



Certified smart and integrated living
environments for ageing well

D2.1 – Desktop Research Report

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Executive Summary

Ensuring that our environments remain accessible for all ages is an urgent need as increasing life expectancies are making our societies more age diverse. The oldest members of our societies are an ever increasing group whose potential to contribute to our living together won't be tapped unless we set in place the condition for independent living and participation for all society members, regardless of their age, and abilities. According to the World Health Organisation (WHO, 2017), housing is one of the three pillars composing age-friendly environments, along with accessible outdoor environments and transport and mobility. Because it is one of the places where we spend most time, especially after people retire, our homes can have a tremendous impact on our health and wellbeing, our social interactions, and our capacity to participate in community life.

At the present time though, a large part of homes and housing options in Europe are not fit for a wide range of users with specific needs and preferences. When living with a disability for instance, or when health declines and support needs arise, many people cannot find adequate solutions either to adapt their place, or to find an alternative option where they could remain autonomous while receiving the support they need. The present desktop research report is the result of this observation that this need to shift towards ageing-in-place does not yet, for many regions in Europe, coincide with adequate and sufficient solutions in the housing sector to meet the growing demand of older Europeans, the majority of whom want to age at home.

The report is based on the analysis of a series of reports¹ depicting the situation in 10 European Member States: Austria, Belgium, Denmark, Spain, France, Ireland, Italy, the Netherlands, Poland and Sweden. Those countries have been selected to compose a sample as representative as possible of the diverse welfare systems and housing stocks existing in the European Union. They review existing statistics, scientific and grey literature in relation to socio-demographic trends, the situation of the housing stock, laws and policies for ageing-in-place and home adaptation (if any).

¹ Project partners aim to release a selection of some representative country reports in due time to the project website.

The report draws on a comparative analysis that is structured around three main sections, the first one reviewing our preferences in terms of housing as we age ([Chapter 2](#)), the second one states the cause of age-friendly housing based on the actual health, social and economic context ([Chapter 3](#)), and third section presents the legislative, policy, and housing contexts at national levels, that influence the likelihood of an age-friendly approach to arise in relation to housing ([Chapter 4](#)). The report then closes on four different scenarios representing potential routes for the future with 2040 as the horizon and the likeliness these scenarios present to adopt the Homes4Life certification scheme ([Chapter 5](#)).

Based on studies carried out in the 10 countries analysed for this desktop research report, a clear preference to remain living in their current home came out for older people. However, this possibility will only be made possible if their home can accompany and support this heterogeneous older population's changing needs, lifestyles and abilities over time. It will also need to meet the different stages of their life and that of their possible cohabitants (partners, parents, children, house/flatmates, etc.). To enable them to satisfy their preference, there is an urgent need for a home that fosters people's autonomy, as well as remaining active and healthy as they age, respects lifestyle choices, needs and preferences of people, regardless of their age across the life course, and enables accessibility to all areas of community life, thereby promoting inclusion and engagement. In other words, age-friendly homes.

The evolution of people's preferences for their housing and home environment as they enter the so-called 'fourth age' and are more likely to become frail varies between reports and countries. In Austria (Austrian Interdisciplinary Platform on Ageing, 2015), it was found that the 'oldest old' (those aged between 80 and 85 years old) want to preserve their living situation – regardless of whether they are living in their private homes or in care settings. Only 5.6% of respondents in private households claimed they have played with the idea of giving up their own home and moving into a senior residence or a sheltered home. On the contrary in Denmark (Mathiasen N. et al, 2018), the desire to move is the highest among the 'youngest' old (those aged between 50 and 59 years of age) with one in three either preferring a smaller home or a more practical home. In this age category, only one in five wants to stay in their current home should they find it difficult to manage. This contrasts with a total of 64% of the 80-89-year olds who want to stay in their current home, even if they find it difficult to manage by themselves. Similarly, research in the Netherlands (Willem Gielen W. et al, 2018) showed that in recent years, a substantial increase was observed in the number of older adult households that are to a certain extent open to the idea of moving homes (i.e. they perhaps might consider it). This number has increased from 6% in 2009 to 16% in 2015.

Moving to another (usually smaller) place was considered as a possible option in several countries studied. These residential moves were considered for various situations: a change in family structures, a change in a financial situation, having an outstanding home loan, work-retirement transition, the death of a spouse, excessive housing costs, decline in health

or inadequacy of current place (too far from commodities, too many stairs for people with mobility issues, too many risks of falls, etc.). However, according to Tatsiramos (Tatsiramos, 2006) who investigated residential mobility of older households in Europe, although homeowners are less likely to move compared to those who rent, older owners (above 65 years old) are significantly more likely to move in northern and central European, but not in the South² and households with higher wealth holdings are more likely to move in all countries. This seems to indicate that ageing-in-place (in one's current home) will continue to be the predominant norm for older people across Europe. The main difference being that in the North the rate of increase of owners who move and become renters is much higher compared to in the South. It is also important to highlight that regardless of the alternatives available for people when their current home becomes inappropriate, studies report that maintaining the links with the former community where one lived is key. In Ireland (Age-Friendly Ireland, 2016) for instance, 15% of those age 65 and over would be willing to move to a different home in their community. Similarly, in Sweden (Abramsson M., 2015), preferences tend to be "location"-dependent.

As stated in Council Resolutions and Conclusions, it is important to adopt an intersectoral health policies approach. It requires health systems to build up multi-sectorial collaboration with other policy fields, such as transport, housing, environment in order to shape the social determinants of health (European Union, 2017 [a]). Indeed, according to the EU Ageing Report 2018, almost all Member States will face considerable continuous pressures on public spending from the health care sectors – even under conservative assumptions. Public health expenditure in EU28 was at 6.8 % of GDP in 2016. The projections show that expenditure may grow to 7.9 % of GDP in 2070 only on accounts of demographic ageing. Balancing the health care needs of the European populations with spending resources, as well as continuous efforts to increase the efficiency and quality of health service delivery, will continue to be high on the political and economic reform agenda of Member States (European Union, 2018). To realise this, there has been an ongoing transition of focus from cure to prevention. New models of care such as integrated care which emphasises a strengthened role for primary care are seen to be instrumental in enabling this necessary shift from disease orientation to a more person-centred focus. A supportive, accessible health care environment fostering integrated and more person-centred care will be a conducive environment for "ageing-in-place", supporting older people to access primary care in the community where they live. It is expected that this transformation of health systems (away from hospital-based care) to more person-centred care will impact on housing and the need for their adaptation to facilitate this care delivery which will to a greater extent emphasise self-management and homecare.

² "North" was represented by Austria, Belgium, Denmark, Finland France, Germany, Ireland, and Netherlands. "South" consisted of Greece, Italy, Spain and Portugal.

Moreover, as people get older, it is more likely that their need for long-term care (LTC) will increase. LTC expenditure, similar as health care expenditure, represents an important and growing share of GDP and of health spending (public and total - including private). As is the case for health care, future trends are likely to be heavily influenced by population ageing as well as a range of non-demographic determinants. Therefore, public expenditure on LTC is therefore a relevant factor for the long-term sustainability of public finances. Important determinants of public expenditure on LTC largely depends on whether a country relies mainly on formal care or informal care and whether formal care is largely provided in institutions or at home. With more (formal) LTC delivered directly in older people's own homes (instead of in residential and institutional care), to support informal carers, community and local policies will become increasingly important. Housing, both new and existing stock, will need to increasingly be designed to assist care professionals and informal carers in these care delivery tasks, as informal care forms a cornerstone of all long-term care (LTC) systems in Europe and is often seen as a cost-effective way of preventing institutionalisation and enabling users to remain at home (Zigante V., 2018).

Housing is thus an important social determinant of health and plays an active part in ageing-in-place. However, in order to adopt an intersectoral approach, it is important to understand the housing context and who are the stakeholders that can make a change. The actors involved in the provision of housing differ widely across Europe depending on how housing is planned and organised at regional or local levels, the laws and regulations governing who is responsible for housing supply and responsive planning, applicable building regulations, or other spatial planning laws that impact and influence our communities and living environments and the housing opportunities available to citizens (Andrews, D., A. Caldera Sánchez and Å. Johansson, 2011). Nearly all governments intervene in housing markets, primarily for social and redistribution reasons (Andrews et al. 2011). Policy interventions include fiscal measures such as taxes and direct provision of social housing, as well as various regulations aimed at influencing housing market outcomes in terms of prices, rents, quantity, quality and allocation of dwellings (Caldera Sánchez A, Andrews D, 2011).

We can observe two different contexts in which policies to implement age-friendly housing have emerged and are being developed across the different countries: one with a strong public rental sector (Austria, Denmark, the Netherlands and Sweden) and one where home ownership dominates (Belgium, France, Ireland, Poland, Italy and Spain).

Countries with a strong rental sector usually have specific legal provisions in place that identify various housing associations that are responsible to ensure a sustainable supply of good quality and affordable dwellings to meet the different housing needs of their population. Given this housing's public utility and social mission, one can observe systematic planning, evaluation and organisation of housing that responds to future needs in view of e.g. population ageing, migration, urban young people etc. This results in a public housing market that is more responsive. Moreover, rent regulations and rent controls

in countries with a relatively large public rental sector appear to be comparatively strict compared to those favouring homeownership (Caldera Sánchez A, Andrews D, 2011). One can observe in all these countries a broad range of initiatives that can enable the development of age-friendly housing. In such countries, the main actors in age-friendly housing will be those organisations directly involved in the supply of this public rental stock. The actors differ from country to country, but generally some form of housing organisations; foundations; joint-stock companies; municipality housing companies etc – who due to their public utility mission are more strongly regulated and therefore generally a more responsive planning of housing to meet future needs including an ageing population. The following findings can be drawn from the country analysis for these countries:

- Specific planning and strategy for the housing supply at local levels based on a regulatory framework, including existing and affordable adapted mainstream housing options targeting older persons;
- High level of awareness within government about the need for age-friendly environment and housing, addressed in recent national plans, policies or research agendas in this field;
- Legal provisions, financial incentives and subsidies directed at both individuals but also large property owners to retrofit existing housing stock or build new mainstream housing targeting older persons; and
- Existing know-how e.g. official guidance at national level (handbooks, knowledge centres, national standards) about home adaptations for increased safety, and improved accessibility in the home.

On the other hand, countries where home ownership dominates, only a negligible part of the housing stock has a “public utility” mission or is subsidised, and the rental sector is on the open with less rent regulation. In these countries, one can see that the responsibility to ensure that housing meets the needs of the resident, therefore lies with the individual homeowners themselves. Municipalities may have various programmes to promote and encourage individuals who desire to adapt their home or property, rendering it more safe, accessible, and thus encouraging independent living. This is often done by providing grants directed at older people for home modifications to adapt existing housing. Given the lack of large-scale and a non-marginalised housing sector in these countries, most initiatives to develop age-friendly housing, can be considered as local and voluntary driven by a group of committed and interested individuals. Initiatives in these countries therefore tend to cater to private persons who can afford to invest in such age-friendly housing concepts. In such countries, private property companies and individuals (private homeowners or landlords) will be the main responsible investors in age-friendly housing. At local level, municipalities can also play a role by supporting and encouraging investment in age-friendly housing and ageing in place by subsidizing housing adaptation, grants to citizens who seek to adapt their homes and ensuring availability of long-term care services such as rehabilitation, homecare services, respite care etc.

Building on the country reports analysis presented in the previous chapters, the Homes4Life partners worked on four different scenarios framing different degrees of likeliness for age-friendly housing to develop. These scenarios are the result of a prospective exercise based on hypothetical combinations of parameters at local or national level. Those parameters form four different stereotypical contexts that influence the readiness and maturity levels for age-friendly housing to expand and ageing-in-place to become a reality. Exploring this question in light of today's different national situations and trends that are foreseen for the coming decades, we devised these four scenarios: The 'frontrunner'; The 'Happy Many'; The 'Happy Few'; and the 'lions' den'.

Finally, for each of these scenarios, the likeliness of stakeholders to adopt the Homes4Life certification scheme is subject to three influential factors: (i) the existence or absence of binding legislation or incentives to support the development of age-friendly housing – be it through the availability of policy frameworks, technical guidelines, grants or tax credits, (ii) the main owners of the housing stock and ultimately, the stakeholders responsible for retrofitting dwellings or their new construction, (iii) the financial capacity of the owners to fund initiatives to retrofit housing or invest in new constructions supporting age-friendliness.

Acronyms and abbreviations

ADL	Activity of Daily Living
AGE	AGE Platform Europe
EC	European Commission
EU	European Union
EUCA	Eurocarers
HiAP	Health in All policies
IADL	Instrumental Activities of Daily Living
LCH	Lifecycle Hypothesis
LTC	Long Term Care
OECD	Organization for Economic Cooperation and Development
TEC	Tecnalía (project coordinator)
TNO	Nederlandse Organisatie voor Toegepast Natuurwetenschappelijk Onderzoek (project partner)
WHO	World Health Organisation

1 Introduction

"Innovative housing, innovative transportation and innovative buildings programmes that make our cities accessible to all are urgently needed. Urban spaces have to be resilient and accessible to older persons, if we want to build inclusive, dynamic, resilient and sustainable cities and communities."

This statement by Rosa Kornfeld-Matte, the United Nations Independent Expert on the Enjoyment of all Human Rights by Older Persons was made on 1st October 2015. Ensuring that our environments remain accessible for all ages is an urgent need as increasing life expectancies are making our societies more age diverse. The oldest members of our societies are an ever increasing group whose potential to contribute to our living together won't be tapped unless we set in place the condition for independent living and participation for all society members, regardless of their age, and abilities.

According to the World Health Organisation (WHO, 2017), housing is one of the three pillars composing age-friendly environments, along with accessible outdoor environments and transport and mobility. Our accommodation goes beyond simply the dwelling where we reside; it is often also the place to which we go back, with which we identify and emotionally belong to, and where we hopefully feel safe. Because it is one of the places where we spend most time, especially after people retire, our homes can have a tremendous impact on our health and wellbeing, our social interactions, and our capacity to participate in community life.

At the present time though, a large part of homes and housing options in Europe are not fit for a wide range of users with specific needs and preferences. When living with a disability for instance, or when health declines and support needs arise, many people cannot find adequate solutions either to adapt their place, or to find an alternative option where they could remain autonomous while receiving the support they need.

The present desktop research report is the result of this observation that this need to shift towards ageing-in-place does not yet, for many regions in Europe, coincide with adequate and sufficient solutions in the housing sector to meet the growing demand of older Europeans, the majority of whom want to age at home. Developed as part of the European project 'Homes4Life'³, this report explores the preferences of an ageing population about their homes, the different maturity levels and implementation contexts to meet this demand for age-friendly homes.

This report elaborates on the existing evidence on housing and ageing in Europe and sketches different scenarios on the likelihood of age-friendly housing to develop. Drawing on the concept of age-friendliness of the WHO, **we define age-friendly housing as a home**

³ See further information about the project: <http://www.homes4life.eu/>

that fosters people's autonomy, as well as remaining active and healthy as we age. It respects lifestyle choices, needs and preferences of people regardless of their age across the life course. Age-friendly housing enables accessibility to all areas of community life, thereby promoting inclusion and engagement.

Considering our needs, preferences and choices in older age, be it in relation to housing or other areas of life, should not make us blind to the dynamic character of ageing, as a process all individuals experience. This report certainly does not aim at devising a list of older persons' housing preferences as if one solution could fit all persons of one age group. It rather supports a person-centred approach respecting the singularities of one's life experiences and tailored to individual needs and lifestyle choices.

This report is based on the analysis of a series of reports⁴ depicting the situation in 10 European countries member of the EU: Austria, Belgium, Denmark, Spain, France, Ireland, Italy, the Netherlands, Poland and Sweden. Those countries have been selected to compose a sample as representative as possible of the diverse welfare systems and housing stocks existing in the European Union. They review existing statistics, scientific and grey literature in relation to socio-demographic trends, the situation of the housing stock, laws and policies for ageing-in-place and home adaptation (if any).

A stakeholder workshop⁵ organised on 11 June 2019 in Brussels, Belgium gave project partners the opportunity to discuss preliminary findings from the country reports with participants and collect their feedback on a first draft of scenarios regarding how the development of age-friendly housing will be influenced differently depending on the implementation context variables that vary from one scenario to the other.

The report draws on a comparative analysis that is structured around three main sections, the first one reviewing our preferences in terms of housing as we age (see Chapter 2), and the second one states the cause of age-friendly housing considering a variety of determinants and contextual factors (see Chapter 3). A last section presents the legislative, policy, and housing contexts at national levels, that influence the likelihood of an age-friendly approach to arise in relation to housing (see Chapter 4). The report closes on four different scenarios representing potential routes for the future with 2040 as the horizon (see Chapter 5).

This report essentially builds a bridge between the various reflections going on in the scientific, political and economic areas where stakeholders have taken initiatives to develop age-friendly housing. It will help develop the Homes4Life vision⁶, and will set the

⁴ Project partners aim to release a selection of some representative country reports in due time to the project website.

⁵ Further information is available in D2.2 (Stakeholder Workshop report)

⁶ The vision will be delivered in October 2019 (D2.3) and will be further made available on the Homes4Life website.

scene that will inform how to shape the concrete tools that are still missing to make ageing-in-place, a reality in Europe. By the end of the project foreseen for November 2021, the Homes4Life project should have delivered a series of analysis and guidelines⁷, that we hope will help shape the future of housing that is inclusive of all ages.

2 Where is home when we age?

Feeling at home translates a feeling of belonging that is an important element of people's identification to one place where we usually expect to identify and find ourselves safe. This preference for one place that is ours do not change with age. Various studies have been carried out in European countries to determine how housing preferences change when people project themselves in their own ageing process. Despite no European-wide research has been conducted on this topic, the findings available in various EU Member States show some common trends.

2.1 Ageing in the current place

Most people when asked, prefer to continue living in their own home where they currently live, as shown in the EU Member States covered by this report (see Table 1). People's places therefore need to adapt to their changing lifestyle, needs, and abilities over time to meet the different stages of their life and that of their possible cohabitants (partners, parents, children, house/flatmates, etc.).

TABLE 1 - OLDER PERSONS' PREFERENCES ABOUT HOUSING

Country	Population surveyed	Respondents' preferences
Austria ⁸	1,000 Austrians over the age of 60	22% respondents say they are very likely to move, 34% likely to move and 45% consider it is out of question.
Belgium ⁹	2000 Belgians aged between 60 and 85	In case of dependency, older people prefer housing options that allow them to continue living at home for as long as possible with professional or informal help.

⁷ The project is expected to deliver, among other outputs, an analysis of existing innovative systems in relation to ageing-in-place (D2.5), a framework of Key Performance Indicators for smart age-friendly living environments (D3.1), a list of requirements needed for the certification scheme, and finally a certification scheme for age-friendly housing (D4.4).

⁸ Kolland F., Rohner R., Hopf S., Gallistl V., *Wohnmonitor Alter 2018*, Studienverlag GmbH, 2018

⁹ Fondation Roi Baudouin, *Les choix de vie des plus de 60 ans*, 2017

http://lampspw.wallonie.be/dgo4/site_colloques/ConceptionAdaptable/assets/documents/presentation/fondation-roi-baudouin-choix-vie-60-ans-et-plus-resume.pdf

		11% choose a room in a nursing home. 23% say they have not yet thought about it.
Denmark ¹⁰	4,000 Danes between the ages of 50 and 89	More than every third between 50 and 89 years prefers to stay in their current home.
Ireland ¹¹	5000 people aged 55 and older	80% of are positive towards adapting their current home; 80% are negative towards moving into a nursing home. 66% prefer to stay in mainstream housing.
Italy	N/A	N/A
Netherlands ¹²	Older people aged 57+	79% of the independently older people want to stay at home, even if the need for care increases. As people get older, the desire to continue living in their own homes increases. People aged between 57 and 61, three-quarters want to stay in their current home, while of the 72-77-year-olds, 84% want to stay at home.
Poland ¹³	1017 people living in Poland.	64% would like to live in their own apartment, with immediate help from relatives - family, friends, neighbours.
Spain ¹⁴	1.380 older people aged between 65 and 84	82% intend to stay at home as long as they can. Moreover, among those with a high degree of dependency, 74% prefer to continue living in their current home.

¹⁰ DaneAge, *Future study 2015: Age not a hindrance*, 2015,

<https://www.aeldresagen.dk/presse/pressemateriale/dokumentation/fremtidsstudiet-2015>

¹¹ Age-friendly Ireland, Ireland's Age Friendly Cities and Counties survey (2016) -

<http://agefriendlyireland.ie/age-friendly-ireland-launches-a-study-on-housing-for-older-people-future-perspectives/>

¹² Doekhie K. D., de Veer A. J.E., Rademakers J. J.D.J.M., Schellevis F.G., Francke A. L., Ouderen van de toekomst - Verschillen in de wensen en mogelijkheden voor wonen, welzijn en zorg, 2014 NIVEL

<https://www.nivel.nl/sites/default/files/bestanden/Overzichtstudie-ouderen-van-de-toekomst.pdf>

¹³ CBOS, *Attitudes to ageing*, 2012 https://www.cbos.pl/EN/publications/reports/2012/094_12.pdf

¹⁴ Organización de Consumidores y Usuarios (OCU), 2017

<https://www.ocu.org/organizacion/prensa/notas-de-prensa/2017/mayores-vivienda-07122017>

This preference for ageing in the current place is mirrored in the reluctance to move to adapted housing - often considered stigmatising - and the negative perception of institutional care settings. In the Netherlands (Willem Gielen W. et al, 2018), of those older adult households that expressed a willingness to move, showed decreasing numbers of those wanting to live in a dedicated 'elderly residence' (*ouderenwoning*) (60% in 2009 to 44% in 2015); it should be noted here that the number of older adults in such dwelling has indeed decreased. In Ireland, only 4% of older people live in nursing homes.

The evolution of people's preferences for their housing and home environment as they enter the so-called 'fourth age' and are more likely to become frail varies between reports and countries. In Austria (Austrian Interdisciplinary Platform on Ageing, 2015), it was found that the 'oldest old' (those aged between 80 and 85 years old) want to preserve their living situation – regardless of whether they are living in their private homes or in care settings. Only 5.6% of respondents in private households claimed they have played with the idea of giving up their own home and moving into a senior residence or a sheltered home.

On the contrary in Denmark (Mathiasen N. et al, 2018), the desire to move is the highest among the 'youngest' old (those aged between 50 and 59 years of age) with one in three either preferring a smaller home or a more practical home. In this age category, only one in five wants to stay in their current home should they find it difficult to manage. This contrasts with a total of 64% of the 80-89-year olds who want to stay in their current home, even if they find it difficult to manage by themselves.

Similarly, research in the Netherlands (Willem Gielen W. et al, 2018) showed that in recent years, a substantial increase was observed in the number of older adult households that are to a certain extent open to the idea of moving homes (i.e. they perhaps might consider it). This number has increased from 6% in 2009 to 16% in 2015.

2.2 Alternatives to ageing-in-place: a matter of circumstances?

Moving to another (usually smaller) place was considered as a possible option in several countries studied, especially when their former place becomes inadequate (too far from commodities, too many stairs for people with mobility issues, too many risks of falls, etc.) after the person's health deteriorates for instance. In Spain, for instance, the preference for ageing-in-place is usually reconsidered in case a disability develops; then the preference shifts to shared-living at a relative's home.

Because of the current state of the housing stock, or some buildings subject to strict renovation rules due to their particular historical heritage¹⁵, or because home care services

¹⁵ Indeed, there is a great variety in the age of dwellings across Europe. In most of the EU Member States, a considerable share of the total number of dwellings was built during the post-war period, between 1946 and 1980: some 45–50 % of the housing stock in Germany, the Baltic Member States, Greece, Hungary, Finland and Sweden was constructed during this period, a share that rose to 50–60 % in Italy, Slovakia, Bulgaria and Romania. By contrast, more than one third of the housing stock in Denmark, Belgium and

are not widely available, it is likely that one's home cannot adapt to a sufficient extent to people's changing needs and preferences over time. **Currently and still under certain circumstances, the only accommodation available when one's home no longer fits is residential care.**

When the lack of alternatives to ageing in the current place requires a move, most people prefer moving to smaller flats or more practical homes, as is the case in Denmark (Mathiasen N. et al, 2018), and the Netherlands (Willem Gielen W. et al, 2018) (where older persons would also prefer renting rather than buying). In Sweden (Abramsson M., 2015), studies show that the 'youngest old' to a higher degree prioritise larger living area, garden and own maintenance (i.e. detached houses) whereas the 'oldest old' (those aged 80+) prefer smaller living areas, accessibility, balcony and less responsibility for maintenance as important aspects for their living (i.e. flats). In Belgium, one of the suggested alternatives are 'service flats' (special adapted housing with services) where social and health care is provided (Independent Living, 2018).

Regardless of the alternatives available for people when their current home becomes inappropriate, studies report that **maintaining the links with the former community where one lived is key**. In Ireland (Age-Friendly Ireland, 2016) for instance, 15% of those age 65 and over would be willing to move to a different home in their community. Similarly, in Sweden (Abramsson M., 2015), preferences tend to be "location"-dependent, as in if they lived in rural areas then proximity to nature, living in a detached house, and access to a garden was important, whilst if they lived in cities, living preferences were more about proximity to service, culture and the urban environment as well as access to elevators, possibilities for social activities and hobbies.

2.3 Residential mobility among older people in Europe

For a large part of the older population, **the home is a major determinant of quality of life**, not only by providing a sense of attachment, belonging and identity but being the most important component of wealth – both as an asset but also enabling consumption (Tatsiramos, 2006).

Indeed, according to the Lifecycle Hypothesis (LCH), accumulated wealth by individuals while they are young is expected to decline at a certain age so that they can smooth consumption at older age. Some indication of the validity of the LCH seems to be provided by the evidence that there is some decline in homeownership as people age (mainly above 70 years), which is however more pronounced in some countries compared to

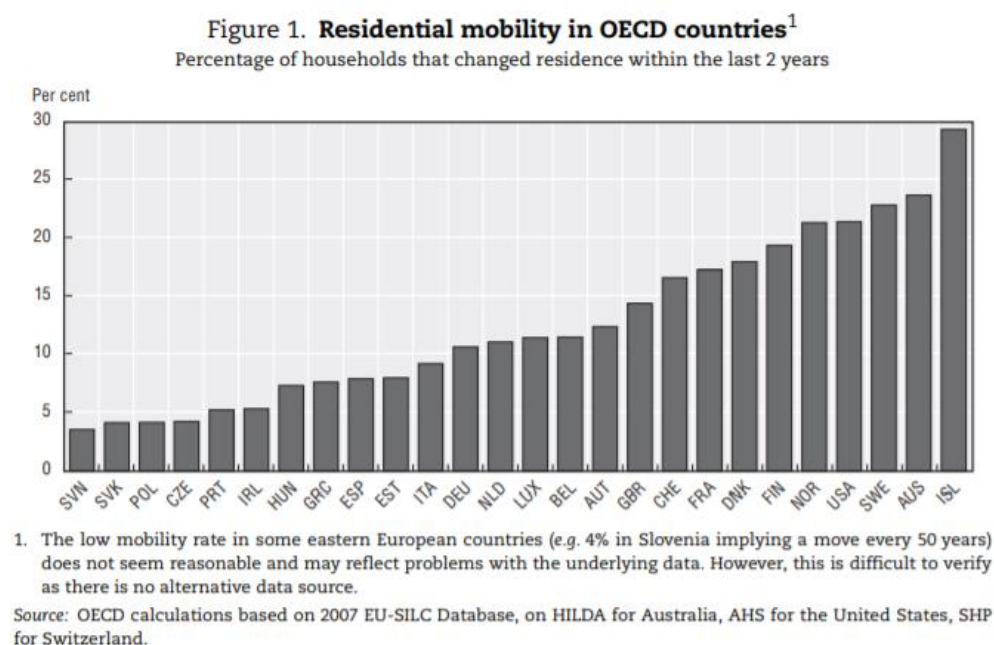
the United Kingdom was constructed prior to 1946. In addition, a handful of EU Member States experienced a period of high construction rates during the period 1981 to 2008, some of them associated with 'housing bubbles'. These Member States — for example, Ireland, Greece, Spain, Cyprus and Portugal — are consequently characterised by a higher proportion of relatively new dwellings: at least 43 % of their dwellings were built post-1980. (Eurostat, 2015)

others. Adjustment of current housing to a desired housing in older ages can be achieved either by doing a transition from ownership to tenancy, or by reducing the size and/or the value of the house for those who remain owners (Tatsiramos, 2006).

Relevant to the context of age-friendly housing, **changes in the family structure, financial situation, and physical needs can create a mismatch between the desired and the current housing consumption**. While housing adjustment might require a move, constraints in terms of mobility, available rental market with adequate rental options, or individual preferences might prevent older households from moving, which means, that a person will be occupying inappropriate housing (Tatsiramos, 2006). To address this issue, **government policies should either be targeted towards reducing the mobility constraints, or towards interventions that permit older households to remain in their homes but at the same time allow them to adjust their housing consumption** (Tatsiramos, 2006).

Hence in this context it is also interesting to look at aspects such as **residential mobility**, which varies widely across OECD countries, with mobility being highest in the Nordic countries and low in Eastern and southern European countries, see figure 1, with the main reasons for moving in most countries being mainly **driven by housing-related reasons or family related reasons** (Caldera Sanchez A, Andrews D, 2011).

FIGURE 1 – RESIDENTIAL MOBILITY IN OECD COUNTRIES



Source: OECD (calculations based on EU-SILC Database)

Specifically, residential mobility of the older population (over 50 years) is rare. Tatsiramos investigated residential mobility of older households (above 50 years) in Europe using individual data from the European Community Household Panel, and found that although homeowners are less likely to move compared to those who rent, older owners (above 65

years old) are significantly more likely to move in northern and central European, but not in the South (Tatsiramos, 2006)¹⁶. Moreover, **having an outstanding home loan, retirement, the death of a spouse, and excessive housing costs, are significantly associated with a move in the North**, but not in the South. Finally, **households with higher wealth holdings are more likely to move in all countries**.

Of relevance to Homes4life, this seems to indicate that to **age-in-place** (in one's current home) **will continue to be the predominant norm for older people across Europe**. The main difference being that in the North the rate of increase of owners who move and become renters is much higher compared to in the South. Further, distinguishing between different age groups, as seen figure 2 below, shows that **the percentage of owners who move and become renters is increasing with age**, which is in line with the Life Cycle Hypothesis explained earlier on.

FIGURE 2– HOUSING TRANSITION RATES WITHIN TWO CONSECUTIVE YEARS FOR THE OWNERS WHO MOVE BY AGE GROUPS

Table 4. Transitions of homeowners who moved (In 2-year intervals)			
<i>All Age Groups</i>	All Countries	North	South
To Ownership	69.41	66.89	75.26
To Renting	30.59	33.11	24.74
<i>Age 50-59</i>			
To Ownership	77.55	75.27	82.91
To Renting	22.45	24.73	17.09
<i>Age 60-64</i>			
To Ownership	75.29	75.00	75.95
To Renting	24.71	25.00	24.05
<i>Age 65-74</i>			
To Ownership	71.47	70.11	74.38
To Renting	28.53	29.89	25.62
<i>Age 75+</i>			
To Ownership	49.26	43.65	64.00
To Renting	50.74	56.35	36.00

Source: ECHP (1994-2001). Own calculations.

Source: Tatsiramos K, 2006

Similar findings were demonstrated in another study that examined residential mobility in 11 EU countries in a longitudinal sample of 17,469 individuals aged 50 years¹⁷. The results showed that the annual rate of residential mobility of Europeans aged 50 and over is low - only around 2% - and showed also that **the longer the time spent in a given dwelling, the**

¹⁶ "North" was represented by Austria, Belgium, Denmark, Finland France, Germany, Ireland, and Netherlands. "South" consisted of Greece, Italy, Spain and Portugal.

¹⁷ The study used two waves of data from SHARE: Survey of Health, Ageing and Retirement in Europe <http://www.share-project.org>

less the likelihood of a move. Mobility between ordinary dwellings is not driven by poor health, but rather by changes in household size, especially due to widowhood or due to retirement. In contrast, moving to institutional care usually occurs after 80 years, and is usually precipitated by health shocks, as well as the absence of relatives or family that can assume the provision of informal care (Laferrère A., Angelini V. 2009).

3 A case for age-friendly housing

Article 152 of the Treaty establishing the European Community¹⁸ states that a high level of human health protection shall be ensured by all Community Institutions in the definition and implementation of all Community policies and activities. **Health in All policies (HiAP) requires health systems to build up multi-sectorial collaboration with other policy fields such as transport, housing, environment, in order to shape the social determinants of health** (European Union, 2017 [a]). **Housing is a well-researched social determinant of health**, and the Council Conclusions on Health in All Policies stated that “everyday environments such as day-care centres, schools, workplaces, neighbourhoods and the commute between them have significant effects on health; and that health, in turn, has an effect on the economy by enabling active and productive participation in working life” (Council of the European Union, 2006).

Good health is a major determinant of quality of life and social participation for individuals. It also contributes to general social cohesion and economic growth (Eurostat, 2018). According to the definition of health by the WHO as included in their Constitution: “**Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity**”¹⁹.

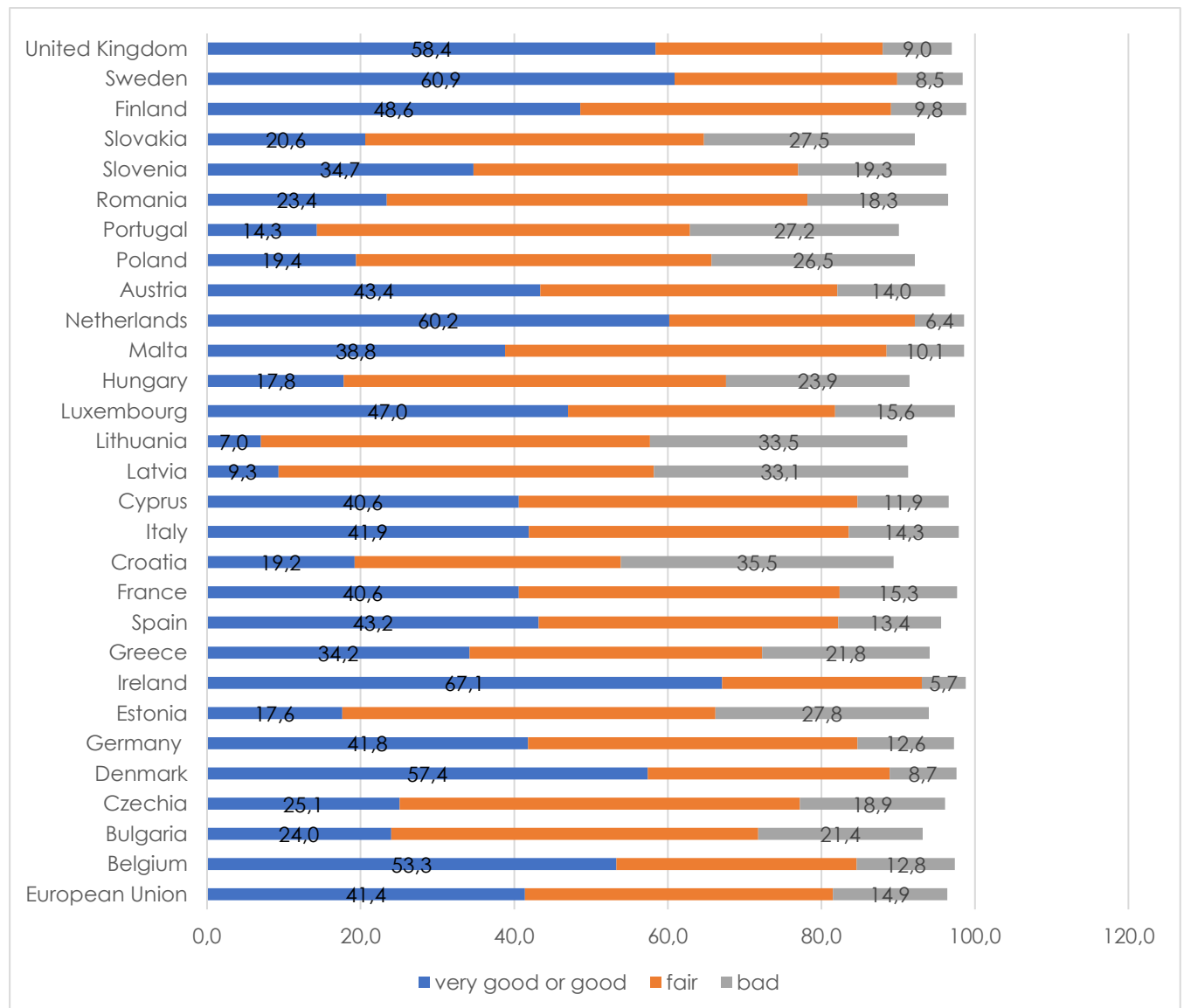
In 2017, 41.4% of the EU-28 population aged 65 years or over, reported their health status to be good or very good. By contrast, nearly 15% of the EU population over 65 perceived their health status to be bad, see figure 3. The variation on self-perceived health among the older population is high, with around 60% of the population perceiving their health as good or very good in Netherlands, Sweden, and UK, and lowest proportions around only 8 % of population reporting to be in good or very good health in Latvia and Lithuania.

¹⁸ See consolidated version of Part Three: Community policies - Title XIII: Public health [here](#).

¹⁹ See the full WHO Constitution here: <https://www.who.int/about/who-we-are/constitution>

FIGURE 3 - SELF-PERCEIVED HEALTH IN THE EU-28 IN 2017

(percentage of population above 65 years)



Source: Eurostat (online data code: [hlth_silc_01](#))

The status of health of individuals is influenced by several factors: genetics, environmental, cultural and socioeconomic conditions, but also the availability of care services. Most Europeans consider that universal access to good healthcare at an affordable cost both to individuals and society at large is a basic human need. **In the context of material living standards and well-being, housing is a fundamental aspect. People's ability to afford adequate housing of decent quality in a safe environment is a matter of importance for meeting basic needs and a key determinant of well-being** (Eurostat, 2019 [a]).

3.1 The case for a diverse ageing population

While life expectancy increased by at least 2 to 3 years over the decade from 2001 to 2011 in all EU countries, the gains have slowed down markedly since 2011 in many countries particularly in Western Europe, increasing by less than half a year between 2011 and 2016. **Large disparities in life expectancy persist not only by gender, but also by socioeconomic status.** When it comes to healthy life expectancy (i.e. the number of years lived free of activity limitations due to health problems), which is an important indicator of population health, **on average across EU countries, people can expect to live about 80% of their lives free of disability. As people get older though, the share of the remaining years of life that they can expect to live free of disability falls. At age 65, people can only expect to live about 50% of their remaining years of life free of disability across EU countries** (Eurostat, 2019 [b]).

The demographic projections over the long-term reveal that the EU is 'turning increasingly grey' in the coming decades. The total population in the EU is projected to increase from 511 million in 2016 to 520 million in 2070, but the working-age population (15-64) will decrease significantly from 333 million in 2016 to 292 million in 2070 due to fertility, life expectancy and migration flow dynamics (European Union, 2018). The proportion of 65+ will consequently increase from 35% currently to 44% by 2070, with an expected growing prevalence of age-related disability e.g. dementia or musculoskeletal disorders as a by-product.

However, in terms of the evolution of population health status in the future, different hypotheses exist, that aim to predict future interactions between evolution in life expectancy and changes in prevalence of disease and disability. Overall the increasing life expectancy and population ageing will see a continued high prevalence of chronic and non-communicable diseases such as cancer, cardiovascular diseases, chronic respiratory diseases, and diabetes and multimorbid conditions. Deaths in the EU²⁰ from major non-communicable diseases translated into EUR 115 billion in potential economic loss each year which makes the case for greater investment in health promotion, prevention and addressing key risk factors often linked to lifestyle-related factors such as tobacco consumption, unhealthy diets, physical inactivity and alcohol (OECD, 2018).

Besides gender differences in terms of life and healthy life expectancy, older persons are composing a vast age group that have accumulated life experiences and thus find themselves in a variety of situations that is rarely acknowledged and considered. Women outlive men by six years, but the difference in healthy life expectancy between women and men is only nine months. Despite women's increased lifespan, their older years are

²⁰ It should be noted however, that high levels of healthcare expenditures are concentrated in the 12–18 months before an individual's death, regardless of the age of the individuals (Safilios-Rothschild, 2009, Are Older People Responsible for High Healthcare Costs? CESifo Forum, 1/2009: <https://www.ifo.de/DocDL/forum1-09-special3.pdf>).

disproportionately burdened by ill health. The incidence and prevalence of certain diseases are higher among women such as breast cancer, osteoporosis, auto-immune diseases. Essentially, the message here is that while *'men die, women suffer'* (Ageing Equal, 2018 [a]). But these figures are only the tip of the iceberg when it comes to gender differences in older age.

As a matter of fact, while poverty rates among men and women do not differ much during working life, the difference increases after age 65, and even more so after age 75 (Ageing Equal, 2018 [b]). In most countries, except Malta, Spain, Italy and Denmark, women are on average at higher risk of poverty (around 2-3 percentage points) compared to men). Reasons for this are life-long differences in pay and working time, different pension ages for men and women, and older women living longer and most often alone.

If material deprivation is reducing overall in the European Union, we observe growing inequalities, thus impacting the capacity of one low-income household to pay for energy bills or to adapt his/her living environment. In 2017, according to Eurostat, 1 in 7 pensioners in the European Union was at risk of poverty (14.2%), a rate that has been rising gradually since 2013 (12.6%). The situation greatly varies between Member States with the four countries with an at-risk-of-poverty rate above 30 % being Estonia (46%), Latvia (44%), Lithuania (37%) and Bulgaria (32%). By opposition, the lowest rates were recorded in France (7%), Slovakia (8%), Denmark, Hungary and Luxembourg (all 9%) (Eurostat, 2019 [c]).

Gender differences can interact with a number of other factors, be they socioeconomic variables or discrimination on other grounds (race, sexual orientation, disability, religion and belief, property, etc.). Therefore, **some older people face specific struggles in later life different to others.** Older migrant women, those from ethnic groups and Roma for instance are at even greater risk of poverty and social exclusion. Remaining in the community where bonds are often reported as incredibly important to receive support and care is critical. Research in recent years has shown that older migrants have poorer access to health and care services²¹. Similarly, when persons with disabilities get older, or when older persons face disabilities, they are more likely to receive low standards of care and support, to be excluded from benefits and other support schemes, and to end up in residential institutions due to lack of alternatives (Ageing Equal, 2018 [c]).

These different lived experiences of ageing have tremendous consequences on people's capacity to meet their needs, be it to live in an adequate place, adapt their place, or simply meet their basic care needs. It is thus crucial to consider the heterogeneity of

²¹ This poorer access can be due to informal barriers (e.g. language barriers, lack of awareness of available services) and structural constraints (related to availability, timing and distance). See WHO/Europe, 2018, Health of older refugees and migrants: http://www.euro.who.int/_data/assets/pdf_file/0003/386562/elderly-eng.pdf?ua=1

individuals in older age, in terms of gender, socioeconomic characteristics as well as in terms of subjective preferences. As Angela Cluzel states it:

“Older persons are a totally heterogeneous group and that is a vital point to learn. You have those who continue to decide on their daily living and those who at the same age have given up. You have those who will grasp the remote control and flick through the channels and those who leave it in the drawer preferring to push the button”. (Homes Sweet Home, 2014)

3.2 The social, health and economic case

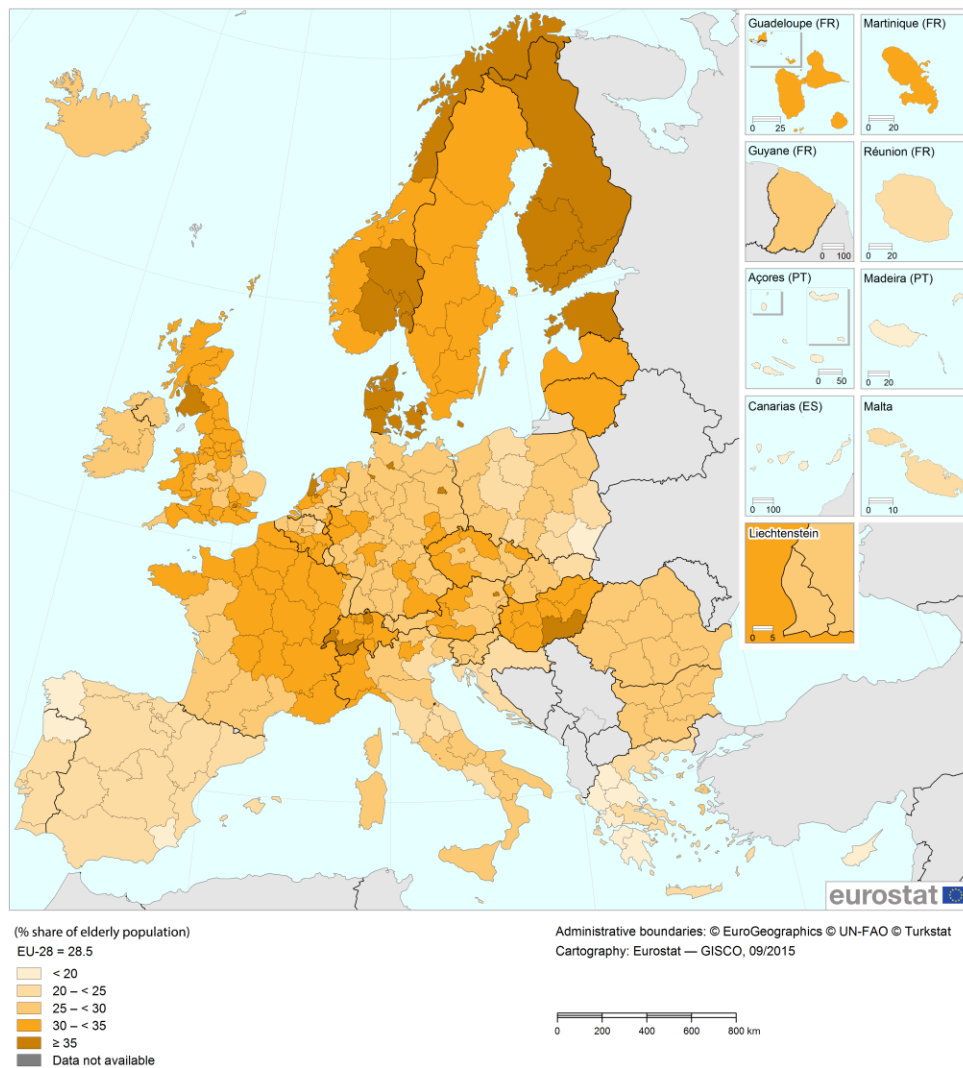
Among the determinants of well-being in older ages, those considered most important are health, education, marital status, living arrangements (especially housing possession) and a favourable financial situation (European Commission, 2014). Evidence also shows that the quality of relationships between members of family networks has a significant impact on well-being in old age. On the other hand, older adults who are dependent on someone else's support are (and feel) worse off (European Commission, 2014).

In the context of fostering the development of age-friendly homes that support ageing-in place, **the housing environment is a key interface and can be supportive of well-being across the life course by providing opportunities for social contacts, reassurance, companionship, and feelings of safety and support** (WHO, 2017). Moreover, promoting healthy ageing has become a policy priority. Social isolation, loneliness, and lower levels of contact with friends and family have all been identified as risk factors and therefore need to be addressed (OECD, 2018). The average share of the EU -28 population above age 65 living alone is around 30% and with the highest shares around 40% recorded in urban and capital regions of Denmark, Belgium, Finland and UK, see figure 4 (Eurostat, 2015).

FIGURE 4 - OLDER POPULATION AGED 65 AND OVER LIVING ALONE

(percentage share of the older population, by NUTS level 2 region for the year 2011)

Elderly population aged 65 years and over living alone, by NUTS level 2 region, 2011
(% share of elderly population)



Source: (Census hub HC48)

Source: Eurostat (Census Hub HC48)

Although evidence on the cost-effectiveness of interventions for the older population is limited, a systematic literature review including more than 10 countries found that participation in social activities, psychosocial educational interventions, intergenerational

activities and volunteering, and some educational activities could help protect the mental well-being of older people (OECD, 2018).

As stated in the previous section, **housing is one of the most important components of wealth** (in the case of home ownership) **for a large part of the European households**. It serves not only as an asset but also provides consumption services (Tatsiramos, 2006). Housing therefore is a key aspect not only in terms of individual wellbeing, but also in terms of individual wealth. **An ageing-in-place agenda therefore needs to consider the structure of the housing market which includes the housing tenureship, as that will predetermine the different pathways for housing adaptations, ultimately enabling them to reside in their existing and current dwelling, or to relocate to a more suitable dwelling in their community.**

Finally, the **economic argument** in favour of age-friendly housing is also convincing. The proportion of 65+ people compared to the share of the working age population (15-64) in the EU is projected to increase from 29.6% in 2016 to 51.2% in 2070. This implies that the EU would go from having 3.3 working-age people for every person aged over 65 years to only two working-age persons. The fiscal impact of ageing is projected to be a significant challenge in almost all Member States, with effects becoming apparent already during the next two decades in many countries. Depending on the scenario, the total cost of ageing - which was 25% of GDP in 2016 - is projected to rise by between 1.7 (baseline scenario) and 4 pps. of GDP (risk scenario) in the period to 2070 in the EU. In this context, **the existing housing stock** (excluding formal residential homes) **constitutes an essential component of our everyday living environment and which has a significant impact on our health. A greater investment in adapting the ordinary housing stock to these projected demographic changes** that are projected to put greater pressure in the coming decades on Member States in the field of health and long-term care expenditure, **will not only improve health but will make rational economic sense.**

According to the EU Ageing Report 2018, almost all Member States will face considerable continuous pressures on public spending from the health care sectors – even under conservative assumptions. Public health expenditure in EU28 was at 6.8 % of GDP in 2016. The projections show that expenditure may grow to 7.9 % of GDP in 2070 only on accounts of demographic ageing – and to higher levels when other push up factors are accounted for as presented in the other scenarios of the Ageing 2018 Report. Balancing the health care needs of the European populations with spending resources, as well as continuous efforts to increase the efficiency and quality of health service delivery, will continue to be high on the political and economic reform agenda of Member States (European Union, 2018). To realise this, there has been an ongoing transition of focus from cure to prevention. Health systems will also in the future be expected to deliver more effective health promotion and disease prevention.

New models of care such as integrated care which emphasises a strengthened role for primary care are seen to be instrumental in enabling this necessary shift from disease orientation to a more person-centred focus. This will be achieved by actively linking or coordinating services and providers along the continuum of care including social services

(European Union, 2017). This will be particularly important in view of the projected increase in prevalence of older patients with complex needs e.g. multimorbid chronic conditions, who therefore are likely to be in contact with different parts of the health and social care services. **A supportive, accessible health care environment fostering integrated and more person-centred care will be a conducive environment for “ageing-in-place”**, supporting older people to access primary care in the community where they live which may include dentists, dieticians, general practitioners (GP) or family physicians, midwives, nurses, occupational therapists, optometrists, pharmacists, physiotherapists, psychologists and social workers.

As mentioned above, a key concept of integrated care is its patient or person-centredness, moving towards a greater role-redistribution to patients and their (informal) carers by promoting self-management, developing health literacy and through the recognition (and possibly remunerating) informal carers. **Taken from the viewpoint of age-friendly housing, it is expected that this transformation of health systems** (away from hospital-based care) **to more person-centred care will impact on housing and the need for their adaptation to facilitate this care delivery which will to a greater extent emphasise self-management and home-care.**

3.3 The long-term care contexts in Europe

As people get older, it becomes more likely that they will need day-to-day help with activities such as washing and dressing (Activities of Daily Living, ADL), or help with household activities such as cleaning, shopping, cooking (Instrumental Activities of Daily Living, IADL). This type of support - along with some types of medical care - is what is called long-term care (LTC for short) (OECD, 2019).

LTC expenditure, similar as health care expenditure, represents an important and growing share of GDP and of health spending (public and total - including private). As is the case for health care, **future trends are likely to be heavily influenced by population ageing as well as a range of non-demographic determinants**. EU governments, will need to improve efficiency of their LTC systems, by targeting LTC to those that need it most and can least afford to pay for it, by adopting measures to support informal carers, as well as focusing more strongly on health promotion and rehabilitation (European Commission, 2018).

Public expenditure on LTC is therefore a relevant factor for the long-term sustainability of public finances. EU Member States finance formal LTC either as “in kind services” by providing for residential care or home care services, or via “cash benefits” where recipients are paid money and can purchase services themselves (European Commission, 2018).

Important determinants of public expenditure on LTC largely depends on whether a country relies mainly on formal care or informal care and whether formal care is largely provided in institutions or at home. This factor will of course have implications for whether ageing-in-place (and in one's own home) is enabled or hampered depending on the way in which long-term care is financed and organised – an existing typology for long-term

care has clustered EU Member States according to different dimensions (European Union, 2016), see figure 5 below:

FIGURE 5- TYPOLOGY OF LTC SYSTEMS IN THE EU-28

Table 5.4.2: Typology of LTC systems in the EU28: Legend

Nature of the system	Countries	Characteristics
Cluster A		Public provision of LTC financed from general revenue allocations to local authorities
Formal-care (FC) oriented provision, generous, accessible and affordable	Denmark, the Netherlands, Sweden	High public and low private spending on formal care (FC)
		Low Informal Care (IC) use, high IC support
		Modest cash- benefits
Cluster B		Obligatory social insurance against LTC risk financed from contributions
FC of medium accessibility	Belgium, Czech Republic, Germany,	Medium public and low private FC spending
Some informal care (IC) orientation in provision	Slovakia, Luxembourg	High IC use, high IC support,
		Modest cash- benefits
Cluster C		Medium public coverage against LTC risk financed from contributions or general revenue
FC of medium to low accessibility	Austria, England, Finland, France, Slovenia, Spain, Ireland	Medium public and private FC financing
Medium IC orientation in LTC approach		High IC use, high IC support
		High cash- benefits
Cluster D		Modest social insurance against LTC risks
Low FC accessibility	Hungary, Italy,	Low public and high private FC financing,
Strong IC orientation in LTC approach	Greece, Poland, Portugal	High IC use, low IC support,
		Low cash- benefits
Cluster E		Little social insurance against LTC risks
Rather low FC accessibility	Bulgaria, Cyprus, Estonia, Lithuania, Latvia, Malta, Romania, Croatia	Very low public spending on FC
Almost exclusive IC orientation in LTC approach		Very high IC use, little to no IC support
		Modest/low cash- benefits

(1) Based on European Commission (2013).

Source: Commission services (DG ECFIN).

Source : European Commission (DG ECFIN)

In a few of the countries investigated, such as Sweden, principles of “ageing-in-place” have been at the heart of older citizens policies for several decades, meaning that individuals have a right to live in their “original” home for as long as they want to, and that in their home they should be given the possibility to get support in activities of daily living, personal care and health care. It needs to be clarified, that in the case of Sweden, this principle of “ageing in place” has often gone hand in hand with efforts of *deinstitutionalisation* which is defined as the development of community-based services as an alternative for care provision in institutional settings. The two core arguments that

have underpinned the effort to deinstitutionalise care: (i) prioritising users' quality of life and (ii) increasing the sustainability of care systems (Ilinca, S., Leichsenring, K. & Rodrigues, R., 2015)

At the same time, the cutbacks in institutional care as for instance those done in Sweden, have resulted in an increasing number of frail older people with complex health problems and cognitive impairments who are dependent on help in their own homes: both on formal care such as home services and homecare services, but also increasingly dependent on informal help provided by friends and families (Schön P., Heap J. 2018).

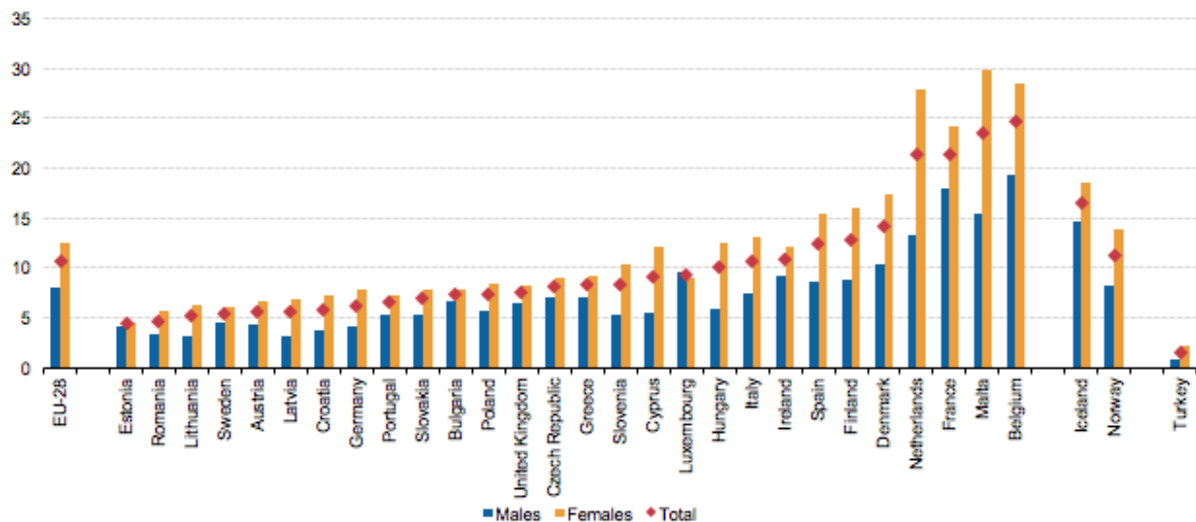
In contrast, long-term care for older people in Poland is traditionally and legally a family domain, which is strongly supported by conservative values and social expectations. It is estimated that 70-90% of LTC is provided informally. The main challenge in terms of LTC, faced by Poland is expanding the development of formal care services such as home services, and measures to support informal carers such as work-life-balance; respite care; and training (Sowa-Kofta A, 2018).

In terms of housing and with regard to both the case of Sweden and Poland, with more (formal) LTC delivered directly in older people's own homes (instead of in residential and institutional care), community and local policies to support informal carers will become increasingly important. **Housing, both new and existing stock, will need to increasingly be designed to assist care professionals and informal carers in these care delivery tasks.**

With regard to enable and facilitate the autonomy and independence of older people in their own homes (rather than in institutional care), a key aspect for those Member States that currently rely heavily on informal carers, will be the extent to which they will have transitioned to providing e.g. community homecare services. The EU Ageing Report 2018 predicts that in particular in those countries such as Bulgaria, Cyprus, Estonia, Lithuania, Latvia, Romania and Croatia where the bulk of LTC relies exclusively on informal care (Cluster E countries in Figure 5), the pressure for increased public provision and financing of LTC services may grow substantially in the coming decades, as these countries become richer.

Figure 6 shows that in 2014, over 10.6 % of the EU-28 population aged 65 and over, used in-home care services for personal needs. The share ranged from less than 5 % in Estonia and Romania to more than 20 % in the Netherlands, France and Malta, peaking at 25 % in Belgium.

FIGURE 6 - SHARE OF PERSONS AGED 65+ WHO USED HOME CARE SERVICES FOR PERSONAL NEEDS
(Percentage by sex for the year 2014 or nearest year)



Source: Eurostat (online data code: hlth_ehis_am1e)

Source: Eurostat (online data code: [hlth_ehis_am1e](#))

3.4 Beyond inhabitants, the case for informal carers

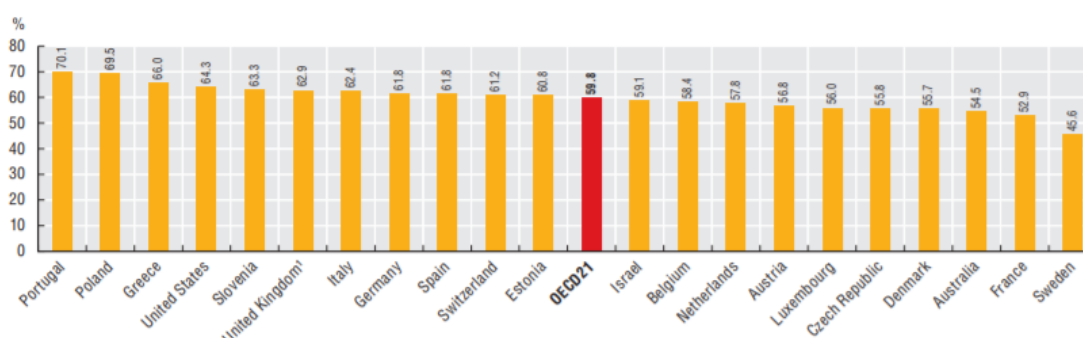
Informal carers²² are vital, both to the care of people with long-term conditions and disabilities but also for the economy of EU Member States. **Informal care forms a cornerstone of all long-term care (LTC) systems in Europe and is often seen as a cost-effective way of preventing institutionalisation and enabling users to remain at home** (Zigante V., 2018).

Informal care is generally provided to older and dependent people by a person with whom they have a social relationship, such as a spouse, parent, child, other relative, neighbour, friend or other non-kin (Eurocarers, 2019 [a]).

Informal carers are often a socio-economic vulnerable group. Carers are often burdened with out-of-pocket payments and may also have reduced their working time or stopped working as a result of their caregiving activities. This not only decreases their income but also reduces their pension credits. Moreover, the average carer is a woman aged between 45 and 75 (around two-thirds of all carers), see figure 7 below.

²² Eurocarers defines an informal carer as a person who provides, usually, unpaid care to someone with a long-term illness, disability or other long-lasting health or care need, outside a professional framework.


FIGURE 7 - SHARE OF WOMEN AMONG INFORMAL DAILY CARERS AGED 50+
(Percentage for the year 2015 or nearest year)



Note: The definition of informal carers differs between surveys (see Definition and comparability).

1. United Kingdom refers to England.

Source: Wave 6 of the Survey of Health, Ageing and Retirement in Europe (2015), Survey of Disability, Ageing and Carers for Australia (2015), wave 7 of the English Longitudinal Study of Ageing (2015), wave 12 of the Health and Retirement Survey for the United States (2014).

StatLink  <http://dx.doi.org/10.1787/888933605958>

Source: OECD

Consequently, we note important gender difference between the share of older persons living alone where this is the case for 40.4% of women above the age of 65 compared to only 22.4% of older men (Vothknecht M., 2015). The rates of older people living alone were particularly high in Denmark (45.6%), Sweden (39%), France (37.1%), Austria (33%), Belgium (32.7%) while they are below the European average in Ireland (32.4%), the Netherlands (31.2%), Italy (28.4%), Poland (25.9%), Greece (24.6%) and Spain (24.6%). This gender approach to ageing and housing should also consider that a large part of long-term care for older people is provided by informal carers that are typically spouses, middle-aged daughters or daughters-in-law, aged 45 to 75 (Ageing equal, 2018 [d]).

The role played by informal carers in the provision of care is significant and will likely face more and more pressure as the consequences of demographic ageing on the prevalence of chronic diseases and the sustainability of care systems unfold (Eurocarers, 2019 [b]).

Future projections point towards a shrinking supply of potential informal carers due to a number of factors such as greater participation of women in the labour market, decreased fertility rates, decline in co-residence of older people with their children. Pickard & King (2012) have predicted that **demand for informal care by older people will exceed supply** and by 2060 there will be a deficit of approximately 20,000 caregivers in the Netherlands, 400,000 in Germany, and over a million caregivers in Spain. The 'care gap' is particularly large in Germany and Spain. This reflects the heavy reliance on informal care in the long-term care systems in these countries (Zigante V., 2018).

Local policies, in particular those at the interface of the home and community services such as homecare, need to be tailored to meet the needs of the care recipient to enable greater autonomy and independent living, but also in a way that supports, acknowledges

and empowers informal carers (both cohabiting or not) who may often have a key role and need to be included too. This can be done by assessing their needs, integrating them in the care continuum, facilitating access to information and advice about care and care-life balance, preventing negative health outcomes such as through flexible work arrangements and opportunities for social contacts, exchanges and activities; and facilitating the recognition of carers' skills and access to training.

For "ageing in place" to be truly possible, in particular for the oldest old (above 80 years), and assuming a continued reliance on informal care in the provision of long-term care in the next decades, **it will be essential that Member States invest in developing good quality, affordable and accessible formal long-term care and community services**, such as rehabilitation services, health promotion, homecare, respite care, day care etc. These type of community services are important to all, but it is envisaged it will be particularly important for those who do not live in urban areas and who to a greater extent rely on access to affordable formal community services that can be provided in their home.

Key aspects to consider ageing-in-place to be a possibility are:

- **Affordability:** Housing needs to be affordable for cohabiting carers as they are often burdened with additional out of pocket payments and may need to reduce their working hours to care.
- **Social contacts and accessible community services:** The home needs to have access to community services which provide informal carers with access to respite care, an assessment of their needs, peer groups. This will help alleviate caregiving burden and stress thus preventing negative health outcomes.
- **The home as a site for care provision:** In the shift towards increasing home care and self-management, rehabilitation, prevention, and even palliative care in the home environment is necessary. The home should allow greater access to homecare services whilst respecting the privacy and dignity.
- **The home that supports flexible working arrangements:** For working carers, flexible working arrangements e.g. through teleworking may be needed and the home environment should be designed to accommodate and support this.

4 A diversity of national states of play

The actors involved in the provision of housing differ widely across Europe depending on how housing is planned and organised at regional or local levels, the laws and regulations governing who is responsible for housing supply and responsive planning, applicable building regulations e.g. accessibility rules, rental regulations, provision of social housing, and land use or other spatial planning laws that impact and influence our communities and living environments and the housing opportunities available to citizens (Andrews, D., A. Caldera Sánchez and Å. Johansson, 2011).

Nearly all governments intervene in housing markets, primarily for social and redistribution reasons (Andrews et al. 2011). Policy interventions include fiscal measures such as taxes and direct provision of social housing, as well as various regulations aimed at influencing housing market outcomes in terms of prices, rents, quantity, quality and allocation of dwellings (Caldera Sánchez A, Andrews D, 2011).

4.1 The main actors across European housing markets to deliver mainstream houses to “age in place”

Housing policies are a socio-political issue and governments can influence the extent and direction of social policy interventions to create a balance for instance between the private rental market and the social/or public rental market. In such housing markets, social/public rented housing competes with the private rental sector dampening rents and providing good quality housing on secure tenancy terms (Tatsiramos, 2006). From our selected country-specific desk research, this case corresponds to the following countries i.e. Austria, Denmark, the Netherlands and Sweden.

In other housing markets, such as Belgium, Ireland, France, Poland, Italy and Spain, social housing is seen as a safety net for those in need i.e. people who lack financial resources, but also people with special needs. This type of housing is segregated from the private rental market and therefore is formed as a stigmatized and often means-tested sector. Private rented housing is usually expensive providing little security. As a result, owner-occupation is fostered (Tatsiramos, 2006).

Based on these two quite different housing markets, influenced by government interventions and policies, **we can observe different contexts in which policies to implement age-friendly housing have emerged and are being developed across the different countries.**

4.2 Ageing-in-place in countries with a strong public rental sector

Countries where a sizeable amount of the housing stock (at least 20%) is provided in the form of a non-marginalised rental sector with public or social housing made available to a large share of the population (with a public utility mission at the core), usually have specific legal provisions in place that identify various housing associations that are responsible to ensure a sustainable supply of good quality and affordable dwellings to meet the different housing needs of their population.

From the countries that were included in our information gathering, this is the case in Austria, Denmark, Netherlands and Sweden these organisations and actors differ such as non-profit public housing societies, municipal housing companies, housing corporations or foundations, but even limited companies owned by municipalities. Their mission and activities are often specifically regulated through various legislative acts.

To illustrate, in Austria, as much as 40% of the housing stock is for rent, and in the capital city of Vienna (where one-fifth of the entire population resides) nearly 80% of the dwellings

are rented, and only 20% are owned (Statistik Austria, 2019). 23% of Austria's housing stock can be described as public with subsidised rental housing provided by either municipalities (*Gemeindewohnung*) or limited for profit-housing associations (*Genossenschaftswohnung*). The main advantage of these housing forms is that they have unlimited tenancy contracts and capped rents, with cheaper rents than on the private rental market.

In addition, most of the rented flats in Vienna are subject to the *Austrian Landlord and Tenant Act*²³ which lays down, amongst other things, the maximum amount of rent you can be charged for a flat, depending on the category²⁴ of the dwelling. It also contains regulations concerning fixed-term contracts²⁵. Higher rent controls and greater security of tenure are associated with lower residential mobility (Caldera Sánchez A, Andrews D, 2011).

Similarly Sweden also presides over a large public rental sector. In Sweden, the term "social housing" is not used. The corresponding sector is called "*allmännyttig*", which literally means "public utility" or "for the benefit of everybody" (Housing Europe, 2010). According to Statistics Sweden's data from April 2019, the "public housing" stock in 2018 amounted to a total of 824,500 dwellings, comprising around 45% of the rental sector, and 20% of the total housing stock in Sweden. The vast majority of these public rental dwellings were in multi-dwelling buildings (Sveriges Allmännyttta, tidigare SABO).

In fact, based on data collected by Statistics Sweden, and illustrated in the figure 8 below, with increasing age the share of both rented and –for those who can afford it– owner-occupied dwellings in multi-dwelling buildings sharply decreases in higher age-categories. Other housing, in this case represents special housing such as nursing care homes, which is not part of mainstream housing stock.

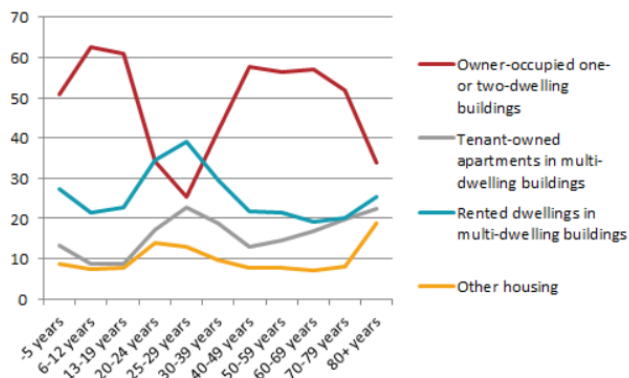
²³ Further information on the Act can be found here: <https://www.wien.gv.at/english/living-working/housing/renting/tenancy-law.html>, last accessed 11.07.2019

²⁴ Further information on the different categories can be found here <https://www.wien.gv.at/english/living-working/housing/renting/categories.html>

²⁵ See further information on Vienna City Administration, www.wien.gv.at.

FIGURE 8 - TYPE OF HOUSING BY AGE FOR SWEDEN

(Percentage for the year 2014)



Source: Statistics Sweden

A significant share of the housing stock in Netherlands (32%) and Denmark (20%) are also organised in this way, with their respective differences and country specificities.

Given this housing's public utility and social mission, one can observe systematic planning, evaluation and organisation of housing that responds to future needs in view of e.g. population ageing, migration, urban young people etc. This results in a public housing market that is more responsive.

Moreover, rent regulations and rent controls in countries with a relatively large public rental sector appear to be comparatively strict compared to those favouring homeownership (Caldera Sánchez A, Andrews D, 2011).

One can observe in all these countries a broad range of initiatives that can enable the development of age-friendly housing. Some findings from our country analysis are:

Specific planning and strategy for the housing supply at local levels based on a regulatory framework, including existing and affordable adapted mainstream housing options targeting older persons: *In Sweden municipalities develop guidelines for housing supply, which is used as a tool for municipalities to indicate what they want from the existing housing stock and planned newly built areas. It is important for all municipalities, not just municipalities with an increasing population, to have a strategy about how dwelling types and the housing stock should develop in different parts of the municipality.*

In the Netherlands, WoonOnderzoek Nederland (Dutch National Housing Research) is held every three years by the Ministry of the Interior and Kingdom Relations. More than 40,000 people are interviewed as part of the investigation. The research is used in the policy development process, for knowledge development in the field of housing and construction, for answering parliamentary questions and as input for forecasting models in the area of housing needs.

High level of awareness within government about the need for age-friendly environment and housing, addressed in recent national plans, policies or research agendas in this field:

Netherlands government adopted the Langer Thuis Program 2018²⁶, which focuses on the large and growing group of older people who live independently at home. The starting point is the desire of the older people to be able to continue to live independently for as long as possible, with support, care and in a home that meets their personal needs. This program is part of the Pact for Elderly Care. The government has made more than €340 million available until 2021 for the implementation of this programme

Legal provisions, financial incentives and subsidies directed at both individuals but also large property owners to retrofit existing housing stock or build new mainstream housing targeting older persons: In Denmark, The Danish National Building Fund²⁷, acts as an independent institution that supports and develops Denmark's public housing construction and funds their renovations. In Sweden, the Ordinance (2016:848)²⁸ on state aid for organizing and providing housing adapted for older persons aims to stimulate the adaptation of existing or the creation of new housing options for the older people mainly by making improvements by promoting increased accessibility and security.

Existing know-how e.g. official guidance at national level (handbooks, knowledge centres, national standards) about home adaptations for increased safety, and improved accessibility in the home: In Austria, where housing is managed at the level of the provinces, at the Federal Province of Vienna, has its own Competence centre for barrier-free planning, building and living²⁹. In Sweden, there is a national knowledge centre (the Bostad Center³⁰) that has been working with accessibility issues in the last 20 years and aims to spread knowledge about housing adjustments on the basis of a needs-based approach

4.3 Ageing-in-place in countries where home ownership dominates

In contrast to the above housing market, are those countries that in their housing policies emphasise ownership as the dominating tenure for housing and where only a negligible part of the housing stock has a "public utility" mission or is subsidised, and where the rental sector is on the open, private market usually also with less rent regulation. For the countries researched for this report, this model emphasising homeownership applies to Belgium, France, Ireland, Italy, Poland and Spain. Government interventions can additionally

²⁶ Further information about the Programma Langer Thuis:

<https://www.rijksoverheid.nl/onderwerpen/zorg-en-ondersteuning-thuis/documenten/rapporten/2018/06/15/programma-langer-thuis>

²⁷ Landsbyggefonden - www.lbf.dk

²⁸ Further information can be retrieved here <https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/forordning-2016848-om-statligt-stod-for-att-sfs-2016-848>

²⁹ Further information on the Competence Centre:

<https://www.wien.gv.at/menschen/barrierefreiestadt/kompetenzstelle.html>

³⁰ For further information: <https://www.bostadscenter.se>

promote homeownership such as mortgage tax reliefs, housing allowances and exemptions from capital gains tax (Tatsiramos, 2006).

It should be mentioned that in many Eastern European and Baltic EU Member States, homeownership rates are the highest often exceeding 90%. The main reason for this is due to the economic transformation from central planning to a market economy, which resulted in the introduction of large-scale privatisation of public housing. The residing tenants received a centrally guaranteed right to buy public dwellings occupied by them under very advantageous price terms. With this “give-away” privatisation, public housing disappeared almost entirely in most post-socialist states within a short period (Lux 2009, Lowe and Tsenkova 2003).

In countries where homeownership prevails, one can see that **the responsibility to ensure that housing meets the needs of the resident**, therefore **lies with the individual homeowners themselves**. Municipalities may have various programmes to promote and encourage individuals who desire to adapt their home or property, rendering it more safe, accessible, and thus encouraging independent living. This is often done by providing grants directed at older people for home modifications to adapt existing housing. These home adaptation programmes exist in the majority of all countries researched and are often means-tested e.g.

- in France administered by the *Agence Nationale de l'habitat*³¹
- in Ireland administered by the municipalities³²
- in Belgium, administered and decided at the regional level. Existing schemes in Brabant Wallonia³³
- in Spain, on the basis of the Dependency Law 39/2006 for the Elderly³⁴

Given the lack of large-scale and a non-marginalised housing sector in these countries, most initiatives to develop age-friendly housing, can be considered as **local and voluntary driven** by a group of committed and interested individuals e.g. looking to invest in developing a senior housing community or an intergenerational housing complex, or it may be large property owners on the private market who are seeking to develop senior residences in prime locations. **Initiatives in these countries therefore tend to cater to private persons who can afford to invest in such age-friendly housing concepts.**

³¹ For more information see: <https://www.pour-les-personnes-agees.gouv.fr/vivre-domicile/amenager-son-logement#en-quoi-consiste-l-adaptation-du-logement-nbsp->

³² More information:

https://www.citizensinformation.ie/en/housing/housing_grants_and_schemes/housing_aid_for_older_persons_scheme.html

³³ More information: <https://www.brabantwallon.be/bw/news/primes-logement.html>

³⁴ More information: <https://pensium.es/ley-de-dependencia-grados-y-prestaciones-economicas/>

4.4 Key stakeholders for change

Government interventions are the key drivers that define the housing market and its features. **Housing policies can be designed to either foster owner occupation or to intervene to create a social balance in the housing market by for instance ensuring the existence of a relatively large public or social rental sector** (Tatsiramos, 2006). **Developing age-friendly housing will require a tailored approach given the specificity of the housing market in a country or region.**

In countries where homeownership is favoured, private property companies and individuals (private homeowners or landlords) will be the main responsible investors in age-friendly housing. In this case, important actors are mainly at local level such as municipalities who can support and encourage investment in age-friendly housing and ageing in place by **subsidizing** housing adaptation grants to citizens who seek to adapt their homes and ensuring availability of long-term care services such as rehabilitation, homecare services, respite care etc.

Municipalities could also provide **incentives** to large private property owners e.g. through corporate tax reliefs to retrofit their private rental properties. These stakeholders should be considered in the development of the certification scheme.

In countries where a large share of the total housing stock (at least 20%) is public rental housing (mostly flats in multi-dwelling buildings), the main actors in age-friendly housing will be those organisations directly involved in the supply of this public rental stock. The actors differ from country to country, but generally some form of housing organisations; foundations; joint-stock companies; municipality housing companies etc – who due to their public utility mission are more strongly regulated and therefore generally a more responsive planning of housing to meet future needs including an ageing population.

Other policies, beyond those directly governing the housing market, that will impact upon the option to age-in-place in the current home, of significance for the oldest-old (above 80 years), relates to how long-term care is organized in each country. Future trends of an ageing population will not only mean that governments will need to invest more in developing better integrated and person-centred care services directly in the community, **but they will also need to ensure accessible and affordable community-based long-term care services including support measures for informal carers.**

A prerequisite for healthy ageing and ageing-in-place for the oldest-old will mean that governments need to allocate resources to further develop and expand initiatives in the field of health promotion; rehabilitation; and a better coverage of formal long-term care services such as homecare services in the community.

5 Scenarios for age-friendly housing development

Building on the country reports analysis presented in the previous chapters, the Homes4Life partners worked on the development of scenarios framing different degrees of likeliness

for age-friendly housing to develop. These scenarios are the result of a prospective exercise based on hypothetical combinations of parameters at local or national level. Those parameters form four different stereotypical contexts that influence the readiness and maturity levels for age-friendly housing to expand and ageing-in-place to become a reality. These levels will feed into the Homes4Life consortium's reflection on how a certification scheme for age-friendly housing would help guide stakeholders in the field.

These scenarios have been drafted by the Homes4Life partners and discussed on the occasion of the stakeholder workshop that took place in Brussels, Belgium on 11 June 2019. Those scenarios have taken shape as a response to the question: where will we be in the development of age-friendly housing in 2040?

Exploring this question in light of today's different national situations and trends that are foreseen for the coming decades, we devised four scenarios ranging from an ideal case scenario (the 'frontrunner') towards a more dystopian one (the 'lions' den'). Those four scenarios are presented schematically in

2. We first present the four influential factors composing each scenario before telling the story behind each of them. **¡Error! No se encuentra el origen de la referencia.** suggests implications in terms of likeliness to adopt the certification scheme while **¡Error! No se encuentra el origen de la referencia.** drafts exploitation paths for the Homes4Life certification scheme depending on the context we might find ourselves navigating in the future.

5.1 The likeliness of age-friendly housing to develop

As it was shown in the previous chapters of the present reports, all countries face in similar challenge with regards to the adaptation of their housing stock. Some countries or regions are anticipated to have taken a few steps in the future decades so that the demand for age-friendly housing is slowly being met. The need for age-friendly housing is thus the combination of the projected demand for age-friendly housing (given the pace of the population ageing and the progress made in shifting from institutionalised care to ageing-in-place policies) and the degree of age-friendliness of the housing stock.

Despite the crucial need for age-friendly housing in many – if not all – European regions, the above analysis showed a great variety in the levels of awareness that this need exists. This level of awareness is considered as the precondition for change to happen and age-friendly housing to actually develop. In the future, it is considered that some countries or regions will most likely gain understanding of the issue and develop a shared vision towards where they are heading both in terms of policy frameworks and concrete adaptation of the housing stock. Some other environments might be still blind or unaware of the concept of age-friendliness as a way forward to address population ageing and the demand for

resilient places of living that adapt across one's life course. Consequently, the absence of awareness would prevent e.g. the development of pilot projects, exploratory studies, surveys to seek the views of local communities about ageing-in-place.

The operational readiness is understood here as the capacity for the different stakeholders to implement an age-friendly approach to their practice, be it in relation to policy and legal frames development, construction, or service provision. It depends on the resources available e.g. to translate an age-friendly housing vision into technical requirements and specifications that can be applied on the field. This operational readiness also depends on the skills, techniques, and tangible or digital solutions available to implement the specifications. If those might be scarce at the time we write this report, as the innovation analysis and review of existing certification schemes will show³⁵, it is the aim of Homes4Life to provide stakeholders with concrete guidance – including technical guidance – with the European certification scheme and policy recommendations that will be delivered by the project.

It is very unlikely that this operational capacity grows without investing in the fields with research and innovation funds to seek solutions and develop the knowledge and skills of the workforce. The financial capacity of stakeholders capable of driving the change towards age-friendly housing is thus critical. In this report, the financial capacity covers the capacity to unlock investments to fund research and development projects in relation to age-friendly housing, grow the workforce skills and techniques to implement potential innovative solutions as well as ultimately retrofit the housing stock or build new constructions with an age-friendly approach as presented per the certification scheme.

TABLE 2 - LIKELINESS OF AGE-FRIENDLY HOUSING TO DEVELOP

	#1 Frontrunner	#2 Happy many	#3 Happy few	#4 Lions' den
NEED FOR AGE-FRIENDLY HOUSING	++	++	+++	+++

³⁵ The innovation analysis (D2.5) will be submitted in November 2019 and the review of existing certification schemes (D3.2) will be delivered in August 2019.

AWARENESS OF THE NEED	+++	+++	+++ or ++ or +	+
OPERATIONAL READINESS	+++	++	++	+
FINANCIAL CAPACITY	+++	++	+	+

5.1.1 The 'frontrunner' scenario

The 'frontrunner' scenario clearly presents the ideal conditions for age-friendly housing to develop. All stakeholders are convinced and committed to develop age-friendly housing and thus implement, operationally, a global ageing-in-place strategy. The level of awareness that age-friendly housing is needed is high and the demand is already partially met with solutions starting to be implemented in the field. The vast majority of stakeholders, from the construction sector to the technological sector, policy makers, researchers, citizens, are skilled and equipped to implement this change and have the resources, be it financial, skills and/or evidence, to do so.

5.1.2 The 'happy many' scenario

The 'happy many' scenario is typically the situation where the public rental sector presents an important share of the market in countries with a high level of awareness that adopting an age-friendly approach to housing is a critical shift to make for individuals to age healthy and independent. It is considered as a public (health) policy to have resilient and flexible dwellings that can accommodate different and evolving needs and preferences across the life course. Thus, public budgets are allocated to the development of an operational readiness and incentives for other stakeholders to contribute to this global adaptation of the housing stock.

5.1.3 The 'happy few' scenario

The 'happy few' scenario is rather bringing forward private stakeholders (individuals, landlords or private companies) where only those with the financial capacity are in a position to access and afford age-friendly housing. Given the limited number of individuals finding themselves in the financial capacity to purchase or rent an age-friendly place, the demand is considered limited; since the market does not provide the necessary incentives for the massive adaptation of existing dwellings or the construction of new buildings in an age-friendly approach, most of the needs for age-friendly housing remain unmet, regardless of the level of awareness that the stakeholders might have for these needs and their conviction that age-friendly housing would be fit for purpose to sustain people's good health, quality of life and wellbeing as they age.

5.1.4 The 'lions' den' scenario

The 'lions' den' scenario is the most dystopian one where the level of awareness regarding age-friendly housing as an adequate solution to address population ageing remains low. Without the appropriate understanding of what is an age-friendly approach and its relevance to meet the challenges brought to our societies by an increased longevity of our populations, the operational capacity is not explored and resources – especially financial ones – are not allocated to support the development of age-friendly housing. The few initiatives depend on very local communities or specific stakeholders carrying pilot projects at a small scale. The need for age-friendly housing remains high and unmet.

5.2 The likeliness to adopt a certification scheme and exploitation implications for Homes4Life

The Table 3 presents, for each of the scenario, the likeliness of stakeholders to adopt the Homes4Life certification scheme on age-friendly housing. We propose three influential factors that orientate this readiness: (i) the existence or absence of binding legislation or incentives to support the development of age-friendly housing – be it through the availability of policy frameworks, technical guidelines, grants or tax credits, (ii) the main owners of the housing stock and ultimately, the stakeholders responsible for retrofitting dwellings or their new construction, (iii) the financial capacity of the owners to fund initiatives to retrofit housing or invest in new constructions supporting age-friendliness. The last row of **¡Error! No se encuentra el origen de la referencia.**³ specifies the consequences in terms of likeliness to adopt (pay for) the certification scheme for age-friendly housing.

Based on these four scenarios, the probability for stakeholders to adopt the scheme, **¡Error! No se encuentra el origen de la referencia.**⁴ drafts four exploitation paths to approach key stakeholders in each of the scenarios and accompany the local players towards the route that will best fit their local context. Because the four above scenarios involve different categories of stakeholders, with different roles and interactions based on their respective influential capacity in the considered context, the Homes4Life vision document³⁶ will present a list of recommendations per stakeholder categories based on these scenarios and the participatory session that was run during the Homes4Life stakeholder workshop on 11 June 2019. This vision is expected to be released in October 2019 on the Homes4Life website and dissemination channels.

The feedback received from the stakeholder workshop in June 2019 illustrated the different strategies local stakeholders would favour for their respective countries: it led to vivid discussions regarding what scenario to aim for and what stakeholder category (or categories) should be the priority interlocutors. In general, the audience confirmed that the ambition, whatever scenario is to be considered, should be the evolution towards an

³⁶ See Deliverable 2.3 Vision Document to be submitted in August 2019.

ever-improving situation based on sound costs-benefits assessments of potentials for improvement rather doing static assessments of the current performances.

The limitations in resources and time frame to develop the above scenarios in the context of the Homes4Life project justify that only stereotypical storyboards could be devised. This is why we encourage parties interested in mapping what is the route(s) they are likely to take (so they can act on it) to replicate the exercise, ideally at local or national level, where the understanding of the maturity level and implementation context is sharper among the stakeholders in the field. A variety of methodologies exist in the field of morphological analysis, as the one used in the UK report on the future of housing and home for 2030 (The Futures Company, 2016) which was used to inspire the scenarios depicted in this report.

TABLE 3 - LIKELINESS TO ADOPT A CERTIFICATION SCHEME ON AGE-FRIENDLY HOUSING

	#1 Frontrunner	#2 Happy many	#3 Happy few	#4 Lions' den
INCENTIVES TO SUPPORT AGE-FRIENDLY HOUSING	already existing and used by stakeholders in the field	in sharp increase (legal, policy, financial)	non-existent or unfit	non-existent
DWELLING OWNERS	convinced and already taking action	incentivised, willing to adapt the stock	very isolated, represent a small share of the stock	competing priorities OR not fully in charge of making decisions
FINANCIAL CAPACITY	high	relatively high	mixed	low
LIKELINESS TO ADOPT THE CERTIFICATION SCHEME	no sufficient added value given the current practices	<i>(best candidate)</i> need for coordination, awareness raised, capacity to invest and implement the scheme	<i>(scattered candidates)</i> inequalities between stakeholders' capacity to invest and implement the scheme	incapacity to adopt the certification scheme no matter the level of awareness



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TABLE 4 - HOMES4LIFE EXPLOITATION PATHS

	#1 Frontrunner	#2 Happy many	#3 Happy few	#4 Lions' den
MAIN STAKEHOLDERS INVOLVED	All key stakeholders are committed and involved in the process	Public authorities, social housing organisations, private stakeholders with a social purpose	Private for-profit stakeholders with financial capacity to invest in age-friendly housing	Pilot leaders and innovators, very localised public authorities
HOMES4LIFE STRATEGY	Maintain contact and exchange respective good practices	Support the implementation of the certification scheme (e.g. help public authorities integrate the certification in public procurements)	Support the implementation of the certification scheme where frontrunner can be identified + Keep raising awareness of the return on investment of age-friendly housing	Identify barriers; raise awareness of the added-value of age-friendly housing; set up multi-stakeholders' cooperation when needed



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