



# 80+ living IN SCANDINAVIA



norden

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**norden**

Nordens Velfärdscenter

The Nordic Centre for Welfare and Social Issues (NVC) is an institution under the Nordic Council of Ministers Secretariat for the Council of Ministers for Health and Social Affairs. The activities of the institution are directed to the challenges faced by the Scandinavian welfare society and helps to develop the Scandinavian welfare model. The work aims to promote the inclusion of vulnerable groups, equal treatment for all citizens, social solidarity, and accessibility and quality with regard to social services.

This survey is part of a project on housing for older people.

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# Scandinavia

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# Scandinavia

## Introduction

**W**ith increasing frequency, society is faced with questions of how to meet the needs for welfare, care and nursing for the oldest citizens, who depend in their everyday lives on social services. This group includes those aged 80 and above. They are no longer active on the labour market, and spend increasing amounts of time in their homes. Their residential environment is therefore important, and requires adaptation to individual needs.

Average life expectancy is increasing, and it is anticipated that the numbers of people aged over 80 will double in the next decades in Scandinavia. Care for the elderly is therefore being reappraised and developed. The policy in the Scandinavian countries is to extend the time people live in their own homes, find flexible support services for them at home, and to increase accessibility in housing and residential areas.

During the project on housing for the elderly in 2013 the Nordic Centre for Welfare and Social Issues has collected information about how those over 80 live in Scandinavia. The survey gives basic and comparable information about the numbers of people in this group, types of housing and care services in the Scandinavian countries.

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## 1. The aging population

At the beginning of the 20th century, there were almost 12 million people living in the Scandinavian countries. Today, the population has grown to nearly 26 million. Since 1990 the total number of people has increased by more than 2.6 million inhabitants (11 per cent). The most rapid increase in the population has been in Iceland and Norway.



# Scandinavia

**A**t the beginning of the 20th century, there were almost 12 million people living in the Scandinavian countries. Today, the population has grown to nearly 26 million. Since 1990 the total number of people has increased by more than 2.6 million inhabitants i.e. by 11 per cent. The most rapid increase in the population has been in Iceland and Norway.

The numbers of elderly people have increased even faster than the population in general, which has meant that the proportion of older people in Scandinavia has doubled in the last hundred years. The population over the age of 80 has also increased: today approximately one in twenty is more than 80 years old. There are variations between the countries, however. *Table 1.*

In this report we will focus on the group aged 80 and older. About half of this group are between 80 and 84 years old, and about a third are between 85 and 89 years old. Only 2-3 per cent are extremely old, aged 95 and above. The differences from one country to another are relatively small. *Table 2.*

## 1.1. Average life expectancy is increasing

The proportion of elderly people in the population has increased because they live longer. A healthier lifestyle with better eating habits and fewer smokers, better health care and medicines, along with improvements in the working environment all contribute to greater life expectancy. The average length of life, defined as the expected average length of life at birth, has increased since 1990

### Fact box 1

Today the proportion of the total population over the age of 65 is 17.5 in the five Scandinavian countries together. This is slightly higher than for the whole of the EU (17%). Iceland and Norway have a slightly smaller proportion of old people than the other countries, with 13% aged 65 or older. The proportion is highest in Sweden, at just over 19%. Sweden also has the highest proportion aged 80 and older, at 5.2%, and Iceland has the lowest, with 3.6%. Finland is a close second: the corresponding figures are 18.8% and 5.0 %.<sup>1</sup>

	Denmark 2012	Finland 2012	Iceland 2013	Norway 2013	Sweden 2012	All countries
Population	5,602,628	5,426,674	321,857	5,051,275	9,555,893	25958327
Number 65+	987,901	1,018,420	41,677	673,212 <sup>2</sup>	1,828,283	4,549493. <sup>3</sup>
Percentage 65+	17.6	18.8	12.9	13.3 <sup>4</sup>	19.1	17.5
Number 80+	232,683	268,787	11,646	221,585	498,148	1232849
Percentage 80+	4.2	5.0	3.6	4.8	5.2	4.7

**Table 1. Total population with number and proportion (%) aged 65 and older, and aged 80 and older, 2012-2013**

<sup>1</sup> The demographic data are based on public statistics from the different countries.

<sup>2</sup> Source: Nordic Statistics. <http://www.norden.org/sv/fakta-om-norden/siffror-och-statistik>.

<sup>3</sup> Refers to those aged 67 and older.

<sup>4</sup> See note 1.

by about 5-6 years for men and 3-4 for women in Scandinavia.

Although women live longer than men, the difference has been reduced during recent decades, and will be reduced even further in future. Thus the average life expectancy for men and women will gradually even out. *Table 3.*

As a result of increased life expectancy, the numbers of people aged 80 and above will be more than doubled in the next decades, from just over 1.2 million today to over 2.9 million in 2050. The proportion of the population aged 80 or more will also be more than doubled in the next 40 years. The increase will be particularly large around 2025, when the baby boom in the 1940s and early 1950s reach their eighties. *Tables 4 and 5.*

### 1.2. More women than men at a high age

Because of women's greater average life expectancy, more women than men reach very high ages. In the whole of the 80 plus age group, 59-68% are women. The proportion is highest in Finland, where there are twice as many women as men over the age of 80. In Iceland, where the gender distribution is closest to even, there are 50% more women than men. As stated above, the surplus of women will be reduced as the difference in the average life expectancy for men and women decreases. *Table 6.*

### 1.3. Most people aged 80 or more live alone

With regard to housing and care, it is important to what extent older people live alone or with partners. Among those over 80 the majority live

alone, which applies in all countries. Totals in this age group are around two thirds who live alone, and the proportion living alone increases with age. In Sweden and Denmark only 5-6% of women aged 90 or older are married, while the figure for Iceland is 9%.

The numbers living alone have increased in recent decades. The higher average life expectancy for women means that far more elderly women

#### Fact box 2

As shown in Table 3, the average length of life today is 77.7-80.8 years for men and 81.9-83.9 for women, with certain differences from country to country. Iceland has the highest average length of life both for men at 80.8 years and for women at 83.9 years. Finland has the lowest average length of life for men at 77.5 years, and Denmark has the lowest average length of life for women at 81.9 years.

#### Fact box 3

There are differences between the countries, but the pattern is the same. In Iceland, which at present has the lowest proportion aged 80 and older, the number will increase more than three times by 2050. Sweden, which today has the highest proportion aged 80 or older, shows the smallest percentage increase out of the five countries. It is estimated that there will be just over twice as many people aged 80 or older in 2050 compared with today.<sup>5</sup> It must be emphasised that projections of this type are not as precise as the figures may suggest.

Age group	Denmark 2012	Finland 2012	Iceland 2013	Norway 2013	Sweden 2012
age 80-84	118,170 (51%)	145,203 (54%)	6,270 (54%)	108,068 (49%)	245,180 (49%) <sup>6</sup>
age 85-89	73,881 (32%)	85,059 (32%)	3,673 (32%)	72,456 (33%)	161,736 (32%)
age 90-94	32,069 (14%)	38,525 (14%) <sup>7</sup>	1,383 (12%)	33,218 (15%)	73,675 (5%)
age 95-99	7,554 (3%)		278 (2%)	7044 (3%)	15,721 (3%)
age 100+	1,009 (0%)		42 (0%)	799 (0%)	1,836 (0%)

**Table 2. People aged 80 and older distributed by age group. Number and proportion (%) of the whole age group aged 80 and older.**

	Denmark	Finland	Iceland	Norway	Sweden
<b>Men</b>					
1990	72.0	70.9	75.0	73.4	74.8
2012	77.9	77.5	80.8	79.4	79.9
<b>Women</b>					
1990	77.7	78.9	80.1	79.8	80.4
2012	81.9	83.5	83.9	83.4	83.5

**Table 3. Average length of life, 1990 and 2012<sup>8</sup>**

	Denmark	Finland	Iceland	Norway	Sweden	All countries
2010	227,510	257,193	10,583	218,413	494,385	1,208,084
2020	263,899	320,929	12,880	226,899	546,908	1,371,515
2030	406,796	507,549	18,504	347,402	812,089	2,092,340
2040	471,691	633,054	28,465	405,460	899,872	2,488,542
2050	566,482	682,177	35,417	568,512	1,049,509	2,902,097

**Table 4. Projected numbers of people aged 80 and older, 2010-2050**

	Denmark	Finland	Iceland	Norway	Sweden
2010	4.1	4.8	3.3	4.5	5.3
2020	4.6	5.7	3.7	4.1	5.4
2030	6.9	8.7	4.9	5.8	7.6
2040	7.8	10.6	7.1	6.3	8.2
2050	9.2	11.2	8.4	8.5	9.3

**Table 5. Projected proportions (per cent) of people aged 80 and older, in the whole population, 2010-2050**

	Denmark 2012	Finland 2011	Iceland 2013	Norway 2013	Sweden 2012
	Men/women	Men/women	Men/women	Men/women	Men/women
age 80-84	41/59	37/63	44/56	41/59	42/58
age 85-89	35/65	30/70	39/61	35/65	37/73
90-94	27/73	23/77	34/66	27/73	31/69
94-99	21/79	18/82	28/72	20/80	30/70
100+	17/83	13/87	14/86	18/82	15/85
Total 80+	36/64	32/68	41/59	36/64	39/62

**Table 6. Population aged 80 and older distributed by gender, per cent, rounded figures.**

<sup>5</sup> See note 1.

<sup>6</sup> Because figures are rounded the total is not 100%.

<sup>7</sup> Refers to those aged 90 and older. Figures for smaller age groups not available.

<sup>8</sup> Source: Nordic Statistics. <http://www.norden.org/sv/fakta-om-norden/siffror-och-statistik>.

live alone than men. The fact that in a marriage the husband is often older than the wife reinforces the tendency. It is roughly twice as common for women aged over 80 to live alone. *Table 7* shows the numbers living alone in the different countries, distributed by gender. The proportion living with partners is not included, which means that the numbers living alone may in fact be slightly lower than shown in the table. Note also that the figures for Finland cover the group aged from 75 and above, which accounts for the lower figures. As the difference between men's and women's average life expectancy evens out, the proportion living alone may be reduced. In order to assess whether the number living alone will also be reduced, it is necessary to consider the increase in the numbers reaching a very high age as well. Any changes in the patterns of living together will also affect developments.

Naturally, there are variations between countries. The figures for Finland show that the number of elderly people living alone almost doubled in the period from 1987-2011. The greatest increase was seen in small and sparsely populated municipalities in rural areas.

1.4. Regional variations

As can be seen above, there are certain differences between the proportions of older people, length of life etc. between the different countries, even though the underlying pattern is the same. However, there are also differences between countries, between towns and rural areas and between regions. In this respect the countries diverge. Iceland and Denmark, with concentrated

rural areas, are relatively homogenous, unlike Sweden, Norway and Finland, which have more extensive rural areas.<sup>11</sup>

**Iceland** is divided into seven health care regions, with the capital as clearly dominant. Almost two thirds of the population live there. In spite of the fact that the other health care regions are sparsely populated, the proportion of elderly residents is similar in the different areas. In the most sparsely populated health care region by the western fjords (Vestfirðir), the total population is only about 6000, and the proportion aged 67 or older is 12%. This is comparable with the capital region, where the figure is 11%.

In **Denmark** too, the regional differences in the population structure are small. An exception can be seen on the Danish islands, Ærø, Læsø, Langeland and Samsø, where more than one person in four is aged over 65.<sup>12</sup> A natural explanation is that younger people move away to seek education and work. These islands can be compared with the sparsely populated areas in the rest of Scandinavia.

In **Norway, Sweden and Finland** there are greater regional differences. Migration to the towns and more populated areas to study and work has meant that the proportion of younger people has decreased and the proportion of older people has increased in certain regions and parts of the country.

In **Sweden** there are clear regional variations with regard to average length of life and proportions of older people. The average length of life is highest in the Counties of Stockholm, Uppsala, Kronoberg and Halland at around 80-80.5 years for men and 84-84.5 years for women.

	Denmark	Finland	Iceland	Norway	Sweden
Men	41	27	42	38	43
Women	78	55 <sup>10</sup>	74	78	79
Total	64	45	61	63	65

Table 7. Number cohabiting (not married) in the group aged 80 and older, per cent.

<sup>10</sup> The figures for Finland refer to people aged 75 and older.  
<sup>11</sup> The figures in this section are based on public statistics from the different countries.  
<sup>12</sup> According to Rasmus Ole Rasmussen at the Nordic Council of Ministers' Regional Research Institute.

The lowest average length of life is to be found in Norrland County, about 78.5 years for men and about 82.5-83 years for women. In the municipality of Danderyd in the County of Stockholm, which is at the top, men live on average to just over 83 and women to just over 86. Överkalix, one of the depopulated municipalities in County of Norrbotten, has the lowest average length of life for men, 75.5 years. For the country as a whole, the average length of life for men is about 79.5 years and 83.5 years for women.

There are also regional variations in the proportion of older people in the population. In general, the municipalities in southern and central Sweden have a lower proportion of elderly people than municipalities in northern Sweden, although there are exceptions. An interesting detail is that the municipality with the lowest average length of life for men, Överkalix, also has the highest proportion of pensioners, 31.2%, while another municipality, Knivsta, notable for a high average length of life, has the lowest number of pensioners in the country. This reflects the great importance of the migration pattern for the age distribution in an municipality.

In the depopulating municipalities, the proportion of older people is increasing faster than the average for the country. In the municipality of Pajala, in the County of Norrbotten the number of people over the age of 65 has increased from 10.2 per cent to 31.1 per cent in the period from 1968-2011. Almost one in three people there is over 65 years old. Projections show that the regional differences will continue to increase.

Even though the sparsely populated municipalities have a high proportion of elderly people, the great majority of those over 80 live in the larger towns and suburbs.

In **Norway** too, there are clear regional differences in the proportion of older people. In the counties with the highest proportions of older people (Hedmark, Sogn & Fjordane and Oppland), the proportion of people over 80 is between 5.5 and

6%, compared with 3.7 in Oslo. Projections of the population also show that regional differences in Norway will increase.<sup>13</sup>

Another example of regional differences in Scandinavia is the way the proportion living alone varies in different parts of the countries. Figures from Finland show that the proportion living alone is considerably larger in small, remote rural municipalities than in the larger towns and suburbs. It is also in these small municipalities that the proportion of those living alone has increased most rapidly in recent decades.

### 1.5. Health and functional capacity

Older people's health and functional capacity has an important influence on how they live, and vice versa. Illness and reduced function place demands on the design and accessibility of the housing, and affect the need for different types of housing and the need for service, care and nursing in the home. The next pages describe developments in health and functional impairment with increasing age, with focus on factors that are especially significant with regard to housing.

We all live longer, but are we healthy in the years that are added to life, or are they years of poor health? There are three dominant hypotheses about the link between longer life and illness. The first is that illness sets in later in life and lasts for a shorter period of life, so that healthy years replace years of illness, and the period before death when the individual lives with disease and impaired function is shorter. According to the second hypothesis illness sets in for an equally long period at the end of life, but that the age when this period starts is becoming steadily higher. The third hypothesis is that longer life also involves a longer period of ill health and infirmity. There is at present no definitive answer as to which of these hypotheses is correct. However, several of the widespread diseases occur at higher ages, while at the same time a smaller proportion at each specific age

<sup>13</sup> Norwegian Institute of Public Health: <http://www.fhi.no/artikler?id=70828>.

<sup>14</sup> Swedish Living Conditions Survey (ULF/SILC). Statistics Sweden (SCB)

state that they suffer from debilitating illness and ailments.<sup>14</sup>

For this survey it has not been possible to obtain exact and comparable figures about general health in the different Scandinavian countries. The main part of this account is based on figures from Sweden, supplemented by figures from the other countries.<sup>15</sup>

Ability to carry out daily activities

The ability to cope with daily activities depends not only on physical functional capacity, but also on facilities such as the form of housing, distances to shops and availability of assistive devices. In the Swedish Living Conditions Survey (ULF/SILC), women state more often than men that they have difficulty with cleaning and shopping for food (Table 8), which means tasks that are heavy and require muscular strength. Earlier on, older men used to state significantly more often than women that they needed help with preparing food. This gender difference was presumably due more to lack of practice and experience than any problems with physical capacity, and has almost disappeared in recent years. There was an improvement until the mid-1990s in elderly

Form of help	Age group	Women	Men
Shopping for food	75-84	27	15
	85+	60	47
Cooking	75-84	13	16
	85+	40	40
Cleaning	75-84	30	20
	85+	66	51

**Table 8. Need for help with shopping for food, cooking or cleaning, Sweden.**

Proportion (per cent) who need help with shopping for groceries, cooking and cleaning. Women and men aged 75-84 and 85+, average for 2002-2005. Directly and indirectly interviewed.

Fact box 4

In the group aged 75 and older, about 72% of men and 63% of women state that their health is excellent or good, which can be compared with about 87% and 83% respectively for the whole population. The survey does not give any direct answer about how health problems affect the possibilities for everyday activities and living in one's own home.

people's ability to manage shopping for food, cooking and cleaning, but since then there has been no improvement. *Table 8.*

A telephone survey <sup>16</sup> in **Iceland**, commissioned by the ministry of health at the end of 2012 among residents in Iceland aged 67-87 showed that about 70% of that group consider that their health is excellent or quite good. It is worth noting that approximately the same proportion of those over 80 had the same positive opinion about their health. The survey showed that men experience that they are in better health than women, but the differences are relatively small. The survey also showed that those who had a job or took regular exercise were in better health than their age group in general.

Another fact shown by the survey was that almost 18% have municipal home help in their own homes every week or every fortnight, which means that 82% do not have this help. The proportion who have municipal home help increases with higher age, and among those aged 80-87, there are 39% who have municipal home help. There is no great difference related to where they live, but a somewhat higher proportion of those in the capital region have municipal home help than those living in rural areas. In the city of Reykjavik the figure is 19%, while for other municipalities in the capital region the

<sup>15</sup> The figures for Sweden in this section were obtained from the National Board of Health and Welfare. Report on public health 2009. This in turn is based on Statistics Sweden's interview surveys of living conditions, ULF, and surveys of elderly people's living conditions, SWEOLD.

<sup>16</sup> Capacent Gallup, 2012; Elderly people's situation; telephone survey commissioned by the Ministry of welfare.

<sup>17</sup> Danish Health and Medicines Authority: The national health profile 2010. How are you?

Health aspects	People aged 75 and older, per cent		Whole population, per cent	
	Men	Women	Men	Women
Excellent or good health	71.7	63.2	86.9	83.1
Poor physical health	27.6	41.8	8.1	12.0
Poor mental health	9.0	13.5	8.1	11.9
Chronic illness	48.6	52.9	32.1	34.7
Severe pain or discomfort in the last 14 days	36.3	51.1	30.4	42.9

**Table 9. Health as experienced by people aged 75 and older and in the whole adult population, Denmark 2010.**

Health aspects	People aged 75 and older, per cent		Whole population, per cent	
	Men	Women	Men	Women
Excellent or good health	66	59	83	79
Poor or very poor health	13	16	5	7
Physical pain	21	39	20	31

**Table 10. Health as experienced by people aged 75 and older and in the whole adult population, Norway 2008.**

corresponding figure is 17% and in the rest of the country it is 16%.

The **Danish** Health and Medicines Authority has carried out a survey of how people perceive a number of aspects of their own health.<sup>17</sup> This was based on a questionnaire answered by almost 180,000 individuals of whom 10-15 000 were aged 75 or older. Thus the statistics refer to people's own opinion of their health. A selection of the results are shown in *Table 9*. This table shows a pattern in which older people's opinion of their health is not as good as the younger population, and women consider they are in poorer health than men.

A compilation of data on elderly people's health in **Norway** by the Norwegian Institute of Public Health shows a picture of the older population's health similar to the other Scandinavian countries<sup>18</sup>. The great majority state that they are in good health, even in the higher age groups. Two out of three in the 80 and older group are managing well. The pattern of poorer

health among women is also seen in Norway *Table 10*.

Difficulties with managing daily personal care (personal ADL) only become common at a very high age, and the first difficulties usually involve bathing and taking a shower. Few need help with personal care before the age of 80, but from then on the proportion requiring help increases rapidly with increasing age. At ages of 85 and above, 44 per cent of women and 36 per cent of men need help with personal care according to the Swedish studies *Table 11*. The proportion who need help with a bath or shower, dressing and undressing or getting up and going to bed has not changed appreciably in the last twenty years.

#### Mobility and musculoskeletal disorders

Good mobility is of central importance for managing alone, and good mobility requires various bodily functions such as muscle strength, balance, coordination and fitness. Mobility can also be impaired by pain, which is not uncommon

<sup>18</sup> Norwegian Institute of Public Health: Facts and statistics on elderly people's health, aged 65 and older.



Age group	Women	Men
69-74	4	4
75-79	8	9
80-84	21	14
85+	44	36

**Table 11. Requiring help with personal care (personal ADL), Sweden.**

Proportion (per cent) who need help with one or more of the following tasks: Get up/go to bed, dressing, eating, managing daily hygiene and visits to the toilet. Women and men aged 69+ distributed by age, 2004. Directly and indirectly interviewed.

among older people. The number of people who have difficulty moving about increases with age, and women are less mobile than men. In the Swedish Living Conditions Surveys (ULF/SILC), 64 per cent of women and 51 per cent of men in the group aged 85 and older said their mobility was impaired to the extent that they needed assistive devices of some kind.

According to the Swedish Living Conditions Surveys (ULF/SILC), older people's mobility is markedly better, and the proportion of women and men with impaired mobility has decreased since the 1980s among both older and younger pensioners. The proportion with impaired mobility who require assistive devices has also decreased. One of the reasons for this could be reduced effects from strokes, and that fewer in the age group under 84 suffer hip fractures, and that the health services

Age group	Reduced mobility		Severe mobility handicap	
	Women	Men	Women	Men
65-74	42	30	15	11
75-84	71	52	37	26
85+	90	83	64	51

**Table 12. Reduced mobility and severe mobility handicap, Sweden**

Proportion (per cent) with reduced mobility and severe mobility handicap. Women and men aged 65-74, 75-84 and 85+, average for 2002-05. Directly and indirectly interviewed.<sup>19</sup>

have performed many hip and knee replacements in recent years.

Hearing and sight

Impaired hearing and sight are normal in the older population, and for those who are affected it becomes more difficult to make contact with other people and play an active part in the community. The table shows the frequency of impaired hearing and impaired sight in the Swedish Living Conditions Surveys (ULF/SILC) in 2002/2003.

Table 13.

The **Norwegian** Institute of Public Health states that nearly one person in ten aged 67 or older has problems with eyesight, and one in five has difficulties with hearing, even if they wear glasses or use a hearing aid.<sup>20</sup>

According to the website of the National Hearing and Speech Institute of **Iceland**, approximately

Age group	Impaired hearing		Impaired sight		Impaired hearing and sight	
	Women	Men	Women	Men	Women	Men
65-74	18	31	32	11		
75-84	28	40	11	7	4	3
85+	53	58	27	19	18	14

**Table 13. Impaired hearing and sight, Sweden**

Proportion (per cent) who have difficulty hearing a conversation with several people or cannot read a daily newspaper without difficulty. Women and men aged 65-74, 75-84 and 85+, 2002/2003. Directly and indirectly interviewed.  
Source: Living Conditions Surveys. ULF, Surveys of living conditions, Statistics Sweden.

<sup>19</sup> Reduced mobility means inability to run a short distance and inability to climb into a bus easily or go for a short walk. A severe mobility handicap means that the person requires assistive devices to move about outdoors or indoors. Those with a severe mobility handicap are also included in the group with reduced mobility.



6000 people in Iceland used hearing aids in 2008. About 1250 individuals receive new hearing aids from the institute each year, but a number of older hearing aids are in use, so the number of people with hearing impairments in Iceland is presumably considerably higher.<sup>21</sup>

Statistics from **Finland** show that two thirds of the group aged 75 and older have hearing problems, and a third of them need rehabilitation with regard to hearing. In Finland there are approximately 80,000 people with visual impairments. About 10,000 of them are blind or partially sighted. Most of those with visual impairments (80%) are in the group aged 65 and older according to Finnish statistics.

## Dementia

Dementia has a critical effect on the possibilities of managing one's own home. As length of life increases, numbers affected by dementia also increase. Dementia is an umbrella term for several different conditions, and may be more or less serious. The figures from the different Scandinavian countries are subject to uncertainty with regard to definitions etc. and it is therefore difficult to make direct comparisons between the figures in the following description.

The overall picture shows, however, that dementia is a major problem and is growing in Scandinavia as in the rest of the world. From the section on forms of housing with assessment of need it can be seen that far from all those who suffer from dementia can be given places in forms of housing specially adapted to them.

In **Sweden** it is calculated that 142,000 people suffer from a some form of dementia according to the National Board of Health and Welfare report on public health in 2009. The proportion with dementia doubles for every five-year age group above the age of 65. Between the ages of 60-64 it is calculated that 1.5 per cent suffer from dementia, while almost half of those aged over 95 have some dementia. Women run a higher risk

of suffering from dementia than men of the same age. At the very highest age levels, the numbers of women in the population are considerably larger than the numbers of men, and for that reason too there are considerably more women with dementia than men.

In **Finland** statistics show that a third of those aged 85 or older suffer from conditions with moderate to severe memory loss. Approximately 60% of those with memory loss live in their ordinary homes. Two thirds of them, almost 50,000, live completely alone in the home. Dementia is becoming an increasingly common cause of death. The number of deaths due to dementia has more than doubled in twenty years. It is considered that

Age group	Proportion with dementia, %
75-79	14
80-84	19
85-89	25
90-94	37
95+	48

**Table 14. Occurrence of dementia in Sweden**

Proportion (per cent) women and men with some degree of dementia at various ages over 75. 1993

Source: von Strauss, Viitanen, De Ronchi, Winblad, Fratiglioni [14].

40% of those with dementia need residential care, which corresponded to approximately 38,000 people in 2010.

<sup>20</sup> Norwegian Institute of Public Health: Facts and statistics on elderly people's health, aged 65 and older.

<sup>21</sup> Source: <http://www.hti.is/>.

Age group	%	2010	2020	2030	2040
65-74	4.2	21,231	30,199	28,480	25,984
75-84	10.7	34,389	43,504	64,725	63,902
85+	35.0	39,956	57,588	84,755	137,163
Total		95,576	131,291	177,960	227,049

**Table 15. Number and proportion (%) of people with dementia in different age groups in Finland, present and forecast.**

In **Norway** there are approximately 71,000 people with dementia (2006). In the group aged 80-84 it is estimated that 18% suffer from dementia, and among those aged 90 and older approximately 40%. With the current rate of development the number suffering from dementia will reach 160,000 in 2050.<sup>22</sup>

In **Iceland** systematic efforts have been made to collect statistics of the number with dementia. If it is assumed that 7% of the population aged 65 and older suffer from dementia, it is estimated that 3,000 people will have dementia in 2013. There will presumably be three times that number by 2050.

In **Denmark** nearly 89,000 people suffered from dementia in 2012. A rapid increase can be expected in the next decades according to the projections.<sup>23</sup> *Table 16.*

2012	2020	2030	2040
88,886	100,873	129,834	156,150

**Table 16. Projection of the number of people with dementia in Denmark.**

Source: Danish Dementia Research Centre  
Prevalence of dementia among elderly people in Denmark, the whole country and the five regions, 2011-2014

<sup>22</sup> Norwegian Institute of Public Health: Facts and statistics on elderly people's health, aged 65 and older.  
<sup>23</sup> Source: Prevalence of dementia among elderly people in Denmark, the whole country and the five regions, 2011-2014

” *Older people's health and functional capacity has an important influence on how they live, and vice versa. Illness and reduced function place demands on the design and accessibility of the housing, and affect the need for different types of housing and the need for service, care and nursing in the home.*

## 2. Housing and residential options for those aged 80 and above

A common factor in the Scandinavian countries is that the great majority of elderly people live in ordinary housing.

# Scandinavia

People go on living in their own homes after retirement, and up to very great ages.

With certain variations from one country to another, it has been and remains a guiding principle that people should remain in their own homes. For those who are not able to manage in their own homes, there are special forms of housing allocated according to need in all countries. They take different forms and are known by different designations. Some are clearly of an institutional nature, while others are more like ordinary private housing. A common feature of all these forms of housing is that care and nursing are provided in them, and that they are allocated according to need. The municipalities have a statutory responsibility for these forms of housing, and are in charge of assessing deciding about need for them, and in many cases also for the care and nursing provided in them.

The aim to enable as many older people as possible to live in ordinary homes has led to an extension of home help and home nursing, and to certain improvements in accessibility through stricter requirements for accessibility in new buildings and adaptation in homes that already exist. It has also meant that assessment of the need for the special housing has become more critical, and the number of places has decreased gradually in recent decades. Only those who require considerable care and nursing are now granted places in forms of housing allocated according to need. The differences between ordinary housing and special housing have increased, and consequently, various intermediate forms of housing for the elderly have begun to appear.

These homes often provide more accessibility, security and company than ordinary housing. They are known by different names in the different countries, and there may also be different names in the same country. They are described below under the heading *Alternative forms of housing without*

*assessment of need*. These intermediate forms are can be bought and sold on the ordinary property market. They obviously meet a need, since the number of homes of this type has increased and continues to increase in all countries. New forms are also appearing.

The following is a description of the features of the different forms of housing and how elderly people's homes are distributed among the different types of housing in the Scandinavian countries.

## 2.1. Forms of housing without assessment of need

### 2.1.1. Ordinary housing

Ordinary housing means homes in the general housing stock, which are not covered by any special legislation. They too are available in various forms: bungalows, terraced houses etc. and they available under various forms of ownership or rental. There are certain differences between the different countries. In Sweden, for instance, there is a high proportion of blocks of flats with tenancy

#### Fact box 5

In Sweden approximately 90% of pensioners live in ordinary housing. Even among the oldest pensioners, it is most usual to live in the ordinary housing stock. Approximately 80% of those aged 80 and older live in ordinary homes. Even among the oldest people in Sweden, those aged 95 and older, half live in ordinary housing. In Iceland, 96% of all the population aged 67-87 live in ordinary housing. In the group aged from 80-87 the figure is about 92%. In Finland, just under 90% of those aged 75 and older live in ordinary housing, and nearly 80% of them own their homes. In Denmark, more than 90% of elderly people live in ordinary housing.

Types of housing 2000	age 65-69	age 70-79	80+	Total
Single-family house, ownership rights	58.1	47.7	34.6	46.7
Right of residence	17.4	21.2	23.6	20.9
Private tenancy right	11.9	15.3	21.1	16.1
Non-profit tenancy	12.5	15.7	20.6	16.3

**Table 17. Type of housing in Sweden by age group in 2000 (%).** Source: Geosweden 2012

rights, 35%, while owner-occupied homes are absolutely predominant in Iceland (80%) and also in Finland and Norway. The rental forms also vary from country to country.

In all countries, the great majority of elderly people have homes in ordinary housing.

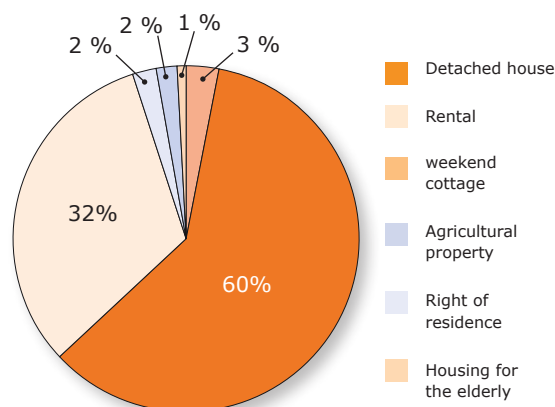
How elderly people live is influenced by the combinations of housing types and ownership and rental forms in each country. In Sweden, nearly half the pensioners and just over a third of those aged 80 and older in their own self-contained houses. In Iceland, 85% of those aged 80 and older own the houses where they live.

As can be seen from *diagram 1*, 60% of pensioners are owner-occupiers in Denmark. The DaneAge Future Study shows that it becomes more common to live in a flat with increasing age. In the 80-84 age group, 43% of women and 33% of men live in rented homes. In that age group, 15% of women and 8% of men live in shared-ownership properties (andelsboliger). *Diagram 2, tables 17, 18.*

	Home owners	Rented homes	Other Housing forms*
age 70-74	88%	10%	2%
age 75-79	88%	8%	4%
age 80-87	85%	7%	8%

\*Other housing forms: serviced housing, nursing homes, old people's homes etc.

**Table 18. Type of housing in Iceland by age group in 2012.**<sup>24</sup>



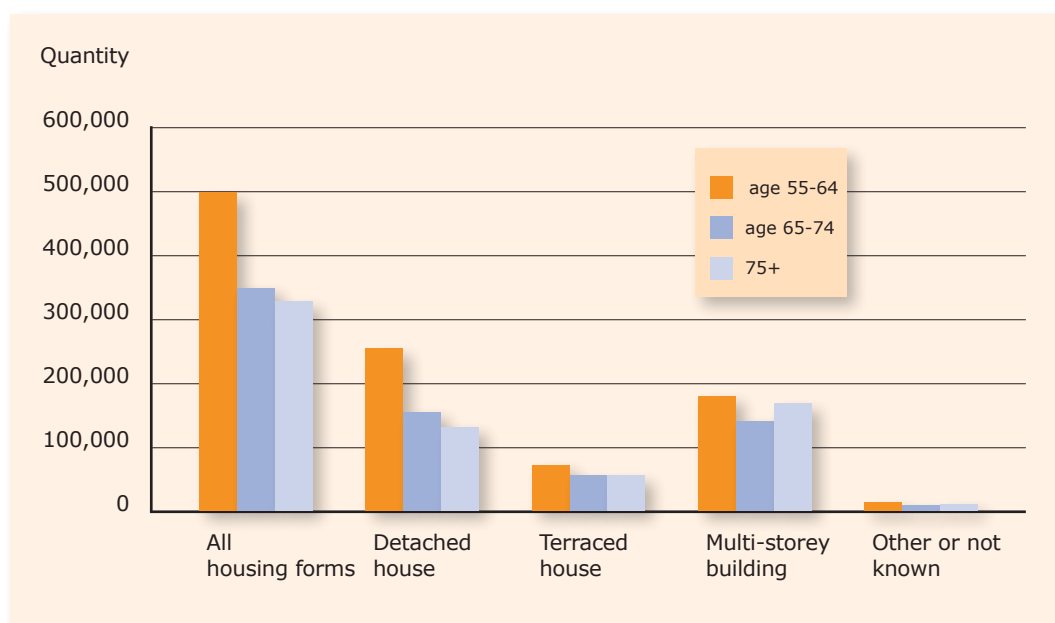
**Diagram 1. Distribution of elderly people's housing by housing types in Denmark**

Source: DaneAge

### Moving house within the ordinary housing range

A study of moves among the elderly in Sweden shows that as a group the elderly are reluctant to move. Those over 65 do not move as often as the younger section of the population. When they do move, it is usually within the same municipality. There is a striking increase in willingness to move when people reach the age of 80 and above. The greatest increase is in moves away from owner-occupied housing. The reason is that it becomes more difficult to overcome housework and maintenance of the home, especially as most owners, especially women, are alone at that age. Considered over the last roughly twenty years, elderly people's tendency to move has diminished rather than increased. Numbers remaining in their

<sup>24</sup> Capacent Gallup, 2012; Elderly people's situation; telephone survey commissioned by the Ministry of welfare.



**Diagram 2. Type of housing in Finland by age group in 2010 (%).**

Types of housing 2000	age 65-69	age 70-79	80+	Total
Single-family house, ownership rights	19.5	23.6	29.8	22.8
Right of residence	17.9	16.3	24.9	18.6
Private tenancy right	27.6	24.1	30.7	26.5
Non-profit tenancy	23.5	22.3	31.3	24.6

**Table 19. Moves 2001-2005 by type of housing and age group in Sweden, 2000**

Source: Geosweden 2012

own homes have increased slightly in the 80 plus age group, but the moves that are made go from owner-occupied housing to multiple-occupant housing. A beginning tendency towards greater willingness to move can be seen among younger pensioners, however.<sup>25</sup> *Table 19.*

Statistics from Iceland and Norway show a similar picture. Pensioners move less often than the younger population, and a certain increase in willingness to move appears as they reach the age of 80. It can also be seen that people move less in general in Iceland than in Sweden. *Table 20.*

	Move within the municipality	Move to another municipality in the same part of the country	Move to a different part of the country
Number of individuals under age 66	10	3	3
Number of individuals over age 65	3	1	1

**Table 20. Elderly people's moves in 2012 in Iceland, per cent**

<sup>25</sup> Source: Abramsson, Elmqvist, Turner: Äldres flyttningar och motiv att flytta eller bo kvar. (Elderly people moving, and reasons for moving or staying on). 2012 (also applies to tables 17 and 19).

An interview survey in Iceland<sup>26</sup> shows that three quarters of the elderly (aged 67-87) who had moved to new homes or planned to do so aimed to move to a moderately sized, convenient home. Swedish studies of reasons for moving showed similar results. *Table 21.*

Accessibility

A big obstacle that can prevent older people from living in the ordinary range of housing is lack of accessibility. Older people find it more difficult to manage daily activities and get out and about. In addition, the risk of accidents is greater if dwellings are not sufficiently accessible or do not function well. Accidents on stairs in particular can be fateful for the elderly. There are increasing requirements for accessibility in new buildings in all countries. Nevertheless, the great challenge is to improve accessibility in buildings that already exist. Usually there are no lifts in older multi-storey buildings, or the lifts are small. The problems are not confined to the actual building or the home. The surrounding environment may be badly planned or poorly maintained, which makes it difficult for elderly people to manage

independently. Social insecurity and a lack of natural meeting places near the home may additionally reduce the desire to go outside.

The data on accessibility set out below are uncertain and not easily comparable. There is a lack of common and unambiguous definitions and reliable statistics that cover the whole area. In many cases the information is based on estimates and limited overviews. The intention here is simply to give a rough outline, and the picture that appears is the same in the different countries: accessibility in housing in general needs to be improved.

In **Finland** in 2011 there were approximately 42,000 buildings with staircases and no lifts. In the buildings without lifts (46.4% of the total) there were about 402,000 flats with about 99,000 residents over the age of 65. The central problem in older buildings is the lack of lifts. It has been estimated that the stock of housing is renewed at a rate of 1-1.5% per year. New production will not be able to meet the need for accessible housing. About 200 lifts are installed per year in multi-storey housing with government grants, which normally correspond to 50% of the total costs. In the national budget for 2013, an allocation of Euro 22 million has been made to subsidise installing lifts and removal of obstacles to mobility (so-called accessibility grants).<sup>27</sup>

In **Sweden** it is estimated that three quarters of the country's 4.5 million homes are not accessible.<sup>28</sup> In 2002/2003 nearly half of those aged 80 or older lived in homes with insufficient accessibility because the apartment was not on the ground floor and there was no lift to the level of the apartment. About 70% lived in housing that was not accessible for wheelchair users. The Swedish Board of Housing, Planning and Building has estimated that approximately 320,000 households in flats on the third floor or higher do not have lifts, which corresponds to about 50,000 stair wells.

Installation of lifts has been a requirement in connection with new building and major refurbishments in three-storey buildings since the

Reasons for moving	Per cent
Home too large	43
Inconvenient or unpractical home	31
Health reasons	9
I feel insecure	2
Financial reasons	13
Social reasons	4
Family situation, e.g. spouse has died or is ill	9
Because of age	2
Need more service/moving to apartment with service	2
Other reasons	20

**Table 21. Reasons for moving among elderly people in Iceland, 2012, per cent of those asked.**

<sup>26</sup> Capacent Gallup, 2012; Elderly people's situation; telephone survey commissioned by the Ministry of welfare.  
<sup>27</sup> Satsrådets principbeslut 18.4.2013. Program för att förbättra äldres boende (Programme to improve housing for elderly people) 2013-2017.  
<sup>28</sup> SOU 2008:113.



1970s. During a period in the 1980s a government grant was available for lift installations in existing buildings, but these grants are no longer available.

According to an interview survey in **Norway**<sup>29</sup> 10% of homes were fully accessible for wheelchairs. The corresponding figure for 2004 was 7%. There was wheelchair access to 24% of the homes as far as the door of the flat. Accessibility was up to so-called visiting standard in 12%, which meant that the entrance hall, rooms and bath were at entrance level and functional for a wheelchair user. The corresponding figure for 2004 was 11 %.

Accessibility in new housing is considerably better than in older housing. In homes built after 2000, there were 32% that were fully accessible in a wheelchair, while 11% of the homes in buildings dating from the 1980s were accessible, and 25% in buildings from the 1990s. There are also considerable variations between the types of buildings. There was full accessibility for wheelchairs in 6% of single-family housing, while the proportion in multi-owner housing was 16% according to the Norwegian survey. However, the lack of a lift is a major problem for many elderly people. The population and housing census in 2001 showed that 16% of the homes in buildings with more than five storeys had no lifts. In buildings with three to four storeys, 90% had no lifts.

The Norwegian State Housing Bank administers government grants for improvements in existing housing stock. For the year 2013 there was a budget of NOK 172 million, of which 40 million were designated for lift instalments and 132 million for adaptations of housing. In addition, housing societies, joint owners and similar groups could obtain grants for what was called assessment of condition. This meant an investigation of the possibilities for increasing the number of accessible and functional homes and carrying out an environment-friendly refurbishment.

Data about the accessibility of the housing stock in **Iceland** was not available. A new building order, no. 112/2012, which will apply for the whole of Iceland, was passed in January 2012. Under the new order, housing in Iceland will generally be larger, and universal design will be applied. One of the intentions of the new order is that housing should be functional for everyone, with few exceptions, regardless of the type of impairment or use of assistive devices. This can make a big difference to older people with different functional requirements, who will have a wider choice of housing, and if new functional requirements arise, then they need not necessarily move to a new flat.

In **Denmark** too, most housing is not sufficiently accessible. Only a third of the housing was estimated to have good accessibility.<sup>30</sup>

### 2.1.2. Alternative forms of housing without tests for necessity

There are different kinds of dwellings in all Scandinavian countries that lie between completely ordinary housing and the special housing which society is obliged to provide for those who need so much care or nursing that they cannot live independently. The designations, service, target groups etc. for these intermediate forms vary both between countries and within them. The common factor is that they are intended for elderly people and that they are available on the housing market with no requirement for an assessment of need.

#### Denmark<sup>31</sup>

*Senior housing* is found in the non-profit housing sector and in the form of private flats under shared ownership schemes. The homes in the social sector are similar to ordinary small flats, and have good accessibility. Sometimes there are also common areas and service facilities. Care and nursing is normally provided through the local social services.

<sup>29</sup> Housing and living conditions in Norway 2007 - Collection of particles [http://www.nova.no/asset/3998/1/3998\\_1.pdf](http://www.nova.no/asset/3998/1/3998_1.pdf).

<sup>30</sup> Source: DaneAge.

<sup>31</sup> Sources: DaneAge and Kärnekull et al.: Äldres boende i Tyskland, England, Nederländerna och Danmark. (Housing for elderly people in Germany, England, the Netherlands and Denmark), Byggtjänst förlag 2013.

It is estimated that 5% of pensioners live in some kind of senior housing.

Some of the senior housing is in the form of *house sharing* for elderly people. This is a form of collective housing where a group of people live together to provide security and companionship in daily living. Shared housing may consist of one large house shared by several people, which is the most usual, or of a group of independent, normally furnished homes to which shared rooms and activities are attached. The degree of sharing varies. Meals, places to meet and various activities are frequently shared. Shared housing can be rented, part of a shared ownership scheme, or individually owned. Groupings vary in size, but most are in the range from 15 to 30 housing units.

The first shared housing for elderly people appeared in 1987, and there are now over 300, providing 6,000-7,000 homes.

#### Finland

*Senior housing* exists in Finland, with houses designed for elderly people, often aged 55 and above, with common areas and sometimes also a certain amount of service. They are usually private or run by organisations. There are no special regulations, except that they must be built to comply with the normal regulations. The houses are often located close to services and communication facilities. The central statistics do not include the concept, and thus there are no figures on the number of dwellings.

#### Iceland

*Senior housing* is an umbrella term for types of ordinary housing which specifically has good accessibility. Being over a certain age, e.g. 55, is a requirement for moving in. These apartments are in the private sector.

Municipally owned secure housing for older people exists in Iceland, and is intended for people who can live independently with some support. Secure housing—according to the definition for entitlement to state support—means housing and areas for the residents' meals, social life, hobbies

and recreation, and there are staff who can help the residents in various ways at specific times every day. In municipal secure housing, residents have access to certain services, such as an emergency call alarm, food, washing, cleaning and optional social activities. Individual municipalities may have specific requirements. In Reykjavik residents must be at least 67 years old and have been registered in the municipality for at least three years in order to apply for secure housing.

There are no figures on numbers for senior housing and secure housing.

#### Norway

*Plus homes* are put on the market by private agents. Plus homes offer some of the service a hotel provides. There is often a manned reception desk, janitor service, cleaning service, guest rooms, exercise rooms, and function rooms etc. No figures available for the numbers of places.

#### Sweden

*Senior housing* has developed in Sweden in recent decades to fill the gap between ordinary housing and means-tested care and nursing homes. In 2000 there were 11,000 senior housing units. According to the latest estimates there are 35,000-40,000. It is planned that approximately more 5,000 senior housing units will be begun in 2012-2013.<sup>32</sup> Thus it is a form of housing that is expanding, but the available housing only corresponds to 2-3% of pensioners.

Shared homes or group homes for seniors are another form of housing in which interest is increasing. Inspiration comes from Denmark. Here there are plenty of shared rooms and activities, including shared main meals. Group housing of this type often comes into existence on the initiative of different groups of elderly people. So far the numbers remain limited: there are ten or a dozen of these houses.

*Secure housing*—according to the definition for entitlement to state support—means housing and areas for the residents' meals, social life, hobbies and recreation, and there are staff who can help the

<sup>32</sup> Board of Housing, Planning and Building: Bostadsmarknadsenkät (Housing market survey) 2012.

residents in various ways at specific times every day. Secure housing can be set up with tenancy rights, cooperative tenancy rights, or rights of residence. One person in the household must be at least 70 years old. Individual municipalities may have specific requirements. Secure housing is a relatively new form of housing. It was introduced in 2008, and in 2012 there were about 4,000 secure housing units, which corresponds to a quarter of a per cent of pensioners. A further 4,000 units are planned in the next few years.<sup>33</sup> Just over half of the planned additions will be in new buildings, while the rest will be conversions and reconstructions of existing housing.

Figures are not available for the residents' age distribution in senior housing and secure housing. Figures from some agents show that the group aged 80 and older is predominant. In a few years the predominance of older pensioners can be expected to increase.

### 2.1.3. Provision of help in the home

#### 2.1.3.1. Assistance assessment and home help

All Scandinavian countries have a conscious policy of de-institutionalising homes for the elderly and helping older people to live in ordinary housing to the greatest extent possible. Numbers of places in institutions and special forms of housing have been cut back, while at the same time the number of elderly people has increased. A precondition and an important element in implementing this policy is that home help and home nursing services have been extended. This has happened and is also planned for the future in the Scandinavian countries. In addition to home help and home nursing, possibilities for short-term care or short-term residential care, alarm call devices and welfare technology are of importance for a secure and dignified life in ordinary housing. Besides the care and nursing provided by the community, relatives and other volunteers make a major

contribution. A private service sector that provides services on commercial terms is also growing.

#### Denmark

The municipalities are responsible for care of the elderly (home help and residential care), home nursing, rehabilitation and preventive health care, and they administer the residents' choice of doctor and health insurance group.

Home help (*hjemmehjælp*) in Denmark covers both personal care and practical help. Personal care includes for instance help with personal hygiene, getting up and going to bed, dressing and eating. Practical help consists mainly of household tasks such as cleaning, shopping, washing and preparing food (or deliveries of ready-prepared food). Home help in Denmark is free of charge for the user, and the municipalities have a mandatory obligation to make visits (so-called preventive visits to the home) and actively offer help.

The numbers receiving home help have decreased in recent years, and in 2012 amounted to approximately 157,000 individuals.<sup>34</sup> *Diagram 3.*

The distribution of home help over different ages can be seen in *Diagram 4*. In the group aged 80 and older, 85,000 people have home help, which corresponds to 54% of the total receiving home help. *Diagram 4*

In the statistics personal help is distinguished from practical help. The majority of home help services are practical help. Among those aged 80 or older who receive home help, more than 80% receive only practical help.

As shown in *Diagram 5*, the number of women in the group aged 80 or older who receive home help is nearly three times greater than the number of men.

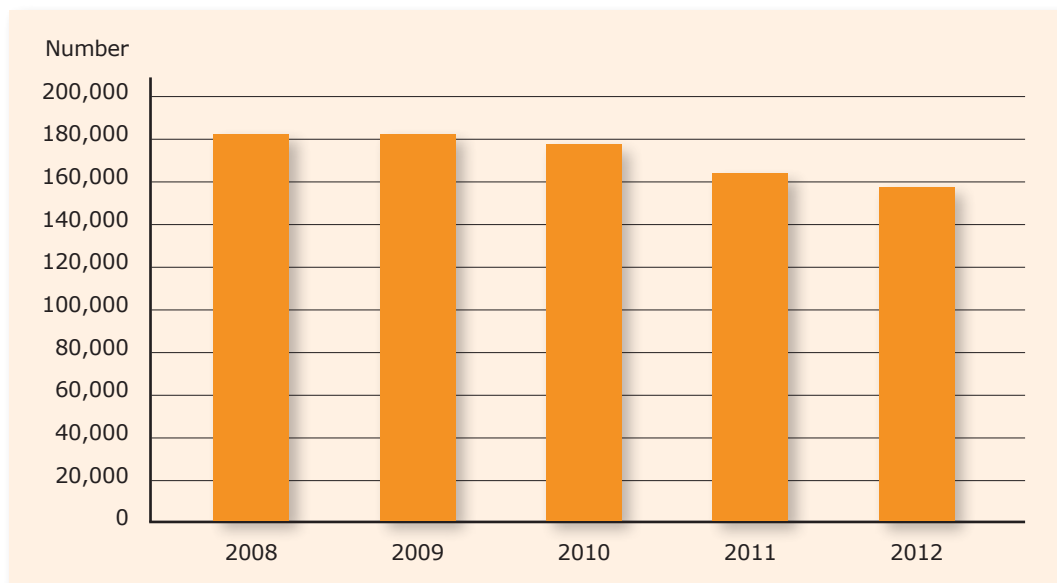
#### Finland<sup>35</sup>

At the end of 2012, there were 70,500 people aged 75 or older who received regular home help, which corresponds to 11.9% of the age group. The numbers vary in different parts of the country, from 9.4% to 14.8%.

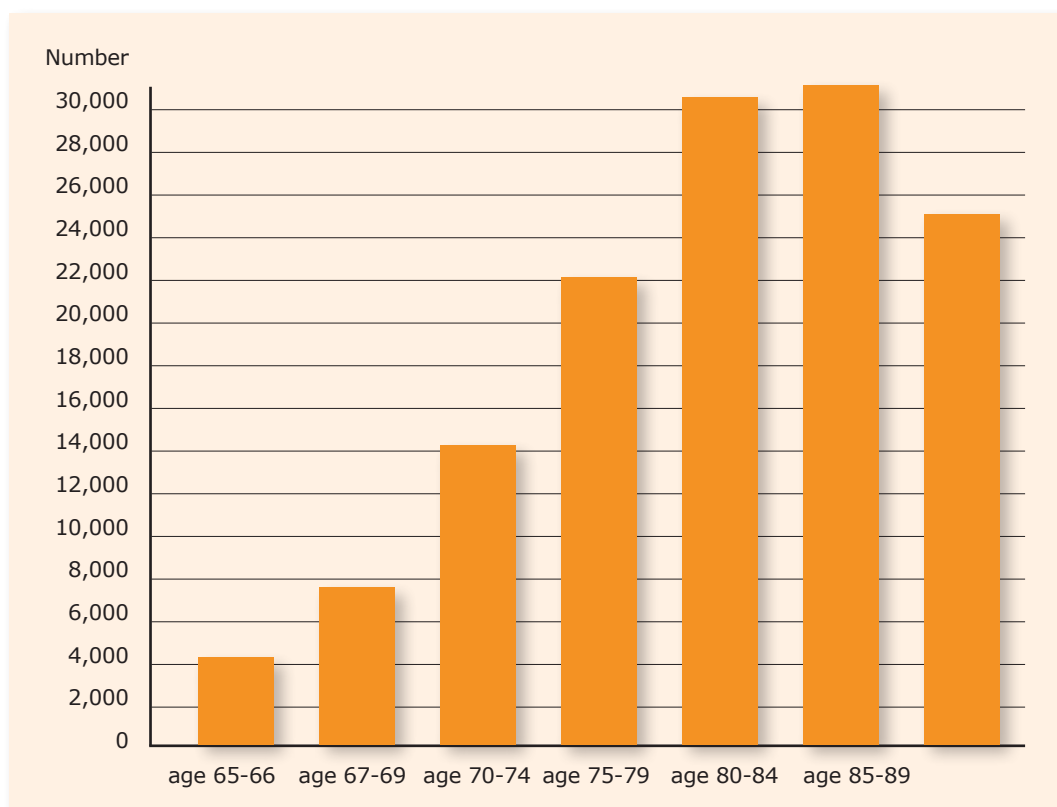
<sup>32</sup> Board of Housing, Planning and Building: Bostadsmarknadsenkät (Housing market survey) 2012.

<sup>33</sup> Board of Housing, Planning and Building: Bostadsmarknadsenkät (Housing market survey) 2012.

<sup>34</sup> Source: Statistics Denmark, [www.statistikbanken.dk](http://www.statistikbanken.dk).



**Diagram 3. Those receiving need-assessed home help in Denmark, all age groups**



**Diagram 4. Those receiving need-assessed home help by age.** © Danmarks statistik

The numbers receiving home help had fallen compared with 2011. Fewer were receiving home help, but those who needed it were receiving more. A quarter of those receiving home help were visited at least 60 times per month. Almost 65% of the clients received simpler types of service like food service, help with transport or security service. The average age of those receiving regular home help was 79.4 years. The regional differences were small (77.6-81.0%) and 76.2% were over 75.

The need for home help was usually because of physical reasons or the person's inability to care for herself/himself. According to the employees' assessment, home help was often the best form of support. Care round the clock was considered necessary for 5.3% of home-help clients.

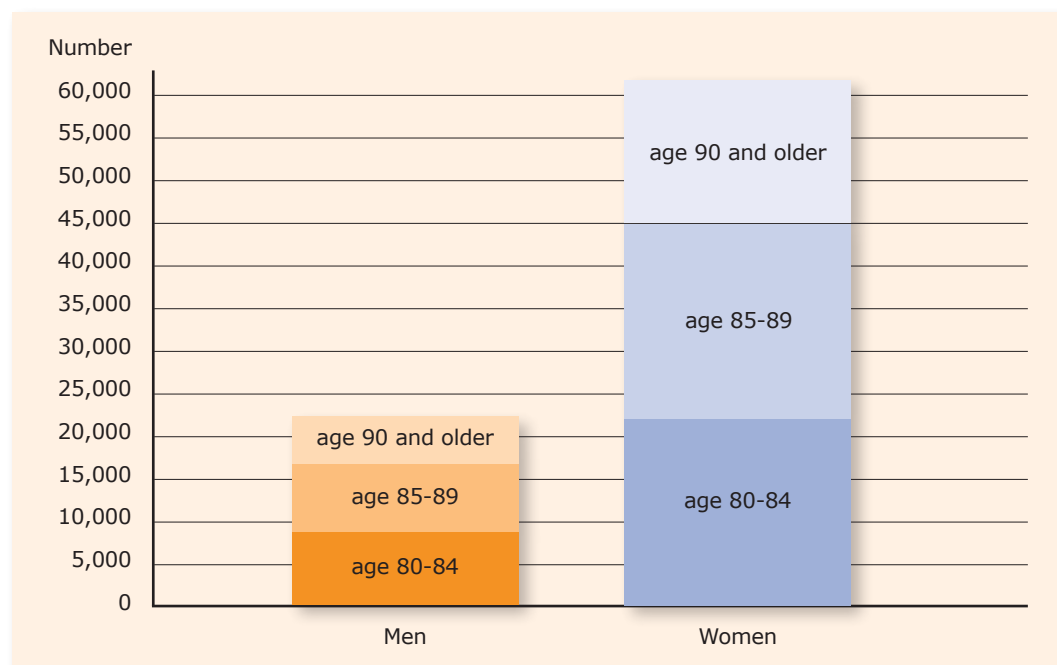
### Iceland

A survey carried out for the ministry for welfare at the end of 2012 showed that 92% of all those in the 80-87 age group lived in their own homes.

Out of the group aged 65 and older and living in ordinary housing, approximately 8500 people had been granted municipal home help in their own homes, or about 21% of the entire population of that age.<sup>35</sup> Out of these, 59% were 80 or older, and 63% were women. Out of the population aged 80 and older, approximately 45% had been granted home help in ordinary housing. *Diagram 6* shows how the number of people in ordinary housing with need-assessed home help are distributed by age group and gender. The proportion of the population receiving home help increases with increasing age, and more women than men receive home help in all age groups.

*Diagram 7* shows that home help is considerably more common among those who live alone than among married couples. Reasons may be a higher age among those who are single and that they do not have relatives who can help.

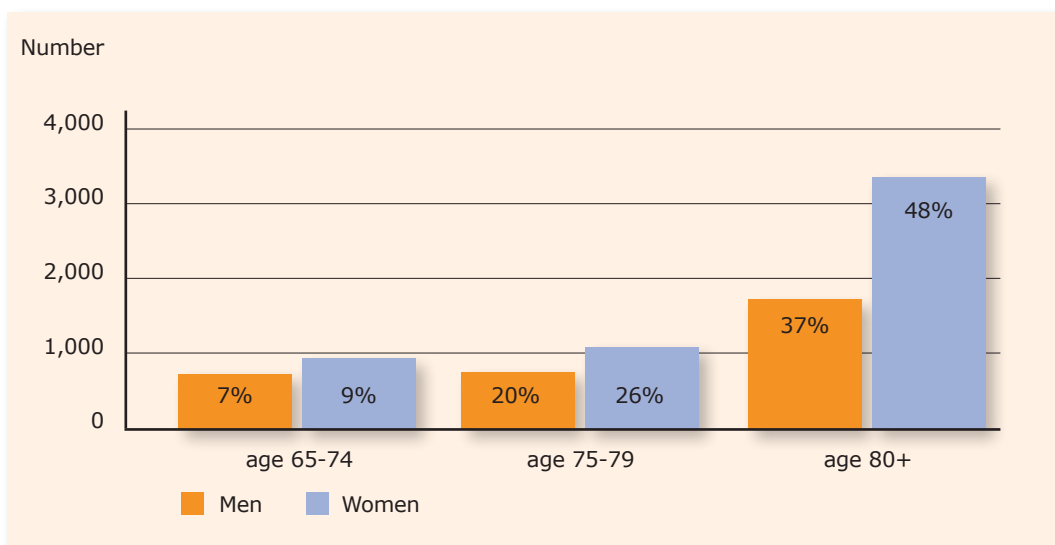
Municipal home help is more widespread in and around larger towns, in Reykjavik and Akureyri,



**Diagram 5. Those receiving home help by age and gender.** © Danmarks statistik

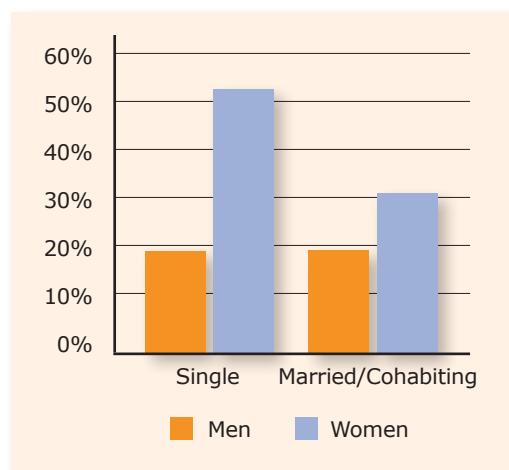
<sup>35</sup> Source: "Count of regular home-care clients, 30.11.2012". [http://www.julkari.fi/bitstream/handle/10024/110191/Tr17\\_13.pdf?sequence=1](http://www.julkari.fi/bitstream/handle/10024/110191/Tr17_13.pdf?sequence=1).

<sup>36</sup> Statistics Iceland, (2013).



**Diagram 6. Number and proportion of elderly people granted municipal home care in their own homes by gender and age (2011).**

than in parts of the country with fewer inhabitants. In Reykjavik 48.6% of those aged 80 and older receive municipal home help; the figures are 42.5% in other municipalities in the capital region and 38.3% in other parts of the country.

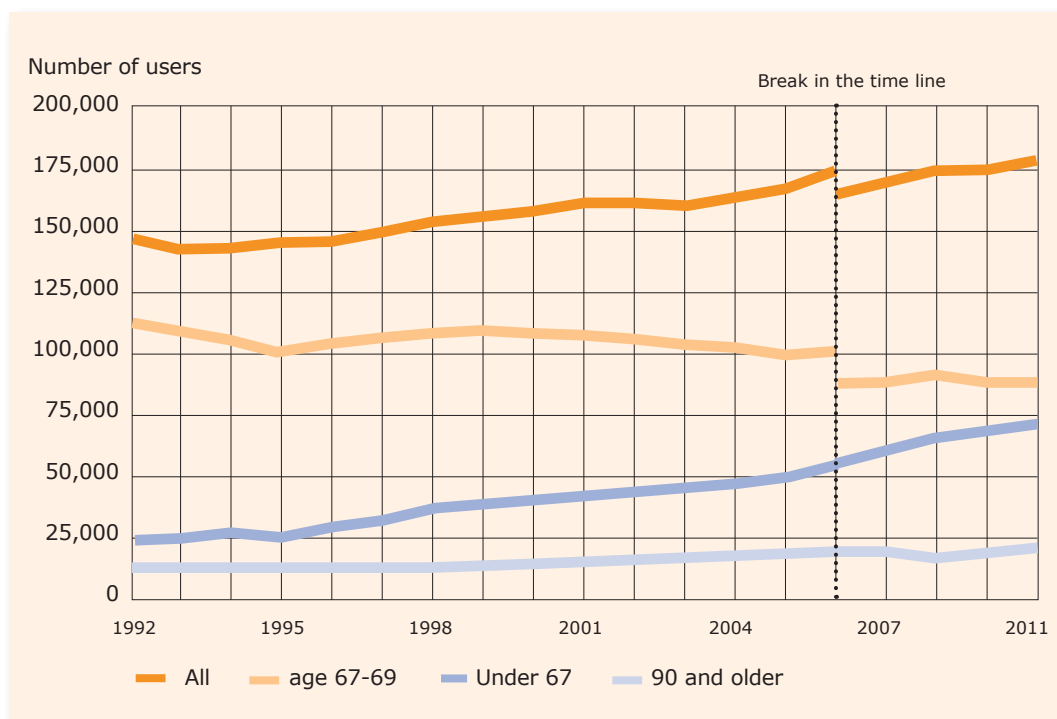


**Diagram 7. Number of those aged 80 and older granted municipal home care in their own homes by gender and marital status.**

#### Norway

In Norway 177,000 people were receiving home nursing and home help (2011), an increase of about 2,500 people since 2010. While the number of people aged 67-89 who received help has gone down, the number under the age of 67 has increased by more than 2,000. There are also more in the group aged 90 and older who receive home help. The large increase in these groups in recent years is to a large extent due to demographic factors. Among those under 67 the proportion receiving care and nursing services has also increased. In recent years the number receiving practical home help and living on a long-term basis in institutions has decreased. At the same time, the number receiving home nursing, alone or in combination with practical home help, has increased. They amount to nearly half of those receiving care and nursing services.<sup>37</sup> *Diagram 8.*

The majority of those receiving care and nursing in the group aged 80 and older, 60%, live in their own normal homes with home help and/or home nursing. About 30% live in various forms of housing or in institutions with twenty-four-hour care. Slightly under 10% of those in that age group who receive care live in housing with staff for part of the day.<sup>38</sup> *Diagram 9.*



**Diagram 8. Users of home care service by age 1992-2011** Source: IPLOS.

## Sweden

In 2012, about 162,300 elderly people who live in ordinary housing had been granted home help<sup>39</sup>. Out of these, about 72% were aged 80 years or older. About 67% were women. Compared with the population aged 65 and older, the number of people in ordinary housing who were granted home help amounted to approximately 9%. Out of the population aged 80 and older, approximately 23 % had been granted home help in ordinary housing. *Table 22* below shows the distribution by age group and gender of people in ordinary housing with home help allocated. *Table 22, p. 32*.

The proportion of the population aged 65 and older receiving home help was generally larger among women than among men in all age groups except the very oldest—those aged 95 or older.

*Diagram 10, p. 33*, illustrates how the proportion receiving home help in the population increases with increasing age and shows the different figures for men and women in different age groups.

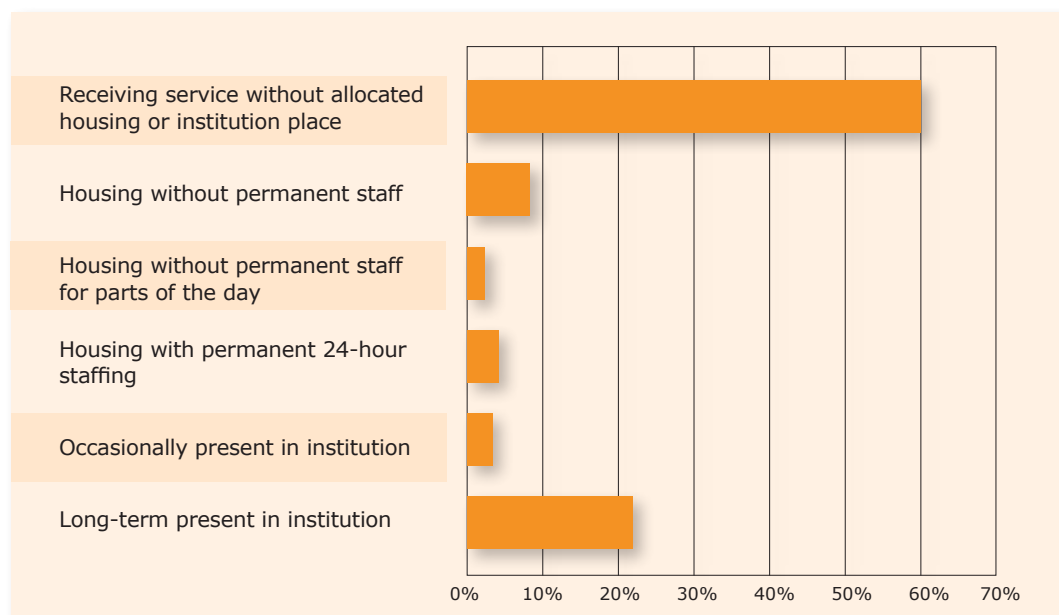
## Provision of home help services for those with dementia

A municipal survey found that about 17 per cent of people aged 65 and older receiving home help services in ordinary housing<sup>40</sup> suffered from dementia. This corresponds to approximately 23,000 individuals. The proportion varies from one municipality to another, from 7 to 40 per cent. The majority, slightly over 70 per cent, were aged 80 or older.

<sup>37</sup> The source of the figures and table is Statistics Norway, <http://www.ssb.no/helse/statistikker/pleie>.

<sup>38</sup> Statistics Norway report, Nursing and care services 2011.

<sup>39</sup> Figures obtained from the National Board of Health and Welfare: Elderly people—care and nursing on 1 April 2012. Municipal provision according to the Social Services Act and the Health and Medical Services Act. These statistics do not include grants for distribution of food, security alarm and snow clearing only.



**Diagram 9. Those aged 80 and older receiving services by housing situation, 2011, per cent.**

	Women		Men		Total	
	Number	%	Number	%	Number	%
age 65-74	12,853	55%	10,386	45%	23,239	100%
age 75-79	14,007	63%	8,200	37%	22,207	100%
age 80-84	26,006	67%	12,588	33%	38,594	100%
age 85-89	31,717	71%	13,267	29%	44,984	100%
age 90-94	19,657	73%	7,379	27%	27,036	100%
age 95+	4,854	78%	7,397	22%	6,251	100%
Total	109,094	67%	53,217	33%	162,311	100%

**Table 22. People in ordinary housing with home help granted on 1 April 2012 distributed by age group and gender.**

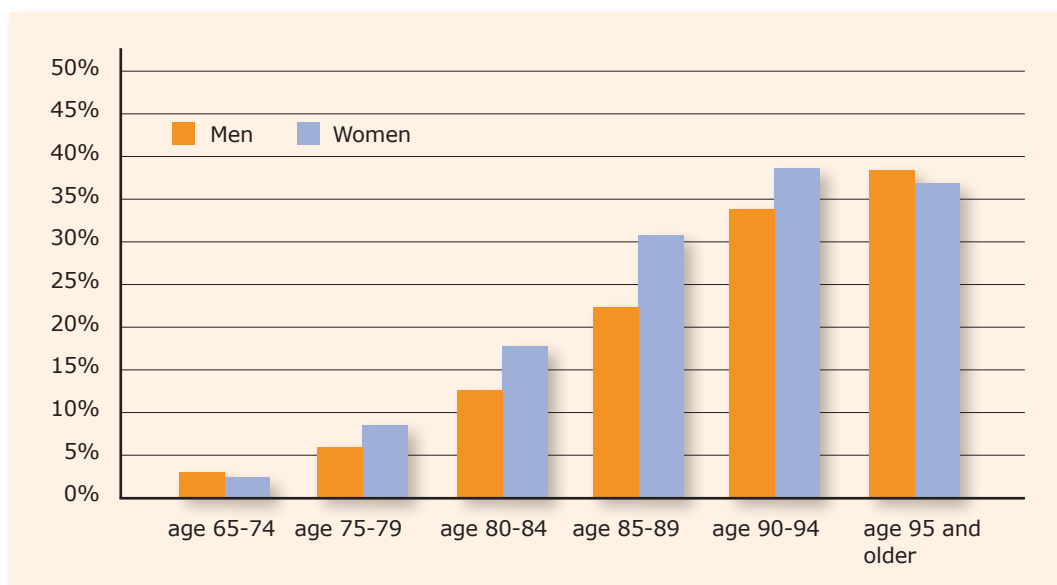
#### Regional variations

The proportion of people aged 80 and older who receive home help varies across the country between 20% and 29%. The national average is 23%. The lowest percentage is in the County of Norrbotten, which on the other hand has the highest proportion in special housing. The County of Stockholm, which is among those with the lowest proportion in special housing, has a relatively

high proportion receiving home help in ordinary housing. Among the municipalities, Överkalix stands out with the highest number is special housing in the country, but with a relatively low proportion receiving home help at 16%. Thus there appears to be a connection between a high proportion in special housing and a low proportion receiving home help, but the connection is not strong, and far from unambiguous.

<sup>40</sup> National Board of Health and Welfare: Dementia—results of a municipal survey.





**Diagram 10. People in ordinary housing with home help granted on 1 April 2012 distributed by age group and gender.**

The municipality of Knivsta, for instance, with the lowest degree of coverage for those aged 80 and older in special housing, also has a low degree of coverage at 16% for home help for this age group.

#### 2.1.3.2. Private care and nursing

In addition to the care and assistance to elderly people that the community is responsible for, a great deal of help and care is provided by the civil community, and primarily by relatives. Society is completely dependent on the efforts of relatives in order to fulfil its obligations to elderly people. In Sweden, Norway, Finland and Iceland relatives can receive financial compensation from the community for their efforts. However, most of these contributions are made entirely without compensation. Nevertheless, in recent years a private sector has appeared, which provides services to elderly people among others on a commercial basis. In Sweden and Finland this development is stimulated through tax deductions for services of this kind, which has resulted in rapid growth in this service sector.

#### Denmark

The DaneAge Future Study included questions about the extent to which elderly people help others and receive help from relatives and friends. There were answers from about 6000 people aged 50-84. The result shows that this type of help is found to a large degree.

It should be noted that there is no great difference between the genders in giving help. It also shows that friends and acquaintances play an important role in elderly people's networks in addition to the closest relatives. The most common form of help given and received is help with practical tasks. Out of those asked, 63% stated that they had helped family members or friends and acquaintances that they do not live with during the last month. This corresponds to 1.2 million Danes aged over 50 and 130,000 hours of work according to DaneAge estimates.

#### Finland

In Finland close carers (näistäendevårdare) is a term for people who look after a family member or someone else close by with an illness or handicap or some other special need for help,

who cannot manage everyday living independently. About a million people regularly help a relative in Finland. According to legislation on support for care of close relatives and neighbours, the helper may be a relative or someone else close to the person in need of care, who has entered into a contract with the municipality about that care. In 2011 there were approximately 39,000 contracts of this type in Finland. It means that only a very small proportion of care for close relatives and neighbours was covered by statutory support.

In 2012 the National Institute for Health and Welfare (THL) carried out a survey in municipalities, grouped municipalities and health care districts. The predominant reasons for caring for others close by are impaired physical function, mental illness and long-term physical illness or injuries. A large amount of care and help was needed by 29% of those receiving help, and 40% need quite a lot. The most common situation is for women to care for men in their homes.

#### *Deductions for housekeeping work*

Deductions for housekeeping work correspond to what in Sweden are known as RUT services (cleaning, maintenance and washing); see page 36. Deductions for housekeeping work mean a tax deduction for up to Euro 2000 per person. Services that are tax deductible are housework, care or nursing work, maintenance and reconstruction work carried out in a home or holiday home, and installation and maintenance in connection with computers and IT equipment (with effect from 2009).

#### **Iceland**

In Iceland relatives can receive financial compensation from the state for caring for the sick or elderly people as long as they live in the same household. This compensation may as a maximum amount to 80% of the basic pension and additional pension allowance. There are no published statistics of the total number of individuals who care for elderly relatives (informal care), since no compensation is paid to the majority of them.

#### **Fact box 6**

Here are detailed figures from Finland: 58% of those receiving care are men and 69% are women. Most frequently the carer is the wife or husband, amounting to 58% of all close carers. In 14% of families an adult child cares for a father or mother. Two thirds of all who received care were aged 65 or older. The largest age group was 75-84 years (29.5% of the total). The groups aged 65-74 and 85 and older were equal in size (approx. 18% of the total). Among close carers, 26% of the carers were in the age groups 50-64 and 65-74. 23% were aged 75-84 and 4% were aged 85 or older. Close carers in the age group 18-49 years amounted to 21% of the total.

A survey was carried out in Iceland<sup>41</sup> to map out the situation among elderly people living at home and how their needs were met through public and private services. It showed that 47% of those asked needed support of some kind; 27% received private support from relatives and friends, 4% received public support, and 16% received both private and public support. Thus the informal, private support given to elderly people by relatives and friends is clearly a very important factor in the care of elderly people.

#### **Norway**

In Norway the municipalities are obliged by law to offer wages for care to people with particularly heavy care commitments. The services provided must be of such a nature that they lighten the municipality's responsibility. Wages for care are not an individual right. The municipality must make an overall assessment in which the wages for care are set in context with other care and nursing. The amount of wages paid for care is relatively modest. In 2012 wages were paid for care to 1622 people aged 67 or older. The Norwegian Ministry of Health and Care Services has commissioned the

<sup>41</sup> Sigurveig H. Sigurðardóttir, Needs and care of older people living at home in Iceland; *Scandinavian Journal of Public Health*, 2011; 0: 1-9.

Directorate of Health to put forward a proposal to improve the wages for care scheme during 2014.<sup>42</sup>

In Norway a large proportion of care for elderly people is provided by relatives. Family care is not registered, however, in statistics and reports. Research shows that at present about 100,000 years' work is carried out as informal and predominantly family-based care (Rønning et al. 2009). This is almost as much as the public care and nursing, which amounted to approximately 130,000 years' work in 2012.

According to data on how time is spent, 5 per cent of the population aged 16-74 spent some time on help and care of an adult relative in their own households (because of age, sickness or functional impairment) in the year 2000 (Vaage 2002, in Ingebreetsen & Eriksen 2004).<sup>43</sup> About 8 per cent helped in other households. The most extensive help was given by people in the age group from 67-74, both as a percentage and in the number of hours per day. Just under 10 per cent of elderly people have family as the only providers of help, while almost 30 per cent receive help from a combination of family and the public sector. Data were collected from a selection of larger towns, and the authors (Daatland & Herlofson 2004) consider that the family may play a greater role in rural areas.

Personal care and nursing is provided to a lesser extent than practical help, and primarily to the person the carer lives with. It is estimated that slightly over a quarter of a million Norwegians provide care and nursing for partners they live with, which is considered to correspond to 25,000 positions in full-time employment. It is not so common for personal care and nursing to be provided for people outside one's own household, such as children helping their parents. In this case there are 150,000 individuals, corresponding to 11,000 full-time positions.

Those who need help prefer to receive it from the municipal home care service primarily, and then help that they pay for. The higher the age, the stronger the preference is for municipal home help.

## Sweden

### *Care for relatives*

A wage earner can be given an allowance for nursing a close relative who is seriously ill. Compensation is paid for a maximum of 100 days altogether for a wage earner who cares for a specific person who is close to them. In 2011, 7,700 people aged 65 or older provided care for a close relative and were paid the close relative allowance. This was an increase by about 2,000 from 2007 (Figures from the Regional social insurance office).

During 2012, the National Board of Health and Welfare has carried out a study among the population of relatives who provide care.<sup>44</sup> Processing the information has shown that about 870,000 people provide continual care, help or support to an elderly relative. Slightly more than half of them are adult children helping a parent. Out of these, 57 per cent were daughters and 43 per cent were sons. Just under one in five of the 870,000 individuals was a husband or wife, and in that group there is no gender difference. On the other hand, it is more common for men to receive help from their wives, since it is more common for older women to be living alone. Those who provide the most extensive help in terms of time are the older spouses. Approximately one spouse in three provides 30 hours or more of care and nursing per week, which almost corresponds to an ordinary working week.

Among the adult children, approximately one in ten provides care for 11 hours or more per week, which corresponds to nearly a working day and a half or more per week. It is interesting from a gender perspective that among adult children who provide extensive care—11 hours or more per week—that the proportion of daughters is about 60%, and among those who help for 30 hours a week or more, the proportion of daughters is even higher. Among those who provide less than 11 hours per week, the proportion of women is about 55%.

<sup>42</sup> <http://www.regjeringen.no/nb/dep/hod/dok/nouer/2011/nou-2011-17/7/1/1.html?id=660571>

<http://ssb.no/helse/statistikker/pleie/aar-forelopige/2013-07-01?fane=tabell&sort=nummer&tabell=126496>

<sup>43</sup> National Board of Health and Welfare: Methods for key figures and follow-up of care for the elderly in Denmark, Norway, the UK and Canada.

<sup>44</sup> National Board of Health and Welfare: Tillståndet och utvecklingen inom hälso- och sjukvård och socialtjänst—Lägesrapport 2013. (Status and development in health and nursing and social services – progress report 2013).

The help given by relatives is broader in scope than the support and help that elderly people can get from geriatric care. It is most common for relatives to provide practical help in the form of transport or accompanying them, help in the home or the garden, going to the bank or post office, and socialising with the elderly relative. It is slightly less common for them to help with shopping, contacting the care services, looking in on the older person and helping with his or her personal care. It is least usual for relatives to support elderly people financially.

#### *RUT services (cleaning, maintenance and washing)*

The so-called RUT deduction (for cleaning, maintenance and washing) was introduced in 2006 and means that a maximum of SEK 50,000 can be deducted in tax for services such as cleaning, washing, window-cleaning and basic gardening. Deductions can also be made for help of the direct care type, such as help with personal hygiene and getting dressed and undressed. These tax-deductible RUT services correspond to what is known as Hushållsavdrag—housekeeping work in Finland—see page 34.

The use of RUT services has increased dramatically among elderly people.<sup>45</sup> In 2008 there were slightly more than 29,000 people aged 65 and older who claimed RUT deductions, while in 2011 the number had increased above 148,000. According to Statistics Sweden (SCB) single women older than 85 are among the most common users of RUT services. The possibility of paying for services such as cleaning and washing and claiming tax relief was intended as an alternative to low levels of home help.

The report from the National Board of Health and Welfare, the *Barometer of requirements* was based on telephone interviews with people aged 80 and older not receiving geriatric care. According to the interviews, it is almost equally common for these elderly people to make use of private help with cleaning as to get help from the family. Paying for private help includes the possibility of RUT tax relief. The most usual service that elderly people

pay for besides cleaning is so-called practical small services, which can mean help with clearing snow and mowing lawns.

During the period from 2008-2011 the number of elderly people receiving 1-9 hours' home help per week was reduced by about 2,100. At the same time, the number over the age of 65 who made use of RUT services increased by approximately 120,000. However, the National Board of Health and Welfare does not know whether it is the same elderly people who would otherwise have had home help who make use of RUT services. On the other hand, it is possible to show differences in the use of services linked to the level of the users' income and where they live. The rapidly increasing RUT deductions are claimed most by elderly people with high incomes and in densely populated parts of the country. However, the majority of elderly people's incomes are too low for them to be able to take full advantage of RUT tax relief.

## **2.2. Forms of housing with needs assessment**

Means-tested forms of housing are used here as an umbrella term for housing and residential forms provided by the community through the municipalities for people who need a lot of care and nursing. The municipalities' obligation to provide suitable places to live is regulated by law and allocation is by assessment of need.

The residential provisions vary in type and designation. The concept is different from one country to another, and there are also different types and designations within the countries. Target groups, standards, the general structure and staffing vary. On the one side there is serviced housing with high quality flats and a number of rooms and services provided in the house, originally built for relatively capable pensioners. On the other side there are nursing homes and collective residential care for those with a great need of care and attention, such as those with dementia. Here the private residence is reduced to a room with a minimum of kitchen equipment, or none at all,

<sup>45</sup> National Board of Health and Welfare: Tillståndet och utvecklingen inom hälso- och sjukvård och socialtjänst—Lägesrapport 2013. (Status and development in health and nursing and social services—progress report 2013).

and a spacious room for hygiene. A number of rooms of this type may form a group with common areas for meals and socialising. Staff are available day and night.

There is a clear tendency for need-assessed residential provision to take the form of care and nursing homes for those who need it most.

## Denmark

In Denmark there are the following forms of need-assessed housing for elderly people:

*Care home places* in institutions for elderly people with permanent staff and common areas. These are intended for those who need extensive care and nursing. Care home places are regarded as outdated with low standards, small rooms and often shared lavatories.

*Sheltered homes* are also available in institutions for the elderly. They are provided for those who can no longer live in their own homes, but whose need for help is not so great that a care home is necessary. Sheltered homes often have permanent staff and common areas.

*Care homes* are homes for elderly people, where staff and the levels of care and service functions are adapted to the residents' needs. In nine out of ten there are permanent staff and common areas.

*Non-profit housing for elderly people* are designed for elderly people, but there are no permanent staff or common areas.

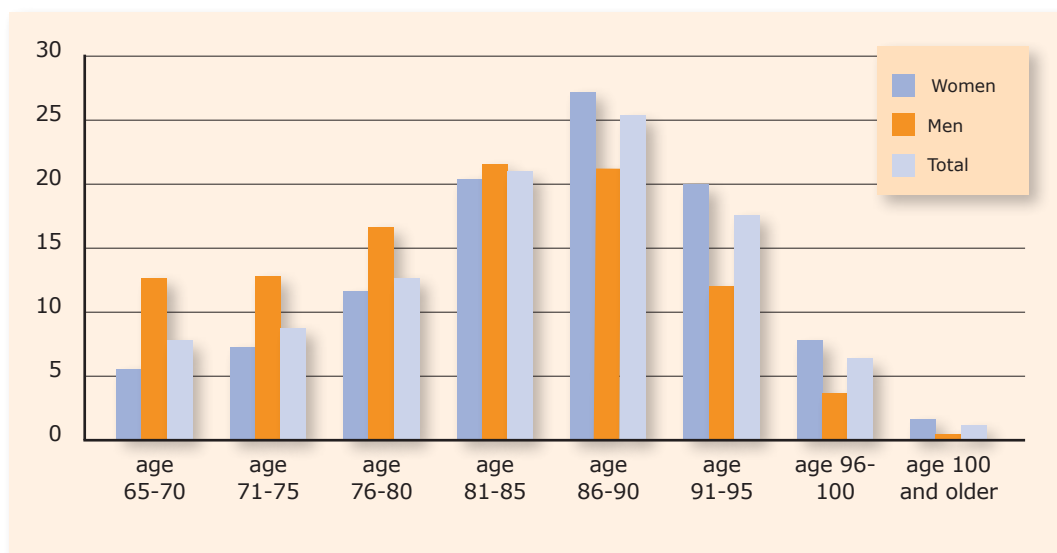
*Free care homes* are run by independent institutions. They must be approved and certified by the National Board of Social Services. They must sign a contract on prices and service levels with the municipality where they are located. The municipality is responsible for assessing needs, but the individual may choose between a free care home and an ordinary home. Payments are made according to a national table of rates and according to needs.

Since the mid-1980s it has been a political aim in Denmark that care and nursing for elderly people should be de-institutionalised. A long-term reorganisation has taken place, from nursing homes to ordinary homes with home help and special housing for elderly people. The table below shows the current situation and developments in recent years. Places in the institutional forms of nursing home and sheltered homes have been reduced by approximately 3,000, slightly over 25% in the period from 2009-2012. On the other hand, there has been an approximately equal increase in the number of residential places in care homes and housing for the elderly as the primary target group. *Table 23.*

Types of housing	2009	2010	2011	2012
Care home	9,436	8,761	7,546	6,907
Sheltered homes	1824	1804	1507	1313
Care homes especially for elderly people (2006 -)	35,575	36,449	36,550	37,727
Care homes especially for physically disabled/mentally ill (2010 -)	0	2,425	4,147	5,648
Non-profit homes especially for elderly people (2006 -)	31,808	34,498	35,237	34,686
Non-profit homes especially for physically disabled/mentally ill (2010 -)	0	702	1,234	1,621
Other housing for elderly people (2009 -)	8,349	0	0	0
Free care homes (2009 -)	320	547	447	495

**Table 23. Places in various forms of special housing for the elderly.**<sup>46</sup>

<sup>46</sup> Source: Statistics Denmark, [www.statistikbanken.dk/RESP01](http://www.statistikbanken.dk/RESP01).



**Diagram 11. Distribution by age and gender in nursing homes and homes with care, 2011, %.**

The age when residents move in to care homes and accommodation with care has increased since 1995. People remain longer in their own homes. From 1990-2010 the average age has risen from 83 to 84 (Åldrekommisionen/Commission for elderly people 2012). The commission notes that places in care homes and accommodation with care (47,000 places) are sufficient for about one person in five aged 80 or older. *Diagram 11.*

The demographic description shows an increase in the number of people aged 80 and older, and if it is considered desirable to provide a place with care for one in five of the population of that age, then the number of places must be increased from 47,000 to 80,000, an increase of approximately 33,000 places, in the next 20 years.

*Accommodation for those with dementia*

#### Fact box 7

70.7 of residents in nursing homes and homes with care in Denmark are aged 81 or older. Most women move in at the ages of 86-95 while men move in earlier (aged 81-). 53% of the women and 44.5% of the men live in nursing homes/homes with care for longer than two years (2008-2010).

Special dementia units have been established, but not to an extent that corresponds to the need. There are nearly 6,000 places for those with dementia (2012), most of them, approximately 5,000 in homes with care and the rest in nursing homes. This can be compared with the number suffering from dementia, which is estimated to be closer to 90,000.

#### Finland

In Finland, special housing is called serviced accommodation and is regulated by an act on social care (710/1982). The municipalities are responsible for providing serviced accommodation, but private companies and organisations may run the accommodation. Serviced accommodation must support an independent life and provide assistance when functions are impaired.

It is divided into ordinary serviced accommodation and effective serviced accommodation. In normal serviced accommodation, staff are only available in the daytime. In effective serviced accommodation, staff are on duty round the clock. This type of accommodation differs from institutional care in that the Social Insurance Institution of Finland (KELA) has approved the residential units for non-institutional care, and the



client pays separately for the rent and the service he or she makes use of. Pensioners from KELA can receive housing allowances.

*Serviced accommodation* is a place in a house with service or one of a group of houses with services in the ordinary housing stock. Serviced housing can be rented or owner occupied.

*Group housing* provides a secure form of housing for elderly people with mental illness or others who in some way need 24-hour care and attendance. Residents in group housing have their own rooms and bathrooms. Kitchens and dayrooms are shared by all residents in the group home. A group home may be a separate building, part of a serviced house or located in an ordinary dwelling house. Effective service is often organised as group housing.

A *service house* is a building that can contain both serviced homes and group housing with common areas. Some of the common areas may also be available for the use of other people from outside.

In Finland many older people still live in institutions (old people's homes, the health-centres' long-term care etc.) but the ambition is that the numbers in institutions should be reduced. According to the Ikähoiva working group (Social and Health Ministry, 2011), institution-like solutions must not be built as replacements for institutions in connection with changes in the service structures. Approximately the recommended proportion of elderly people live in serviced housing, but the homes are too small. In terms of percentages the differences between targets and reality are not so large, but the numbers are considerable. *Table 24.*

## Iceland

According to the Act on Old Age (no. 125/1999), the Ministry of Welfare is in charge of matters concerning elderly people and for planning and setting up national guidelines. The ministry also implements acts and regulations affecting elderly people.

The legislation sets out guidelines, while the details are specified in various orders. The main objective of the legislation on elderly people is

Housing form	Proportion 2011, per cent	Recommended proportion 2013, per cent
Ordinary housing	89.7	91-92
Effective serviced housing	5.9	6-7
Old people's home, long-term care	4.4	2-3

**Table 24. Proportion of people aged 75 and older distributed by types of housing 2011 and recommended proportion 2013.**

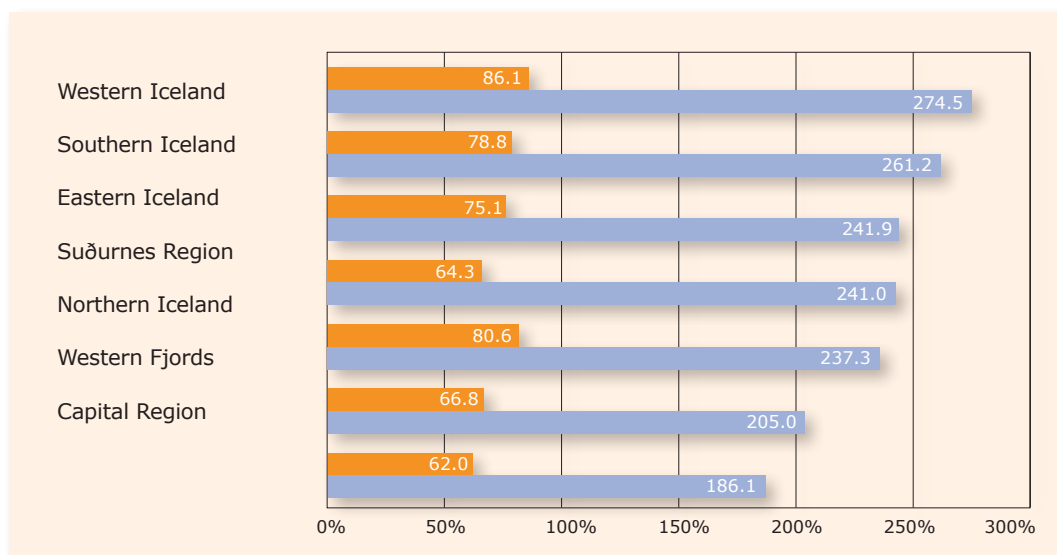
Source: Quality recommendation for living well and securely in old age and improving service. Ministry of Social Affairs and Health publications 2013:15  
<http://www.stm.fi/sv/publikationer>

to provide the nursing and care that they need. Another objective is that elderly people should be able to remain in their homes and live a normal family life, but at the same time care in institutions should be available when it is needed. According to the legislation, elderly people should have equal rights and their right to make their own decisions must be respected.

The overall responsibility for all services to elderly people will be transferred from the state to the municipalities, which will make it possible to coordinate all services for elderly people. The process has begun with collaboration between the ministry, the various municipalities and relevant associations.

When elderly people can no longer live at home in spite of support, they can apply for places in homes for the elderly, where twenty-four-hour care is provided. Applications are not granted if there is a realistic possibility for elderly people to remain in their own homes.

Special housing places exist in nursing homes or hospitals to provide care and treatment that cannot be given in a home environment. In order to qualify for a place in special housing, it is necessary to have health insurance and to have an assessment of the need for such a place from a special board that assesses function and health.



**Diagram 12. Number of places in special housing by health region per 1000 residents, age 67 and older and age 80 and older (2012).**

	Women		Men		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Living in special housing	1,704	64%	949	36%	2,653	100%
Total group aged 67 and older	18,972	54%	15,840	46%	34,812	100%
Total group aged 80 and older	6,741	59%	4,594	41%	11,335	100%

**Table 25. Living in special housing and number aged 67 and older and aged 80 and older (2012).**

The act on old age defines the various forms of housing and institutions for elderly people as follows:

a. Homes for the elderly, group housing and apartments specially adapted for those who, in spite of the provision of support, cannot remain in their own homes. This type of accommodation must provide twenty-four-hour attention, a security alarm button in each apartment, and a range of services such as meals, washing, cleaning and various social activities. There must be facilities for care and rehabilitation. All services must be based on an individual assessment of the person's needs and be based on help to independence.

b. Nursing homes or special housing places in institutions for elderly people whose health is too poor for places in homes for the elderly, group housing or specially adapted apartments. Care and rehabilitation must be provided. There must be special facilities for elderly people with dementia. It must be possible to provide short-term accommodation when there is a need for it. The facilities must be homely, and most residents should have their own rooms.

*Numbers and distribution of residents in special types of accommodation*

In January 2012 there were 2366 special housing places, which means 7.4 places per 1000 of the population, or 8.9 per 1000 if the non-permanent places are included. Additionally, there are special



Period of residence	Women		Men	
	Number	Percentage	Number	Percentage
Less than 1 year	259	15	177	19
1-2 years	686	40	418	44
3-4 years	326	19	166	17
5-6 years	146	9	82	9
7-8 years	130	8	41	4
More than 9 years	157	9	65	7
<b>Total</b>	<b>1,704</b>	<b>100</b>	<b>949</b>	<b>100</b>

**Table 26. Living in special housing forms by time of residence**

housing places that are reserved for younger people or those with mental handicaps. Diagram 12 shows the number of special housing places for the groups aged 67 and older, and aged 80 and older. *Diagram 12.*

Slightly over 2600 people aged 67 or older lived permanently in homes with special housing in 2012. Nearly 80% of them were over 80, and 64 % were women. In the entire group aged 67 and older, there were approximately 54% women and 46% men. Thus the proportion of women in special housing was higher than in the age group as a whole. The proportion of women increases with increasing age. *Table 25.*

The average period each person lives in special housing is slightly under three years. Table 26 shows that 37% of the men and 45% of the women have lived in special housing for three years or longer. New, stricter criteria for assessment of function and health were introduced in 2008. The effect has been that the period spent by each individual in special housing has been shortened, since they are already seriously ill when they come in. The older system still affects the time individuals live in special forms of accommodation, since some of them had been given places before the new system was introduced. *Table 26.*

#### *Special housing for those with dementia*

The Ministry of Welfare guidelines for new nursing homes stipulate that separate sections must be set up for those with dementia in new forms of special housing.

#### *Planning special housing*

In 2009 a new plan was adopted for building new nursing homes. The aim was to increase the number of places and improve the accommodation. This is still being implemented in collaboration with various municipalities. Eleven municipalities have now built or are planning to build nursing homes in accordance with the plan. The building projects vary between municipalities, sometimes aiming at increasing numbers of places, or reducing group accommodation in favour of single accommodation according to the ministry guidelines for standards in nursing homes. The demands in the guidelines are for high quality, and the emphasis is in individual accommodation. During the whole of the plan period, 850 new places will be set up.

#### **Norway**

There are approximately 90,000 places in what can be called special forms of accommodation for elderly people. Out of these, slightly over 40,000 are in homes for the elderly and nursing homes (institutions) and slightly over 50,000 in homes providing care (care homes).<sup>47</sup> In practice the differences between the different forms will disappear as the standards are raised in the nursing homes. These are forms of accommodation with 24-hour care and nursing.

In recent years, a new form of accommodation for elderly people has appeared, called Care +. This form of accommodation is primarily found

<sup>47</sup> NOU 2011: 11 Innovation in care.

Type of institution	1990	2000	2010
Nursing home	20,227	30,971	38,496
Combined old people's home and nursing home	15,946	7,304	1,605
Old people's home	7,243	4,006	1,196
Housing forms with 24-hour care	1,152	594	0
Other institutions	1,060	-	0
Total number of places	45,628	42,876	41,303
Number of places per 1000 inhabitants aged 67 and older	75	70	65

**Table 27. Places in institutions for elderly people and disabled by type of institution, 1990, 2000 and 2010**

in Oslo, but is beginning to spread to other municipalities, including Bergen. It can be considered an intermediate form between ordinary housing and nursing homes. Care + provides accessible housing with a meals service and various activities. This form of housing is intended for those who need a more secure form of accommodation, but do not need the extensive medical care of a nursing home. In Care + accommodation residents live independently in their own apartments, with access to meals service and various activities, and staff are available on a 24-hour basis. The municipality allocates the apartments, but the accommodation may be run by others. So far, the number of Care + apartments is limited, but more are being added.

As can be seen from Table 27, institutional accommodation has undergone considerable changes in the period from 1990-2010. The total number of places has been reduced from over 45,000 to just over 41,000. Note that the data in the table also include people with impaired function. The number of nursing home places has increased from slightly more than 20,000 to more than 38,000, while at the same time the places in homes for the elderly and combined nursing homes and homes for the elderly have decreased even more, reducing the total number of institution places.

*Table 27.*

Developments in recent years have resulted in a continued reduction in the number of places in homes for the elderly, by 200 places in 2010-2011, while the number of nursing home places has increased somewhat less. The proportion with single rooms in homes for the elderly and nursing homes has increased, and is now 96.9%. At the same time, the number of people in care and nursing places has increased by approximately 4%. Almost half of these places are staffed on a 24-hour basis. The greatest increase in those living in care and nursing accommodation has been in the age groups under 65 and over 90. For the two groups together, the number of residents has increased by approximately 6% in nursing homes and 14% in care and nursing places. At the same time, the number aged 80-89 in homes for the elderly and nursing homes has decreased.<sup>48</sup>

#### *Degree of coverage and regional variations*

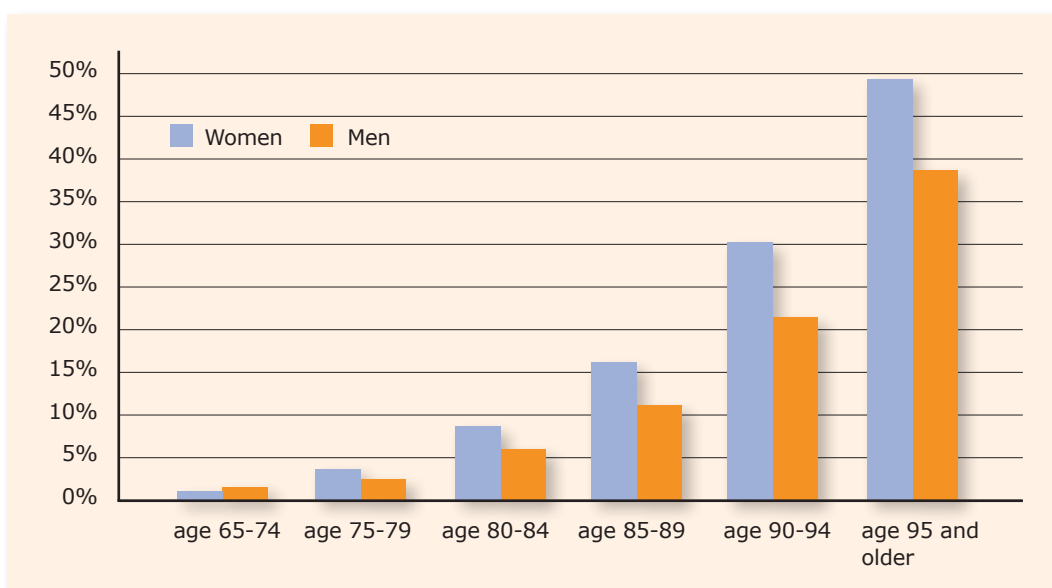
The number aged 67 and older living in institutions in relation to the whole of the age group has decreased from 7.5 per year to 6.5 per year from 1990 to 2010 (Table 27). Including those living in care and nursing accommodation, the degree of coverage reached approximately 13-14% in 2010.

The degree of coverage with institution places varies across the country from 4.8% to 8.2%. It is highest in the most northerly end of the country and lowest in the counties around Oslo.

<sup>48</sup> Municipal health service, 2011.

Age	Women		Men		Total	
	Number	%	Number	%	Number	%
age 65-74	3,926	49%	4,062	51%	7,988	100%
age 75-79	5,457	51%	3,817	41%	9,274	100%
age 80-84	11,704	67%	5,847	33%	17,551	100%
age 85-89	17,738	72%	6,887	28%	24,625	100%
age 90-94	15,452	77%	4,697	23%	20,149	100%
age 95+	6,557	82%	1,410	18%	7,967	100%
Total	60,834	69%	26,720	31%	87,554	100%

**Table 28. Permanent residents in special housing forms 1 April 2012 by age group and gender**



**Diagram 13. Proportion living permanently in special housing, 1 April 2012. Percent of the total number in each category**

#### *Special housing for those with dementia*

Almost 80% of all who live in nursing homes in Norway today suffer from dementia.

The projections show that the number of people suffering from dementia will double in the next 30 years. Small, adapted units have proved to be advantageous for this group. In order to meet the need, it will be necessary to build additional new

units and redesign and modernise the existing nursing homes.

#### *Planning special housing*

Approximately half the care and nursing places and nursing home places were renovated or replaced between 1997 and 2007. It is necessary to renovate and replace the remainder in order to provide for

<sup>49</sup> Meld. St 17 Byggje—bu—leve p. 90.

<sup>50</sup> Source for this section when no other is stated: National Board of Health and Welfare: Elderly people—care and nursing on 1 April 2012.

the increasing numbers aged 80 and older in the next 15 years.<sup>49</sup> There will be a need for more places for those with dementia among others. In 2008 the government introduced an investment contribution for building and renovating nursing homes and housing with care, with a framework of 12,000 places providing 24-hour care during the period from 2008-2015. The purpose was to stimulate the municipalities to renew and increase the number of places provided with 24-hour care.

### Sweden<sup>50</sup>

Residential forms with assessment of need are known as special housing in Sweden. Approximately 87,600 people aged 65 and older lived permanently in forms of special housing on 1 April 2012. Approximately 70,300 or about 80% of them were over 80. About 60,800 or approximately 69% were women. The proportion of women varies greatly between the age groups. In the 65-74 age group, about half (49%) were women, and in the 95 and older age group, more than four out of five (82%) were women. The larger proportion of women is due to the fact that the proportion of women in the population increases with increasing age.

Out of the whole population aged 65 and older, the number in special housing corresponds approximately to 5%. In the age group 80 and older about 14% lived in special housing. It should be noted that living in ordinary housing is most common, even among those aged 95 and older.

The number of places in special housing has decreased in the last 10-15 years. In 2001 there were 118,600 places, compared with 87,554 in 2012, and thus the number has been reduced by approximately 31,000 places. A large proportion of the reduction can be explained by the fact that serviced houses built in the 1970s and 1980s have been converted to senior apartments and security apartments after 2000.

### *Degree of coverage and regional variations*

The degree of coverage is a measure of the number of people in an age group who live in special housing in relation to the total size of the age group. According to the National Board of Health and Welfare statistics (Elderly people—care and nursing on 1 April 2012, Table 7), 14% of those aged 80 and older in the country as a whole lived in special housing. The degree of coverage has decreased significantly in the latest decades. In 1984 it was approximately 39% for the whole country. Thus there has been a reduction by almost 60% since then.

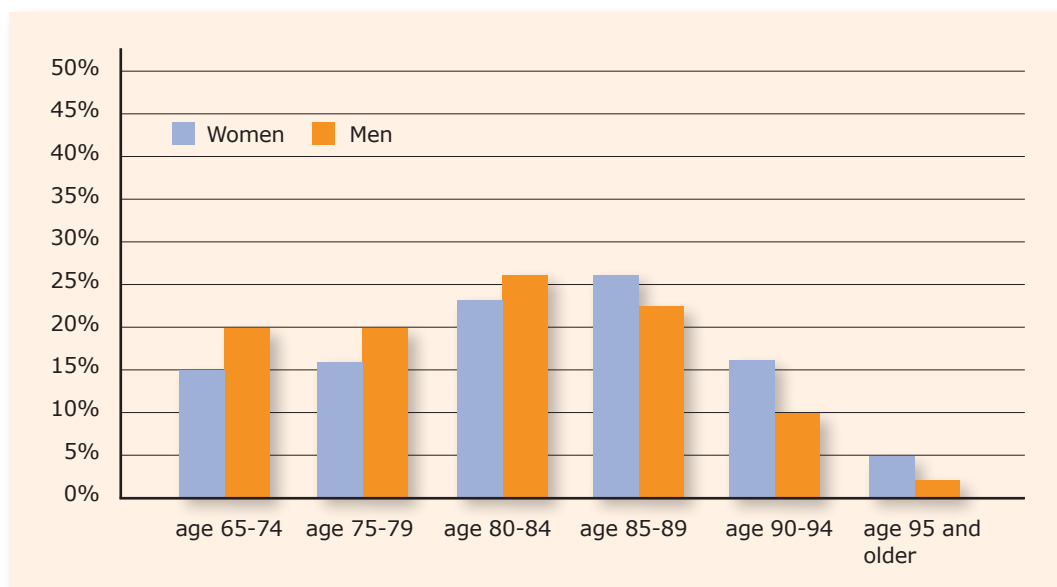
The degree of coverage varies across the country. At national level it varies between 12% (County of Scania) and 17% (County of Norrbotten). The Norrland counties generally have a higher degree of coverage than the national average. The variation between individual municipalities is even greater. With 21% the municipality of Överkalix has the largest proportion of those aged 80 and older living in special housing, and Knivsta, with 8%, has the lowest. It should be noted that these two municipalities respectively have the highest and the lowest proportions of residents aged 80 and older in the country. *See page 13.*

### *Distribution over different types of special housing*

The considerable variation in types of accommodation, service, care and nursing in the special housing and the lack of reliable statistics covering the area make it difficult to estimate the numbers of places distributed over different types of housing.

In the basic data for the Guide for the Elderly (National Board of Health and Welfare) data were collected (2011) on what the units studied called themselves. The categories in that report were: serviced housing/serviced houses, group homes for those with dementia and others. In the total number of dwellings and units there were 13.5% (approximately 13,000 places) referred to as serviced housing, 30.5% (approximately 29,000

<sup>51</sup> National Board of Health and Welfare: Dementia—results of a municipal survey.



**Diagram 14. Distribution in percent of those aged 65 and older granted short term care or residential care distributed by gender and age.**

places) called group housing for those with dementia and about 56% (45,000) other places. The quality of these figures is not high.

#### *Special housing for those with dementia*

The results of a municipal survey on housing for those with dementia in 2007<sup>51</sup> showed that about half of all those living in special housing were estimated to be people suffering from dementia. This corresponds to approximately 50,000 individuals. It was calculated that about half of these, 25,000, were living in special dementia units. The proportion of people with dementia living in dementia units in special housing varies greatly from one municipality to another, from 1% to 100%. It is estimated that slightly more than 80% of those with dementia and living in special housing are aged 80 or older.

#### *Planning special housing*

There are national investment grants to support building special housing. According to the housing market survey by the Board of Housing, Planning and Building in 2012, about 90 municipalities were planning to build various forms of special housing amounting to 2,950 places in 2012 and 2013. Almost 60 % of the municipalities in the country state that the requirement for special housing for elderly people is covered. About 25% expect to be able to cover requirements through planned expansions in the next few years. Just over one municipality in ten considers that there will still be a shortage of places in special housing even after planned expansions. It can reasonably be assumed that the number of places in special housing across the country will not increase, considering a continuing conversion of serviced housing to security housing.

<sup>52</sup> Figures obtained from the National Board of Health and Welfare: Elderly people—care and nursing on 1 April 2012. Municipal provision according to the Social Services Act and the Health and Medical Services Act. The figures refer to grants. A considerably smaller number of people were actually granted short-term care or accommodation, 7800, according to Elderly people and those with impaired function—management form 2011 Certain municipal provisions under the Social Services Act.

### Short-term accommodation

Short-term care or short-term accommodation refers to temporary arrangements for people who normally live in ordinary housing. Short-term stays may be to allow for treatment or rehabilitation and/or personal care, and partly as relief for relatives, or as a change in the type of care, or as after-care. The possibility of being cared for in a different place for a short time may be a precondition for an elderly person managing to live in ordinary housing and for the relatives' situation to be reasonable.

In **Sweden** approximately 11,200 had assistance grants for short-term care and/or accommodation on 1 April 2012<sup>52</sup>, of whom about 90% lived in ordinary housing. As can be seen from diagram 14, the majority of the assistance grants for short-term care were given to elderly people aged 80-89. In the younger age groups (65-84) the number of men was greater than the number of women, but there were fewer men than women among those over 85. *Diagram 14.*

In **Iceland** 960 were in short-term accommodation in 2011. A number of these were in short-term accommodation more than once, and the total number of stays was 1471.

In **Denmark** there are about 3000 short-term places for relief (2012)

In **Norway** several municipalities have introduced so-called security places, where those who live at home can stay for a short period without application proceedings and a test of need, e.g. if they are ill or if a relative has gone away for a short period. This option is open to elderly people who manage to live at home, but for whom a situation may be difficult "here and now". They may normally stay for up to two weeks in a short-term place. Not all municipalities have short-term places available.

There are also short-term places in **Finland**, but the number is unknown. There are often one or two rooms for short-term stays (temporary care, periodical residence etc.) in many serviced houses, group homes and long-term care units, but not in all of them. During the last ten years ARA, the Housing Finance and Development

Centre of Finland, has financed the building of serviced housing. ARA does not finance short-term accommodation separately, but in connection with the building of new serviced housing and group housing, about five per cent of the total may be included as support. Short-term accommodation is primarily used to relieve close carers and family members.<sup>53</sup>

## Summary

### The aging population

**T**he population in the Scandinavian countries has increased rapidly in the last decades, especially the older population. Today 17.5% of the population are aged 65 or older, and 5% are 80 or older. With some variations between the countries, the average length of life is 77.7-80.8 years for men and 81.9-83.9 years for women.

I is expected to increase in the years to come, which means that both the numbers and the proportion of the population aged 80 and older will also increase. In 2012 there were about 1.2 million people aged 80 and older, and by 2030 the number will have grown to over 2 million, an increase of 66%.

Women live longer than men, and consequently there are considerably more women than men at the high ages. More than 60% in the group aged 80 and older are women, which means in turn that far more women live alone than men. Among women in this age group, somewhere between 60 to 80 per cent live alone, while 30 to 40 per cent of the men live alone. The differences in length of life between the genders will be reduced, which may result in more couples at higher ages.

There are regional differences between the countries when it comes to life expectancy and the proportion of elderly people in the population. In general, the proportion of elderly people is higher in sparsely populated regions, in spite of the fact that the average length of life is shorter there than in the

<sup>53</sup> Serviced housing guide 19.8.2013. ARA, the Housing Finance and Development Centre of Finland

larger towns and more densely populated regions. The main reason is that the younger people move to the towns.

Poor health and impaired function have continually shifted to the higher age levels. In the group aged 80 and older, however, many find it difficult to maintain their own homes and daily life because of illness, pain and impaired mobility, or poor sight and hearing. Most worrying is the development of dementia, a disease which severely limits the possibilities for independent and dignified living. It is estimated that about a third of those aged 80 and older suffer from some form of dementia. Projections in the different countries indicate that there may be two or three times as many who suffer from dementia in 30 years.

### **Housing and accommodation**

A common factor in the Scandinavian countries is that the great majority of elderly people, 90 per cent or more, live in ordinary housing. Even the very oldest live very predominantly in ordinary housing. With certain differences between the countries, around four out of five in the group aged 80 and older in ordinary housing. It has been and remains a guiding principle in the policy for care and housing that people should remain in their own homes. For those who are not able to manage in their own homes, there are special forms of need-assessed housing in all countries. The municipalities have a statutory responsibility for these forms of housing, and are in charge of assessing and deciding about need for them, and in many cases also for the care and nursing provided in them. There are different forms of housing known by different designations. Some are clearly of an institutional nature, while others are more like ordinary private houses.

The effort to enable as many older people as possible to live in ordinary homes has led to an extension of home help and home nursing, and to certain improvements in accessibility through stricter requirements for accessibility in new buildings and adaptation in homes that already exist. A major problem is inadequate accessibility in the existing housing. It has also meant that assessment of the need for the special housing has become more critical, and the number of places has decreased gradually in recent decades. Only those

**” It is estimated that about a third of those aged 80 and older suffer from some form of dementia. Projections in the different countries indicate that there may be two or three times as many who suffer from dementia in 30 years.**

who require considerable care and nursing are now granted places in the forms of housing allocated according to assessment of need.

The differences between ordinary housing and need-assessed housing have thus increased. In consequence, various intermediate forms of housing for elderly people have appeared. These homes often provide more accessibility, security and company than ordinary housing. They are known by different names and are available on the ordinary market for housing. The numbers of places in housing of this type are relatively limited. Only a small percentage of elderly people live in housing of this type. Nevertheless, the number continues to increase in all countries, and new forms are appearing.

In addition to the care and nursing provided by the community, a great deal of care is provided especially by relatives, but also by others. A private service sector that provides services on commercial terms is also beginning to appear.

## 3. Continuing development in housing for elderly people in Scandinavia

Based on the survey in the report, this section is an analysis of what possibilities or obstacles can be seen for continued development of care for the elderly in Scandinavia, with focus on housing for those over the age of 80. What can be learnt from the situation of today and developments up to the present in the different Scandinavian countries? What picture can be formed of the situation in Scandinavian countries from reading the report and what developments can be expected?



# Scandinavia

**T**he survey of the situation shows that the proportion of elderly people in the population is increasing in all Scandinavian countries, and this applies especially to the group aged over 80. What demands will this make on housing in the future? The survey shows that there is a common policy in Scandinavia of giving priority to remaining in the ordinary housing stock rather than various types of institutional housing. What possibilities for adequate alternative forms of housing will be required in future based on this point of departure?

The answer to how elderly people's health is likely develop is considered to be given in the survey. Various scenarios are referred to. However, one indisputable fact is that the proportion of elderly people with problems due to dementia will increase as the proportion in the population aged 80 and older also increases. This applies especially to women, who have a higher risk of dementia compared with men of the same age.

It is difficult to assess how the *number* living alone will change—here it is necessary to take into account the expected increase in the number reaching high ages. *The proportion* of women living alone may be slightly smaller in future, as the differences in men's and women's life expectancy are reduced. Living alone is defined in the statistics discussed in this survey as not being married. This may be slightly misleading, considering that it is possible to cohabit without being married.

In all the Scandinavian countries, remaining in the ordinary housing stock is predominant among elderly people, even at very high ages. Sweden is the country with the highest proportion of multiple occupancy housing with tenancy rights. Owning one's home is predominant in Iceland, Norway

and Finland. Most of all in Norway and Iceland, large numbers of small owner-occupied houses can be found. This applies not least in the sparsely populated areas. Elderly people in general are regarded as a group who are not willing to move, even though ownership of a house and/or living in a sparsely populated area can to a large extent force a move compared with living in an apartment. The extent to which the apartment, building and surroundings are adapted to various forms of impairment in function is decisive for the extent to which elderly people can continue to live in multi-occupancy housing. An important factor is whether there is a lift or not. Compared with international standards, the housing stock in the Scandinavian countries appears modern and of a high standard.



*It is decisive for the extent to which elderly people can continue to live in multi-occupancy housing to what extent the apartment, building and surroundings are adapted to various forms of impairment in function.*

Inadequate accessibility is still a frequent problem nevertheless.

Studies, for instance in Iceland and Sweden, show that most people move either to a home that has a more suitable living area or to find somewhere more convenient. A study by Ytrehus (2004) shows that three factors are more important than any others as reasons why (younger) pensioners decide to move. One is to be closer to their children or grandchildren. Another is to have sufficient space for their own way of life. The third is in order to continue with previously established leisure habits. Those who postpone moving until they reach higher ages can be forced to face other priorities which are more associated with accessibility and convenience. It can also be seen

that the desire to move is reduced at the highest ages, indicating that people then wait as long as possible, until they are forced to move. A study from Iceland (Sigurdardottir 2013) shows that the lack of regular help for elderly people in their homes can be a reason why old people have to move to some kind of institutional housing.

The survey shows that there are large regional differences between the Scandinavian countries, primarily in Norway, Sweden and Finland. It may be important to note this in the future, since the debate often focuses on problems and conditions found in the more densely populated areas. In the sparsely populated areas there is above all a lack of alternative housing, which forces people either to remain living isolated in the rural areas or to move to a more densely built-up area far from their home area and established social network.

housing (*purpose-built homes* or *special housing*, which require some form of assessment of need). Underlying this policy decision is an idea that it is in line with elderly people's own preferences, and a calculation showing that staying on is a more cost-effective housing option for the future (expressed for instance in a Swedish parliamentary report as early as 1984, SOU 1984:78). The number of places in institution-like forms of housing has been drastically reduced in all Scandinavian countries. In Denmark the number of places has been reduced by 25% from 2009-20011. In Sweden the reduction corresponds to a reduction, according to the survey, by 31,000 places between 2001-2012. In Iceland a survey shows that the average time each person lives in special housing is slightly under three years. This means that most elderly people in Iceland too remain in the ordinary housing stock as long as possible.

Is there any risk in continuing this development in which staying on is given priority?

The survey in this report shows that the number of elderly people who live alone (defined as unmarried) is increasing, above all in

the group aged 80 and older, and that women are over-represented. Loneliness among elderly people is a problem that is receiving more and more attention in research about old age. It is exemplified by an international conference on the theme of *Loneliness and social isolation among older people* in Norrköping in September 2013 (see <http://www.isv.liu.se/nisal/samverkansprojekt> and [www.newtoolsforhealth.com](http://www.newtoolsforhealth.com)). Research in this field draws attention to the complexity of the concept of loneliness and emphasises that loneliness among elderly people is a problem requiring more consideration.

*Lack of security* is another possible problem, not least in connection with elderly people who suffer from dementia staying on in their homes. Security may partly be a question of difficulty in organising the home care services, with lack of continuity as a recurrent problem. Another factor in security is the risk of elderly people being subjected to crime (burglary or violence) in their own homes.



*The number of places in institution-like forms of housing has been drastically reduced in all Scandinavian countries.*

The home and the importance of the place is often discussed in research into elderly people's housing preferences and moving pattern (see e.g. Hagberg 2012). This suggests that the possibilities for remaining in ordinary housing are an important issue for planners, decision makers and (above all) elderly people themselves.

### Staying on

Staying on as a concept can be defined as staying on and living in the same apartment in old age, or in the sense of living in the same housing area, i.e. in a familiar local setting. An extended and often used definition has the meaning of remaining and growing old in some form of ordinary housing as an alternative to institutional housing. A common development in all the Scandinavian countries is that staying on (understood as living in the ordinary housing stock, *ordinary homes*) is given priority as a policy development in the care of the elderly by decision makers and planners, at the expense of various forms of institutional

A special series of problems in *sparsely populated environments* is associated with the shortage of alternative housing for the elderly, difficulties in organising the home care services to obtain good coverage, and difficulties in recruiting staff, and doctors in particular, in the primary care services. In fact the proportion of older people is often greater in sparsely populated areas compared with the younger population (who choose to a greater extent to move to urban areas). A study in Finland (Andersson 2012) shows how older people in rural areas valued their own houses as places and as a way of maintaining a feeling of autonomy.

The present report shows examples of how there is *insufficient accessibility* in the ordinary housing stock in all the Scandinavian countries in spite of intensive efforts in some areas in the buildings (e.g. the campaign in Sweden in the 1990s to improve buildings from the 1940s and 50s, with a large proportion of small apartments and an older population). In new buildings there are increasing requirements for accessibility in all Scandinavian countries. The great challenge is to improve accessibility in the ordinary housing stock that already exists. (See for instance Lindahl 2013). Another parallel challenge is to create alternative forms of housing with considerable variation, based on the well-known breadth of housing preferences among the generation born in the 1940s (Abramsson & Sandstedt 2012).

From the picture shown in the report, there are two urgent questions. What degree of responsibility can be laid on the *individual* with regard to planning housing that will function well in old age too? How far is *society* responsible for providing and facilitating choices between different alternatives?

### Preconditions and obstacles for individual initiatives

In an international comparison of what is required if people are to choose to remain in ordinary housing in their older age, conditions in Scandinavia appear better than many other countries. In Scandinavia the housing accommodation is *relatively* modern and accessible, and there is an extensive, regionally based home-help service. Nevertheless, it is

becoming more and more obvious that new housing alternatives are needed, placed *between* ordinary housing and special housing (in the sense of institutional and with an assessment of need) where more security and companionship are possible.

In Sweden, *Senior housing* has become a popular choice among many born in the 1940s. This is a form of housing adapted to give accessibility in the ordinary housing stock, where the minimum age is 55+ from the start. Senior housing is adapted for accessibility both in the apartments and in the building itself. There are facilities for common activities, but no staff. Home help is provided on the same terms as in other ordinary housing. Senior housing may be built either by municipal housing associations or by private agents. It can be rented or bought as owner-occupied units (which is usually the case where private entrepreneurs are concerned). There are also examples of cooperative rental as a form of ownership. Senior housing also exists in Denmark, both privately managed and as non-profit housing. There are also private forms of senior housing in Iceland.

Denmark is known for its collective housing, *shared living* or *collective housing schemes*. These are usually private houses (but there are also examples of rented housing or joint ownership housing) set up by people who have chosen to live in larger groups than those offered in other forms of ordinary housing. There are at present approximately 300 senior housing collectives (with the age for moving in at 50+) and about

” *The great challenge is to improve accessibility in the ordinary housing stock that already exists.*

150 collectives for mixed ages. All residents have their own private homes, but in addition there are common buildings with community facilities (Kärnekull 2013). In Sweden there are examples of age-integrated housing in the form of collective houses with considerable joint responsibility and common activities such as cooking). These are usually set up as rented housing. There are also

examples of senior housing associations which take the initiative for building housing where the planned users present their own detailed specifications of requirements (von Platen 2013; Blomberg & Kärnekull 2013).

As more and more forms of special (need assessed) forms of housing in Sweden are converted into senior housing, criticism is raised by the major pensioners' associations among others that a new alternative will be needed with greater security and more social support. Two national reports (SOU 2007:103, SOU 2008:113) have laid the foundations for a new concept, known as *Security housing* (Bo bra på äldre dar/Living well in old age, 2013). In this housing the buildings are adapted for accessibility and the age limit is often around 74. There must be common facilities, and also the possibility of eating together and some type of warden or coordinator of joint activities.

In Norway accommodation known as *Plus housing* is offered on the market by private agents.



*One aspect that calls for attention in the discussion of remaining in one's own home is support for the relatives.*

This form of housing is similar to the concept of senior housing, but the pattern is of hotel standard with a wide range of service. A form of *Security housing* is also planned in Norway, following the Swedish model. Within the framework of this concept, forms of smart building technology are additionally being developed. It is not yet certain to what extent this form of housing will be provided as an alternative within the framework of ordinary housing or as a need-assessed form of special housing.

In Finland, *Senior houses* are intended for those aged 55+. They are usually private or run by organisations. They are built according to the normal building standards, and figures are not available about what variations can be found. The question of housing for elderly people is in fact high on the agenda in Finland, which is reflected in a programme to improve housing for elderly people in 2013-2017 (Government principle decision 2013).

What *obstacles or problems* can be expected in the future? It will be necessary to set priorities because of the limitations of the public economy. Finding sufficient staff will also be a major problem in the future (Wetterberg 2013). Alternative providers of help (to those organised by the municipalities) will be necessary. This applies both to “commercialising” of care for the elderly (a development that is analysed and discussed as a problem in Meagher & Szebehely 2013), as a new initiative on the private market. A recent example is the tax-subsidised RUT services (of the cleaning type), which were introduced in Sweden following a model from Finland (where helping elderly parents is also subsidised).

One aspect that calls for attention in the discussion of remaining in one's own home is support for the relatives. Research brings to light the enormous extent of care by relatives and points out the importance of the publicly financed and organised care giving support to relatives. (See for instance Sigurdardottir, Sundström, Malmberg & Bravell 2011 and Jegermalm & Sundström 2013.) In Sweden the municipalities have been encouraged since 2009 to plan for support for relatives. This may be the beginning of a more deliberate policy.

It is often said that elderly people are (far too) reluctant to move house. To stimulate younger pensioners to move in time, before they reach the age of 80 or older, a financial incentive may be necessary. The situation on the present housing market often means that a move will result in significantly higher housing costs. Bearing in mind the increasing income gaps that are becoming more and more noticeable between different groups of pensioners (see for instance Andersson & Öberg 2012), choices must be provided, not least for elderly people with different financial capacities. Another proposal might be to offer help with a move, since many elderly people are afraid of the inconvenience of moving in old age, which is accentuated in situations where health problems make the move inevitable.

Even though staying in one's own home is the predominant strategy for the future,

it may be important to emphasise the necessity of supplementing that strategy with continued expansion of need-assessed special-purpose homes (special housing) to meet future needs in an aging population. This applies not least to the group aged 80+. Developments are also continuing in this area in Scandinavia. In Norway there is a concept called *Care +*. This form of housing is intended for those who need a more secure form of accommodation, but do not require the same extensive medical care as residents of a nursing home. The concept comprises an independent home, but with staff on call around the clock. The municipality allocates the apartments, but the home may be run by other providers of care. In Iceland there is a similar alternative known as *Security housing* with possibilities for shared meals and activities, care and service. They are run by the municipality, and citizens aged over 67 who have lived in the municipality for at least three years may apply for places.

How far is it the responsibility of society to direct progress?

A conclusion that can be drawn from the report is that in future, housing for the elderly should not simply be regarded as an architectural question based on designing buildings for different purposes. Neither is it simply a matter of how it may be necessary to organise care in relation to the increasing numbers of elderly people who will remain in ordinary housing but require a great deal of care. As mentioned earlier, there is a consensus among researchers and decision-makers that the formal (publicly financed and organised) care cannot increase in the future at the same rate as needs. It is therefore necessary to form an overall view of housing and care, based on wider solutions, which mean that housing for the elderly of the future is a matter for community planning in the municipalities (i.e. planning provision of housing and community services). In international research and debate, the necessity is stressed with increasing frequency of having an overall planning strategy for society to meet the future needs for housing and

care for the elderly. Some interesting examples can be seen in Germany, the USA and Japan.

In Germany, researchers at the Kuratorium Deutsche Altershilfe in Cologne have developed a concept community planning called a *Quartierskonzept (Integrated Service Areas, www.isa-platform.eu)*. It is a planning concept based on a limited geographical unit (with 10,000-15,000 residents). The point of departure is



*In international research and debate, it is stressed with increasing frequency how necessary it is to have an overall planning strategy for society to meet the future needs for housing and care for the elderly.*

coordination of housing and care, age integration and working on a small scale. Different types of care, nursing and service are extended and linked to the housing. It is also an effort to encourage the development of local social networks. An important aspect is developing the interaction between formal (professional) and informal help (in the framework of the family, good neighbours and voluntary organisations). On the planning side it is similar to the so-called Linköping model for the operation of social services in community planning, which appeared for a limited period in the 1980s and 1990s in Sweden (Henning & Stolarz 2012).

In the USA there are discussions of the importance of forming *Aging-Friendly Communities*. An example is the so-called *Village Concept*. Here the aim is also to create care and nursing based on the home, but this concept is built even more over the commitment of voluntary organisations and individuals in accordance with American tradition (Greenfield et al 2012).

In Japan the state has taken the initiative for a special form of insurance that contributes to building up centres of activity, (*community centres*) in all municipalities for activities intended to prevent illness and the need for care in the aging population among others. Participation and influence (*empowerment*) are key concepts. This



model is described as a strategy for *community empowerment* (Anme 2008).

In all the examples mentioned there is emphasis on the importance of the civil community (defined as family, voluntary organisations, neighbours and informal agents) in the *welfare triangle* consisting of the state (“the public sector”), the market (business) and civil communities. The role played by elderly people in civil society has attracted increasing attention and interest in current research, since it highlights elderly people's resources (see for instance Jegermalm & Jeppsson Grassman 2012 and 2013). This perspective is an important counterbalance to the view of elderly people as recipients of help and in need of care.

In a Scandinavian welfare model the public

endeavours to develop new housing alternatives in the examples above.

There is a continual discussion about the extent to which we can refer to a common Scandinavian welfare model, since it is not possible to ignore the fact that there are also differences associated with culture and politics (Nygård 2013). What unites the different countries in Scandinavia more than anything else is the overarching responsibility taken by the public sector, which distinguishes the Scandinavian countries in an international comparison. The survey of housing and care for elderly people in Scandinavia shows more common features than divergences. It would consequently be interesting to analyse in more detail, in connection with the Scandinavian welfare model which aspects

can form the foundation for future development strategies in care for the elderly, with focus on the housing situation for those aged 80 and older. Important aspects in continuing discussion and developments in the framework of a Scandinavian collaboration might be:

” *There is a continual discussion about the extent to which we can refer to a common Scandinavian welfare model, since it is not possible to ignore the fact that there are also differences associated with culture and politics.*

sphere (“the state”) plays an important role. There are many indications that this will also be the case in future comparisons in an international perspective, in spite of increased “commercialising” and in spite of increased interest in the importance of the civil community. Additionally, in the Scandinavian welfare model, not only the state, but also the municipalities play an important role in the welfare structure. In Sweden the term “welfare municipalities” has been coined. The influence of this can be seen, not least in the care of the elderly (Jegermalm & Henning 2013).

A Scandinavian welfare model is also characterised by the objective of equality. “The welfare system in these countries is built over a strong ambition to create social cohesion and be socially inclusive. It rests on basic values of equal opportunities and social security for everyone.” (Nygård 2013, p. 172). Another feature, seen from an international perspective, is the overall view of housing and care. This is reflected in various government control measures and in the

- The necessity of improving accessibility in the existing ordinary housing stock.
- There is a need to develop more intermediate forms between ordinary housing and purpose-built or special (i.e. need-assessed) housing.
- The organisation of home services must be developed (stronger geographic connection, better continuity etc.).
- Attention must be given to the problems of dementia in relation to the fact that increasing numbers of elderly people with dementia or memory problems will continue to live in ordinary housing. Above all, this applies to the risk of loneliness and insecurity (important aspects that require attention with regard to all elderly people remaining in their own homes).
- Care by relatives and support for relatives must be developed.
- Technical support must be developed to facilitate remaining in one's own home.
- Attention must be given to the specific problems in sparsely populated areas.

In a Scandinavian perspective there is also a strong foundation on which to develop a wider overall perspective of housing and care for the elderly. In an international comparison, the housing stock in Scandinavia is of a *relatively* good standard. In addition, work is in progress to develop new housing alternatives in all five countries. Within the framework of the Scandinavian welfare model there is (also *relatively*) a well designed and geographically extended home service organisation.

In a Scandinavian welfare model, an important role for the state could be to support civil communities (in the sense of families, voluntary organisations, neighbours and other informal

agents). It should be possible to gather important aspects of developments of this type under concepts of social networks, participation and influence (*empowerment*). In line with these ambitions, the state and municipalities could set a target of developing strategies for community planning (from an integrated view of providing housing and service) which focus on laying the foundations for cooperation between formal and informal care. The point of departure for community planning of this type should be elderly people's situation in life, focusing on local contexts and requirements for different forms of alternative housing.



*In a Scandinavian perspective there is also a strong foundation on which to develop a wider overall perspective of housing and care for the elderly.*

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*In Scandinavia the housing accommodation is relatively modern and accessible, and there is an extensive, regionally based home-help service.*

## Notes

[illegible]





norden

Nordens Velfärdscenter