Housing and care for dementia in Europe

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Dementia in Europe

Ageing of society: increasing number older adults with dementia

Approx. 25 million world-wide (Ferri et al., 2005).

Alzheimer Europe: 5.4 million people in EU-25 in 2005 (RO + BG 2007)

People wish to age-in-place, even when health status is declining

- Majority PWD already does, against expectations (73% OECD)
- Specific housing and care needs with serious implications
Ageing-in-place

- Doctoral study on ageing-in-place for dementia:
  - “Ageing-in-place: The integrated design of housing facilities for people with dementia”
- Development of instruments for building homes for ageing-in-place for PWD

- Study to examine more closely in European context:
  1. type of housing facilities, in which PWD live
  2. how family care is related to the type of housing facilities for older adults, and for PWD in particular.

- Why?
Ageing-in-place

- Literature stems mainly from Anglo-Saxon countries
- Results dissertation should be applicable beyond the borders of NL
- Applicability of research findings + person’s living career may differ from country to country in accordance with:
  1. traditions and cultures
  2. political choices on a national level and legislation

In EU slow convergence of policy and practice, but many differences exist today!
European Union

- Various care and welfare regimes
- Constitute an underlying cause of the broad range of solutions:
  - support (family) care
  - provision of housing facilities for PWD

- Role of family important in all countries
- In Northern countries state plays a larger role

- 5 zones considered for analysis
Southern Europe

- Living at home. Role of family important. Church
- Italy and Spain: institutional settings are limited for severe cases/no financial means
- Greece: no home care services in two-thirds of municipalities
- Portugal: boarding out
Central Europe

- Family: primary mode of care
- Ageing-in-place stimulated by policies
- Collective formal care when prolonged and regular care is needed
- France: diagnosis of AD factor to refuse admission nursing home. >10 specialised settings
- Germany: institutional settings important. ‘Demenzstationen’
- Small-scale group accommodation (SSGA) is found both in France (cantou) and Germany (Wohngruppen)
Scandinavia

- Partners bear primary responsibility to care for spouse
- Large role of state & de-institutionalisation movements
- Wide system of institutional facilities; ageing-in-place is stimulated.
- Domestic care: either directly or by granting allowances to purchase services
- Sweden and Denmark: SSGA as substitute for nursing home
British Isles

- People are encouraged to age-in-place, lifetime homes
- British nations have separate policies, not UK-wide
- Policies tend to treat housing separately from care
- Group-living and SSGA common
- Support for (in)formal carers
Eastern Europe

- Transition from communist era
- Family plays important role. Role of state limited

- Commitment on part of state to facilitate independent living, for instance, Czech Republic
- Bulgaria and Poland: some home care services provided by state
- Romania: home care services only cover nursing care. Limited to certain number of days per year
The Netherlands

- Similarities with Scandinavia
- Large institutional sector. 65% live at home.

- Focus policies: (i) ageing-in-place, (ii) separation of residence and care, and (iii) substitution of institutional by non-institutional types of living
- Within institutional settings, transition towards SSGA
- Facilitating family carers
- Use of technology and implementation of architectural modifications
Conclusions

- Range of health care services/housing unique
- Differences between neighbouring countries
- National values important
- Shift in policy focus: care within the community rather than in institutions
- Majority of people age-in-place
- Means of support sometimes limited
- Living at home ≠ being adequately supported
- Current housing stock: quantitative & qualitative challenges. New developments needed
Questions and further reading

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