufficiently heated or insulated.

The right accommodation can enable people to come together to undertake activities, as well as retaining the privacy of having their own home. The ability to form relationships, to connect to the community and experience improved wellbeing are also positives gained by living within a community.

Loneliness

In 2015 a systematic review and analysis by Brigham Young University (USA) investigated whether loneliness and social isolation were linked to premature dying concluded that social isolation increased the likelihood of premature death. The risk factors associated with loneliness and social isolation are comparable to others such as smoking, obesity and alcohol misuse.

According to Age UK, people over the age of 75 are more likely to feel lonely and isolated in their own homes. The risk of loneliness in older people increases with age as local social networks can become limited with reduced contact with friends and family and fewer opportunities to create new social networks with advancing age. Poor health and long term illnesses and reduced mobility exacerbates reduced access to community or social networks.

Closed neighbourhood environments and lack of community infrastructure can also be a barrier to social interaction, increasing the likelihood of loneliness. The latter includes housing and accommodation which can enable (or disable) community and social interaction. Well-designed community-based accommodation for older people can promote engagement with local communities and this in turn can help to create opportunities to alleviate loneliness.

NHS England's Long Term Plan

The NHS launched the Long Term Plan in January 2019, which articulates the strategic priorities of the NHS and how to improve outcomes of care. It proposes more localised delivery of care via Primary Care Networks, supporting community networks and teams who will provide care to people in their own homes as an alternative to hospitalisation. Community teams will also enable rapid discharge if a person does need to go into hospital and this will be achieved via partnerships with local councils. There is also a focus on preventative care and population based care management.

The impact of this is that supportive, high quality accommodation is the infrastructure required to deliver care in communities more effectively. It's also required to support community-based support, alleviating loneliness and encouraging social interaction for wellbeing. This policy names the Healthy New Towns initiative, where the NHS joins forces with planning policy on the design and environment of housing and communities to support healthy lifestyles, as an exemplar.



Above: Norfolk, UK

Communal and Intergenerational Living

“A communal society is one in which everyone lives and works together and property and possessions are shared rather than being owned by a particular person”

The reason I am interested in communal living arrangements is that, in my experience of the UK, there are some very well established communal living arrangements that are received as the norm, but very much a gap in communal living as a pure lifestyle choice. These established settings are:

- Children's homes (for looked after children and children with special needs)
- Boarding school
- University
- Hostels for vulnerable cohorts (people with mental health issues, people who have drug and alcohol issues, people who have been homeless)
- Independent living for people with disabilities (physical and learning)

- Secure facilities (for patients and criminal justice purposes)
- Residential care
- Nursing care
- Sheltered housing
- Extra care housing

The educational establishments are temporary living arrangements, with the acceptance and expectation that nobody lives there indefinitely. This communal arrangement is confined to the time when you are a student and are dominated by children, young people and younger adults. Hostels for vulnerable people are not permanent, but provide stability for people whilst they move into a more permanent setting.

A communal society is one in which everyone lives and works together and property and possessions are shared rather than being owned by a particular person

However, when we consider where older people live it is permanent, often involves downsizing and has some elements of care. In the UK there doesn't seem to be a communal arrangement in the working age adult group unless this is for people with disabilities (and excluding secure and criminal justice settings). The communal living in residential and nursing homes is functionally about providing care and support for people with an assessed need and/or who are isolated. Extra Care Housing in the UK provides facilities for the over 55s with both private and communal facilities, the latter often being confined to dining and activities.

The difference between these communal settings and the communities in the Netherlands and Denmark that I encountered, is that, whilst they do cater for people living in later life, they are designed and developed with a particular ethos that goes beyond providing care. That ethos is what distinguishes residential care and dementia care at Humanitas and De Hogeweyk, respectively. The intergenerational aspects of living and later life living also feature in different ways in the two organisations, above, but are at the heart of the community at Saettedammen. I aim to identify these differences in the findings, below.

I set out on my Fellowship with a healthy skepticism, ready to find what doesn't work as much as what does work in the communal living arrangements I encountered. I visited, interviewed and participated in the communities and was pleasantly surprised to learn about the correlating themes which presented.



Above: communal breakfast at Saettedammen, Denmark

Findings



Findings

Social Policy Context in Amsterdam

Assessment of Need

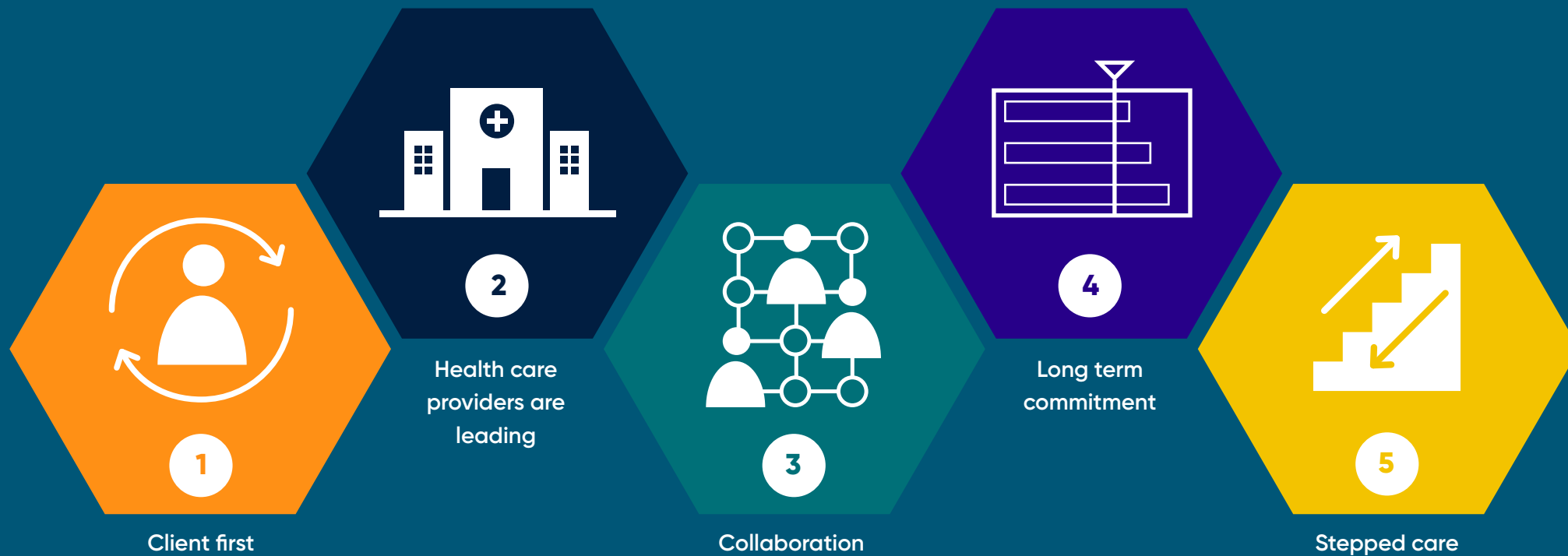
and talking into consideration the special features of an area with demography and local needs. The de-centralised governance approach enables needs to be driven by the municipality and I was kindly presented with a data analysis of Amsterdam. This predicted that the over-65 population in the Netherlands would increase from 67,608 in 2017 to 83,101 by the year 2030 and that within that older population the age stratification would increase, with more people living longer into their late 80s and 90s.

Social Support

The Policy Advisor for elderly, vulnerable and people with dementia explained that the national law in the Netherlands, the WMO (Wet maatschappelijke ondersteuning – the Social Support Act), mandated care and support for the over 18s. This covers independent living, day activities, short term accommodation/respite and housekeeping. Policy has shifted towards a rights and needs based thinking, evidenced by the assessment of needs. The ZvW (Zorgverzekeringswet – the Health Insurance Act) is the insurance for health, care and the management of care. In Amsterdam the social support takes only income into consideration as part of its means testing.

The long term residential care act was the other policy underpinning residential care or home care provision. This policy drives the delivery of care principles of putting the client first, collaboration with providers, having a long term approach and stepping up care when required. This creates a unified response embodying integrated care, which is depicted in the diagram on the following page.

Leading principles



Above: adapted from information from City of Amsterdam, 2018

Delivery of Care

Amsterdam is divided into 22 operational community teams. Each community team supports a population of around 40,000 residents. There are seven local government authorities. The professional in these teams is a Trusted Assessor who assesses the individual's needs and makes recommendations for appropriate care and support. There is a personal care budget used for long term care, social care and youth care. The delivery of care takes three different forms: contracted care includes providers of social housing, day care and household assistance; personal budgets are allocated on an assessed needs basis and provision includes delivery from friends and family; finally, community care provision and informal care includes community centres, voluntary providers and caring support.

For dementia care a diagnosis means living at home until residential care is needed (much like the UK) and early intervention is seen as the best support. A focus on supporting carers is also important.

The diagram on the following page displays these care services in Amsterdam and the relationship between accommodation, advice and support and more formal care provision. This joined-up approach supports people's differing needs and the notion of stepping up (and stepping down) support as appropriate.



Above: Amsterdam, Netherlands

Contracted care/personal budgets

55,000 people/more than 100,000 services:

Day activity/services
+/- 5,300 clients

Household assistance
+/- 17,500 clients

Medical devices
House adaptation

Guidance
+/-7800 clients

Transportation

Protected living/shelter
+/- 5,000 clients

Short term stay
50 clients

Community services



Above: adapted from information from City of Amsterdam, 2018

Housing for Older People

The policy for older people's housing is for over 65s and this colleague's area of work included housing, affordability, accessibility and cultural adequacy. The accommodation issues for older people are similar to the UK in that people stay in their own homes and can become lonely and no longer be able to manage by themselves.

Amsterdam has a housing challenge in that the actual accommodation requires adapting for older people. Cultural trends were also identified in that more support is expected from the family, community and informal carers. This is a problem for Amsterdam's older residents where there aren't any children and/or they have moved away. It was thought that some older people were likely to move away from Amsterdam because of their housing adaptation needs.

However, Amsterdam offers coaching (with a social care professional) for people, including the over 65s, around housing options. New social housing takes a long time to build, so looking at existing housing and adaptability is the most preventative form of planning to avoid crises.

In order to support the take up of available housing options, colleagues stated that the social renting sector had to create incentives to help people to downsize e.g. "from big to better" marketing campaigns. Registered Providers/housing corporations were deemed to be less interested in the older population, but colleagues suggested this would soon change, due to the growth in the rental sector market amongst older people.

Homelessness was deemed to be declining in Amsterdam due to prevention measures, where people are less likely to be made homeless in the first place. There are stronger rules governing tenants and landlords and authorities are alerted to issues early on, so they can support the individual.

Aspirations

I asked colleagues about whether we actually know what older people want? They responded that there are many kinds of older people and their expectations. There are also newer forms of cooperative living and there is funding for research about these ways of living. There are 70,000 new houses being built in Amsterdam and the quota for over 75s age group is being factored in. The design of these houses is for adaptability, accessibility, social meeting points and for surrounding areas and environment being age-friendly with appropriate facilities and services.

There is a strong message of self-responsibility/asset based/self-management of care that is being promulgated by national and local policy. There is also an emphasis on the “kitchen table” conversations, relationships, the values of participation and independent living. These are the themes that surround later-life living and retaining an interconnectedness to family and society. They align very much to the real life examples of intergenerational and communal living that I witnessed first-hand.

Learning in Summary

The City of Amsterdam's social policy demonstrates a joined up approach to the principles and delivery of care, underpinned by legislation. The delivery model includes using a “Trusted Assessor” role and has a focus on prevention. Integrating social housing acknowledges that a person's improved outcomes include housing, alongside health and care needs. The result is a more integrated system which is wrapped around the person.

Humanitas, Saettedammen and De Hogeweyk

Humanitas, Netherlands

Humanitas is a residential and nursing home that provides accommodation and care to 160 residents and there are also respite rooms. Six students live amongst the residents. The history behind the six spare rooms is that they are smaller rooms and no longer meet the regulatory requirement for the care facility, so Humanitas saw an opportunity to provide accommodation in these rooms, for free and to support some young adults along the way.



Above: front entrance of Humanitas, Deventer, Netherlands

Saettedammen, Denmark

Saettedammen is a community of intergenerational residents living within a co-housing environment. There are 70 people in the community. In 1969 the founders came together to create a new sort of community and by 1972 it was established as Denmark's first co-housing community. There are individual flats with communal areas, such as a laundry, kitchen, games room and soft play room. Co-housing communities are still a small minority of the population in Denmark³, so really only represent a self-selected group of people.



Above: noticeboard at the communal centre depicting history at Saettedammen, Denmark

³ According to Matthieu Lietaert, (2007) *The growth of cohousing in Europe*, 1% of Denmark live in co-housing

De Hogeweyk, Netherlands

De Hogeweyk is a residential village which specialises in the care of 150 older people with dementia. It has unique features, which lends itself to be an international exemplar of older people's later life living, care and support. De Hogeweyk had a secure entrance and reception, but otherwise I felt like I was entering a campus-style village.



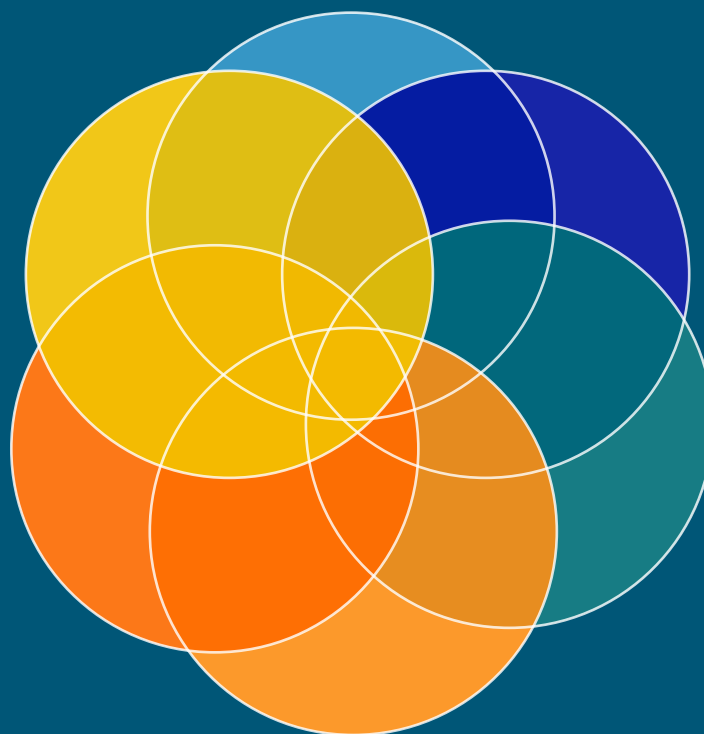
Above: entrance to De Hogeweyk, Netherlands

Critical Success Factors of Supported Independent Living

The major part of my enquiry was to determine the critical success factors of supported, independent living within a communal or intergenerational setting. My focus was on older people and living in later life, but it soon became apparent that my findings applied to all sections of community, at all ages. The critical success factors I identified in Humanitas, Saettedammen and De Hogeweyk have created the key learning themes of this report.

In the following chapters I explore these Critical Success Factors in more detail with illustrated examples of learning from Humanitas, Saettedammen and De Hogeweyk.

Critical Success Factors



Shared ethos of relational care and empathy

Daily rituals

Deliberate interactions between older and younger people

Organisation and distributed leadership

Self-management of care

Enabled environments

Shared Ethos of Relational Care and Empathy

“This is for people who want to contribute...it’s not for everyone”

This statement and versions of it were voiced by several people whom I met at Humanitas and Saettedammen. The communal arrangement was likened to being a good neighbour and engaging with the simple, everyday things in life. At Saettedammen the ethos, culture and willingness to live with the responsibilities of a communal organisation were essential factors to participating in the community; it was an active, conscious decision for residents to live there, which had been created at the outset by the founders in the late 1960s.

The features of the residents at Saettedammen are that they are professionals, working, semi-retired and retired. Some have children who are living with them in the younger age groups and some in the older age group have children who have moved away. The desire to

live in a community is a fundamental to the shared ethos and one resident I spoke to had previously lived in a kibbutz, so the move to co-housing was a natural step.

At Saettedammen there is a mix of older people, working age residents, young people and children. For the experience of older people in the community, many of them interact with all age groups as well as with each other. There was a recognition that growing older did mean some illness and some changes to the pace of life, but sharing aspects of life with younger people meant that not all conversations were about illnesses, aches and pains! At Humanitas conversations between the older and younger residents also included keeping up with the students’ social and dating life.

**This is for people
who want to
contribute...
it’s not for
everyone**

At De Hogeweyk the key ethos of support to the residents is that there are no “white coats” to be seen! There are caring and support staff, medical, clinical staff and other staff who work in catering or other services but none are wearing a uniform which identifies them as a clinician. Caring staff are assigned to a flat and they stay with that flat and get to know the residents and their preferences. They also interact with the residents by doing jobs together (light housework), cooking and activities. There are clinical staff on site and on call when needed and help with any issues, including behavioural matters that can affect the residents.

Care and understanding of relational self-interest were strong parts of the emotional integrity of the residents and staff and manifested in the physical infrastructure of all

of the communal societies. One resident at Saettedammen shared that they look out for their fellow dwellers who were particularly ill, or had a long term condition. Neighbours care for each other and plan to share meals or invite a more ill or vulnerable resident to an activity or a communal meal. Neighbours would also take turns to share the care (in some cases akin to domiciliary care) and to provide meals to those who are ill or feeling vulnerable. The care towards older residents was about awareness of the need and a communal, respectful response. One resident was passionate that getting older and being isolated would “hasten death,” so the trade-off for not feeling lonely and being part of a community living together was active willingness to adapt to each other.

Learning in Summary

These examples demonstrate that living in a communal, intergenerational setting involves intent and a desire to live within an environment of shared values. These values include care and empathy of fellow residents.

Daily Rituals

At Humanitas residents participate in events, visit the shop or get their hair done at the hairdressers, all built into the facility. Students participate in the daily “bread meal” by preparing it and having conversations in the residents whilst they dine.

At Saettedammen the programmed activities included yoga, gardening and other activities available daily. Walking, hiking and swimming were also daily hobbies, as well as taking meals together on particular days. The older residents also have rituals of meeting and having breakfast and doing some housekeeping in the communal area. This was also scheduled under a rota and encourages people to get together whilst doing everyday tasks.

On one of my visits I participated in the Friday walk and breakfast with some of the older residents. I had a conversation with them about ways to combat ageing and their ideas were:

- Challenging each other
- Having meals together and sharing values
- Keeping an active mindset
- When there are life-changing events, everyone is alerted about it and must talk to people affected
- Actively supporting each other
- Acknowledging that not everyone finds comfort in the same ways.



Above: the communal restaurant at De Hogeweyk, Netherlands

At De Hogeweyk there is an activity centre in the onsite shopping precinct, where residents can book onto events and take part in crafts, concerts, music-making and more. There is a shop for buying groceries and a theatre, as well as gardens and walkways.

The surrounding community is welcomed into the village which creates an open and friendly and bustling environment. The result is a feeling of freedom, care and respect of older people suffering with dementia. The environment is shaped to enable the individual to not just be a “patient” but to remain a “person” and I found this very moving.



Above: the supermarket at De Hogeweyk, Netherlands

Once the decision was made about creating the care environment this way – remembering the person – it has supported more innovation, more ideas and more risk taking in comparison with a more hospitalised (and more expensive) approach.

I came away from De Hogeweyk with a feeling that life is being lived and that having dementia is not the end of your life, but the beginning of a phase of life which acknowledges your past but treasures your every day.



Above: the communal theatre at De Hogeweyk, Netherlands

Learning in Summary


In conclusion, by offering and engaging in daily rituals, care and support is offered within these communities as part of the harmony of every-day life. Sharing tasks and sharing meals contributes to the social infrastructure of communal living, creating a sense of stability and security.

Deliberate Interactions between Older and Younger People

“Different kinds of groups should not be separated from each other”

Designing a less segregated community was at the heart of all three communities, who successfully bridged the common gaps that exist between generations. At De Hogeweyk on the day that I visited this was very noticeable: there was a parent and toddler group meeting in the café, there were families visiting their loved ones and taking them out to lunch in the restaurant and people congregating in the bar for a meeting or card game. There was a lot going on but not frenetic, just active. The interactions between the younger care staff and the older residents was also purposeful and meaningful.

At Saettedammen I witnessed older residents picking up children from Kindergarten and looking after them in the communal area. Children had the chance to experience a time of “hygge” with drinks, snacks and craft. This cosy time was for a few hours and the older residents did knitting or crafting with the children. There was also a chance to interact with the children as a communal dinner was being prepared, so the residents cooking the meal also had the chance for a break and a chat.



**Different kinds of
groups should not
be separated from
each other**

Over the years the community has changed and one long standing resident described connections as “looser”, which means that there are perhaps more influences of the wider world coming both into and out of Saettedammen. This was not deemed to be a negative, but rather more of a reflection in how people live and the growth of technology and communications.

The communal area at Saettedammen was also used by a local music group for rehearsals, which encourages the local community to interact with the residents.



Above: hygge time at Saettedammen, Denmark

For Sores, a student resident living at Humanitas, he finds it a warm and friendly environment. This doesn't mean that he stops partying and having fun – quite the opposite. The space at Humanitas is used for social events and parties. The key realisation from Sores is that this home at Humanitas has showed him how different people interact with each other: "there is good interaction with the staff on site, too. Staff enjoy the mix of groups and the students are also residents, after all".

My impressions of staying on site at Humanitas support Sores' view. There was a friendly holiday campus feel to the environment and many of the senior residents recognized and acknowledged me after only a few hours and were interacting with me (despite my not speaking Dutch, which wasn't really an issue to understanding how people were feeling).

I was also encouraged to participate and share my talents during my stay, at Humanitas, which I was very pleased to do – I cooked an Indian meal for some students and staff and also helped proof read some documents which were in English. The collaboration and emphasis on joining in was infectious.

At Humanitas I got a sense that the older residents were having a good time, were active and engaged in life. Some residents went to the nearby café or had arrangements to go out on their mobility scooters. There was a sense of unapologetic living and thriving at Humanitas. This ethos came from the leadership team and CEO, Gea, interacted with everyone in a pleasant and informal but caring manner. I also noticed that there wasn't a great emphasis on "white coats" or an overtly clinical atmosphere, but people were being cared for and supported to do something interesting every day.

Learning in Summary

At the heart of intergenerational living are formal and informal networks of multi-age group interaction. Within the groups I witnessed the emphasis was on simply being together and having fun.

Organisation and Distributive Leadership

"Ask questions such as who are you, who were you and who do you want to be?"

At Humanitas Peter supports wellbeing and the quality of life of residents. Before somebody becomes a resident there are a questions asked and answered to help understand the client. These questions enable to gather a better understanding about the residents by asking "who are you, who were you and who do you want to be". The impressions, background and goal setting are created out of this questionnaire. Through this questioning the motivation, opportunity and capacity of the resident is reviewed. People are encouraged to use their intuitive judgements and feedback to understand what it is they want and also how to live together.

Another organisational feature at Humanitas concerns the student residents. The requirement for the students is visibility and being present for their neighbours. There are some fixed requirements such as being on the rota to make a daily cold tea time meal, called the "bread meal". Students are encouraged to use their talents and skills, such as hosting events, cooking and activities, as well as being involved in the Adelbold Project (see below). Each student resident is required to do 30 hours of community work a month and this is deemed to be an equivalent to rent, as students do not pay for their accommodation at Humanitas. Students help to recruit the next student residents and there is also a student on the Board who represents the group.

**Ask questions such
as who are you, who
were you and who do
you want to be?**

Today, when a student decides to leave the student replacement resident is recruited via Facebook. Students have a conversation with prospective student residents and shortlist them for CEO, Gea, who then invites them for a walk and talk. Students are usually aged between 20–30 years. There are 200 staff members and 200 volunteers (over 50) who are involved in Humanitas. The community also rents out space for other organisations and client groups to attend.

An integral feature of the accommodation at De Hogeweyk is that residents are placed together in groups according to their preferences. These might be based on cultural backgrounds or interests and how they have lived before. These questions are asked when a person arrives to De Hogeweyk and families and carers input so residents can be matched. The housing units have six-to-eight residents living there with shared kitchen, bathroom and living areas, but also having their own bedroom. These could be in a homey, Christian, artisan, modern or cultural style of accommodation, according to the preferences. There is also accommodation for Indonesian elders.

At Saettedammen there are roles and rotas for everyone, with groups taking care of the car park, of the gardening, cleaning and of committees organising events or in charge of collectively purchasing resources for the communal areas. Residents willingly engage in these duties, but because they are communal it requires some lessons in democracy and collective decision making. There are also feedback mechanisms for people to complain if they wish to (and this chart was noticeably blank on the occasions I visited). Not every week of everyone's lives are on a rota – there is a recognition of vacations and festive occasions where people might not want to be as communal.

There is so much to gain for children to be living and growing up in a community, where they are interacting with elders every day. It becomes normal to share with others and the interactions are valued by each group and this can only breed more empathy and connectedness between humans. The values being promulgated are lived values and this challenges the idea that you cannot organise culture.



Above: communal games room, Sættedammen, Denmark

Learning in Summary

The success of the communal living arrangement relies on leadership and the distribution of leadership which embodies the goals and values of the organisation. The infrastructure supports the value-culture.

Self-Management of Care

Loneliness is combatted in several ways at Saettedammen: activities like walking, yoga, hiking and swimming were organised as routine. The communal meal and groups of people working together on “shifts” and duties means that there is purposeful activities in the running of the community. There are events and parties and a sharing of knowledge which supports the community, as well as an ethos on growing vegetables, recycling, organic food and healthy lifestyles. Living in a community doesn’t mean that people don’t have challenges or loneliness, but there are other people to talk about it to and these people genuinely care.

The questionnaire used by Humanitas enables residents to identify their own assets, capacities and aspirations. The ethos of care and enabling at De Hogeweyk encouraged people with dementia to continue with every day activities and to be as active as possible.

Learning in Summary

Identifying and taking hold of one’s own goals and “what matters to you” is supported within the three communal organisations. Promoting the sense of self: “who are you, who were you, who do you want to be?” creates engagement in the identification and management of one’s needs. This in turn creates an active, rather than passive, relationship with care givers and fellow residents.

Enabled Environments

At Humanitas and De Hogeweyk the environment was dementia friendly and psychologically enabling. There were gardens and walk ways, a shop, a hair dresser, a gym and many amenities on site. People were encouraged to walk around the grounds. The original buildings had been added to and felt very much part of the wider community.



Above: gardens at De Hogeweyk, Netherlands

At Saettedammn the site has a lake, woods, gardens and pathways outside and has communal facilities designed to house many people engaging in a range of activities, including a large kitchen area with restaurant-type facilities, a soft play room, a games room and space to hold events. Many of the Saettedammen houses are modular and built to divide to create additional space. Some were built with two bathrooms so can be divided into two separate units. The gardens in between the houses have child-friendly play areas, picnic benches and communal areas.



Above: modular housing at Saettedammen, Denmark



Above: communal play area at Saettedammen, Denmark

Learning in Summary

In conclusion, the design of the three communities allows and enables residents to go out and enjoy the environments and/or interact with amenities. This design facilitates engagement and reinforces the ethos of communal values and living.

Conclusions



Conclusions

Does Intergenerational Living Work?

"Yes this works. People are normal human beings and the combination of different people makes a community."

One resident explained that the only "downside" to living within the Saettedammen community was that you could easily forget those friends and relationships outside of the community – i.e. the communal life could be all consuming. This was also deemed to be a positive, as there was lots on offer and much to give to the communal way of life.

Interestingly, one resident thought that the main beneficiaries of this way of life were for the very young and the very old. He stated that his own children had struggled at times as teenagers and living in Saettedammen, which seemed a long way from the hub of the nearby town. Also worthy of note is that there were not generations of families living in Saettedammen –

grown up children had moved away, often to Copenhagen or further. Only when they themselves were having children, did the prospect of communal living seem a desirable option.

Returning to the Critical Success Factors of Supported Independent Living identified in the previous chapter, people who intend to live in communal or intergenerational societies are pre-disposed to its values and want to make this way of life succeed.

**Yes this works.
People are normal
human beings and
the combination
of different people
makes a
community.**

Benefits of Communal Living

So what are the benefits for the sandwiched age groups? I could clearly see that for parents of young children, having some extra grandparent figureheads in the lives of children, who could pick them up from school and play and have hygge times would be a real benefit and also provide some practical aspects of childcare. Working parents are often juggling the demands of work, building careers and caring for the needs of their young children and parents, so the commune provides extra hands (at the very least). The stabilising, experienced and wise words of seniors could also support children with their studies, with problems at school and with quality time.

On a practical level one resident at Saettedammen explained that as well as the large communal dinner, individual families had dinner at each other's houses and there was also time for the privacy of one's own family.

The knowledge that there would always be someone who could provide a meal was heartening and reiterated the ethos of the commune. In the same vein even doing laundry could be seen as a communal affair – with only a few washing machines for the entire community, residents voluntarily enter the next load of washing or drying for someone who had left their load in a queue. Everyday household work is shared, which makes it less burdensome.

The benefits for Sores (student at Humanitas) is that he has gained maturity. He loves living at Humanitas and it has influenced his perception of older people. Previously, he would have thought about an older person in respect of their limitations. This has changed and he doesn't think of them differently to himself. Sores has not encountered any negativity about his choice to live at Humanitas. His parents originally thought it was an unusual decision, but have become accustomed.

Students who do not study a care subject started to live at Humanitas from 2012. This started as an experiment and as it worked they increased the student cohort using social media. Students become good neighbours and don't have to leave when their studies are finished. Depending upon the circumstances of the young adult they might stay on whilst undertaking an internship, for example. There are practical and social benefits to be gained by communal living.

Wider Impact of Communal and Intergenerational Living

"The impact of Humanitas is that it is creating the next generation of being a good neighbour. The take aways are about values. A ten minute chat is valued and an arrangement is made."

The Adelbold Project at Humanitas is a student project which enables younger adults with disabilities and learning disabilities to learn independent skills. These adults are able to interact with the residents and volunteer in activities such as gardening. In addition activity opportunities for children with mental health issues and autism are provided on site, supported by volunteers. People are referred to the Project by a social worker. Humanitas has clearly expanded its ethos beyond its perimeter and actively invites the community to share the benefits of intergenerational and communal values to support independence.

The impact of Humanitas is that it is creating the next generation of being a good neighbour. The take aways are about values. A ten minute chat is valued and an arrangement is made.

Humanitas may be classified as an ongoing social experiment, but at the heart of the facility is care, support and respect of older people and adults of all ages. The emphasis of my study is later life living, but I was left with a sense that it's the student residents who will gain invaluable and immeasurable benefits into their adulthood. They will already think differently from those young adults who haven't lived in a more caring, communal and empathetic way. This can only be of benefit to society as those young adults become the next generation of decision makers.

In Saettedammen children and adults have the possibility to engage in decision making. Many children get the opportunity to speak in front of a gathering of people and this develops more confidence and also consideration for others, as well as first hand experience of a democratic decision making process. Some families holiday together and there are social benefits of friendships and relationships. The founding concept of Saettedammen grew out of the axiom that "one child has a hundred parents", but I also witnessed that the reverse is also true, and that adults were enjoying their engagement with many children. The cultural benefits of a having lived through a generation of Saettedammen were expressed by an older male resident, "Things have changed now, as a family is not just about women [as care givers]. The new generation is better, it's more equal."

At De Hogeweyk the wider social impacts of communal living enable families of residents and the local community to witness an alternative to medicalised care for people with advanced stages of dementia. De Hogeweyk caters for an enabled way of living for people with a life-limiting disease. The nuances of care provision enables a resident to step in and out of requiring more formal, clinical responses, thus allowing them to be "patients" only when they need to be. The impact on the workforce is exposure to a modern method of care giving which takes the best from informal and formal models.



Above: communal clothes exchange, Saettedammen, Denmark

Learning in Summary

In conclusion, intergenerational living is predicated on the ethos of relational self-interest and an intention to live alongside other age groups in order to access benefits. Those who hold these values are likely to overcome dis-benefits or negative aspects of communal life because, put simply, they want to make it work. There are pragmatic benefits at Saettedammen, especially for the “sandwich” generation, gaining support for childcare and peer relationships.

There are benefits for elder peers, who want to care for each-other and, thus, preventing and delaying the introduction of formal care. Their informal care provision is a cashable savings benefit to the state. The communal value-culture translates into the social and environmental infrastructure, which serve to reinforce local responses and enabled environments for care, support and leisure.

Recommendations



Recommendations

These recommendations relate to the United Kingdom context above, including delivering the NHS's Long Term Plan.

Under-occupation of Homes by Older People

As in the UK, the Netherlands identifies under-occupation and downsizing (or “right-sizing”) as a challenge in their community. The UK housing market needs to cater for a heterogeneous older generation, who have care needs or future care needs and who may prefer some technological solutions to aid daily living. Older people will find it challenging to downsize, unless there are attractive and supportive, independent housing options to move into. The Amsterdam City approach of coaching people to support them to think about future living decisions is also a positive idea, which could be transferred to the UK fairly easily with the help of the voluntary sector.

Combatting Loneliness

Intergenerational models of independent living in Denmark and the Netherlands has demonstrated that communities thrive off each other. Interaction between age groups is taking off in some residential care homes in the UK, but the Humanitas model is yet to be developed. Combatting loneliness by making communities more accessible and by mixing the desired cohorts inter-generationally for new building developments would prevent creating “ghettos” or segregated communities.

Preventing Health Deterioration Among Communities

De Hogeweyk shows us how focusing on the assets of residents can add to their independence and activity levels. Reducing overtly clinical models in care settings can help people to self-manage more and become less institutionalised. This requires highly skilled and highly empathetic care teams, who are enabled to be autonomous and given freedom to make decisions in the best interests of their beneficiaries.

The care and support provided by Saettedammen by and for its older residents has prevented and delayed the need for formal care. The learning from this shows that intergenerational communities genuinely want to look after and care for their communities. Combatting ageing by social interaction was also cited as preventative. The recommendation is for the UK to support the development of intentional intergenerational communities in all of their many forms, as a response to the localised delivery of care, which is the strategy of the NHS's Long Term Plan. The other recommendation is to learn from the City of Amsterdam's delivery of care model, incorporating a local delivery model with a Trusted Assessor and also self-management of care and using more formalised care as a step up approach.

Designing Healthier Built Environments

A continuation of the Health New Towns initiative is recommended, with expansion into many more sites. Bringing planning, social care and NHS commissioners together, as well as community stakeholders can enhance and improve the planning and design of new communities.

Accessibility and the Market

AeldreSagen in Denmark is an older person's organisation which provides advice, information and opportunities on many aspects of life for older people. It provides information on housing, finances, employment and getting help at home. It also inspires older people to become volunteers and to get involved in local life. This organisation enhances older people's accessibility into navigating their rights as they face retirement. The voluntary sector has a large and significant part to play with social connectedness and in encouraging older

people to access their rights. This sector can also input, as members of and as advocates for older people, into future commissioning plans.

The funding models of both De Hogeweyk and Humanitas were within the cost envelope of the social funding model in the Netherlands. Both organisations decided to take risks and spend their allocated funding differently and innovatively. This kind of innovation should be included as models of care which social care, housing and the NHS can learn from. Humanitas is providing a guide for international organisations to access. Registered social landlords, housing investors and architects are also key stakeholders in shaping the market and how the built environment is designed and in supporting initiatives such as Health Towns. The Housing Learning Improvement Network is committed to sharing this learning and serves as a learning hub for all stakeholders.

Appendix



Appendix A

Record of Meetings

Date	Meetings
August 2018	Conversations with policy, housing and data analysis colleagues from City of Amsterdam
August 2018	Tour of De Hogeweyk, Weesp, Netherlands
August 2018	Three day stay at Humanitas, Deventer, Netherlands; meeting with CEO, Wellbeing Coach, interviews with residents and participation in communal meals and events
February 2019	Two all -day visits to Saettedammen, Denmark; meeting with residents and participation in after school Hygge time, preparation of communal meal, dining with a large group of residents, visiting the home of a family with children, participation in walking, breakfast, visit to local school, outings and events with the older residents.
February 2019	Conversations with AeldreSagen, Copenhagen

Appendix B

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